



February 20, 2024

## BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

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

# Meeting Book - February 20, 2024 Board of Health Meeting

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**Board of Health Meeting**  
**AGENDA**  
**Tuesday, February 20, 2024 - 11:00 am**  
**SSM Algoma Community Room | Videoconference**

**BOARD MEMBERS**

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

**APH MEMBERS**

Dr. Jennifer Loo - Medical Officer of Health & CEO  
Dr. John Tuinema - Associate Medical Officer of Health & Director of Health Protection  
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

**STAFF GUESTS:** Hilary Cutler - Manager, School Health & Community Wellness, Angela Piaskoski - Health Promotion Specialist, School Health, Stephanie Caughill - Public Health Nurse, School Health, Lindsay Fera – Registered Dietitian, School Health - *Presenters*

- |     |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1.0 | <b>Meeting Called to Order</b><br><b>a. Land Acknowledgment</b><br><b>b. Roll Call</b><br><b>c. Declaration of Conflict of Interest</b>                                                                                                                                                                                                                                                                                     | S. Hagman                                              |
| 2.0 | <b>Adoption of Agenda</b><br><div style="background-color: #cccccc; padding: 2px; margin: 5px 0;"><b>RESOLUTION</b></div> THAT the Board of Health agenda dated February 20, 2024 be approved as presented.                                                                                                                                                                                                                 | S. Hagman                                              |
| 3.0 | <b>In-Camera</b><br><b>For discussion of labour relations and employee negotiations,</b> matters about identifiable individuals, adoption of in camera minutes, security of the property of the board, litigation or potential litigation, <b>a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.</b> | S. Hagman                                              |
| 4.0 | <b>Open Meeting</b><br>Resolutions resulting from in-camera meeting.                                                                                                                                                                                                                                                                                                                                                        | S. Hagman                                              |
| 5.0 | <b>Delegations / Presentations</b><br>School Health Program: Achieving Optimal Health for Children & Youth                                                                                                                                                                                                                                                                                                                  | H. Cutler,<br>A. Piaskoski,<br>S. Caughill,<br>L. Fera |
| 6.0 | <b>Adoption of Minutes of Previous Meeting</b><br><div style="background-color: #cccccc; padding: 2px; margin: 5px 0;"><b>RESOLUTION</b></div> THAT the Board of Health minutes dated January 24, 2024 and February 15, 2024, be approved as presented.                                                                                                                                                                     | S. Hagman                                              |

<b>7.0</b>	<b>Business Arising from Minutes</b>	
	<b>a. Report back from Merger Feasibility Oversight Committee</b>	<i>S. Trivers</i>
	<b>b. Report back from Merger Feasibility Governance Workgroup</b>	<i>D. McConnell</i>
<b>8.0</b>	<b>Reports to the Board</b>	
	<b>a. Medical Officer of Health and Chief Executive Officer Reports</b>	<i>Dr. J. Loo</i>
	<b>i. MOH Report - February 2024</b>	
	Program Highlights: <ul style="list-style-type: none"> <li>• Monitoring Food Affordability in Algoma</li> <li>• Balanced Scorecard</li> </ul>	
	<b>RESOLUTION</b>	
	THAT the report of the Medical Officer of Health and CEO for February 2024 be accepted as presented.	
	<b>b. Finance and Audit</b>	
	<b>i. Financial Statements - December 2023</b>	<i>L. Dunseath</i>
	<b>RESOLUTION</b>	
	THAT the Board of Health approves the Unaudited Financial Statements for the period ending December 31, 2023, as presented.	
<b>9.0</b>	<b>New Business/General Business</b>	<i>S. Hagman</i>
<b>10.0</b>	<b>Correspondence</b>	<i>S. Hagman</i>
	<b>a.</b> Letter to the Premier of Ontario from Public Health Sudbury and Districts regarding Household Food Insecurity dated January 18, 2024.	
	<b>b.</b> Resolution approved by the City of Sault Ste. Marie regarding potential merger of Algoma Public Health and Public Health Sudbury and Districts dated January 29, 2024.	
	<b>c.</b> Resolution from the Municipality of Wawa to Algoma Public Health Board of Health regarding potential merger with Public Health Sudbury and Districts dated February 6, 2024.	
	<b>d.</b> Letter to the Board of Health Chairs for Algoma Public Health and Public Health Sudbury and Districts from Chadwic Home Board of Directors regarding a potential merger, dated February 14, 2024.	
<b>11.0</b>	<b>Items for Information</b>	<i>S. Hagman</i>
<b>12.0</b>	<b>Addendum</b>	<i>S. Hagman</i>
<b>13.0</b>	<b>Announcements / Next Committee Meetings:</b>	<i>S. Hagman</i>
	<b>Finance &amp; Audit Committee</b> Wednesday, February 21, 2024 @ 5:00 pm Video Conference   SSM Algoma Community Room	
	<b>Governance Committee</b> Wednesday, March 6, 2024 - 5:00 pm Video Conference   SSM Algoma Community Room	
	<b>Board of Health Meeting</b> Wednesday, March 27, 2024 - 5:00 pm Video Conference   SSM Algoma Community Room	

**14.0      Evaluation**

*S. Hagman*

**15.0      Adjournment**

*S. Hagman*

**RESOLUTION**

THAT the Board of Health meeting adjourns.

# **School Health Program:**

## **Achieving Optimal Health for Children & Youth**

Presenter(s):

- Hilary Cutler - Manager, School Health & Community Wellness
- Angela Piaskoski - Health Promotion Specialist, School Health
- Stephanie Caughill - Public Health Nurse, School Health
- Lindsay Fera – Registered Dietitian, School Health

Date: February 20, 2024

# Overview

- Public Health Guiding Documents
- School Health Program & Team
- Community Needs
  - Mental Health Promotion
  - Substance Use Prevention & Harm Reduction
  - Healthy Relationships
  - Positive Relationships with Food & Bodies
- Building Partnerships
- Next Steps



# Strategic Directions



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

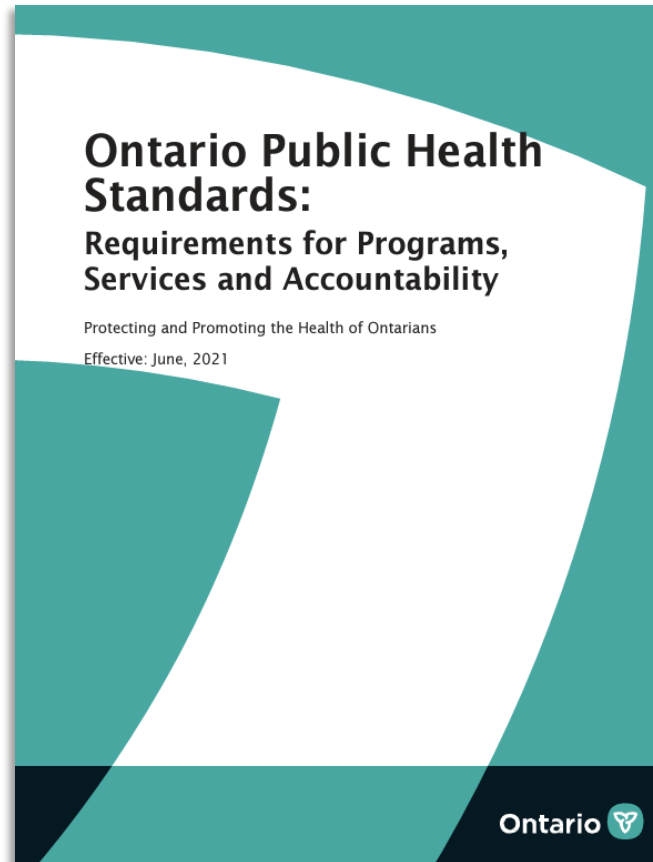


Improve the impact and effectiveness of Algoma Public Health programs.

