



Board of Health Meeting # 03-23

Public Health Sudbury & Districts

Thursday, May 18, 2023

1:30 p.m.

Boardroom, Level 3

1300 Paris Street

AGENDA – THIRD MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, LEVEL 3
THURSDAY, MAY 18, 2023 – 1:30 P.M.

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) Rabies Prevention and Control**
 - Rachel O’Donnell, Environmental Support Officer, Health Protection Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Second Meeting – April 20, 2023
 - ii) Business Arising From Minutes**
 - iii) Report of Standing Committees**
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, May 2023
 - v) Correspondence**
 - a. Income-Based Policy Solutions to Reduce Household Food Insecurity
 - Letter from Timiskaming Health Unit Board of Health Chair, to the Premier of Ontario, Minister of Health, and the Minister of Children, Community and Social Services, dated May 8, 2023
 - Letter from Chatham-Kent Board of Health Chair to the Premier of Ontario, Minister of Health and Minister of Children, Community and Social Services dated April 25, 2023
 - b. Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)
 - Letter from Board of Health of Peterborough Public Health to the Prime Minister dated May 4, 2023



Indigenous
Engagement
training
workshops for
Board of
Health
members

Wednesday,
May 17
from 12:30
p.m. to 4 p.m.
(lunch 12-
12:30 p.m.)
*Northern
Water Sports
Centre, 206
Ramsey Lake
Road, Sudbury*

Thursday,
May 18
from 10 a.m.
to 12:30 p.m.
(lunch at
12:30 p.m.),
*Ramsey Room,
Level 2*

- c. Universal, No-cost Coverage for Prescription Contraceptives
 - Letter from Chatham-Kent Board of Health Chair to the Premier of Ontario and Minister of Health dated April 25, 2023
- d. Monitoring Food Affordability and Implications for Public Policy and Action
 - Report from Middlesex-London Board of Health dated April 20, 2023
- e. Food Insecurity
 - Motion from The Corporation of the Municipality of Killarney dated April 12, 2023, supporting [Public Health Sudbury & District Board of Health Motion 08-23 Community Engagement to Address Food Insecurity](#)
- vi) **Items of Information**
 - a. Health Canada News Release: Update on the COVID-19 Situation in Canada May 5, 2023

APPROVAL OF CONSENT AGENDA

MOTION:

THAT the Board of Health approve the consent agenda as distributed.

6. NEW BUSINESS

- i) **2023-2025 Risk Management Plan**
 - Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated May 11, 2023
 - Organizational Risk Management Plan: 2023-2025

2023-2025 RISK MANAGEMENT PLAN

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts approve the 2023-2025 Risk Management Plan.

- ii) **Association of Local Public Health Agencies (alPHA)'s Annual General Meeting (AGM) and Conference, Monday, June 12, 2023, to Wednesday, June 14, 2023, Dalla Lana School of Public Health, Toronto**
 - [Preliminary Program](#) for AGM, Conference and section meetings
 - AGM and Resolution Session
 - Summary of Resolutions for consideration
 - Allocation of Votes by Health Unit
 - [Agenda](#) for the alPHA Board of Health Section Meeting – June 14, 2023

2023 ALPHA AGM/CONFERENCE

MOTION:

WHEREAS the Public Health Sudbury & Districts is allocated five votes* at the alPHa Annual General Meeting;

THAT in addition to the Medical Officer of Health and the Board of Health Chair, the following Board of Health members are appointed as voting delegates for the Board of Health:

****Voting delegates are permitted one proxy vote per person, as required.***

iii) Support for sufficient, stable, and sustained funding for local public health agencies

- Briefing Note from the Medical Officer of Health/Chief Executive Officer to the Board of Health Chair dated May 11, 2023
 - Letter from the City of Hamilton Mayor to the Minister of Health Re: 2023 Public Health Services Annual Service Plan & Budget Submission; Support for Sufficient, Stable and Sustained Funding for Local Public health Agencies dated April 3, 2023
 - Letter from the Deputy Premier and Minister of Health to the Board of Health Chair, Public Health Sudbury & Districts, dated August 20, 2019
 - alPHa’s Executive Summary Report *Public Health Resilience in Ontario* dated January 2022
 - Letter from alPHa’s Board of Directors to the Minister of Finance Re: 2023 Pre-Budget Submission: Public Health Programs and Services dated February 14, 2023

PUBLIC HEALTH FUNDING

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts endorse the recommendations of the Board of Health for the City of Hamilton and urge the provincial government to:

- **Fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the OPHS;**

- Continue the current mitigation funding until such time as the cost-shared arrangement is restored to the mixed 100% and 75%/25% model as it was in the public health budget for 2018-2019; and,
- Include expectations for on-going COVID-19 response in the OPHS and provide permanent funding to sustain these requirements.

7. ADDENDUM

ADDENDUM

MOTION:

THAT this Board of Health deals with the items on the Addendum.

8. ANNOUNCEMENTS

- Please complete the May 18, 2023, Board of Health meeting evaluation in BoardEffect following the Board meeting.

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

MINUTES – SECOND MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM/HYBRID
THURSDAY, APRIL 20, 2023 – 1:30 P.M.

BOARD MEMBERS PRESENT

Renée Carrier	René Lapierre	Mark Signoretti
Guy Despatie	Abdullah Masood	Al Sizer
Claire Gignac	Ken Noland	

BOARD MEMBERS REGRET

Bill Leduc	Michel Parent	Natalie Tessier
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STAFF MEMBERS PRESENT

Stacey Gilbeau	France Quirion	Dr. Penny Sutcliffe
Hélène Leroux	Renée St Onge	

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:30 p.m.

New Board member, Guy Despatie, appointed by the LaCloche Foothills Municipal Association was welcomed to the meeting.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

- i) **Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics**

[Link](#) to the *Chief Medical Officer of Health 2022 Annual Report*

- Nastassia McNair, Manager, Research, Evaluation and Knowledge Exchange, Knowledge and Strategic Services Division

Dr. Sutcliffe introduced N. McNair. It was noted that an associated motion will be discussed under today's agenda item 6 iii).

N. McNair provided highlights of Ontario's Chief Medical Officer of Health 2022 Annual report titled: *Being ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*, released on March 7, 2023. The CMOH Annual Report demonstrates the need for ongoing investments in public health readiness and calls for an end to the "boom and bust" cycle of funding, where investments are increased following major events such as COVID-19 but subsequently taper off as time passes.

Two key messages were highlighted from the CMOH Annual Report that are critical messages from the CMOH to the provincial government and to the entire legislature. 1) experience has shown us that it is more efficient and effective to invest in preparedness than to pay the much higher costs of being unprepared; and 2) to enhance the province's preparedness and its capacity to respond to future outbreaks and pandemics, there needs to be sustained investments in public health and not one time or "boom and bust" funding.

It is important to note that the CMOH indicated that his report is not an assessment of Ontario's response to the COVID-19 pandemic, nor is it specific to COVID-19. Rather, it asks that we learn from threats like COVID-19, H1N1, and SARS to be better prepared.

Key calls to action from the CMOH Annual Report as well as considerations and implications for local public health were highlighted. The CMOH Annual Report also highlighted the critical importance of local public health agencies to know our communities, to advocating for our communities, and to deliver services that meet local needs.

A link to the full CMOH 2022 Annual Report is included in the Board of Health meeting package. Board members were encouraged to read through the full report for more detail.

Questions and comments were entertained. N. McNair was thanked for her presentation.

5. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. Board of Health Meeting – February 16, 2023
- ii) Business Arising from Minutes**

iii) Report of Standing Committees

- a. Board of Health Executive, unapproved minutes dated April 6, 2023

iv) Report of the Medical Officer of Health / Chief Executive Officer

- a. MOH/CEO Report, April 2023

v) Correspondence

- a. Minimum Wage Increase

- Letter from the Board of Health Chair, Public Health Sudbury & Districts, to the Premier of Ontario, dated April 11, 2023

- b. Provincial Funding for Consumption and Treatment Services

- Letter from the Board of Health Chair, Medical Officer of Health and Secretary and Treasurer, Middlesex-London Health Unit, to Dr. Sutcliffe, dated March 28, 2023

- c. alPHa Pre-Budget Submission

- Letter from the Board of Health Chair, Southwestern Public Health, to the Minister of Finance, dated March 24, 2023

- d. Food Insecurity on Ontario

- Letter from the Board of Health Chair, North Bay Parry Sound District Health Unit, to Premier of Ontario, Minister of Health and Deputy Premier, and Minister of Children, Community and Social Services, dated March 3, 2023

- e. Physical Literacy for Healthy Active Children

- Letter from the Board of Health Chair, Windsor-Essex County Health Unit, to the Minister of Health and Deputy Premier, dated February 28, 2023

vi) Items of Information

- a. 2023 alPHa Workplace Health & Wellness Month

No discussion.

16-23 APPROVAL OF CONSENT AGENDA

MOTION:

MOVED BY MASOOD – CARRIER: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) Support for Improved Indoor Air Quality in Public Settings

- Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Health, Canada and the Minister of Intergovernmental Affairs, Infrastructure and Communities, Canada, dated March 3, 2023

- Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Health, Ontario and the Minister of Municipal Affairs and Housing, dated March 3, 2023

Dr. Sutcliffe noted that this motion is in support of Peterborough Public Health’s calls to the Federal and Provincial ministers for resources and policy levers to improve indoor air quality in public settings. Noting that our experience through COVID-19 and SARS, indicated that improved indoor air quality is an important contribution to the reduction of virus transmission.

Questions and comments were entertained. It was suggested to include messaging in the body of our motion letter that a stepwise approach to the issue could be the requirement for improved indoor air quality in new builds.

17-23 IMPROVED INDOOR AIR QUALITY IN PUBLIC SETTINGS

MOVED BY SIGNORETTI – GIGNAC: WHEREAS the virus that causes COVID-19 (SARS-CoV2), as well as other respiratory viruses, are spread principally through respiratory droplets and aerosols; and

WHEREAS ventilation can affect how well respiratory droplets and aerosols are removed from an area. As noted by the [Ontario Science Table](#), “aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas”; and

WHEREAS Canada’s [Chief Science Advisor](#) recommends that owners and operators of indoor public facilities “scale-up and monitor effective prevention interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens”;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the letters dated March 3, 2023, from Peterborough Public Health to federal and provincial ministers calling for investments and policy levers to improve indoor air quality in public settings such that health is further protected for all; and

FURTHER THAT this resolution be shared with relevant federal and provincial government ministers, area members of parliament and provincial parliament, the Chief Medical Officer of Health, and Ontario boards of health.

CARRIED

ii) Alcohol Health Warning Labels

- Letter from the Executive Director, Ontario Public Health Association, to the Senator Brazeau, dated March 20, 2023
- Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Minister of Health, Canada, dated March 15, 2023
- Letter from the Board of Health Chair, Northwestern Health Unit, to the Prime Minister of Canada, dated March 3, 2023

Dr. Sutcliffe noted the advocacy in support of the Senator’s Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages) that mandates labelling showing standard drink information, health advice and the link between alcohol and cancer on beverages that contain 1.1% or more of alcohol by volume.

It was noted that such labeling, aligned with the recent Canada’s Guidance on Alcohol and Health: Final Report, will educate consumers on making informed decisions about their health and alcohol related risks and that low levels of consumption are still at risk. It was also noted that this is just one strategy and needs to be part of a more comprehensive approach to low risk drinking.

Comments were entertained.

**18-23 SUPPORT FOR BILL S-254 – AN ACT TO AMEND THE FOOD AND DRUGS ACT
(WARNING LABEL ON ALCOHOLIC BEVERAGES)**

MOVED BY MASOOD – NOLAND: WHEREAS alcohol is a well-established risk factor for premature death and injury due to unintentional injuries, violence, cancer, liver disease, heart disease, and high blood pressure; and

WHEREAS the Canadian Center on Substance Use and Addiction released new [guidelines](#) and information in January 2023 about alcohol consumption and health; and

WHEREAS within the Public Health Sudbury & District’s catchment area, only 37% of adults report that they are aware that consumption of alcohol every day may increase their risk of cancer; and

WHEREAS Public Health Sudbury & Districts has elevated and increasing rates of heavy drinking (27.9% PHSD in 2019/2020, compared with 15.6% for the province); and

WHEREAS the Ontario Public Health Association and multiple Ontario boards of health in Ontario are writing in support of Senator Brazeau’s Bill S-254 – An Act to amend the Food and Drugs Act (warning label on alcoholic beverages), which, if passed, would require the industry to include informative labels on alcoholic bottles discussing health risks and standard drink size;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts similarly convey its support for federally mandated health risk labels on all alcohol containers sold in Canada and urge members of parliament and senators to support Bill S-254.

CARRIED

iii) **Chief Medical Officer of Health 2022 Annual Report ([Link](#))**

- Letter from the Board of Health Chair, Public Health Sudbury & Districts, to the Chief Medical Officer of Health, dated March 9, 2023
- Letter from the aPHa President, to the Minister of Health, dated March 9, 2023

Further to today's presentation highlighting the Chief Medical Officer of Health's 2022 Annual Report, a motion is tabled to call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined in the Chief Medical Officer of Health 2022 Annual Report.

A friendly amendment to the motion to include sustained funding was supported.

19-23 BEING READY: SUPPORT FOR THE 2022 ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER OF HEALTH FOR ONTARIO

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

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

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

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

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

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

CARRIED WITH AMENDMENT

iv) Strategic Plan Engagement Plan

– Briefing Note from Dr. Sutcliffe, Medical Officer of Health dated April 13, 2023
The Board of Health Executive Committee met on April 6, 2023, to discuss planning for the development of the engagement approach for the Strategic Plan. The briefing note provides the Board of Health with background information and timelines for the engagement plan. The Board will engage in a half-day workshop in June. Findings of internal and partner/community engagement will be shared with the Board of Health Executive Committee for final recommendations to the Board of Health for the new Strategic Plan in October.

20-23 STRATEGIC PLAN ENGAGEMENT PLAN

MOVED BY SIGNORETTI – MASOOD: WHEREAS the Executive Committee of the Board of Health functions as an advisory committee of the Board to develop, review, and oversee the Strategic Plan development process; and

WHEREAS the Board of Health Executive Committee is recommending a Strategic Plan Engagement Plan to the Board of Health;

THEREFORE BE IT RESOLVED TAHT the Board of Health approve the Strategic Plan Engagement Plan and associated timelines, with the process beginning immediately, working towards the completion of the new Strategic Plan by the end of 2023.

CARRIED

v) Board of Health Education and Training Sessions

The Board of Health Chair noted that legislatively a motion is required for any close door training session. The Board of Health Chair read the proposed motion in its entirety.

21-23 BOARD OF HEALTH EDUCATION AND TRAINING SESSIONS

MOVED BY CARRIER – SIZER: WHEREAS per Board of Health Manual procedure F-III-10 and in accordance with the Municipal Act s.239(3.1), the Board of Health may hold education and training sessions that are closed to the public if the Board states by resolution the fact of the holding of the meeting and the general nature of its subject matter;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts hold education and training sessions on May 17-18, 2023 and June 15, 2023, on the subject matters of Indigenous Engagement and Reconciliation and Strategic Planning, respectively.

CARRIED

- vi) **Association of Local Public Health Agencies (alPHa)**
 - a. alPHa Board of Directors North East Representative
 - Call for Nominations

There is an opportunity for all Board of Health members to sit on the Association of Local Public Health Agencies (alPHa) Board of Directors and the Board of Health Section Executive Committee. Our Board of Health Chair, R. Lapierre, has been the North East representative on the alPHa Board of Directors for the 2019 to 2023 terms and is seeking the support of the Board of Health for his nomination for the 2023-2025 term.

22-23 NOMINATION TO THE ALPHA BOARD OF DIRECTORS FOR THE NORTH EAST REGION

MOVED BY SIZER – GIGNAC: WHEREAS alPHa is accepting nominations for a North East representative on the alPHa Board of Directors for a two-year term from June 2023 to June 2025; and

WHEREAS René Lapierre has represented the North East on the alPHa Board of Directors and the Boards of Health Section Executive Committee from 2019 to 2023;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts supports the nomination of René Lapierre, Board Chair, as a North East candidate for election to the alPHa Board of Directors and to the Boards of Health Section Executive Committee for the June 2023 to June 2025 term.

CARRIED

- b. alPHa's 2023 Conference and Annual General Meeting (AGM), June 12-14, 2023
 - Draft Program for AGM and Conference - June 12-14, 2023

The alPHa AGM and Conference will be held in Toronto on June 12-14. In addition to the MOH and the Board of Health Chair, one to two Board of Health members can be registered as voting members. Registration will be completed and costs covered by PHSD for registered Board member. Interested Board of Health members were asked to contact R. Quesnel or H. Leroux prior to the May Board of Health meeting. Additional information and updated program conference regarding the AGM and Conference will be included in the May Board of Health meeting package along with a motion for voting members.

7. ADDENDUM

23-23 ADDENDUM

MOVED BY DESPATIE – NOLAND: THAT this Board of Health deals with the items on the Addendum.

CARRIED

DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

ii) Alcohol Health Warning Labels

- Letter from the President, Association of Local Public Health Agencies (alPHa), to the Minister of Health, Canada, dated April 17, 2023

In addition to the letters under 6 ii), a letter from the President of alPHa to the minister of Health, Canada advocating for alcohol health warning labels has been received since the Board of Health agenda package was released.

iii) alPHa Information Break, April 2023

The most current alPHa newsletter is shared for information.

8. IN CAMERA

24-23 IN CAMERA

MOVED BY LAPIERRE – CARRIER: THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: 2:19 p.m.

CARRIED

9. RISE AND REPORT

25-23 RISE AND REPORT

MOVED BY SIZER – DESPATIE: THAT this Board of Health rises and reports. Time:2:56 p.m.

CARRIED

It was reported that one agenda item relating to labour relations or employee negotiations was discussed. The following motion emanated from the in-camera meeting.

26-23 APPROVAL OF BOH INCAMERA MEETING NOTES

MOVED BY DESPATIE – SIGNORETTI: THAT this Board of Health approve the meeting notes of the February 16, 2023, Board in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

10. ANNOUNCEMENTS

- Board of Health members are asked to complete:
 - o April Board of Health meeting evaluation following today’s meeting
 - o Code of Conduct and Conflict of Interest Declaration forms in BoardEffect (under the Board of Health workroom - Collaborate - Surveys) if not already done so.
- Next regular Board of Health meeting is May 18, 2023, at 1:30 p.m.

11. ADJOURNMENT

27-23 ADJOURNMENT

MOVED BY NOLAND – GIGNAC: THAT we do now adjourn. Time: 2:58 p.m.

CARRIED

(Chair)

(Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, May 2023

Words for thought

Health Canada Statement: Update on the COVID-19 situation in Canada

On May 4, 2023, the World Health Organization (WHO) convened a meeting of its [International Health Regulations \(IHR\) Emergency Committee](#) to consider whether the COVID-19 pandemic still constitutes a Public Health Emergency of International Concern (PHEIC). The WHO Director General originally declared that the COVID-19 pandemic constituted a PHEIC on January 30, 2020.

The WHO Director General considered the advice offered by the Committee and today announced that COVID-19 is now an established and ongoing health issue and no longer constitutes a Public Health Emergency of International Concern (PHEIC).

...

Even though the WHO Director General determined the current COVID-19 situation no longer constitutes a PHEIC, the Government of Canada recognizes that the SARS-CoV-2 virus is still circulating across Canada and worldwide. The Government of Canada will continue to work with the WHO, international partners and with Canadian provinces and territories to monitor the COVID-19 situation and to mitigate domestic health and societal impacts of this virus.

As COVID-19 activity and hospitalizations continue in Canada, [layers of prevention](#), including receiving recommended COVID-19 vaccinations and personal protective practises, such as wearing well-fitting masks, remain our best approach to reduce the risk of developing severe illness and limit the burden on the health system.

PHAC will continue to provide public updates as new information related to our domestic situation arises.

Source: Health Canada

Date: May 5, 2023

General Report

1. Board of Health

alPHa Workplace Health & Wellness Month

Board members are encouraged to engage in alPHa’s workplace health and wellness initiative through physical activity (e.g., walking, hiking, swimming, cycling, and paddling) or activities that promote mental health (e.g. meditation, yoga and relaxation exercises) for 30 minutes per day at any time during the month of May. The alPHa flyer can be found [here](#). Participate on your own or as part of a group and share pictures on Twitter tagging @PHAgencies with #PublicHealthLeaders, #alPHa2023. Photos will be profiled during the June 13 alPHa Conference.

Annual Board of Health declaration forms

All Board of Health members are required to complete the Board of Health Code of Conduct and Conflict of Interest declaration forms. Deadline to complete was March 3, 2023. Reminders have been sent to Board of Health members who have not had a chance to complete the forms.

Continuing education opportunity for Board of Health members

alPHa Annual General Meeting and Conference

alPHa will be holding its 2023 Annual General Meeting (AGM), Conference and Section Meetings from June 12 to June 14, 2023. A motion is included in the meeting agenda relating Board member attendance and voting delegation for the AGM.

2. Indigenous Engagement

Our agency’s vision for Indigenous engagement is: *Working together towards healthy and vibrant Indigenous communities in their pursuit of self-determined health and well-being*. This is stated in Public Health’s 2018 Indigenous Engagement Strategy, [Finding our Path Together](#). Initiatives since the launch of the strategy have included cultural competency training, territorial acknowledgement workshops, policies, procedures, and guidance development, and engagement with First Nation and Indigenous community partners to exchange knowledge and identify areas of collaboration.

Foundational changes within the organization are the next steps to strengthen our capacity to act on the strategic directions outlined in our Strategy. This means purposefully seeking Indigenous perspectives and leadership to contribute to the fabric of the organization – growing and sustaining our capacity to optimally support reconciliation through our mandated programs and services and as guided by our collective vision for Indigenous engagement. With this in mind, recruitment for a Director, Indigenous Public Health and Equity is underway. The intent is for this director to have leadership responsibly for Indigenous engagement, health

equity, racial equity, and public mental health foundations, in addition to program responsibilities, as suitable to candidate's experience and qualifications.

The *operational* direction will be further augmented by ongoing discussions with the Board of Health to inform *governance* directions and implications. To begin these discussions on governance direction, two Board of Health Indigenous education sessions are being held on May 17 in the afternoon and in the morning of May 18. I look forward to our next steps in leadership growth in this area as we collectively work towards reconciliation.

3. Financial Report

The financial statements ending February 2023, show a negative variance of \$66,480 in the cost-shared programs before considering COVID-19 extraordinary expenses. This does not take into account the mitigation funding for 2023, as the funding for the mitigation grant will start to flow to health units in Q2. Taking into account the expected mitigation funding up to February 28, 2023, the actual variance in cost shared programs is a positive variance of \$130,103. The statements account for \$676,434 in COVID-19 extraordinary expenses incurred to the end of February. Cost shared funding must be fully used prior to utilizing COVID-19 extraordinary funding, and so the actual variance in cost shared programs at February 28 is nil with \$546,331 in COVID-19 extraordinary expenses. The Ministry has not yet approved funding for COVID-19 extraordinary programming in 2023; however, has mentioned that health units will continue to be able to access COVID extraordinary funding in 2023.

4. Quarterly Compliance Report

The agency is compliant with the terms and conditions of our provincial Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health Accountability Framework and Organizational Requirements, to provide for the effective management of our funding and to enable the timely identification and management of risks.

Public Health Sudbury & Districts has disbursed with all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to April 30, 2023, on May 1, 2022. The Employer Health Tax has been paid, as required by law, to April 30, 2023, with an online payment date of May 15, 2023. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to March 31, 2023, with an online payment date of April 28, 2023. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

Following are the divisional program highlights.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Mental health promotion

A registered dietitian co-led the development of an Eating Disorder Prevention Community of Practice (CoP) through the Ontario Dietitians in Public Health. The CoP provides a forum for province-wide knowledge exchange and knowledge translation among Ontario's registered dietitians in public health, specifically related to eating disorder prevention and mental health promotion related to food, nutrition, and body size. The registered dietitians engage in collective learning about best-practices, and evidence-based approaches that will inform effective public health programming in eating disorder prevention.

2. Healthy Growth and Development

Breastfeeding

During the month of April, staff provided 107 in person and virtual breastfeeding clinic appointments to clients at the main office, as well as the Val Caron, Espanola, and Manitoulin office locations.

Growth and development

One hundred and forty six 48-hour calls were made to parents that gave birth during the month of April. Staff complete assessments as early identification and intervention screening to determine if additional support services would be of benefit to the clients.

In March, Science North hosted a forum for community members to discuss Ontario's health care system, the services that are available and highlighted current challenges. The focus was on welcoming newcomers and providing information to individuals that may not be familiar with navigating health services. Staff from the Healthy Families team were invited to promote the programs and services that are available from Public Health. Programs such as the Healthy Babies Healthy Children program, breastfeeding and vaccination clinics, the Health Information Line as well as parenting programs were highlighted. A common theme that was voiced by the participants was difficulty in accessing a family physician. More than 50 people were in attendance.

Staff from the Healthy Families team met with the Ottawa Child & Youth Initiative (OCYI) and the Ottawa Infant & Early Childhood Mental Health Initiative (IECMH) Task Group to obtain permission to adapt their *Pause. Moments Matter* Campaign material. During the meeting, it was noted that two members from the IECMH were presented at the Expanding Horizons National Institute on Infant and Early Child Mental Health this spring in Toronto. They requested the use of Public Health's Early Connections Matter material to showcase as an example of how the messages and materials can be adapted to meet the needs of other

communities across the province. Public Health’s Early Connections Matter campaign material promotes key messages on resiliency, brain development, temperament, attachment, sense of agency and self-regulation.

Sixty-seven reminder postcards were sent to families encouraging them to make appointments for their child’s 18-month screening. The goal of this reminder is to have more infants screened for milestones with their health care providers.