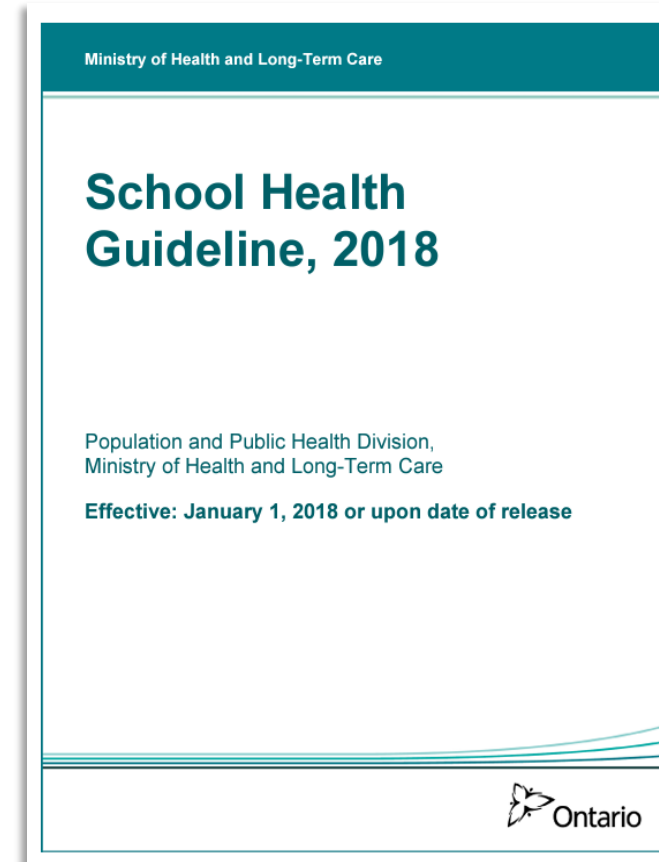


Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

# Ontario Public Health Standards

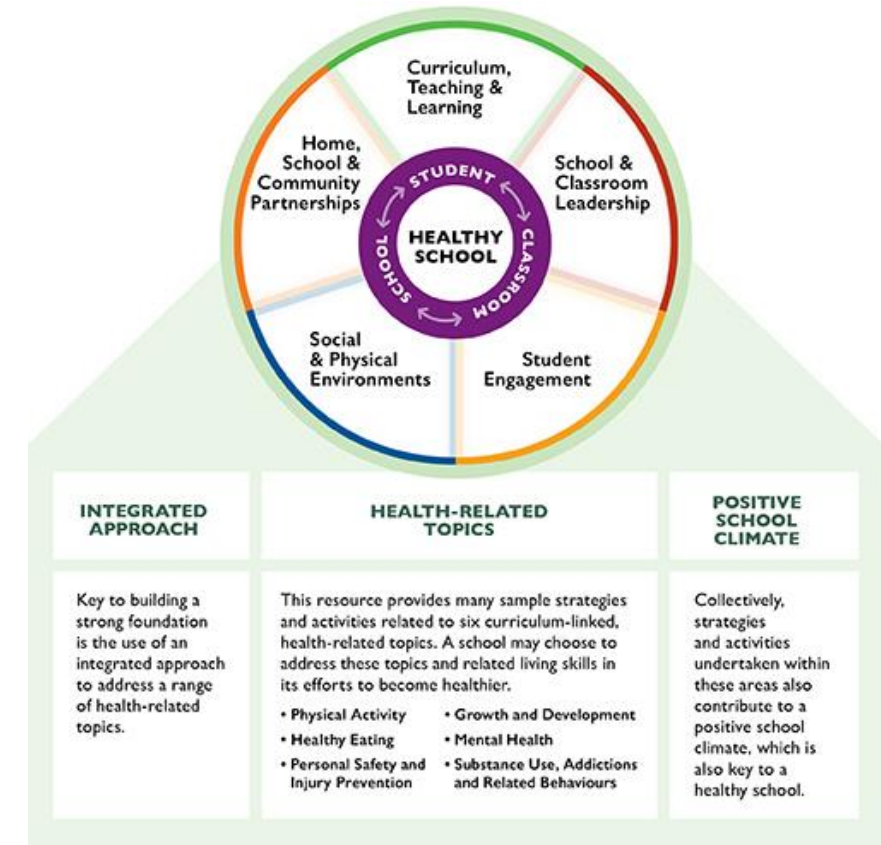


*Goal*  
To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.



# School Health Program

- The school setting is ideal for promoting the health of children & youth.
- Foundations for a Healthy School
  1. Curriculum, teaching & learning
  2. School & Classroom Leadership
  3. Student Engagement
  4. Social & Physical Environments
  5. Home, School, & Community Partnerships
- School communities



Ministry of Education. Foundations for a Healthy School [Internet]. Government of Ontario. 2014. Available from: <https://www.ontario.ca/page/foundations-healthy-school-companion-resource-k-12-school-effectiveness-framework>

# School Health Team

- Who are we?
- Aligned to schools, boards, and topics
  - 4 school boards, 81 schools
  - 14+ topics
- Impacted by COVID-19, school-based immunization & Immunization of School Pupils Act (ISPA) support
- Return to health promotion and a comprehensive school health approach



# Community Needs

- Local school community needs
- Provincial data – Ontario Student Drug Use and Health Survey
- APH Community Health Profile
- Priority areas:
  - Mental health promotion
  - Substance use prevention and harm reduction
  - Healthy relationships
  - Positive Relationships with Food & Bodies

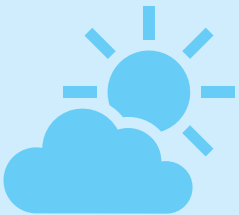
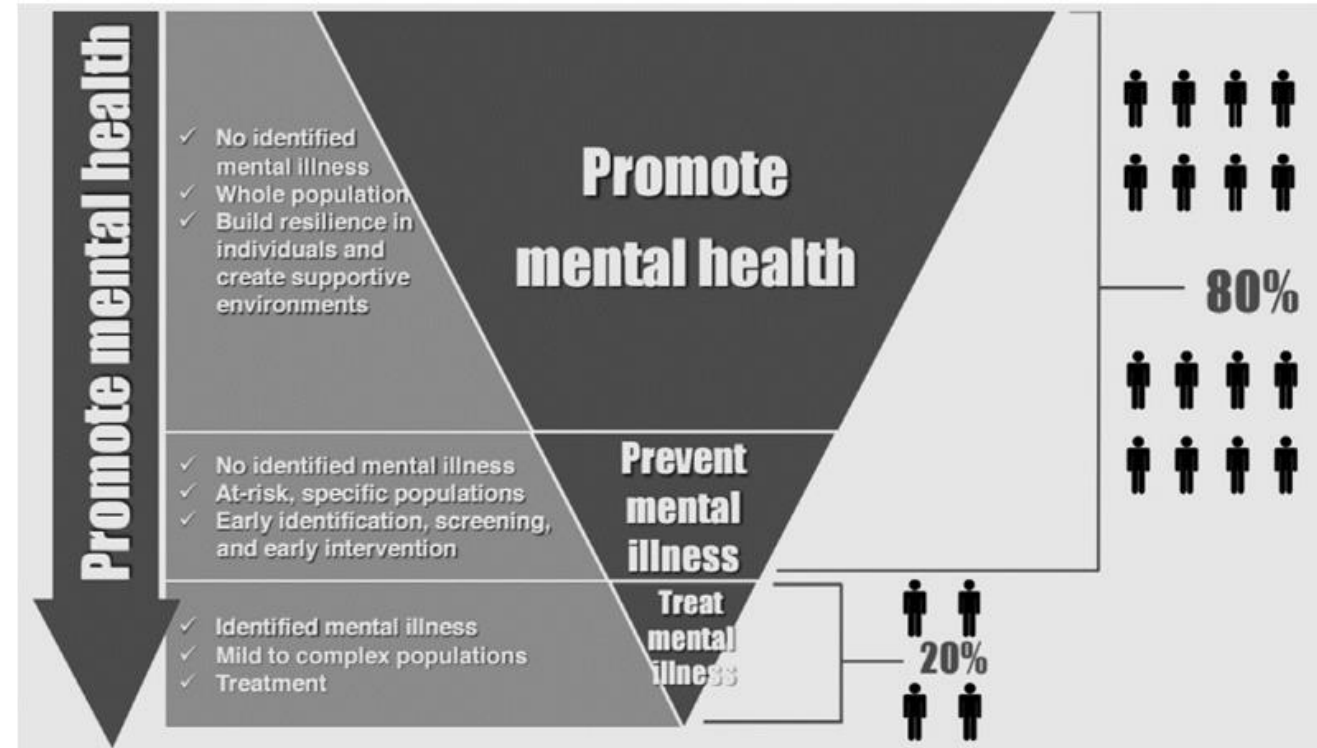


Boak A, Elton-Marshall T, Hamilton HA. The well-being of Ontario students: Findings from the 2021 Ontario Student Drug Use and Health Survey (OSDUHS). 2022. Toronto: Centre for Addiction and Mental Health.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Impact of the COVID-19 pandemic on youth smoking, vaping, and mental health. 2023. Toronto, ON: King's Printer for Ontario.