Health Information Line

In April, the Health Information Line received 115 calls. Most inquiries were related to information on breastfeeding, infant feeding, the lack of primary health care provider as well as some requests for mental health services and general resources regarding healthy growth and development.

Healthy Babies Healthy Children

Throughout the month of April, the team continued to provide support to 163 active client families in the Greater Sudbury, Espanola, and Manitoulin areas. Seven hundred and forty-eight interactions (in home/virtual visits as well as phone calls) were completed and 24 new families accepted the program. Public Health dietitians continue to provide nutrition support to clients who are identified as high nutritional risk.

Healthy pregnancies

In April, 24 new registrants signed up for the Healthy Families team’s online prenatal course. This course provides information on life with a new baby, infant feeding as well as the importance of self-care and the changes a new baby can bring to relationships.

Five Creating Healthy Babies classes were held in April with a total of 35 people participating through partnership with Our Children Our Future. A Public Health dietitian also provided food demonstrations to the group promoting healthy eating.

3. Substance Use and Injury Prevention

Alcohol and cannabis

The Mental Health and Substance Use team published a social media post on April 19, 2023, promoting cannabis being locked up to prevent accidental poisonings. As of May 1, this post received over 350 views. The Health Families team provided five lockboxes to provide to PHSD’s community partner, Our Children Our Future. The following pamphlet and information cards were included: lockbox information card, lower risk cannabis use guidelines (in French and English), and ConnexOntario information card.

Comprehensive tobacco control

The Quit Smoking Clinic (QSC) services are currently on hold, and individuals seeking support are being referred to other programs throughout Ontario. As the QSC is currently on pause, the QSC telephone line remains open and is the only service being provided. From March 28-May 1, 2023, the QSC has received 12 calls via the Tobacco Information Line and one email request for information on smoking cessation.

Harm reduction – Naloxone

In March 2023, Public Health Sudbury & Districts and community partners in our service area distributed a total of 933 naloxone doses and trained 137 individuals. Agencies continue to be onboarded to the program.

Mental health promotion

Mental Health Awareness Week occurs the first week of May. A social media campaign composed of original posts and reshared posts was created to recognize the week and promote activities happening in the community related to the event. The Mental Health and Substance Use team created a handout to be provided to children and families during Child and Youth Mental Health Week. The handout focuses on the identification and management of emotions. The practice of identifying and managing emotions is a helpful tool for mental health promotion as it can help build coping skills and stop potentially harmful thought cycles.

The Mental Health and Substance Use team continues to participate in community partnerships and planning meetings with community partners, such as Northern Initiative for Social Action and Compass to continue developing collaborative programming.

Substance Use

The City of Greater Community Drug Strategy continued to receive ongoing reports from frontline workers regarding unexpected reactions from the use of toxic substances such as increased and prolonged sedation as well as the development of abscesses or wounds in areas other than injection sites. Following these reports, the Community Drug Strategy sent a follow up email to those signed up to receive drug warnings and alerts circulating a [Drug Alert](#), [Practice Advisory Alert](#), [Drug Warning](#) and posters reminding the community that street drugs, including stimulants, may be cut or mixed with substances such as benzos (benzodiazepines), [tranq/xylazine](#), fentanyl, or carfentanil that may result in unexpected reactions in addition to drug poisonings (overdose).

On April 25, PHSD received a media request from CBC requesting information about testing strips for substances that are currently available at the local Supervised Consumption Site, The Spot. The interview can be found [online](#), through ([English/French](#)), and on [Twitter](#).

Violence

May is Sexual Assault Prevention Month. On May 1, in collaboration with the Sexual Health team, the Mental Health and Substance Use team published a social media post to raise awareness about sexual assault. A second social media post is scheduled for May 22. As a part of PHSD's continuing mental health literacy training for staff, information about sexual assault and agencies who support victims of sexual assault was provided via PHSD's internal weekly *Insight@PublicHealth* email/posts.

4. School Health

Healthy eating behaviours

A registered dietitian facilitated a food literacy session with a Grade 10 class at a local school. The interactive discussions and hands-on activity provided an opportunity for students to engage in teamwork on exploring food skills and exchanging stories about food and eating. The students appreciated that they were able to gain vital food and nutrition knowledge and to share food together.

Healthy sexuality

As part of a comprehensive school approach, staff from the School Health Promotion team delivered professional development presentations to two groups of educators, including 20 elementary school teachers and staff on Puberty, Healthy Growth and Development; and 10 secondary school teachers and staff on Sexual Behaviour and Healthy Sexuality. Professional development activities aim to equip educators with the knowledge, skills, and capacity needed to promote and foster healthy sexuality in school-aged children and youth, as well as provide evidence based, up to date, reliable and relevant curriculum and public health supports and resources.

Mental Health Promotion

The School Health Promotion team is delivering a 10-week Mindfulness program to students and teachers in one Conseil scolaire public du Grand Nord de l'Ontario school. Well-developed mindfulness interventions have been shown to improve both mental and physical health outcomes, both directly and by bolstering protective factors and reducing risk factors associated with poor health outcomes. As a comprehensive approach, the Mindfulness program includes both a student program and a staff/educator program, running in tandem, to foster a culture of mindfulness in the school community among staff, students, and their families. During the month of April, the team delivered the first four sessions to two classrooms and a total of 27 Grade 5/6 students and 12 Grade 7/8 students as well as one group of teachers ranging from 5 to 10 attendees per session. The School Health Promotion team is also delivering a 10-week Mindfulness program to two classrooms of students in one Rainbow District School Board school. In April, the first three sessions were delivered to 42 students in grades 6, 7 and 8.

Additionally, the team delivered presentations to two groups of high school students (a total of 36 students) on character strengths, growth mindset and stepping out of their comfort zones in one Rainbow District School Board secondary school. These presentations are part of the team’s comprehensive upstream approach to build student protective factors and resiliency.

Substance use and harm reduction

Using an innovative and interactive game-based platform (Kahoot), the School Health Promotion team continues to deliver SafeGrad presentations to secondary school students (two classrooms with a total of 76 students in April), as part of a comprehensive strategy to address risky behaviours, relating to sexual health, substance use, road safety and injury prevention. The strategy also includes professional development opportunities and ongoing curriculum support for educators.

The team also delivered substance use presentations to two groups of educators as a professional development activity, including more than 20 elementary school teachers and staff and 10 secondary school teachers and staff in one board.

Smoke Free Ontario Strategy

The North East Tobacco Control Area Network (NE TCAN) website is now published on the PHSD website [Public Health Sudbury & Districts - The North East Tobacco Control Area Network \(NE TCAN\) \(phsd.ca\)](https://www.phsd.ca/public-health-sudbury-districts-the-north-east-tobacco-control-area-network-ne-tcan). The second quarter media related to youth, young adult, and adult smoking and vaping cessation as well as smoke-free homes is now in market and will run until the end of June.

The Truth North Strong young-adult peer crowd initiative continues with nearly 100 brand ambassadors in the North East supporting the initiative.

The North East Tobacco Control Area Network staff are members of both the Youth and Adult Nicotine Dependence Advisory Committees. The NE TCAN is co-chairing the policy committee for the Youth Nicotine Dependence Advisory Committees. These committees were shaped by the outcomes of health unit scans and situational assessments and currently are forming internal working groups for next steps.

The NE TCAN continues its collaboration with our health units in the north east, the 6 other Tobacco Control Area Networks, and our partners including Public Health Ontario.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. Vaccine Preventable Diseases and COVID Case and Contact Management

During the month of April, the Vaccine Preventable Diseases (VPD) team resumed the Grade 7 Immunization Program in area schools. This programming offers immunization for protection against hepatitis B, meningitis, and human papilloma virus. In a continued effort to get kids back on track with routine immunization, eligible Grade 8 students are also being offered immunization during the spring school clinics.

At the same time, the VPD team has continued to enact programming outlined by the Immunizations of School Pupil's Act (ISPA). Since last month, the issuing of second notification letters has been completed for identified students at all 23 schools. This year, a total of 2,847 secondary students received a second notification letter to update their immunization record. As of April 24, 18 out of 23 schools had entered their suspension period and nine remained active.

On April 25, the VPD team issued a News Release detailing the plan for the implementation of ISPA programming for elementary students across the catchment area. Importantly, per the plan communicated, ISPA programming for elementary students will first address schools that have the lowest reported rates of measles immunization coverage.

With the support from the school focused public health nurses, the Vaccine Preventable Diseases team facilitated 1,031 phone calls related to vaccine inquiries over the month of April.

2. COVID and Schools

School focused nurses continue to monitor monthly COVID-19, gastrointestinal, and respiratory illness reporting in schools and Licenced Child Care Centres and follow up accordingly. School Focused Nurses responded to seven reports of illness related to absenteeism in the Licenced Child Care Centres and schools in April.

The School Focused Nurses' continued focus remains supporting the school health program of immunization, as per the *Immunization for Children in Schools and Licensed Child Care Settings Protocol*. They review and update immunization records, as well as contact individuals who are due/overdue for routine immunizations and offer clinic appointments. School Focused Nurses have been administering routine immunizations within the catchment area. In March, 730 ISPA-related immunization appointments and 331 immunization related phone calls were supported by the School Focused Nurses public health nurses.

3. COVID-19 Vaccination

Public Health Sudbury & Districts continues to offer many COVID-19 vaccination opportunities across its entire service area. Opportunities for COVID-19 vaccinations continued for Indigenous communities in partnership with First Nation communities or Indigenous service providers. In addition to clinics being offered in the Espanola, Manitoulin, and Chapleau district offices, community clinics were also held in Killarney and Noëlville in April and Little Current in May. For our priority populations, the vaccine-to-vehicle and homebound vaccination programs continued to take place for clients who were unable to attend regular clinics.

In early April, the spring booster campaign was launched by the province bringing the fall booster campaign to an official end.

The Ministry of Health introduced updated vaccination guidelines where individuals in select high-risk groups were strongly recommended to receive a spring booster dose. The team ensured sufficient vaccination opportunities were available across the service area for those who were eligible.

Staff continue to monitor local eligibility and plan clinic opportunities to meet demand accordingly. As of April 26, a total of 87.5% of residents ages 5 and up received their first dose of the COVID-19 vaccine, while 84.4% received their second dose. First booster doses have been administered to 57.4% of residents aged 12 and older while second booster doses have been administered to 30.4% of residents aged 18 and older. Since the bivalent boosters have been available, over 43,320 doses have been administered to those who are eligible. Additionally, since the launch of the under-five COVID-19 vaccination program at the end of July 2022, a total of 8.1% of local children in this age group have received their first dose, and 6.0% of children under 5 have received their second dose.

April also saw the phase out of the Moderna Spikevax monovalent vaccine which was used for clients requiring a primary dose series or who were unwilling or unable to receive a bivalent vaccine. These clients are eligible to receive Pfizer-BioNTech Comirnaty monovalent vaccine instead. Also in April, the Moderna Spikevax BA.1 bivalent vaccine formulation was transitioned to the Moderna Spikevax BA.4/5 bivalent formulation due to manufacturer expiry. All bivalent vaccine formulations will specifically target the BA.4/5 Omicron subvariant.

4. Sexual Health/Sexually Transmitted Infections (STI) including HIV and other Blood Borne Infections

Sexual health promotion

The sexual health team performed onsite STI testing at Cambrian College in April, which resulted in nine students being tested for STIs. Staff also attended Community Living Greater

Sudbury to provide a presentation on STIs and birth control. Additionally, staff attended the MedTalks event at Science North with a booth to advertise our clinic services.

Sexual health clinic

In April, there were 27 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections or pregnancy counselling.

The Elm Place site completed a total of 305 telephone assessments related to STIs, blood-borne infections, or pregnancy counselling in April, resulting in 305 onsite visits.

Growing Family Health Clinic

In April, the Growing Family Health Clinic saw a total of 69 patients and had 30 new referrals.

Health Protection

1. Control of Infectious Diseases (CID)

In April, staff followed-up with 184 new local cases of COVID-19 and investigated 14 sporadic reports of other communicable diseases. Further, six respiratory outbreaks were declared. The causative organisms for these outbreaks were identified to be COVID-19 (2), RSV (1), metapneumovirus (1), and two outbreaks had unknown causative organisms. Staff continue to monitor all reports of enteric and respiratory illness in institutions, as well as sporadic communicable diseases.

During the month of April, two infection control-related requests for service were received and addressed.

Infection Prevention and Control Hub

The IPAC Hub supported congregate living settings in April by completing five IPAC assessments, one education session, and one facility policy review. Further, practitioners carried out 20 services and supports in response to outbreaks.

2. Food Safety

Public Health inspectors issued one charge to one food premises for infractions identified under the *Food Premises Regulation*.

Staff issued 27 special event food service permits to various organizations.

Five Food Handler Training and Certification Program sessions were offered in April, and 74 individuals were certified as food handlers.

3. Health Hazard

In April, 20 health hazard complaints were received and investigated. Two of these complaints involved marginalized populations.

4. Ontario Building Code

In April, 12 sewage system permits, and 14 renovation applications were received. One charge was issued for an infraction identified under Part VIII of the *Ontario Building Code*.