# Mental Health Promotion (MHP)

- Important topic for school aged children & youth
- Local mental health supports available in schools
- School Mental Health Ontario
- Pathways for Coming Together LCDP
- Embedded MHP strategies & approaches

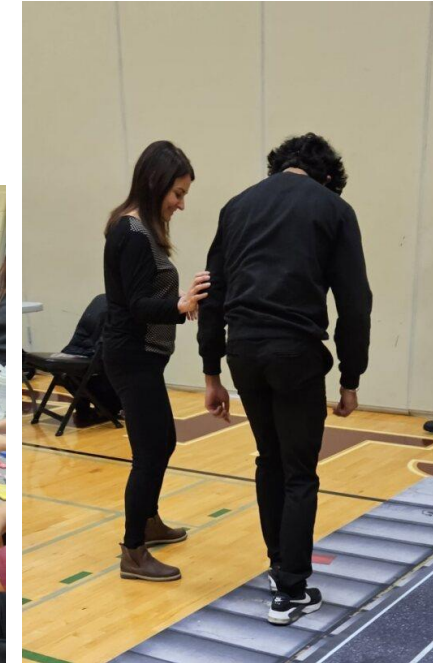


Boak A, Elton-Marshall T, Hamilton HA. The well-being of Ontario students: Findings from the 2021 Ontario Student Drug Use and Health Survey (OSDUHS). 2022. Toronto: Centre for Addiction and Mental Health.

Ministry of Health and Long-Term Care. Mental Health Promotion Guideline 2018. Available from: <https://files.ontario.ca/moh-guidelines-mental-health-promotion-guideline-en-2018.pdf>

# Substance Use Prevention & Harm Reduction

- A key concern
- Vaping prevention
  - Presentations & demonstrations
- Alcohol & cannabis harm reduction
  - Get Home Safe sessions
  - Interactive workshops on impaired & distracted driving
  - Harm reduction messaging



Boak A, Elton-Marshall T, Hamilton HA. The well-being of Ontario students: Findings from the 2021 Ontario Student Drug Use and Health Survey (OSDUHS). 2022. Toronto: Centre for Addiction and Mental Health.

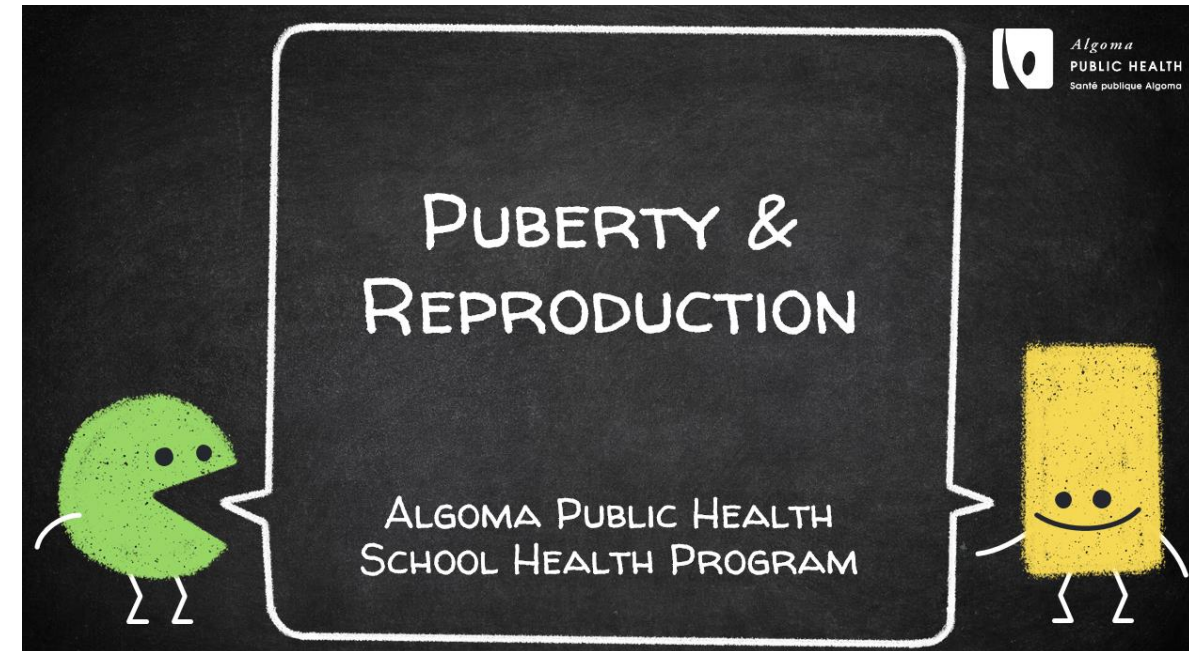
Health Canada. Summary of Results for the Canadian Student Tobacco, Alcohol, and Drugs Survey 2021-22. 2021. Available from: <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-summary.html>

Health Canada. Driving while impaired by alcohol or drugs. 2022. Available from: <https://www.canada.ca/en/health-canada/services/substance-use/talking-about-drugs/driving-impaired-drug.html>



# Healthy Relationships

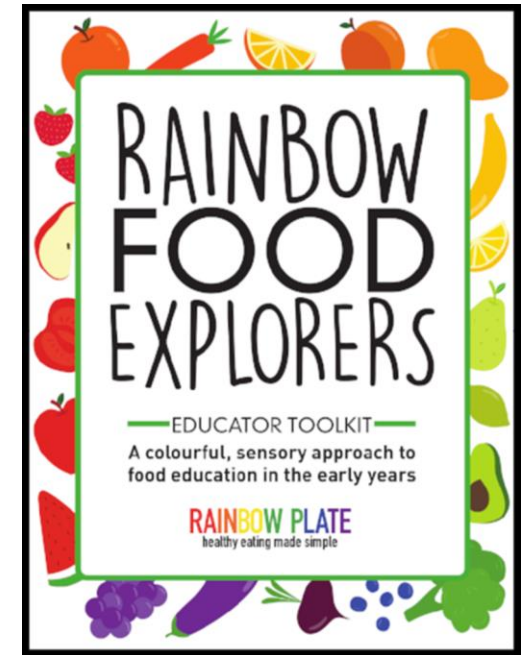
- Relationships as a protective and risk factor for other issues
- Exploring initiatives & programs
  - Positive youth development
  - Creating healthy and supportive environments
- Providing support for healthy sexuality curriculum topics
  - Talking to educators
  - Presenting to students to supplement class learnings





# Positive Relationships with Food & Bodies

- Eating Disorder Ontario – Prevention (EDO-P) & Foundational Training:
  - Foundational Training increased our self-awareness of personal attitudes/biases and knowledge, while providing opportunities to apply our learnings.
- Food Neutrality & Body Diversity:
  - Strategies that foster positive relationships with food & bodies
  - These relationships contribute to health and mental wellness
- Rainbow Food Explorers; Educator Toolkit:
  - Explorative & sensory-based approach to food education



Boak A, Elton-Marshall T, Hamilton HA. The well-being of Ontario students: Findings from the 2021 Ontario Student Drug Use and Health Survey (OSDUHS). 2022. Toronto: Centre for Addiction and Mental Health.

Eating Disorders Ontario Prevention. Building capacity for the local adoption of evidence based prevention of Eating Disorders across Ontario – Annual Report 2021-2022. 2022. Available from: <https://bana.ca/edop/>

McVey, G., Eating Disorder Promotion, Prevention, and Early intervention. Eating Disorders are More Than a Clinical Issue. 2020. Available from: [https://www.ocoped.ca/Portals/0/ED-PPEI%20Public%20Health%20Issues%209\\_3\\_20.pdf](https://www.ocoped.ca/Portals/0/ED-PPEI%20Public%20Health%20Issues%209_3_20.pdf)

# Building & Growing Partnerships

- School boards
- Schools
- Community partners



# Next Steps

- Implement our plans for the identified priority areas
- Shift our focus back to comprehensive school health
- Continue to collaborate with community partners while seeking new potential partnerships
- Collaborate internally on shared topics (e.g. mental health promotion framework)
- Strive to reach our goals:
  - Creating health promoting schools
  - Achieving optimal health & well-being for school aged children and youth





*Questions?*

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH



*Algoma*  
**PUBLIC HEALTH**  
Santé publique Algoma

February 20, 2024

Report of the

# Medical Officer of Health / CEO

Prepared by:  
Dr. Jennifer Loo and the  
Leadership Team

Presented to:  
Algoma Public Health Board of Health

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## APH AT-A-GLANCE

This month's report to the Board of Health (BOH) highlights APH's ongoing work in the key areas of health equity and continuous improvement and evaluation.

As broadly shared in a recent news release and report, APH has completed its annual costing of the nutritious food basket and is in the process of disseminating these results to our partners and the public. With the cost of feeding a family rising nearly 7% in Algoma from 2022 to 2023, the report shows that income continues to be a barrier to healthy eating for many in our communities, and that the need persists for income-based policies to effectively reduce household food insecurity.