5. Rabies Prevention and Control

Twenty-one rabies-related investigations were carried out during the month of April. Two individuals received rabies post-exposure prophylaxis following exposure to wild or stray animals.

6. Safe Water

During April, 14 residents were contacted regarding adverse private drinking water samples.

Public health inspectors investigated three regulated adverse water sample results.

7. Smoke Free Ontario Act, 2017 Enforcement

In April, Smoke Free Ontario Act inspectors charged one individual for smoking on school property. Eight charges were laid for smoking on hospital property, and one retail employee was charged for selling e-cigarettes to a person who is less than 19 years of age.

8. Emergency Preparedness & Response

In April, staff participated in a City of Greater Sudbury emergency tabletop exercise that tested the City's continuity of operations as well as community response to a severe weather event. Staff also participated in an exercise with the City of Greater Sudbury and Vale regarding an ammonia spill on Vale property.

This year, Emergency Preparedness Week is May 7-13 and with the theme "A Safe, Practiced, and Prepared Ontario". Here is a link to the link to the [Public Health Sudbury & Districts - Being prepared: 72-hour kit](#). Public Health Sudbury & Districts will be promoting Emergency Preparedness Week to staff through internal communications and to the public through social media.

9. Needle/Syringe Program

In March, harm reduction supplies were distributed, and services were received through 2,641 client visits across the Public Health Sudbury & Districts' region. Public Health Sudbury & Districts and community partners distributed a total of 57,301 syringes for injection, and 38,400 foils, 12,435 straight stems, and 4,825 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

Public Health is committed to being an inclusive, safe, and positive space for all. A plan has been developed by the Health Equity Team and other staff from Knowledge and Strategic Services and Corporate Services to enhance existing agency policies and practices, and environmental measures including signage and communication materials. These are intended to demonstrate our commitment to equity, diversity, and inclusion to support the 2SLGBTQ+ population and everyone.

Public Health has committed to mandatory health equity staff development in 2023 to support building capacity and skills. The plan incorporates foundational training to support the implementation of the Health Equity Foundational Standard across agency programs and services for all staff. This spring, staff will be completing the Public Health for Equitable Systems Change Webinar Series - Core Foundational Health Equity Training. Reflective Circles will be offered to support reflection on the learnings from the webinars. Additional materials will be integrated into agency orientation materials for future staff and students joining the agency. Focused training to address anti-Black Racism will be provided to all staff in the fall. This training will focus on the history of Black peoples and communities in Canada and their contributions to this nation. A plan to support training focused on Indigenous health equity is also in development.

Public Health hosted a knowledge exchange session with health centre leadership and staff from area First Nations and Indigenous organizations in an effort to foster ongoing relationship building and to further opportunities for collaboration. The session focused on two key topics: Indigenous food sovereignty and Indigenous data sovereignty. Staff from the Population Health Assessment and Surveillance Team and the Nutrition and Physical Activity Action Team presented and led discussions on these topics. The session provided an opportunity to share areas of focus in public health, learn about local community priorities, and identify strategies for ongoing engagement.

2. Population Health Assessment and Surveillance

During the first quarter of 2023, the Population Health Assessment and Surveillance (PHAS) team produced a variety of systematic reports and updates, including: COVID-19 Vaccination reports (7), COVID-19 Case reports (2), Student Absenteeism reports (2), Adverse Events Following Immunization (AEFI) for COVID-19 Vaccinations reports, Acute Care Enhanced Surveillance (ACES) reports, COVID-19 Risk Index and Respiratory reports along with an associated COVID-19 dashboard, Panorama Enhanced Analytical Reporting (PEAR) Data Update, and an Opioid Surveillance Update. Adjustments to the frequency and number of such reports will be made as organizational data needs are re-evaluated.

Overall, the PHAS team has logged, facilitated, and completed a total of 488 data and consultation requests between January and March, for an average of 37 requests per week. In addition the PHAS and school teams are collaborating across the agency to develop a centralized school resource tool, consisting of interactive maps and data visualizations. This work involved consultations with each team across the agency to determine what information and functionality should be included. Implementation planning is currently underway.

As part of their LEAN ‘Green Belt’ certification, two PHAS epidemiologists recently completed a project seeking to identify ways to streamline the production of Health Protection Division reports pertaining to data on diseases of public health significance (DOPHS). The LEAN project involved applying modern data processing methods and tools to compile data from 8 different databases into 75 report indicators using automated data processing steps. Initial measurements indicate the project achieved a 75%–83% reduction in the amount of staff time required to produce the report, while virtually eliminating the possibility of human error. Next steps will include expansion of the new process to capture different types of data.

3. Research and Evaluation

As part of our commitment to continuous quality improvement, and inline with the call to action from the Chief Medical Officer of Health for Ontario to learn from our experiences responding to the COVID-19 pandemic, Public Health undertook a process to understand the experiences of staff and community partners involved with the Sudbury and districts local response. The findings from the community partner debrief sessions have been posted on Public Health’s website in both a [visual summary](#) and [full report](#). Results were also broadly disseminated to community partners. A report on the staff debrief sessions is also being completed. Community partner and staff feedback, along with other relevant data sources, will be used in the development of an agency-specific readiness tool to guide response activities in future public health emergencies.

An internal Knowledge Exchange Symposium was held on May 4 to provide the opportunity for staff from across the agency to showcase and talk about their projects and achievements and to

share the invaluable work they have been involved over the last year. A total of 119 staff members from across the agency attended the sessions to listen to and engage with their colleagues. The theme of this year's event was: *From Recovery to Resilience: highlighting new and resumed programs and services*. The sessions featured topics and projects from different teams across agency such as strategic planning, harm reduction programming, routine immunization, infection prevention, and many more.

4. Staff Development

In order to support staff members' ongoing professional development needs, a number of staff development supports have been put in place. These include communities of practice for management and on media skills, along with training on health and safety in the workplace and health equity. There were 42 staff who participated in the media or Management Community of Practice sessions in April, and over 180 staff participated in Workplace Violence Prevention & De-escalation Training. Further, from February to April, 279 staff participated in 2SLGBTQ+ training and accompanying reflective sessions.

5. Student Placement

Public Health Sudbury & Districts continues to offer student placement experiences. Current students on placement come from a variety of disciplines including nursing, dietetics, Master of Public Health and Master of Social Work. The Student Placement Program is reviewing additional spring/summer placement requests at this time.

6. Strategic Engagement Unit and Communications

In collaboration with Staff Development, a Community of Practice has been established to support staff and build their skills related to conducting effective media interviews. In addition to supporting the agency's ongoing communications regarding COVID-19 response efforts (for example, immunization, surveillance and reporting), the Communications Team also provides strategic support across all public health programming areas, which are shifting into recovery.

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 2 Periods Ending February 28, 2023

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	17,005,200	2,834,200	2,834,200	0	14,171,000
MOH - One Time Mitigation Grant	1,179,500	196,583	0	196,583	1,179,500
MOH - Unorganized Territory	826,000	137,667	137,668	(1)	688,332
Municipal Levies	9,418,510	1,569,752	1,569,995	(243)	7,848,515
Interest Earned	120,000	20,000	92,684	(27,316)	27,316
Total Revenues:	\$28,549,210	\$4,758,202	\$4,634,547	\$123,654	\$23,914,663
Expenditures:					
Corporate Services:					
Corporate Services	5,572,941	883,216	999,999	(116,782)	4,572,943
Office Admin.	111,350	18,558	9,569	8,989	101,781
Espanola	120,721	19,211	17,982	1,229	102,739
Manitoulin	131,888	20,919	15,145	5,774	116,743
Chapleau	130,602	20,776	17,444	3,332	113,158
Sudbury East	18,970	3,162	3,218	(57)	15,752
Intake	343,287	52,813	51,521	1,293	291,766
Facilities Management	677,485	112,914	88,116	24,798	589,369
Volunteer Resources	3,850	642	0	642	3,850
Total Corporate Services:	\$7,111,094	\$1,132,211	\$1,202,994	\$(70,783)	\$5,908,100
Health Protection:					
Environmental Health - General	1,299,780	202,221	200,208	2,012	1,099,571
Enviromental	2,668,155	406,815	371,543	35,272	2,296,612
Vector Borne Disease (VBD)	89,308	14,321	3,515	10,806	85,793
Small Drinking Water Systems	198,210	30,494	14,461	16,033	183,749
CID	785,461	120,815	135,342	(14,527)	650,119
Districts - Clinical	214,329	32,987	32,492	495	181,838
Risk Reduction	178,042	29,674	(46,596)	76,270	224,638
MOHLTC - Influenza	0	0	0	0	0
MOHLTC - Meningittis	0	(0)	0	(0)	0
MOHLTC - HPV	0	(0)	0	(0)	0
SFO: E-Cigarettes, Protection and Enforcement	265,559	41,557	33,928	7,629	231,632
Total Health Protection:	\$5,698,844	\$878,883	\$744,893	\$133,990	\$4,953,952
Health Promotion:					
Health Promotion - General	1,156,588	179,313	165,297	14,015	991,291
School Health and Behavior Change	1,177,924	181,513	198,836	(17,323)	979,088
Districts - Espanola / Manitoulin	457,390	70,446	70,513	(68)	386,876
Nutrition & Physical Activity	1,847,236	286,112	241,568	44,544	1,605,668
Districts - Chapleau / Sudbury East	421,764	64,964	61,790	3,174	359,973
Tobacco, Vaping, Cannabis & Alcohol	675,857	104,642	11,872	92,770	663,985
Family Health	1,344,607	207,495	208,280	(785)	1,136,327
Mental Health and Addictions	786,387	121,432	208,205	(86,772)	578,182
Dental	464,592	71,865	68,495	3,370	396,097
Healthy Smiles Ontario	634,445	98,087	93,575	4,513	540,870
Vision Health	11,770	1,962	870	1,092	10,900
SFO: TCAN Coordination and Prevention	473,208	74,284	59,869	14,415	413,339
Harm Reduction Program Enhancement	161,321	24,892	13,609	11,283	147,712
Total Health Promotion:	\$9,613,088	\$1,487,006	\$1,402,779	\$84,227	\$8,210,309
Vaccine Preventable Diseases and COVID Preventio					
VPD and COVID CCM - General	311,216	48,582	45,077	3,504	266,138
VPD and COVID CCM	910,095	140,063	225,958	(85,894)	684,138
Sexual Health	1,353,228	209,346	233,431	(24,085)	1,119,797
Total SVC:	\$2,574,539	\$397,991	\$504,466	\$(106,475)	\$2,070,073
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,021,373	466,626	477,908	(11,282)	2,543,465
Workplace Capacity Development	23,507	3,918	0	3,918	23,507
Health Equity Office	14,440	2,407	294	2,112	14,146
Nursing Initiatives: CNO, ICPHN, SDoH PHN	482,094	74,168	54,312	19,857	427,783
Strategic Engagement	10,230	1,705	95	1,610	10,135
Total Knowledge and Strategic Services:	\$3,551,644	\$548,824	\$532,609	\$16,215	\$3,019,035
Total Expenditures:	\$28,549,210	\$4,444,915	\$4,387,740	\$57,174	\$24,161,470
Net Surplus/(Deficit)	\$0	\$313,287	\$246,807	\$(66,480)	

Cost Shared Programs
STATEMENT OF REVENUE & EXPENDITURES
 Summary By Expenditure Category
 For The 2 Periods Ending February 28, 2023

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Total Expenditures YTD	Cost Shared Variance YTD (over)/under	Total Variance YTD (over)/under
Revenues & Expenditure Recoveries:							
MOH Funding	28,549,210	4,758,202	4,690,487		4,690,487	67,715	67,715
Other Revenue/Transfers	689,347	113,872	62,542		62,542	51,330	51,330
Total Revenues & Expenditure Recoveries:	29,238,557	4,872,074	4,753,029		4,753,029	119,045	119,045
Expenditures:							
Salaries	18,649,575	2,869,163	2,886,127	567,387	3,453,514	(16,963)	(584,350)
Benefits	5,873,586	903,726	922,814	71,012	993,826	(19,088)	(90,100)
Travel	292,857	48,809	8,507	4,824	13,331	40,303	35,478
Program Expenses	1,011,016	168,502	65,852	5,065	70,917	102,650	97,585
Office Supplies	75,150	12,525	17,415	156	17,571	(4,890)	(5,046)
Postage & Courier Services	74,100	12,350	6,755	0	6,755	5,595	5,595
Photocopy Expenses	4,240	707	92	0	92	614	614
Telephone Expenses	67,810	11,302	9,796	1,744	11,540	1,506	(239)
Building Maintenance	479,008	79,835	67,103	0	67,103	12,732	12,732
Utilities	236,920	39,487	16,013		16,013	23,474	23,474
Rent	323,548	53,925	49,038	14,637	63,674	4,887	(9,750)
Insurance	191,590	31,932	185,311		185,311	(153,379)	(153,379)
Employee Assistance Program (EAP)	35,000	5,833	9,184		9,184	(3,350)	(3,350)
Memberships	31,689	5,281	5,527		5,527	(245)	(245)
Staff Development	125,781	20,963	5,707	0	5,707	15,257	15,257
Books & Subscriptions	9,695	1,616	768		768	848	848
Media & Advertising	131,265	21,877	3,410	497	3,907	18,468	17,970
Professional Fees	417,333	69,555	43,749	524	44,273	25,807	25,282
Translation	48,890	8,148	5,215	812	6,027	2,934	2,121
Furniture & Equipment	22,120	3,687	2,925		2,925	762	762
Information Technology	1,137,385	189,564	194,917	9,774	204,691	(5,353)	(15,127)
Total Expenditures	29,238,557	4,558,787	4,506,222	676,434	5,182,656	52,565	(623,869)
Net Surplus (Deficit)	0	313,287	246,807			(66,480)	(742,914)