This report also describes the advancement of a public health balanced scorecard approach to monitor, report on, and improve public health programming. The indicators in the four quadrants of a public health balanced scorecard – health status, community engagement, resources and services, and system integration and responsiveness – respectively identify population health needs, seek to understand the views of communities served, describe the amount of resources used and services delivered, and identifies structural integration and the capacity to transform in response to evolving needs, issues and evidence. As illustrated in the sample scorecard spreads on the topics of the public health response to the COVID-19 pandemic and toxic drugs – opioids, these indicators help tell the story of public health return on investment, show the power of community partnerships, all the while linking back to the health outcomes in our communities that we are ultimately focused on improving. Further use of the public health balanced scorecard approach will be reflected in ongoing internal planning processes, as well as key external reports, such as the forthcoming 2023 annual report.

## PROGRAM HIGHLIGHT – Monitoring Food Affordability in Algoma

### Topic: Monitoring Food Affordability in Algoma: 2023 Nutritious Food Basket

**From:** Hilary Cutler, Manager, School Health & Community Wellness  
Kristy Harper, Director of Health Promotion & Chief Nursing Officer

### Chronic Disease Prevention and Well-Being Program Standard Requirements<sup>1</sup> addressed in this report:

- The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to chronic diseases and report and disseminate the data and information in accordance with the Population Health Assessment and Surveillance Protocol, 2018 (or as current).

### 2021-2025 Strategic Priorities addressed in this report

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

[X] Improve the impact and effectiveness of Algoma Public Health programs.

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

### Key Messages

- Food insecurity is an urgent public health issue that affects approximately 1 in 5 Algoma households<sup>2</sup> with negative impacts on physical and mental health across the lifespan.
- Algoma Public Health (APH) monitors food affordability annually to fulfill the requirement of the Population Health Assessment and Surveillance Protocol, 2018.
- The 2023 results of the NFB costing show that the monthly cost to feed a family of four is \$1180.92, representing a nearly 7% increase over the cost in 2022.
- The income scenario analysis indicates that social assistance rates are inadequate to cover food, rent, and other expenses in Algoma. A single individual collecting Ontario Works would be in debt \$260 each month after paying only food and rent.
- Next steps include disseminating the results to community partners and the public, and continuing to monitor food affordability in 2024.

### Monitoring Food Affordability in Algoma

#### Introduction

Algoma Public Health (APH) has monitored food affordability annually since 2008, with the exception of 2020 and 2021 (due to the COVID-19 pandemic). Monitoring food affordability is completed annually to fulfill the requirement laid out by the Population Health Assessment and Surveillance Protocol, 2018. Food affordability is defined as the economic sufficiency to procure an adequate diet that meets nutrient needs with safe and affordable foods<sup>3</sup>.

#### Phase 1: Ontario Nutritious Food Basket Costing

The NFB is comprised of a list of approximately 60 food items based off the [National Nutritious Food Basket](#) developed by Health Canada and updated in 2019 to be consistent with [Canada's Food Guide](#).



Locally, NFB data collection, management, and interpretation is led by APH Registered Dietitians (RD), with assistance from an RD-trained food surveyor (typically a dietetic student, if available). The NFB costing is conducted annually at eight full-service grocery stores across Algoma, selected in consultation with APH's Foundations and Strategic Support Team (FAAST). The stores are considered a representative sample of Algoma grocery retailers based on population and geographic distribution, including a mix of premium, discount, and independent stores. Stores must be full-service grocery retailers that consistently carry the full range of items from the NFB in the specified sizes. The costing was completed over two consecutive weeks in May 2023 and was conducted either in-person or online.

#### *2023 NFB Results in Algoma*

The 2023 NFB data indicates that the monthly cost of eating for a single individual (male, aged 31-50) is \$423.32 and the monthly cost to feed a family of four (two adults aged 31-50, one male aged 14, and one female aged 8) is \$1180.92. It is important to note that while the NFB does include an additional 5% cost to cover miscellaneous foods, such as spices, coffee, tea, and baking supplies, it does not include infant food or formula, or food for special diets (ex. gluten-free) or household items.

In 2019, the NFB survey was significantly updated to reflect the new Canada's Food Guide and allow for online costing of validated stores therefore, the 2022 and 2023 data cannot be compared to years prior to 2019. Comparing data from May 2022 to May 2023 shows that the monthly cost of the NFB for a family of four in Algoma increased by *nearly 7%*.

#### *Limitations of the NFB*

The NFB is not intended for use as an individual or household meal planning or budgeting tool. The NFB also makes the following assumptions:

- People have time, ability, skills, space and equipment to prepare meals from scratch
- Food is always chosen based on lowest available price
- People have access to grocery stores and can grocery shop regularly (every 1-2 weeks)

Further, the NFB is not inclusive for all religious and cultural groups, including Indigenous Peoples, as it does not reflect the full spectrum of ingredients, food preparation, or procurement practices. APH recognizes this as a significant limitation of this data.

#### ***Phase 2: Income Scenarios to Monitor Food Affordability***

To assess food affordability, NFB data is interpreted with household income scenarios for individuals and families. The household income scenarios are developed by Ontario Dietitians in Public Health (ODPH) to provide real-world context. In 2023, ODPH contracted WoodGreen Community Services to conduct a comprehensive review of the calculations for the income scenarios. APH was one of eight public health units to make a financial contribution to this review, which allowed ODPH to maximize the accuracy and authenticity of the income scenarios.

Income estimates for each scenario include family and tax benefit entitlements available to Ontario residents. For each income scenario, APH uses the monthly cost of food (NFB) and average rental costs for Algoma to determine how much money is left over each month to cover other essential expenses. The average rental cost for Algoma has been obtained from the Canada Mortgage and Housing Corporation (CMHC)<sup>4</sup> and adjusted for inflation using the Consumer Price Index<sup>5</sup>. The FASST team

conducted additional market research to assess how well the adjusted CMHC data represents the current rental market, and initial findings suggest it underestimates current rental prices by as much as 35-50%<sup>6</sup>. This limitation should be considered when evaluating the income scenarios, as the amount left over for other expenses may be overestimated.

Several income scenarios indicate that social assistance rates are not sufficient to pay for rent, food, and other household necessities (Appendix A). A single individual collecting Ontario Works would be in debt \$260 each month after paying only food and rent. In 2022, a family of four relying on Ontario Works as their primary source of income would have had \$536 leftover after paying for food and housing to cover all other essential expenses, such as childcare, transportation, phone, internet, hygiene products, etc. In 2023, this value dropped to \$420, indicating that food and housing have become less affordable.

### ***Food Affordability and Food Insecurity in Algoma***

Food insecurity is an urgent public health issue. People living in food insecure households are more likely to suffer from physical and mental health problems, leading to greater need for healthcare services, higher rates of hospitalization, and elevated risk of premature death<sup>7</sup>. Children in food insecure households are more likely to have poorer overall health, including greater risk for bone fractures, asthma, and mental health conditions such as social anxiety, depression, and suicidal ideation<sup>7</sup>.

From 2020-2022, the prevalence of household food insecurity in Algoma was 19.4% or approximately 1 in 5 households<sup>8</sup>. This is likely an underestimate, as Indigenous Peoples living on-reserve are not captured in data collection. Indigenous communities are more likely to experience food insecurity due to historical and ongoing experiences of racism, colonialism, and restricted access to traditional lands, water, and food resources. There are eight First Nations communities across Algoma and up to 14.3% of Algoma residents have Indigenous identity<sup>9</sup>.

The APH Board of Health (BOH) is a leader in addressing food insecurity and advocating for change. In June 2023, the BOH endorsed a resolution to support income-based policies outlined by ODPH to effectively reduce household food insecurity.

### ***Next Steps: 2024 and Beyond***

The next steps for the 2023 NFB and food affordability data are to disseminate the 2023 NFB results to community partners to support their work, and to share with the public to situate the results within the local context. The communications team has assisted the community wellness dietitian in updating a sharable infographic (Appendix B) with 2023 data, developing a downloadable report for the APH website, and sharing a media release. APH dietitians will continue to monitor food affordability in May 2024 while working to integrate with community partners to advocate for policy solutions to address inadequate income as the root cause of household food insecurity.

## References

1. Ontario Ministry of Health. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021. Available from: [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Ontario\\_Public\\_Health\\_Standards\\_2021.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf)
2. Public Health Ontario, Household Food Insecurity Estimates from the Canadian Income Survey: Ontario 2019-2022. Date extracted: August 28, 2023.
3. Ontario. Ministry of Health and Long-Term Care. Population Health Assessment and Surveillance Protocol, 2018. Available from: <https://files.ontario.ca/moh-population-health-assessment-surveillance-protocol-2018-en.pdf>
4. Canadian Mortgage and Housing corporation (CMHC). Rental Market Survey, Data Table 3.1.2 Private Row (Townhouse) and Apartment Average Rents (\$), by Bedroom Type - Ontario 10,000+ (October 2022). Date extracted: November 9
5. Statistics Canada. Table 18-10-0004-01 Consumer Price Index, monthly, not seasonally adjusted. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810000401>
6. Algoma Public Health. Unpublished data. 2023.
7. Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. Available from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>
8. Public Health Ontario, Household Food Insecurity Estimates from the Canadian Income Survey: Ontario 2019-2022. Date extracted: August 28, 2023.
9. Statistics Canada. 2022. (table). Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released December 15, 2022. Government of Canada (2012).