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended February 28, 2023

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
COVID and Schools	355	896,000	759,369	136,631	84.8%	Mar 31/2023	91.7%
Indigenous Communities	703	90,400	3,443	86,957	3.8%	Dec 31	16.7%
Pre/Postnatal Nurse Practitioner	704	139,000	126,680	12,320	91.1%	Mar 31/2023	91.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	71,138	28,862	71.1%	Mar 31/2023	91.7%
Northern Fruit and Vegetable Program	743	176,100	29,561	146,539	16.8%	Dec 31	16.7%
Triple P Co-Ordination	766	3,676	7,058	(3,382)	192.0%	Dec 31	16.7%
Supervised Consumption Site	767	1,094,021	333,527	760,494	30.5%	Dec 31	16.7%
Healthy Babies Healthy Children	778	1,476,897	1,314,790	162,107	89.0%	Mar 31/2023	91.7%
IPAC Congregate CCM	780	1,680,000	893,363	786,637	53.2%	Mar 31/2023	91.7%
Ontario Senior Dental Care Program	786	1,012,400	158,481	853,919	15.7%	Dec 31	16.7%
Anonymous Testing	788	61,193	45,899	15,294	75.0%	Mar 31/2023	91.7%
One-Time Nursing Initiative	794		(22,701)	22,701	#DIV/0!	Mar 31/2023	91.7%
Total		6,729,687	3,720,608	3,009,079			



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TIMISKAMING

Health Unit

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May 8, 2023

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

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

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

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

Re: Addressing Household Food Insecurity in Ontario

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

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

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

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



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

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

We appreciate your attention to this significant matter.

Sincerely,

Stacy Wight
Board of Health Chair

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

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1. Tarasuk V, Li T, Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>
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3. Coleman, A., Shaban, R. (2022). Calculating Ontario's Living Wages. Ontario Living Wage Network.



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

Moved by: Curtis Arthur *Seconded by:* Mark Wilson

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

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

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

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

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

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

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

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

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

CARRIED

April 25, 2023

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

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

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

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

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

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

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

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

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

.../2

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

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

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

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:

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

Trevor Jones, MPP, Chatham-Kent-Leamington

Association of Municipalities of Ontario (AMO)

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

Chatham-Kent Municipal Council

Ontario Boards of Health

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

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

Information Report

To: Board of Health

From: Sharmini Balakrishnan, MPH, RD
Public Health Nutritionist

Date: February 27, 2023

Subject: Food Insecurity and the 2022 Nutritious Food Basket

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

Background

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

Nutritious Food Basket

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

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

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

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

Food Insecurity

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

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

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

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

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

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

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

Comments

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

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

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

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

a Includes benefits and credits after tax

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

c 2022 Chatham-Kent Nutritious Food Basket

i 2 Adults on OW

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

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

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

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

Areas of Strategic Focus

This report supports the following areas of strategic focus:

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

Consultation

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

Communication

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

Diversity, Equity, Inclusion and Justice (DEIJ)

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

Financial Implications

There are no financial implications resulting from this information report.

Prepared by:

Sharmini Balakrishnan, MPH, RD
Public Health Nutritionist

Reviewed by:

Chris Sherman
Program Manager, Chronic Disease and Well Being

Teresa Bendo, MBA
Director, Public Health

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

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

-
1. Government of Canada. (2019). 2019 National Nutritious Food Basket Reference Guide. Retrieved from: <https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/national-nutritious-food-basket/contents.html>
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October 27, 2022

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

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

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

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

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

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

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

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

Ontarians receiving social assistance have an extremely high risk for food insecurity. In 2021, 67.2% of Ontario households reliant on social assistance were food insecure.¹ Benefits are inadequate to meet recipients' basic needs. **When people are not able to meet their basic needs, they cannot achieve the physical, mental and social well-being needed to sustain long-term employment.** In a province as wealthy as Ontario, it is unacceptable and unjust that Ontario Works (OW) rates are not based on the actual costs of living, are not indexed to inflation, and do not protect vulnerable citizens from living in dire situations without the money they need to buy food. While Ontario Disability Support Program (ODSP) rates have increased by 5% and are now indexed to inflation, this is no where near enough to protect ODSP recipients from food insecurity.

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

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

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

Sincerely,



Elizabeth Smith
Co-Chair ODPH Executive



Erin Reyce, RD
Co-Chair, Food Insecurity Workgroup

cc.

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

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

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

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

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

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

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

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

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

References:

1. Tarasuk V, Li T, Fafard St-Germain AA. (2022). Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved 20Sept2022 from <https://proof.utoronto.ca/>.
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May 4, 2023

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

Dear Prime Minister Trudeau:

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

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

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

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

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

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

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

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

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.

TO: Chair and Members of the Board of Health

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

DATE: 2023 April 20

MONITORING FOOD AFFORDABILITY AND IMPLICATIONS FOR PUBLIC POLICY AND ACTION

Recommendation

It is recommended that the Board of Health:

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

Key Points

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

Background and 2022 Nutritious Food Basket Survey Results

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

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

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

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

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

Opportunities

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

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

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

This report was submitted by the Healthy Living Division.



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



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



*The Corporation of the Municipality of Killarney
32 Commissioner Street
Killarney, Ontario
P0M 2A0*

MOVED BY: Robert Campbell

SECONDED BY: Nikola Grubic

RESOLUTION NO. 23-117

WHEREAS food insecurity means inadequate or insecure access to food because of financial constraints;

WHEREAS the health consequences of food insecurity have serious adverse effects on people's physical and mental health and the ability to lead productive lives;

WHEREAS the health consequences of food insecurity are a significant burden on our province's healthcare and social service system. Income-based policies that effectively reduce food insecurity offset considerable public expenditures on healthcare and social services in Ontario by reducing demands on these services and reducing costs;

WHEREAS the Board of Health for Public Health Sudbury & Districts in recognition of the root causes of food insecurity, call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance levels; and

WHEREAS the Board of Health reaffirm its support for the Association of Local Public Health Agencies (aLPHa) resolutions A18-02 (Minimum Wage that is a Living Wage) and A15-04 (Basic Income Guarantee);

WHEREAS the Board of Health for Public Health Sudbury & Districts intensify its work with relevant area agencies and community groups, and municipalities to shift the focus of food insecurity initiatives from food charity to income-based solutions, including but not limited to the sharing of data and evidence-based income solutions;

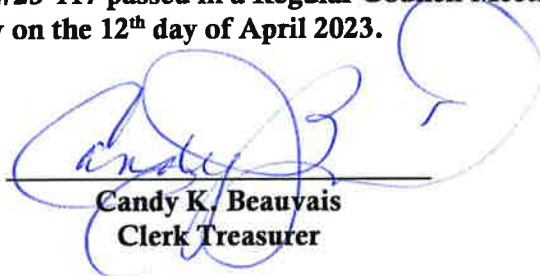
THEREFORE BE IT RESOLVED the Municipality of Killarney supports the call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance levels; and

FURTHER THAT a copy of this motion be sent to the Minister of Municipal Affairs and Housing; the Minister of Children, Community and Social Services; and the Minister of Health; and to local members of parliament; and to Public Health Sudbury & Districts.

.../2

Resolution Result	Recorded Vote		
	Council Members	YES	NO
<input checked="" type="checkbox"/> CARRIED	Mary Bradbury		
<input type="checkbox"/> DEFEATED	Robert Campbell		
<input type="checkbox"/> TABLED	Dave Froats		
<input type="checkbox"/> RECORDED VOTE (SEE RIGHT)	Nikola Grubic		
<input type="checkbox"/> PECUNIARY INTEREST DECLARED	Michael Reider		
<input type="checkbox"/> WITHDRAWN	Peggy Roque		

I, Candy K. Beauvais, Clerk-Treasurer of the Municipality of Killarney do certify the foregoing to be a true copy of Resolution #23-117 passed in a Regular Council Meeting of The Corporation of the Municipality of Killarney on the 12th day of April 2023.



Candy K. Beauvais
Clerk Treasurer

NEWS FROM HEALTH CANADA

Transmitted by Cision on May 5, 2023 15:53

STATEMENT - Update on the COVID-19 situation in Canada - May 5, 2023

OTTAWA, ON, May 5, 2023 /CNW/ - On May 4, 2023, the World Health Organization (WHO) convened a meeting of its [International Health Regulations \(IHR\) Emergency Committee](#) to consider whether the COVID-19 pandemic still constitutes a Public Health Emergency of International Concern (PHEIC). The WHO Director General originally declared that the COVID-19 pandemic constituted a PHEIC on January 30, 2020.

The WHO Director General considered the advice offered by the Committee and today announced that COVID-19 is now an established and ongoing health issue and no longer constitutes a Public Health Emergency of International Concern (PHEIC).

In addition, the WHO Director General said that an IHR Review Committee will be convened to advise on Standing Recommendations for long-term risks posed by SARS-CoV-2 taking into account the [2023-2025 COVID-19 Strategic Preparedness and Response Plan](#). The WHO also issued advice around the key areas of emergency coordination, collaborative surveillance, community protection, safe and scalable care, and access to countermeasures as temporary recommendations.

Since the beginning of the pandemic, the Government of Canada's top priority has been protecting the health and safety of all Canadians. It has taken swift action to do so, including developing infection, prevention, and control guidance, as well as providing laboratory testing, sequencing, and guidance to provinces and territories. Additional activities also included establishing public health surveillance to monitor outbreak trends; investing in research; purchasing personal protective equipment (PPE) and other necessary medical supplies and

equipment; and deploying vaccines, treatments and rapid tests to provinces and territories.

Informed by the latest science and evidence, the Government will continue its work with provinces and territories to implement a long-term, sustainable approach to the ongoing management of COVID-19.

As part of ongoing monitoring, the Government of Canada continues to contribute to and assess the global epidemiology of COVID-19, including working with international partners to enhance viral genomic sequencing capacity. There is ongoing monitoring in place to track COVID activity and impacts using multiple systems, including laboratory identification of significant new SARS-CoV-2 variants.

Even though the WHO Director General determined the current COVID-19 situation no longer constitutes a PHEIC, the Government of Canada recognizes that the SARS-CoV-2 virus is still circulating across Canada and worldwide. The Government of Canada will continue to work with the WHO, international partners and with Canadian provinces and territories to monitor the COVID-19 situation and to mitigate domestic health and societal impacts of this virus.

As COVID-19 activity and hospitalizations continue in Canada, [layers of prevention](#), including receiving recommended COVID-19 vaccinations and personal protective practises, such as wearing well-fitting masks, remain our best approach to reduce the risk of developing severe illness and limit the burden on the health system.

PHAC will continue to provide public updates as new information related to our domestic situation arises.

SOURCE Health Canada

For further information: Media Relations, Public Health Agency of Canada, 613-957-2983, media@hc-sc.gc.ca

APPROVAL OF CONSENT AGENDA

MOTION: THAT the Board of Health approve the consent agenda as distributed.

To: Chair, Board of Health for Public Health Sudbury & Districts
From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer
Date: May 11, 2023
Re: 2023-2025 Risk Management Plan

For Information

For Discussion

For a Decision

Issue:

Risk Management is an organizational requirement under the Ontario Public Health Standards. It is a responsibility of boards of health to provide governance direction and oversight to risk management.

In October 2016, the Board of Health proactively approved an organization-wide risk management framework, policy, procedure, and a risk management plan. The risk management plan prescribes quarterly reporting for Senior Management Executive Committee review and annual roll-up of all data for Board of Health approval.

In 2019, the Board approved a 2020-2022 risk management plan with the direction to conduct a comprehensive review every 3 years, to develop the next three-year plan. Through motion 09-23, the Board of Health directed the strategy for the next iteration's engagement, including with Board of Health members and the Senior Management Executive Committee. This engagement plan guided the development of the 2023-2025 risk management plan which is being presented for final approval to the Board of Health.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts approve the 2023-2025 Risk Management Plan

Background:

Risk Management is an organizational requirement under the [Good Governance and Management Practices Domain in the Ontario Public Health Standards](#). The Board of Health is required to provide governance direction and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization. Risk management is expected to include, among other issues, financial risks, human resource risks, security risks, technology risks, equity risks, and operational risks.

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

As per policy and procedure, we engage in ongoing risk assessments at all levels of the organization using our Risk Management Framework. This framework uses a five-step approach to systematically identify, assess, and monitor risks ensuring that controls are in place to mitigate the likelihood and impact of the risk.

An engagement strategy (see Appendix A) outlined the steps taken for engagement with the Senior Management Executive Committee and Board of Health. Having completed this engagement process, the 2023-2025 risk management plan is now being provided to the board of health for approval.

Financial Implications:

Within 2023 budget.

Strategic Priority:

#4 – Organizational Commitment

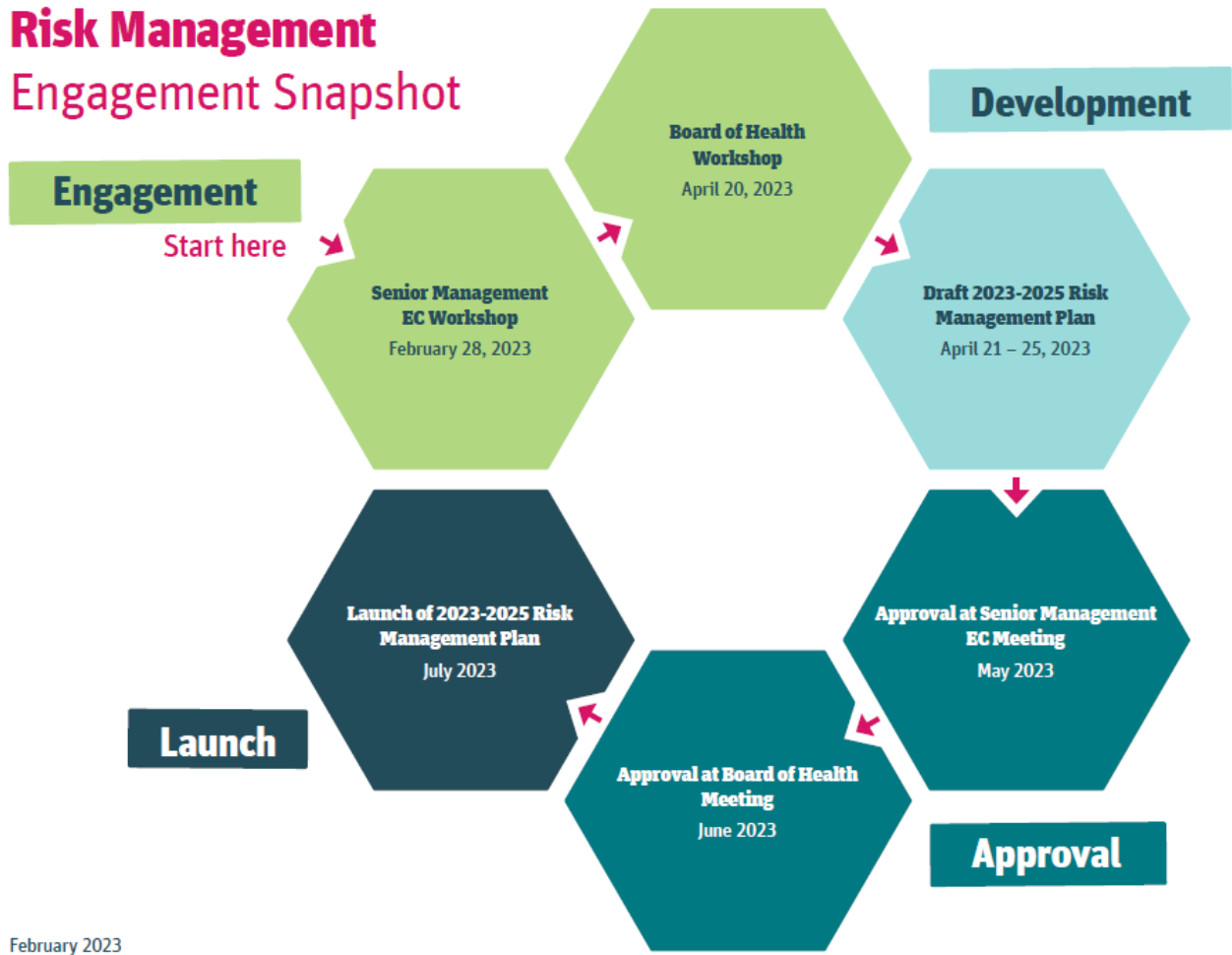
Contact:

France Quirion, Director, Corporate Services Division

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

Appendix A: Risk Management Engagement Timelines

Risk Management Engagement Snapshot



2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

Organizational Risk Management Plan: 2023—2025

Organizational Risk Assessment

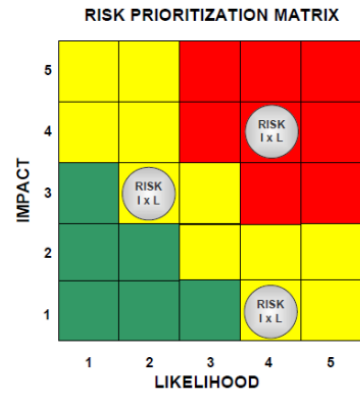
Overall Objective: To identify future events that may impact the achievement of the agency’s vision and mission.

Subordinate Objective: To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the organization.

Risk Categories		Rating Scale	Risk Connections
1. Financial			
1.1	The organization may be at risk of insufficient provincial funding for local public health, due to government policy direction and resulting in increased budget pressures over the next several years.	L4 I4	7.1 9.1
2. Governance / Organizational			
2.1	The organization may be at risk of not having the full scope of diversity and skill sets on the Board of Health for optimal Board Governance given the legislated board member appointment processes.	L3 I2	
3. People / Human Resources			
3.1	The organization may be at risk of not recruiting and retaining a sufficient number of staff with all the necessary competencies, skills, diversity, and abilities to respond to and meet expanding role and expectations of Public Health, ongoing and evolving community needs, and the growing backlog of services and any future emergency situations.	L4 I3	
3.2	The organization may be at risk of erosion of our current culture, staff mental health and resiliency, and team morale, due to the intense, competing and frequently changing work pressures (e.g. public health mandated priorities, COVID-19 response, backlog of services).	L4 I3	

Risk Categories		Rating Scale	Risk Connections
3.3	The organization may be at risk as some staff work offsite in uncontrolled environments.	L1 I2	
4. Information / Knowledge			
4.1	The organization may be at risk of not being viewed as a relevant and reputable source of credible health information to counter increase in circulation of mis/disinformation, resulting in long-term health impacts to the community.	L3 I4	10.2
5. Technology			
5.1	The organization may be at risk of not having a comprehensive and future oriented information technology infrastructure impacting on our ability to respond and meet the needs of the operation and client expectations.	L4 I4	12.1 1.1
6. Legal / Compliance			
6.1	The organization may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of Public Health Sudbury & Districts.	L2 I2	
7. Service Delivery / Operational			
7.1	The organization may be at risk of erosion of its mandate due to government policy direction and resulting in reduced effectiveness in preventing non-communicable diseases and promoting health equity (i.e. not being able to deliver on the full scope of public health programs and services).	L3 I4	1.1 14.1
8. Environmental			
8.1	The organization itself may be at risk of natural and anthropogenic disasters or hazards (e.g. floods, fires, extremes weather events, changing climate, infrastructure failure climate change, and other emergencies).	L4 I3	
8.2	The organization may be at risk of not being able to appropriately support the public health needs of individuals, partners, and communities as they deal with climate change impacts.	L4 I3	
9. Political			
9.1	The organization may be at risk of significant public health system instability and reform due to political priority of acute health care system sustainability.	L4 I4	1.1

Risk Categories		Rating Scale	Risk Connections
10. Stakeholder / Public Perception			
10.1	The organization may be at risk of not sustaining relationships with partners, communities, and municipalities, including Indigenous peoples and communities, as a result of capacity issues.	L3 I3	7.1
10.2	The organization may be at risk of our programs and services being mis-represented and under-recognized for their impact on improving the health of the population contributing to healthier communities for all.	L3 I3	4.1
11. Strategic / Policy			
11.1	The organization may be at risk of not effectively planning strategically for the future due to uncertainty with provincial direction, including direction on programming expectations and expectations regarding alignment within the broader health care system.	L4 I5	9.1
12. Security			
12.1	The organization may be at risk of threats to network security, system attacks, network outages, and breaches, resulting in possible loss of productivity and IT infrastructure vulnerability.	L5 I5	5.1
13. Privacy			
13.1	The organization may be at risk of not being able to fully eliminate all potential risks of privacy breaches.	L2 I2	
14. Equity			
14.1	The organization may be at risk of not being able to effectively support equity, diversity, and inclusion, through its policies and workforce and hindering our capacity to support equitable health outcomes for all, including racialized groups and Indigenous peoples.	L3 I3	7.1



VALUE	LIKELIHOOD	IMPACT	PROXIMITY	SCALE
1	Unlikely to occur	Negligible Impact	More than 36 months	Very Low
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	Low
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	Medium
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	High
5	Is almost certain to occur	Threatens the success of the project	Now	Very High

2023-2025 RISK MANAGEMENT PLAN

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts approve the 2023-2025 Risk Management Plan.



**Annual General Meeting, Conference and Section Meetings
June 12, 13 & 14, 2023**

Preliminary Program - Draft as of May 5, 2023

Dalla Lana School of Public Health, University of Toronto
6th Floor Auditorium, Room 610, 155 College St. Toronto, ON M5T 3M7
All times are Eastern Daylight Time (EDT)

June 12th	
<p>Walking Tour – Kensington Market Located in the heart of Toronto, Kensington Market is one of Toronto's most vibrant and diverse neighbourhoods. Come and join colleagues on this walking tour as we explore this fascinating part of the city.</p> <p>Tour Leaders: Dr. Charles Gardner, Vice-President, alPHa, Loretta Ryan, Executive Director, alPHa, and Dan Nicholson, Manager, Community Planning, City of Toronto</p>	2:00 pm – 4:00 pm
<p>Opening Reception Reception (5:00 pm to 6:00 pm) and Speaker (6:00 pm to 7:00 pm)</p>	5:00 pm – 7:00 pm
June 13th	
<p>Call to Order, Opening Remarks, and Land Acknowledgement Conference Chair: Trudy Sachowski, President, alPHa Welcoming Remarks: Premier Doug Ford (invited)</p>	8:30 am – 8:45 am
<p><i>Rest Refocus Recharge: Apply the cutting-edge science of brain states to perform at the highest level</i> Speaker: Dr. Greg Wells Moderator: Dr. Eileen de Villa, Chair, COMOHO Section</p> <p>Dr. Wells will share his insights on how to unlock the power of alternating peak performance with deep rest in this informative and practical keynote. He will explain how our brains and bodies are designed to operate in cycles of work and rest, and how we can harness the power of both to improve our health, well-being, and performance. Drawing on research in neuroscience and physiology, Dr. Wells will provide a step-by-step guide to optimizing your mental and physical health and how to improve your focus, creativity, and problem-solving abilities.</p>	8:45 am – 9:45 am

<p>Public Health Workforce Burnout: A Canadian Cross-sectional Study Speaker: Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer, Public Health Ontario</p> <p>A September 2022 survey reported burnout in 66.2 per cent of public health workers in the United States. This is the first Canadian study to measure burnout of public health workers since the COVID-19 pandemic began. The presentation will describe the prevalence of burnout, along with associated risk and protective factors.</p> <p>Rapid Review of Public Health Recovery, Renewal, and Resilience Building Post Pandemic: A Thematic Synthesis of Essential Organizational Imperatives Speaker: Julia Roitenberg, General Manager and Chief Nursing Officer at York Region Public Health</p> <p>A rapid review of the literature was conducted to determine essential organizational imperatives for public health leaders to consider as they develop public health recovery, renewal, and resilience building plans following the emergency stages of the COVID-19 pandemic. The presentation will reveal the nine themes that emerged from the thematic analysis and focus on two of the themes - Leadership and Healthy & Resilient Workforce.</p> <p>Moderator: Carmen McGregor, Chair, BOH Section</p>	<p>9:45 am – 10:15 am</p>
<p>Morning Break</p>	<p>10:15 am – 10:45 am</p>
<p>Combined alPHa Business Meeting and Resolutions Session Conference Chair: Trudy Sachowski, President, alPHa Resolutions Chair and Parliamentarian: Dr. Robert Kyle, MOH, Durham Region Health Department</p>	<p>10:45 am – 12:30 pm</p>
<p>Distinguished Service Awards and Board Recognition Conference Chair: Trudy Sachowski, President, alPHa and Loretta Ryan, Executive Director, alPHa</p> <p>The Distinguished Service Award (DSA) is given by alPHa to individuals in recognition of their outstanding contributions by board of health members, health unit staff, and public health professionals to public health in Ontario. The Award is given to those individuals who have demonstrated exceptional qualities of leadership in their own milieu, achieved tangible results through long service or distinctive acts, and shown exemplary devotion to public health at local and provincial levels.</p>	<p>12:30 pm – 1:00 pm</p>
<p>Lunch Break</p>	<p>1:00 pm – 2:00 pm</p>

<p>alPHa Strategic Plan Session Speaker: Maria Sánchez-Keane, Principal, Centre for Organizational Effectiveness</p> <p>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. Join public health colleagues as members participate in a discussion on the 2024 to 2026 Strategic Plan.</p>	2:00 pm – 3:00 pm
<p>Break</p>	3:00pm – 3:30 pm
<p>Emerging Successfully from the Pandemic – What's Next?! Speakers: Dr. Kieran Moore, Chief Medical Officer of Health and Dr. Christopher Simpson, Executive Vice-President, Medical, Ontario Health</p> <p>Moderator: Cynthia St. John, Affiliate Representative, alPHa</p>	3:30 pm – 4:45 pm
<p>Wrap Up Conference Chair: Trudy Sachowski, President, alPHa</p>	4:45 pm – 5:00 pm
<p>June 14th</p>	
<p>Section Meetings: <i>Members of the BOH Section and COMOH meet separately in the afternoon. There are separate agendas for these meetings.</i></p>	9:00 am – noon

Co-hosted by alPHa and Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine.