## Appendix A

### Nutritious Food Basket Income Scenarios for Algoma, 2023

	Family of Four <sup>i</sup> on Ontario Works	Single Parent with 2 Children, on Ontario Works	Single Person on Ontario Works	Single Person on ODSP	Single Pregnant Person, ODSP	Single person, Old Age Security/ Guaranteed Income Supplement
Monthly Income <sup>ii</sup>	\$2821	\$2587	\$882	\$1386	\$1426	\$2010
Average Monthly Rent <sup>iii</sup>	\$1220	\$1091	\$718	\$718	\$916	\$916
Monthly Cost of Food <sup>iiii</sup>	\$1181	\$870	\$423	\$423	\$423	\$306
% of Income Required to Purchase Healthy Food	42%	34%	48%	31%	28%	15%
Amount leftover for other expenses <sup>viii</sup>	<b>\$420</b>	<b>\$627</b>	<b>-\$260</b>	<b>\$46</b>	<b>\$108</b>	<b>\$787</b>

10. <sup>i</sup>Family of four: two adults aged 31-50, one male aged 14, and one female aged 8.

11. <sup>ii</sup>Based on Ontario averages, including benefits, such as the Canadian Child Benefit.

12. <sup>iii</sup>Based on CMHC data<sup>4</sup> and Consumer Price Index<sup>5</sup>. Algoma Public Health conducted additional research to assess how well CMHC data represents the current rental market, and initial findings suggest it underestimates rental prices by as much as 35-50%. Please consider these limitations when evaluating the income scenarios.

13. <sup>iiii</sup>Calculated using the 2023 Nutritious Food Basket data collected by Algoma Public Health.

14. <sup>viii</sup>Other expenses may include daycare, transportation, hygiene and cleaning products, heat/water, internet, phone, etc.

# Food Affordability in Algoma

Food is a basic human right. Everyone should be able to decide what foods to buy with dignity.

**Food Insecurity** means not having enough money to buy food.

Food insecure households are likely to:

worry



have less food



have lower quality food



skip meals



This leads to poorer overall physical & mental health.



**2023** Nutritious Food Basket results.

Cost to feed a family of **4** in Algoma: **\$1181** /month

Social assistance rates are **NOT** adequate.



After paying rent & food



A family of four living on **Ontario Works** has **\$420.00** left over to cover all other necessities.



A single male receiving **Ontario Works** has **-\$260.00**. There is not enough money to cover rent and food, let alone any other necessities.

**Other necessities:**



hygiene products



daycare



transportation



dentist



eyeglasses



internet



phone



prescriptions



clothing



electricity



heat

Minimum wage is **NOT** adequate.

**58.6%** of food insecure households in Ontario have income from employment.

Poverty is the root cause of food insecurity.

## What can **YOU** do?



LEARN

Learn more about food insecurity by visiting [odph.ca/centsless](https://odph.ca/centsless) or [proof.utoronto.ca](https://proof.utoronto.ca)



SHARE

Be kind and compassionate. Avoid making judgements about people living in poverty.

## What can **WE** do as a community?

- Encourage these actions from political leaders:
  - Support universal basic income
  - Increase social assistance rates
  - Decrease tax for the lowest income households
- Create free tax **filing clinics**
- Pay employees a **living wage**

## PROGRAM HIGHLIGHT – Balanced Scorecard

**Topic:** Use of the public health balanced scorecard for monitoring, continuous improvement and evaluation

**From:** Jasmine Bryson, Supervisor of Effective Public Health Practice

**Program Standard Requirements<sup>1</sup> addressed in this report:** Foundational Standards, Effective Public Health Practice; Program Planning, Evaluation, and Evidence-Informed Decision-Making (Requirement 2)

- The board of health shall routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services, including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation, processes, reach, outputs, and outcomes.

**2021-2025 Strategic Priorities addressed in this report:**

- ☐ Advance the priority public health needs of Algoma's diverse communities.
- ☒ Improve the impact and effectiveness of Algoma Public Health (APH) programs.
- ☐ Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

### Key Messages

- A public health balanced scorecard is a framework for organizing indicators into meaningful categories for monitoring, improvement and reporting of public health programming.
- The four categories of a public health balanced scorecard include health status, community engagement, resources and services, and system integration and responsiveness.
- A preview of how this approach will be applied to annual reporting of APH programs is included, focused on two topics- opioids and COVID-19.

### Overview

#### ***Indicators for monitoring, continuous improvement and evaluation***

Monitoring, continuous improvement and evaluation processes are central to effective public health practice, a foundational standard<sup>(1)</sup>. Indicators are fundamental to these processes. Indicators are specific and observable measures that are used to monitor progress or achievement of outcomes in program and service delivery<sup>(1,2)</sup>. One way to monitor indicators in a health system is through the balanced scorecard framework. This approach has been developed and implemented by researchers and public health practitioners in Ontario<sup>(3)</sup>.

#### ***A public health balanced scorecard***

The public health balanced scorecard approach focuses on aligning indicators in four key quadrants or categories: health status, community engagement, resources and services, and system integration and responsiveness<sup>(3)</sup>. The table below offers a description of the types of indicators that can be considered

for inclusion under each category and some examples of related indicators.

<i>Description of the public health balanced scorecard categories and sample indicators</i>	
Balanced scorecard quadrant/ category <sup>(3)</sup>	Sample indicators
<b>(1) Health status</b> considers indicators for health behaviours, and trends in disease morbidity, mortality, and social determinants of health: <ul style="list-style-type: none"> <li>This category is used to identify population health needs and assess distribution of resources, though indicators included in this category are influenced by factors outside of local public health units sole influence</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of residents that eat fruit and vegetables less than 5 times a day</li> <li>Rate of hospitalizations for injury due to falls per 100,000 people</li> </ul>
<b>(2) Community engagement</b> considers indicators for community knowledge, understanding of and satisfaction with public health programs: <ul style="list-style-type: none"> <li>This category is used to understand the views of communities in regard to public health programs</li> </ul>	<ul style="list-style-type: none"> <li>Number of municipalities engaged in public health consultation</li> <li>Levels of satisfaction (%) with a service or program</li> </ul>
<b>(3) Resources and services</b> considers indicators that influence organizational capacity such as financial, human and agency resources, recruitment and retention, and development: <ul style="list-style-type: none"> <li>This category is used to identify the amount of resources and services delivered</li> </ul>	<ul style="list-style-type: none"> <li>Number of FTE aligned to a program</li> <li>Cost of program per client</li> </ul>
<b>(4) System integration and responsiveness</b> considers indicators that demonstrate inter-sectoral partnership and work with health care sectors and community agencies: <ul style="list-style-type: none"> <li>This category is used to identify structural integration and the capacity to transform in response to evolving needs, issues and evidence</li> </ul>	<ul style="list-style-type: none"> <li>Number of service agreements with partners</li> <li>Number of alignments to local system strategy tables</li> </ul>

### ***A preview of public health balanced scorecard approach at APH***

Attached is a preview of the public health balanced scorecard at APH. Indicators for two public health topics – toxic drug use (opioids) and COVID-19 – are organized according to the four categories described in the table above.

### **Next Steps:**

The balanced scorecard approach will be applied across APH programs to align program and population indicators to the four quadrants of a public health balanced scorecard. The public health balanced scorecards for programs will be used as a component of monitoring, continuous improvement and evaluation efforts, to reflect the Ontario Public Health Standards for programs. The public health balanced scorecards for programs will also provide a framework for external reporting, such as through Algoma Public Health's annual report.

Health Status

Community Engagement

Resources & Services

Integration & Responsiveness

# Public Health Balanced Scorecard: COVID-19

During the pandemic, Algoma Public Health (APH) worked to minimize serious illness and death while minimizing societal disruption and preserving health care capacity.

A public health balanced scorecard approach focuses on aligning indicators in four key quadrants or categories: health status, community engagement, resources and services, and system integration and responsiveness.



12,451

cases of COVID-19 in Algoma



700

hospitalizations for COVID-19

Maintained capacity of acute care beds across Algoma



104

deaths due to COVID-19

Overall COVID-19 death rate in Algoma remained lower than the provincial rate [2020 to 2023 Q2]



143

staff hired specifically for COVID-19 response



85%

of positive cases reached within 48 hours



80.8%

of eligible Algoma residents received 2 doses of the COVID-19 vaccine by June 2023



205,250

staff hours spent working on the COVID-19 response



\$50 per person

per year, for cost of COVID-19 response, including APH led vaccine administration



18

sectors engaged throughout the pandemic (i.e., municipalities, workplaces, Indigenous partners)



95,069

phone calls across 5 COVID-19 dedicated phone lines



7.1 M

views on APH COVID-19 webpages



9.5 M

impressions on APH Facebook posts about COVID-19



3

letters of instructions and Section 22 class orders issued to control local spread of COVID-19



Engaged

in numerous cross sector working groups and system strategy tables at the local, provincial, federal and international level



13

Indigenous community partners worked with APH to deliver COVID-19 immunizations based on their self-determined community preferences, needs and capacities

Note: data presented here covers the response time frame from March 2020 - June 2023 as available.



Health Status

Community Engagement


Resources & Services

Integration & Responsiveness

# Public Health Balanced Scorecard: Toxic Drugs - Opioids


Algoma Public Health (APH) works to reduce harms and deaths associated with toxic drugs.

A public health balanced scorecard approach focuses on aligning indicators in four key quadrants or categories: health status, community engagement, resources and services, and system integration and responsiveness.




407

Emergency Medical Service calls for suspected opioid poisoning



212


opioid related visits to the emergency department



50

opioid related deaths

Opium related mortality was 3 times higher in Algoma than Ontario




42

community partners distributing naloxone in Algoma through service agreements with APH

5,396

naloxone kits distributed through service agreements with APH




15

community partners distributing harm reduction supplies with memorandums of understanding with APH


332,085

harm reduction supply items distributed in Algoma



3,021

views on APH opioid related webpages




10

community partners attended an APH workshop to identify Algoma priorities for action to decrease opioid related harms

5


community awareness events attended by APH staff

Over 100 attendees at a documentary about substance use followed by a panel discussion facilitated by APH



3


local and regional strategy and partnership committees with APH representation



32

community partners received opioid poisoning surveillance bulletins

One early warning sent to partners signalling higher than normal opioid related harms in the community



1

research manuscript submitted to a peer reviewed journal highlighting northern Ontario disparities in opioid related deaths

Note: data presented here covers 2023 except mortality attributed to opioids which is 2022.

PUBLIC HEALTH

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**Algoma Public Health  
(Unaudited) Financial Statements      December 31, 2023**

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**Algoma Public Health**  
**Statement of Operations**  
**December 2023**  
(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ YTD Budget 2023
<b>Public Health Programs (Calendar)</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 4,189,217	\$ 4,189,216	\$ 1	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	8,861,200	8,861,200	0	8,861,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	2,276,617	3,363,439	(1,086,822)	3,363,439	-32%	68%
Provincial Grants - Mitigation Funding	1,037,800	1,037,800	-	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	538,013	452,384	85,629	452,384	19%	119%
<b>Total Public Health Revenue</b>	<b>\$ 16,902,847</b>	<b>\$ 17,904,039</b>	<b>\$ (1,001,192)</b>	<b>\$ 17,904,039</b>	<b>-6%</b>	<b>94%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 15,520,771	\$ 15,618,689	\$ 97,918	\$ 15,618,691	-1%	99%
Public Health 100% Prov. Funded Programs	2,766,634	2,285,349	(481,285)	2,285,349	21%	121%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 18,287,404</b>	<b>\$ 17,904,038</b>	<b>\$ (383,366)</b>	<b>\$ 17,904,040</b>	<b>2%</b>	<b>102%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ (1,384,557)</b>	<b>\$ 1</b>	<b>\$ (1,384,558)</b>	<b>\$ 0</b>		

**Healthy Babies Healthy Children (Fiscal)**

Provincial Grants and Recoveries	\$ 801,011	801,008	3	1,068,011	0%	100%
Expenditures	799,956	801,632	1,676	1,068,011	0%	100%
<b>Excess of Rev. over Exp.</b>	<b>1,055</b>	<b>(624)</b>	<b>1,679</b>	<b>(0)</b>		

**Public Health Programs (Fiscal)**

Provincial Grants and Recoveries	\$ 849,976	803,400	46,577	992,500	6%	106%
Expenditures	665,917	669,125	3,208	992,500	0%	100%
<b>Excess of Rev. over Fiscal Funded</b>	<b>184,059</b>	<b>134,275</b>	<b>49,784</b>	<b>-</b>		

**Fiscal Programs**

<b>Revenue</b>						
Provincial Grants - Community Health	\$ 196,617	\$ 196,615	\$ 2	\$ 262,153	0%	100%
Municipal, Federal, and Other Funding	114,447	114,447	-	114,447	0%	100%
<b>Total Community Health Revenue</b>	<b>\$ 311,064</b>	<b>\$ 311,062</b>	<b>\$ 2</b>	<b>\$ 376,600</b>	<b>0%</b>	<b>100%</b>
<b>Expenditures</b>						
Brighter Futures for Children	69,246	85,835	16,589	114,447	-19%	81%
Nurse Practitioner	121,035	121,615	580	162,153	0%	100%
Stay on Your Feet	72,904	75,000	2,096	100,000	-3%	97%
<b>Total Fiscal Community Health Programs</b>	<b>\$ 263,185</b>	<b>\$ 282,450</b>	<b>\$ 19,265</b>	<b>\$ 376,600</b>	<b>-7%</b>	<b>93%</b>
<b>Total Rev. over Exp. Fiscal Community Health</b>	<b>\$ 47,879</b>	<b>\$ 28,612</b>	<b>\$ 19,267</b>	<b>\$ (0)</b>		

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

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

For Twelve Months Ending December 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	2,913,655	2,913,655	0	2,913,655	0%	100%	2,951,725	2,951,725	(0)
Levies District	1,275,562	1,275,562	0	1,275,561	0%	100%	1,237,491	1,237,491	0
<b>Total Levies</b>	<b>4,189,217</b>	<b>4,189,217</b>	<b>0</b>	<b>4,189,216</b>	<b>0%</b>	<b>100%</b>	<b>4,189,216</b>	<b>4,189,216</b>	<b>(0)</b>
MOH Public Health Funding	8,861,200	8,861,200	0	8,861,200	0%	100%	8,773,422	8,773,425	(3)
<b>Total Public Health Cost Shared Funding</b>	<b>8,861,200</b>	<b>8,861,200</b>	<b>0</b>	<b>8,861,200</b>	<b>0%</b>	<b>100%</b>	<b>8,773,422</b>	<b>8,773,425</b>	<b>(3)</b>
MOH Funding - MOH / AMOH Top Up	182,521	189,300	(6,779)	189,300	-4%	96%	181,896	189,300	(7,404)
MOH Funding Northern Ontario Fruits & Veg.	117,400	117,400	0	117,400	0%	100%	117,400	117,400	0
MOH Funding Unorganized	530,400	530,400	0	530,400	0%	100%	530,400	530,400	0
MOH Senior Dental	1,350,250	1,350,250	0	1,350,250	0%	100%	1,114,150	1,114,150	0
MOH Funding Indigenous Communities	98,000	98,000	0	98,000	0%	100%	98,000	98,000	(0)
One Time Funding (Tobacco Cessation)	5,000	0	5,000	0	#DIV/0!	100%	0	0	0
OTF COVID-19 Extraordinary Costs	(6,954)	1,078,089	(1,085,043)	1,078,089	-101%	-1%	2,203,446	2,210,400	(6,954)
<b>Total Public Health 100% Prov. Funded</b>	<b>2,276,617</b>	<b>3,363,439</b>	<b>(1,086,822)</b>	<b>3,363,439</b>	<b>-32%</b>	<b>68%</b>	<b>4,245,292</b>	<b>4,259,650</b>	<b>(14,358)</b>
<b>Total Public Health Mitigation Funding</b>	<b>1,037,800</b>	<b>1,037,800</b>	<b>0</b>	<b>1,037,800</b>	<b>0%</b>	<b>100%</b>	<b>1,037,800</b>	<b>1,037,800</b>	<b>0</b>
Recoveries from Programs	11,808	10,000	1,808	10,000	18%	118%	(23,961)	27,450	(51,411)
Program Fees	41,912	79,600	(37,688)	79,600	-47%	53%	48,497	51,625	(3,128)
Land Control Fees	196,325	225,000	(28,675)	225,000	-13%	87%	245,845	183,000	62,845
Program Fees Immunization	71,206	50,000	21,206	50,000	42%	142%	25,236	50,000	(24,764)
HPV Vaccine Program	17,986	9,500	8,486	9,500	89%	189%	5,194	9,500	(4,307)
Influenza Program	16,320	23,500	(7,180)	23,500	-31%	69%	220	23,500	(23,280)
Meningococcal C Program	8,840	7,000	1,840	7,000	26%	126%	3,740	7,000	(3,260)
Interest Revenue	171,916	32,784	139,132	32,784	424%	524%	87,718	20,000	67,718
Other Revenues	1,700	15,000	(13,300)	15,000	-89%	11%	17,000	7,000	10,000
<b>Total Fees and Recoveries</b>	<b>538,013</b>	<b>452,384</b>	<b>85,629</b>	<b>452,384</b>	<b>19%</b>	<b>119%</b>	<b>409,489</b>	<b>379,075</b>	<b>30,414</b>
<b>Total Public Health Revenue Annual</b>	<b>16,902,848</b>	<b>17,904,040</b>	<b>(1,001,192)</b>	<b>17,904,039</b>	<b>-6%</b>	<b>94%</b>	<b>18,655,219</b>	<b>18,639,166</b>	<b>16,053</b>
<b>Public Health Fiscal April 2023 - March 2024</b>									
Infection Prevention and Control Hub	452,556	452,550	6	603,400	0%	75%			
School Nurses Initiative	175,000	175,000	0	175,000	0%	100%			
Needle Syringe Program	15,220	15,225	(5)	20,300	0%	75%			
New Purpose-Built Vaccine Fridge	8,324	8,325	(1)	11,100	0%	75%			
PHI Practicum Program	22,500	22,500	0	30,000	0%	75%			
Security System Upgrades	91,600	68,700	22,900	91,600	33%	100%			
Upgrade Network Switches	61,085	61,100	(15)	61,100	0%	100%			
<b>Total Provincial Grants Fiscal</b>	<b>826,285</b>	<b>803,400</b>	<b>22,885</b>	<b>992,500</b>	<b>3%</b>	<b>83%</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Algoma Public Health**  
**Expense Statement- Public Health**  
For Twelve Months Ending December 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	10,607,635	10,833,060	225,425	10,833,060	-2%	98%	\$ 10,366,514	\$ 11,220,407	\$ 853,893
Benefits	2,673,289	2,541,380	(131,909)	2,541,380	5%	105%	2,405,805	2,621,584	215,779
Travel	170,538	158,800	(11,738)	158,800	7%	107%	138,138	188,705	50,567
Program	1,631,587	1,237,163	(394,424)	1,237,163	32%	132%	1,377,581	1,320,941	(56,640)
Office	58,442	82,400	23,958	82,400	-29%	71%	61,945	67,400	5,455
Computer Services	942,098	895,892	(46,206)	895,892	5%	105%	932,865	852,416	(80,449)
Telecommunications	332,288	265,000	(67,288)	265,000	25%	125%	326,935	327,528	593
Program Promotion	32,558	45,000	12,442	45,000	-28%	72%	66,217	84,932	18,715
Professional Development	44,292	80,424	36,132	80,424	-45%	55%	75,006	86,141	11,135
Facilities Expenses	941,211	924,000	(17,211)	924,000	2%	102%	1,271,925	1,106,391	(165,534)
Fees & Insurance	396,046	383,500	(12,546)	383,500	3%	103%	362,920	332,300	(30,620)
Debt Management	457,421	457,421	0	457,421	0%	100%	457,421	457,421	0
Recoveries	0	0	0	0	#DIV/0!	0%	(6,750)	(27,000)	(20,250)
	<b>\$ 18,287,405</b>	<b>\$ 17,904,040</b>	<b>\$ ( 383,365 )</b>	<b>\$ 17,904,040</b>	<b>2%</b>	<b>102%</b>	<b>\$ 17,836,522</b>	<b>\$ 18,639,166</b>	<b>\$ 802,644</b>