Mosey&Mosey

Resolution #	Title	Sponsor	Page
A23-01	Constitutional Amendment on Voting Delegates Allocation	alPHa Board of Directors	3
A23-02	Toward a Renewed Smoking and Nicotine Strategy in Ontario	Simcoe Muskoka	5
A23-03	Improving Indoor Air Quality to Prevent Infections and Promote Respiratory Health	Peterborough Public Health / Niagara Region Public Health	24
A23-04	Ending Underhousing and Homelessness in Ontario	alPHa Boards of Health Section	26
A23-05	Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates	Ontario Dietitians in Public Health	27

2023
Allocation of Votes: alPha Resolutions

Health Unit	Population	Voting Delegates
Toronto*	2,794,356	20
POPULATION OVER 400,000		
Durham	696,992	7
Halton	596,637	
Hamilton	569,353	
Middlesex-London	500,563	
Niagara	477,941	
Ottawa	1,017,449	
Peel	1,451,022	
Simcoe-Muskoka	599,843	
Waterloo	587,165	
Windsor Essex**	422,860	
York	1,173,334	
POPULATION OVER 300,000		
Wellington-Dufferin-Guelph**	307,283	6
POPULATION OVER 200,000		
Eastern Ontario	210,276	5
Kingston, Frontenac, Lennox and Addington	206,962	
Southwestern**	216,533	
Sudbury**	202,431	
POPULATION UNDER 200,000		
Algoma	112,764	4
Brant	144,937	
Chatham-Kent	104,316	
Grey Bruce	174,301	
Haldimand-Norfolk	116,706	
Haliburton, Kawartha, Pine-Ridge	189,183	
Hastings-Prince Edward	171,450	
Huron Perth	142,931	
Lambton	128,154	
Leeds, Grenville and Lanark	179,830	
North Bay-Parry Sound	129,362	
Northwestern	77,338	
Peterborough	147,681	
Porcupine	81,188	
Renfrew	107,522	
Thunder Bay	152,885	
Timiskaming	32,394	

* total number of votes for Toronto endorsed by membership at 1998 Annual Conference

** denotes health units that have moved into a different allocation category based on latest census data



**Boards of Health Section Meeting
Wednesday, June 14, 2023
9 am to noon EDT**

BOH Section Chair: Carmen McGregor

Preliminary Agenda - Draft as of May 4, 2023

Dalla Lana School of Public Health, University of Toronto

6th Floor Auditorium, Room 610, 155 College St., Toronto, ON M5T 3M7

All times are Eastern Daylight Time (EDT)

-
- 9:00 am **Call to Order**
Land Acknowledgement
Welcoming Remarks
Introductions
Speaker: Carmen McGregor, Chair, BOH Section
- 9:05 am **Public Health and the Political Landscape**
Updates will be provided by StrategyCorp on the current public policy climate and key political issues. Insights will be provided on what the implications might be for public health agencies and local boards of health.

Speakers: Sabine Matheson, Principal, StrategyCorp and Aidan Grove-White, Vice-President, StrategyCorp.
Moderator: Carmen McGregor, Chair, BOH Section
- 9:45 am **Association of Municipalities of Ontario (AMO) Update**
AMO works with Ontario's 444 municipalities to make municipal governments stronger and more effective. Come and hear the latest from AMO with regards to public health issues, including homelessness, from a municipal perspective with a focus on their recent work.

Speakers: Lindsay Jones, Director of Policy, AMO, Michael Jacek, Senior Advisor, AMO, and Daniela Spagnuolo, Policy Advisor, AMO
Moderator: Trudy Sachowski, President, ALPHA
- 10:15 am **Workplace Health and Wellness**
Franger Jimenez, who recently helped to launch ALPHA's Workplace Health and Wellness Month and developed products for ALPHA members, will briefly highlight resources available for members to help maintain mental and physical health.

10:20 am **Networking Break**

10:50 am **Exploring the Intersection of Primary Care and Public Health**

Dr. Lawrence Loh, former Medical Officer of Health for the Region of Peel and now the Executive Director and CEO, College of Family Physicians of Canada, will discuss the important intersection between local public health and primary care.

Speaker: Dr. Lawrence Loh, Executive Director and CEO, College of Family Physicians of Canada

Moderator: Steven Rebellato, Affiliate Representative, alPHa

11:20 am **alPHa Update / Section Business/BOH Elections**

Speakers: Carmen McGregor, BOH Section Chair and Loretta Ryan, Executive Director, alPHa

Approval of Minutes from February 24, 2023, BOH Section Meeting.

Section meeting ends at noon.

Co-hosted by alPHa and Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine.



Mosey&Mosey

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2023 ALPHA AGM/CONFERENCE

MOTION:

WHEREAS the Public Health Sudbury & Districts is allocated five votes* at the alPHa Annual General Meeting;

THAT in addition to the Medical Officer of Health and the Board of Health Chair, the following Board of Health members are appointed as voting delegates for the Board of Health:

**Voting delegates are permitted one proxy vote per person, as required.*

To: René Lapierre, Chair, Board of Health, Public Health Sudbury & Districts

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: May 11, 2023

Re: Support for sufficient, stable and sustained funding for local public health agencies

For Information

For Discussion

For a Decision

Issue:

The Board of Health is committed to achieving its mission of *working with our communities to promote and protect health and to prevent disease for everyone* – meeting the requirements of provincial legislation and related documents including the Ontario Public Health Standards (OPHS). However, there are growing concerns about our ability to meet these requirements and the increasing needs of our communities with the current provincial funding policy. Staff is closely reviewing the current financial context, seeking further clarity about revenue and expenditure assumptions, and consulting with others as we work towards developing a proposed budget for 2024. The Board should expect further details at future meetings.

This briefing note provides important historical and contextual information for the Board of Health and seeks endorsement of the actions recommended by the Board of Health for the City of Hamilton (attached) and as aligned with previous correspondence from the Association of Local Public Health Agencies (ALPHA).

Recommended Actions:

1. That the Board of Health for Public Health Sudbury & Districts receive this briefing note for information.
2. That the Board of Health for Public Health Sudbury & Districts endorse the recommendations of the Board of Health for the City of Hamilton and urge the provincial government to:
 - Fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the OPHS;
 - Continue the current mitigation funding until such time as the cost-shared arrangement is restored to the mixed 100% and 75%/25% model as it was in the public health budget for 2018-2019; and,
 - Include expectations for on-going COVID-19 response in the OPHS and provide permanent funding to sustain these requirements.

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

Background:*Funding Policy History:*

In 2020 the Province implemented a funding policy shift from a mixed 75%/25% and 100% funding model to a 70%/30% Provincial/Municipal funding formula for all public health programs and services under the Ontario Public Health Standards (Mandatory Programs), except the Ontario Seniors Dental Care Program (OSDCP) which remains 100% provincially funded. The Ministry of Health provided one-time mitigation funding in 2020, 2021, and 2022 with the aim of “protecting municipalities from any cost increases resulting from this cost-sharing change that exceed 10% of their existing costs.” (Attached: Ministry of Health letter dated August 20, 2019), and has committed to continue this mitigation funding in 2023. In 2022, the Ministry of Health provided a 1% increase in base funding, announced in August of 2022 for an increase of \$168,400.

Base Funding Shortfall:

The current base funding and mitigation grant is based on 2018 Q3 costs. As noted above, there has only been one increase to the funding since that time; a 1% base funding increase was received from the Ministry of Health in 2022. With the increased cost of inflation to our mandatory programs in wages, benefits, and operating costs, as well as new and expanded requirements added to the OPHS without new funding, 75% of our total cost for programs that fall under the Standards amounts to \$20,702,407. This represents a shortfall of \$2,517,707 in comparison to the anticipated funding from the Ministry of Health of \$18,184,700 (or a shortfall of \$1,137,547 if calculated at 70%). While funding gaps continue to be bridged by the municipal contributions, pressures are expected to grow significantly for 2024. The anticipated increase in pressures is due to the mitigation funding expected to end in 2023 and the expectation that the Ministry of Health will hold Public Health at the same funding level as 2023 – combined with significant year-over-year inflationary and fixed cost increases and growing community needs.

Board of Health Requirements:

The Ontario Public Health Standards set the minimum requirements for public health programs and services for boards of health across the province, targeting the prevention of disease, health promotion and protection, and community health surveillance. In accordance with the Ontario Public Health Standards, Public Health provides a broad range of programs and services in the areas of chronic disease prevention, mental health and well-being, substance use and injury prevention, school health, healthy growth and development, healthy environments, food and water safety, immunization and infectious disease prevention and control, as well as foundational programs that underlie and support all programs and services. The Public Health Sudbury & Districts budget funds the planned delivery of programs and services in accordance with the Ontario Public Health Standards, based on local needs.

In parallel, Public Health identified recovery priorities for 2023 and beyond, which represent areas of work that require focus and attention in planning and resourcing in order to address priorities that have been identified as we have emerged through the acute phase of the pandemic.

Alignment with alPHa Advocacy:

In 2022, the Association of Local Public Health Agencies (alPHa) submitted a report to the provincial

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

government to further demonstrate the need for additional investments in public health required to clear the service backlog, resume routine programs and services, and maintain an effective pandemic response (attached). Recently, as part of their 2023 pre-budget submission, ALPHa re-iterated their call to the Province to immediately revert to the 75%/25% provincial-municipal public health cost-sharing formula, along with a pledge to continue 100% funding for programs that have been traditionally underwritten by the Province (attached).

Alignment with 2022 Annual Report of the Chief Medical Officer of Health for Ontario

The most recent Annual report of the Chief Medical Officer of Health, [*Being ready: Ensuring public health preparedness for infectious outbreaks and pandemics*](#) is a call to take key lessons from the pandemic and other past public health emergencies to ensure readiness for any future outbreaks or pandemics. This includes a call to end the “boom and bust” cycle of funding to public health to ensure continued investments in public health preparedness to build and maintain overall readiness to respond to future challenges. Such investments allow for a strong, robust public health system overall, including a skilled, experienced workforce which can readily respond to future public health emergencies.

At the April 20, 2023, Board of Health meeting, members of the Board of Health, through resolution #19-23, echoed the Chief Medical Officer of Health’s call to learn from the COVID-19 pandemic and called on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined within the Annual Report, including ensuring associated sustained funding for local public health.

Ontario Public Health Standard:

Good Governance

Strategic Priority:

All

Contact: France Quirion, Director, Corporate Services

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment



OFFICE OF THE MAYOR
CITY OF HAMILTON

April 3, 2023

VIA: Mail and Email

ATTN: Hon. Sylvia Jones
Minister of Health
Ministry of Health
5th Floor
777 Bay Street
Toronto, ON M7A 2J3
Sylvia.Jones@pc.ola.org

RE: 2023 PHS Annual Service Plan & Budget Submission; Support for Sufficient, Stable and Sustained Funding for Local Public Health Agencies

Dear Hon. Sylvia Jones,

The Board of Health (BOH) for the City of Hamilton Public Health Services is committed to achieving our mandate of keeping Hamiltonians healthy, preventing disease, and reducing health inequities as articulated in the Ontario Public Health Standards (OPHS). However, we have concerns about our ability to meet the growing needs of our community with current provincial funding. At its meeting on March 20, 2023, the BOH endorsed the following recommendations included in Board of Health Report BOH23011:

- That the Board of Health reiterate their call to the Ministry of Health to fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the Ontario Public Health Standards;

- That the Board of Health reiterate their call to the Ministry of Health to continue the current mitigation funding until such time as the cost-shared arrangement is restored to 75%/25% for all cost-shared programs and that the Province once again assumes 100% funding for those programs identified as such in the public health budget for 2018-2019; and,
- That the Board of Health call on the Ministry of Health to include expectations for on-going COVID-19 response in the Ontario Public Health Standards and provide permanent funding to sustain these requirements.

As with other health units across the province, the deployment of significant Hamilton Public Health Services (HPHS) staff to the COVID-19 emergency response for over 2.5 years meant less ability to focus on other important public health issues. This impacted service delivery in many program areas and resulted in service backlogs and deficits of care in our community. Now that we have emerged from the crisis phase of the COVID-19 response, HPHS has been working to resume OPHS-mandated programs and services and address the deficits of care, while also continuing to respond to COVID-19. In addition, many long-standing health issues have been worsened by the COVID-19 pandemic and require focus and attention in planning and resourcing in order to achieve significant gains. HPHS has identified priority action areas to address Hamilton's priority population health needs of child and youth healthy growth and development, climate change, health equity, and mental health and substance use.