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

### **Reporting Period**

The December 2023 financial reports include twelve months of financial results for Public Health. All other non-funded public health programs are reporting nine 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 November 2023, APH received the revised 2023 Amending Agreement from the province identifying the approved funding allocations for APH's cost-shared and 100% funded programming. The annual budgets for public health programs have been updated to reflect these allocations. The following allocations/changes from the previous year are 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 \$931,400 for special initiatives (including COVID school focused nurses which were funded from April through June of 2023)

As of December 31, 2023, Public Health calendar programs are reporting a \$1,385K negative variance – which is driven by a \$383K negative variance in expenditures and a \$1,001K negative variance in revenue (which is largely contributed to by \$1.1M in budgeted COVID one-time extraordinary funding that we have yet to receive a formal approval for).

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

Our Public Health calendar revenues are approximately 6% negative variance to 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, which is driving the above noted variance - noting that if we were to eliminate this variance APH's revenues would be within 1% of budget. Our Annual Service Plan was submitted to the Ministry on April 3, 2023 and our Q4 Standards Activity report was submitted to the Ministry on January 31, 2024 forecasting the need for \$697K in COVID 19 one-time extraordinary funding for the 2023 calendar year.

For the fiscal year ending March 2024, funding has been approved totaling \$993K which includes continuation of the COVID School Focused Nurse initiative (which expired in June 2023) and \$61K of one-time funding related to upgrading of essential IT network switches which has been carried over from fiscal 2022-23, as approved by the Ministry in March 2023. Other initiatives for which one-time fiscal funding has been provided for include the needle syringe program, new purpose-built vaccine fridge, PHI practicum and capital security system upgrades. This amount also includes continued IPAC Hub funding for which APH received formal approval for funding totaling \$603K for the 2023-24 fiscal year in

order to support enhancement of IPAC practices in congregate care settings in Algoma's catchment area.

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 \$94K positive variance associated with salaries and benefits. This is driven by gapped position vacancies which are partially offset by the increased cost of non-statutory benefits caused by significantly increased usage and fee rates year over year.

#### ***Programs***

There is a \$394K 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 and APH has been instructed to continue programming as planned, with in year funding opportunities to come to address ongoing pressures. On December 7, APH submitted a formal request for one-time funding totaling \$503K in order to reimburse for total forecasted pressures in this program identified for January 1 through December 31<sup>st</sup>, 2023. We continue to await response for this request.

#### ***Telecommunications***

There is a \$67K negative variance associated with telecommunications, largely driven by ongoing one time needs associated with implementation of retro-fitting our office telecommunication systems for current needs based on full staff return to the office with intentions of reduction hardware and service costs in the future (which will result in cost savings of at least \$3K per month moving forward). The project has now been completed.

### **COVID-19 Expenses**

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

This program includes case and contact management as well as supporting the information phone lines. October year to date expenses were \$359K (versus \$2,006K 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. October year to date expenses were \$299K (versus \$1,151K 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 December 31, 2023. Cash includes \$2.1M in short-term investments.

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



**Algoma Public Health**  
**Statement of Financial Position**  
(Unaudited)

<b>Date: As of December 2023</b>	December 2023	December 2022
<b>Assets</b>		
<b>Current</b>		
Cash & Investments	\$ 4,602,244	\$ 6,759,408
Accounts Receivable	955,761	1,550,507
Receivable from Municipalities		6,482
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	5,558,005	8,316,397
<b>Financial Liabilities:</b>		
Accounts Payable & Accrued Liabilities	1,245,824	1,319,570
Payable to Gov't of Ont/Municipalities	3,149,150	4,628,303
Deferred Revenue	271,134	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>	11,217,870	12,817,535
<b>Net Debt</b>	(5,659,864)	(4,501,139)
<b>Non-Financial Assets:</b>		
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
<b>Accumulated Surplus</b>	11,754,691	12,913,417

January 24, 2024

VIA ELECTRONIC MAIL

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

Dear Recipient:

**Re: Household Food Insecurity**

At its meeting on January 18, 2024, the Board of Health carried the following resolution #06-24:

*WHEREAS food security is a chronic and worsening health issue as documented by annual local data on food affordability and as recognized by multiple Association of Local Public Health Agencies (ALPHA) resolutions: [A05-18](#) (Adequate Nutrition for Ontario Works and Ontario Disability Support Program), [A18-02](#) (Minimum Wage that is a Living Wage), [A15-04](#) (Basic Income Guarantee), and [A23-05](#) (Monitoring Food Affordability in Ontario and the Inadequacy of Social Assistance Rates)*

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation going forward; and*

*THAT in the context of the Public Health Strengthening roles and responsibilities deliberations, the Board of Health urge all health system partners to remain committed to population health assessment and surveillance as it relates to monitoring food environments and, specifically, to monitoring food affordability; and share this motion broadly with local and provincial stakeholders.*

**Sudbury**

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

**Elm Place**

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

**Sudbury East / Sudbury-Est**

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

**Espanola**

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

**Île Manitoulin Island**

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

**Chapleau**

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

**toll-free / sans frais**

1.866.522.9200

**phsd.ca**



Household food insecurity is one of the strongest predictors of poor health, making it a serious public health issue (PROOF, 2023). Individuals who are food insecure are at higher risk of diet-related diseases like diabetes and are at higher risk for a wide range of chronic conditions such as depression and anxiety disorders, arthritis, and chronic pain. Household food insecurity leaves an indelible mark on children's health and well-being (PROOF, 2023). The experience of food insecurity in childhood is associated with mental health concerns throughout childhood and into early adulthood (PROOF, 2023). In Ontario, the healthcare costs of individuals who are the most food insecure can be more than double that of individuals who are food secure (PROOF, 2023, Tarasuk et al., 2015).

Thank you for your attention to this important issue – the solutions for which will not only help many Ontarians in need but also protect the sustainability of our critical health and social services resources.

Sincerely,



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

cc: Honourable Michael Parsa, Minister of Children, Community and Social Services  
Honourable Peter Bthlenfalvy, Ministry of Finance  
Honourable Paul Calandra, Minister of Municipal Affairs and Housing  
Honourable Sylvia Jones, Deputy Premier and Minister of Health  
France G linas, Member of Provincial Parliament, Nickel Belt  
Jamie West, Member of Provincial Parliament, Sudbury  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin  
Dr. Kieran Moore, Chief Medical Officer of Health  
Jacqueline Edwards and Jennifer Babin-Fenske, Co-chairs, Greater Sudbury Food Policy Council  
Richard Lathwell, Local Food Manitoulin  
Colleen Hill, Executive Director, Manitoulin Family Resources  
All Ontario Boards of Health  
Association of Local Public Health Agencies

Letter  
Re: Household Food Insecurity  
January 24, 2024  
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PROOF (2023). What are the implications of food insecurity for health and health care? Identifying Policy Options to Reduce Household Food Insecurity in Canada. Retrieved from:  
<https://proof.utoronto.ca/food-insecurity/what-are-the-implications-of-food-insecurity-for-health-andhealth-care/>

Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., Kurdyak, P. (2015). Association between household food insecurity and annual healthcare costs. Canadian Medical Association Journal. 1 87 (14) E429-E436. DOI: <https://doi.org/10.1503/cmaj.150234>

January 29, 2024 - Sault Ste. Marie City Council unanimously passed a resolution opposing the merger of Algoma Public Health with Public Health Sudbury and District.

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Mover Councillor M. Scott  
Seconder Councillor C. Gardi

Whereas on November 22, 2023 the Algoma Public Health Board passed a resolution to “undertake a feasibility study on the potential benefits and drawbacks of a voluntary merger of our two local public health agencies for the delivery of public health objectives.”; and

Whereas Algoma Public Health (APH) and Public Health Sudbury and District (PHSD) jointly wrote to numerous stakeholders on January 19, 2024 advising that they are “undertaking a process to explore a potential merger of the two public health units” and seeking feedback from those stakeholders on this proposal; and

Whereas since 2019, the Government of Ontario has attempted to change the delivery of public health throughout the province, first by attempting to force the merger of all Northeastern Ontario health units into a single health unit in 2019, which the government abandoned at the onset of the COVID-19 pandemic, and subsequently by incentivizing health units to explore voluntary mergers by paying the costs associated with undertaking the feasibility studies for such exploratory reviews; and

Whereas the delivery of public health has been shown, within the last four years to be a matter of great local concern; and

Whereas consolidation of APH with PHSD would be servicing an area spanning over 700km east-west from White River to Warren and 500km northsouth from Chapleau to Manitoulin Island; and

Whereas any merged board would be unable to maintain all the regional representation that is currently represented on the Algoma Public Health Board, which is made up of a representative from Elliot Lake, one representative from Blind River, Spanish or Township of the North Shore, one representative from Wawa, White River or Dubreuilville, one representative from Thessalon or the Municipality of Huron Shores, one representative from Bruce Mines, Village of Hilton Beach, Townships of Hilton, Jocelyn, Johnson, Laird, MacDonald, Meredith and Aberdeen, Plummer Additional, Prince, St. Joseph, or Tarbutt; and

Whereas the history of services being delivered on a regional basis has often led to Northeastern services being consolidated in Sudbury; and

Now Therefore Be It Resolved that the Council of the City of Sault Ste. Marie opposes the merger of Algoma Public Health with Public Health Sudbury and District and that a copy of this resolution be forwarded to the Board Chairs of both APH and PHSD.

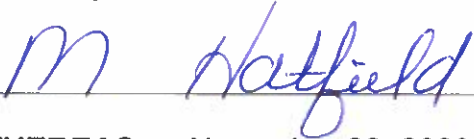
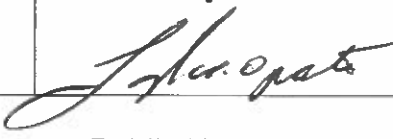


The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

Tuesday, February 6, 2024

Resolution # RC24019	Meeting Order: 8
Moved by: 	Seconded by: 

**WHEREAS** on November 22, 2023 the Algoma Public Health Board passed a resolution to “undertake a feasibility study on the potential benefits and drawbacks of a voluntary merger of our two local public health agencies for the delivery of public health objectives.”; and

**WHEREAS** Algoma Public Health (APH) and Public Health Sudbury and District (PHSD) jointly wrote to numerous stakeholders on January 19, 2024 advising that they are “undertaking a process to explore a potential merger of the two public health units” and seeking feedback from those stakeholders on this proposal; and

**WHEREAS** since 2019, the Government of Ontario has attempted to change the delivery of public health throughout the province, first by attempting to force the merger of all Northeastern Ontario health units into a single health unit in 2019, which the government abandoned at the onset of the COVID-19 pandemic, and subsequently by incentivizing health units to explore voluntary mergers by paying the costs associated with undertaking the feasibility studies for such exploratory reviews; and

**WHEREAS** consolidation of APH with PHSD would be servicing an area spanning over 700km east-west from White River to Warren and 500km north-south from Chapleau to Manitoulin Island; and

**WHEREAS** any merged board would be unable to maintain all the regional representation that is currently represented on the Algoma Public Health Board, which is made up of a representative from Elliot Lake, one representative from Blind River, Spanish or Township of the North Shore, one representative from Wawa, White River or Dubreuilville, one representative from Thessalon or the Municipality of Huron Shores, one representative from Bruce Mines, Village of Hilton Beach, Townships of Hilton, Jocelyn, Johnson, Laird, MacDonald, Meredith and Aberdeen, Plummer Additional, Prince, St. Joseph, or Tarbutt; and;

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# The Corporation of the Municipality of Wawa

## REGULAR COUNCIL MEETING

### RESOLUTION



**THEREFORE, BE IT RESOLVED** that Council of the Municipality of Wawa opposes the merger of Algoma Public Health with Public Health Sudbury and District and that a copy of this resolution be forwarded to the Board Chairs of both APH and PHSD, Municipalities in the Algoma District, FONOM and the Ministry of Health.

RESOLUTION RESULT		RECORDED VOTE		
<input checked="" type="checkbox"/>	CARRIED	MAYOR AND COUNCIL	YES	NO
<input type="checkbox"/>	DEFEATED	Mitch Hatfield		
<input type="checkbox"/>	TABLED	Cathy Cannon		
<input type="checkbox"/>	RECORDED VOTE (SEE RIGHT)	Melanie Pilon		
<input type="checkbox"/>	PECUNIARY INTEREST DECLARED	Jim Hoffmann		
<input type="checkbox"/>	WITHDRAWN	Joseph Opato		

#### Disclosure of Pecuniary Interest and the general nature thereof.

- ☐ Disclosed the pecuniary interest and general name thereof and abstained from the discussion, vote and influence.

Clerk: \_\_\_\_\_

DEPUTY MAYOR – JIM HOFFMANN	CLERK – MAURY O'NEILL
	

This document is available in alternate formats.



February 14, 2024

Sally Hagman & René Lapierre  
Board of Health Chairs  
Algoma Public Health & Public Health Sudbury & Districts

Dear Ms. Hagman and Mr. Lapierre,

Thank you for your letter of January 18<sup>th</sup>, 2024 in which you indicate the potential merger of the two public health units.

Our Board of Directors met February 7<sup>th</sup> and discussed your letter and the possible implications for our area and the clients we serve. CHADWIC Home offers emergency shelter and support, informal counselling, and referrals to women and their children who are experiencing Intimate Partner Violence.

We serve the communities of Wawa, Hornepayne, White River, Dubreuilville and Chapleau including the unorganized communities and First Nations within this catchment area. So, we are on the actual exterior parameter of the Algoma Public Health and Sudbury Public Health Units' Northern service area.

As your boards have your initial discussions, we would like you to keep in mind that the services and supports provided by the public health units to our area are crucial to the women & children that we serve. Any reduction in service available in our area would be problematic both for our clients and for the communities at large. The staff are valued community partners and we often look to them for advice and guidance on health matters affecting our clients and our organization.

As you discuss the potential merger of the two public health units, please keep in mind the valuable and necessary role that these services play in the smaller, northern communities and work hard to ensure their continued presence and level of service in our area.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marnie Laffeur", is written over the typed name and title.

Marnie Laffeur  
Chairperson  
CHADWIC Home Board of Directors