In October 2021, Hamilton's previous BOH wrote to the previous Health Minister endorsing letters from Peterborough Public Health and the Haliburton, Kawartha, Pine Ridge District Health Unit identifying the need for additional ongoing support as Ontario's public health units continued to respond to the COVID-19 pandemic. Specifically, support was requested to relieve the following financial pressures:

- Increased wage, benefit and operational costs due to inflation;
- New and expanded programs that were added to the OPHS;
- Resources required to address deficits of care;
- Increased demand for public health services to support community pandemic recovery; and,
- Continued support for COVID-19 response.

In 2022, the Association of Local Public Health Agencies (ALPHA) submitted a report to the provincial government to further demonstrate the need for additional investments in public health required to clear the service backlog, resume routine programs and services, and maintain an effective pandemic response. Recently, as part of their 2023 pre-budget submission, ALPHA re-iterated their call to the Province to immediately revert to the 75%/25% provincial-municipal public health cost-sharing formula, along with a pledge to continue 100% funding for programs that have been traditionally underwritten by the Province. Furthermore, in his 2022 Annual Report entitled "Being Ready, Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics" the Chief Medical Officer of Health calls for sustained investments in strengthening the

public health sector to ensure preparedness. Hamilton's BOH endorses these calls for sufficient and sustained funding for public health and agrees that it is more efficient and effective to invest in preparedness than to pay the much higher and heavier costs of being unprepared.

Through HPHS' 2023 ASPB submission it has been assessed that even with the provincial mitigation funding, the anticipated provincial subsidy will only be approximately 70% of the total costs of mandatory programs in 2023, a shortfall of \$2.3M. With the mitigation funding expected to end in 2023, HPHS will have substantial cost pressures in 2024 and beyond. For HPHS to fully address Hamilton's priority population health needs, restoration of the mixed 75%/25% Provincial/Municipal and 100% Provincial funding model is required.

Additionally, COVID-19 requires dedicated resources to sustain the on-going response, including case and contact management, outbreak management, infection prevention and control, immunization, surveillance, communication, pandemic preparedness and enforcement activities. The Hamilton BOH agrees with aPHa that language in the public health mandate (i.e., OPHS) and permanent funding is required to sustain these efforts.

Realizing these substantial cost pressures in 2023 and beyond, the Hamilton BOH urges the provincial government to:

- Fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the OPHS;
- Continue the current mitigation funding until such time as the cost-shared arrangement is restored to the mixed 100% and 75%/25% model as it was in the public health budget for 2018-2019; and,
- Include expectations for on-going COVID-19 response in the OPHS and provide permanent funding to sustain these requirements.

The work of public health, done in collaboration with local partners and within the broader public health system, results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources. For the health of our population, it is critical that public health be adequately resourced. A clear commitment by the Province to developing a process that ensures timely, predictable and sufficient funding is needed. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years.

Our Medical Officer of Health, Dr. Elizabeth Richardson, would be happy to meet with your staff to discuss this further as well.

Sincerely,



Andrea Horwath

Mayor

City of Hamilton

CC:

Hon. Neil Lumsden, MPP, Hamilton East – Stoney Creek

Monique Taylor, MPP, Hamilton Mountain

Sarah Jama, MPP, Hamilton Centre

Sandy Shaw, MPP, Hamilton West-Ancaster-Dundas

Donna Skelly, MPP, Flamborough-Glanbrook

Council of Ontario Medical Officers of Health

Association of Local Public Health Agencies (ALPHA)

Ontario Boards of Health

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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AUG 20 2019

Mr. René Lapierre
Chair, Board of Health
Sudbury and District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

Dear Mr. Lapierre:

The Ontario government is taking a comprehensive approach to modernize Ontario's health care system which includes a coordinated public health sector that is nimble, resilient, efficient, and responsive to the province's evolving health needs and priorities. While the broader health care system undergoes transformation, a clear opportunity has emerged for us to transform and strengthen the role of public health and its connectedness to communities.

As you are aware, the government made the decision to maintain the current cost-sharing arrangements for boards of health for 2019, to provide municipalities with additional time to find efficiencies that will ensure the sustainability of these critical shared public health services.

As a result, the Board of Health for the Sudbury and District Health Unit will be provided up to \$20,107,000 in base funding and up to \$98,700 in one-time funding for the 2019-20 funding year, to support the provision of public health programs and services in your public health unit. Dr. David Williams, Chief Medical Officer of Health, will write to the Sudbury and District Health Unit shortly concerning the terms and conditions governing the funding.

While the way in which we are implementing our plan to strengthen public health has changed, the need to do so has not. The current public health structure requires modernization – having 35 independent entities, all with varying capacity, does not facilitate consistent implementation of the core elements of a strong public health system.

Our government has heard that the scale and pace of change is of concern to the public health and municipal sectors. While the modernization of the public health sector remains a priority, the Ministry of Health intends to consult with public health and municipal partners throughout the fall of 2019 to inform the development of Regional Public Health Entities and to ensure that adequate time is provided for thoughtful dialogue and implementation planning.

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Mr. René Lapierre

In order to support public health unit planning for 2020, municipalities can use a planned funding change to bring the municipal share to 30% for public health programs and services effective as of January 1, 2020. However, to help provide additional stability as municipalities begin to adapt to shifting funding models, our government will also provide one-time mitigation funding to assist all public health units and municipalities to manage this increase while we work to transform the public health system across the province over the next couple of years. While final confirmation of 2020 funding will be provided through the 2020 Budget process, we expect that all municipalities will be protected from any cost increases resulting from this cost-sharing change that exceed 10% of their existing costs.

We continue to rely on your strong leadership to build a modern and sustainable public health sector. Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,



Christine Elliott
Deputy Premier and Minister of Health

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit

Since the beginning of the COVID-19 pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing response. They have prevented COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, outbreak management, infection prevention and control, communication of credible advice to the public, coordination with local and provincial partners and leadership of the vaccination campaign.

These extraordinary efforts have come at the expense of nearly all the routine programs and services mandated by the Ontario Public Health Standards (OPHS) as their resources were redeployed almost exclusively to the pandemic response. This has resulted in a backlog of public health work that will have immediate and longer-term impacts on population health.

The purpose of this report is to demonstrate the need for additional investments in public health that will be required to clear the backlog, resume routine programs and services, and maintain an effective pandemic response. The content is adapted from an earlier and more detailed draft report that the Council of Ontario Medical Officers of Health (COMOH) submitted to the Chief Medical Officer of Health in early October. This was informed largely by a survey of all 34 public health units that gathered information about program deficits since 2020.

KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

Just like the widely reported "surgical backlog" in health care, a health promotion and protection backlog has accumulated since March 2020, which is certain to have a significant and measurable effect on the health of Ontarians for years to come.

OPHS mandated public health programs and services have been significantly curtailed for nearly two years, with an average of 74% of 2020 LPHA resources and 78% (to date) of 2021 LPHA resources having been diverted to the COVID-19 response. This increase reflected a general upward trend as the pandemic evolved, and additional resources had to be secured to meet the demand throughout the province. Uncertainties about funding sources presented a challenge to managing extraordinary costs and allocating resources.

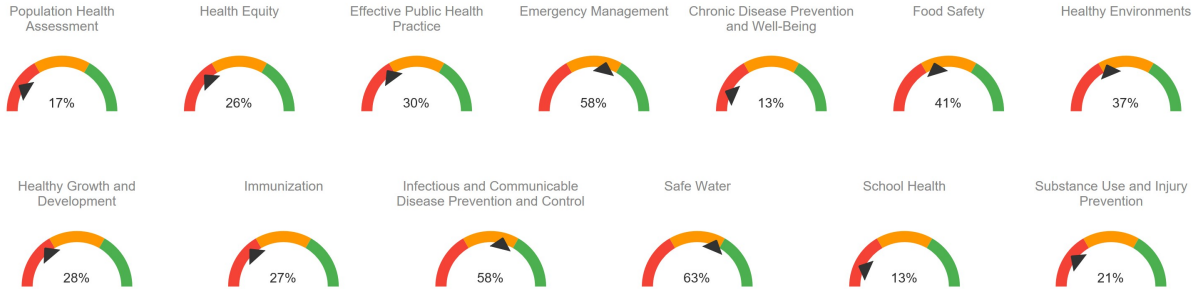
Health protection programs such as Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion, but most were response-driven and prioritized according to the level of risk, which in turn would focus primarily on COVID-19 related threats.

The Chronic Disease Prevention and Well-being and School Health Standards, which include injury prevention, healthy eating and physical activity, immunization, mental health, and substance use, had the lowest rates of completion. The population health impact of these deficits will be felt over a longer period and will almost certainly be magnified by the effects of the pandemic, which will in turn add to the cost of catching up on the OPHS mandates in these areas.

Specific concerns were expressed about the program backlogs related to children’s health. Since the onset of the pandemic in March 2020, oral health screening in schools effectively ceased, and the Healthy Babies Healthy Children (HBHC) visits for vulnerable families and children were significantly reduced. Additionally, approximately 80% of the routine school immunization program was not completed during this time. Estimates indicate that this could account for a current backlog of up to 300,000 school-based vaccinations/year across the province.

Summary of PHUs self-reported completion of OPHS Standards in the context of the COVID-19 pandemic:

Average Summary - Please indicate to what extent your PHU has been able to conduct its pre-pandemic Standard during the COVID-19 response (N=30)



N 30

LESSONS LEARNED: PROCESS IMPROVEMENTS AND REINFORCEMENT OF PARTNERSHIPS AND COLLABORATION

The COVID-19 pandemic presented opportunities for public health to demonstrate its resilient and innovative capacity to meet local needs despite major resource challenges. Technological innovation, enhanced coordination with a wide range of partners, improvements to processes such as data analysis, reporting, surveillance, and communications, and the application of data to inform health equity approaches were highlighted. Each of these is expected to yield lasting benefits beyond the COVID-19 response.

RESTORING PUBLIC HEALTH’S WORK TO IMPROVE THE HEALTH OF ONTARIANS

LPHAs are beginning to develop recovery plans, which are aimed at resuming their vital and mandated programs and services under the OPHS while continuing to provide an effective ongoing response to COVID-19. These plans include ongoing assessments of program deficits that have resulted from the pandemic response and recommendations for a phased and priority-based approach to returning to full service while giving special attention to the public health needs of populations that have been disproportionately affected. Program areas that address mental health, substance use and harm reduction, child immunization catch-up, food safety inspection, and oral health were cited as priorities for the earliest stages of the recovery.

STRENGTHENING PUBLIC HEALTH FOR A MORE RESILIENT ONTARIO

Substantial recovery efforts will not be possible if the pandemic response continues to consume the bulk of local public health resources. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years. Additional and immediate investments will be required as maintaining COVID-19 response activities while resuming OPHS activities will not be feasible without additional resources. Recovery will also require addressing high levels of stress and burnout among public health staff to support their personal recovery.

RECOMMENDATIONS

Provincial support for an ongoing pandemic response: Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

- Ongoing provincial coordination of the response between sectors
- Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.
- Strengthening Public Health Ontario's capacity to provide scientific and technical advice to government, public health, health care, and related sectors

Provincial support for Local Public Health Agencies: Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

- Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.
- One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas.
- Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

Provincial support for evaluation and renewal: Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

- Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.
- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

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

February 14, 2023

The Honourable Peter Bethlenfalvy, MPP
Minister of Finance
Frost Building North, 3rd floor
95 Grosvenor Street
Toronto ON M7A 1Z1

Dear Minister Bethlenfalvy,

Re: 2023 Pre-Budget Submission: Public Health Programs and Services

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, we are writing to provide input on the financial requirements for a stable, locally based public health system as part of this year's pre-budget consultation.

We were pleased that the 2022 Speech from the Throne included commitments to actively engage with health-system partners to identify and implement actionable solutions to help ease pressures on the health care system, which, as you know, have been considerable as a trio of respiratory diseases surged in recent months.

Many of those solutions are inherent in what Ontario's public health professionals do every day and should thus be a major focus for the meaningful investments that you have pledged to contribute to a stronger, more resilient health system and prioritize the health of the population.

Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, done in collaboration with a wide range of partners both within and outside of the health care system, results in a healthier population and in so doing conserves costly and increasingly scarce health care resources.

Indeed, your commitment of \$47 million through 2023 to public health units in addition to the increased provincial investments to support the public health sector's response to COVID-19 was a welcome demonstration of your support for public health stability, and we hope that this has set the stage for more permanent solutions.

alPHa published a detailed report in 2022 ([Public Health Resilience in Ontario](#)), the purpose of which is to demonstrate the need for additional investments in public health that will be required for ongoing pandemic response, clearing the backlog of public health services, and resuming routine activities mandated under the Ontario Public Health Standards. alPHa continues to stand strongly behind this document and its principles.

As we emerged further from the crisis phase of the COVID-19 response in the late spring of last year and the notion of returning to routine programming became more concrete, our leadership agreed that a more specific assessment of our members' local public health units' base budget requirements in the coming years would be advisable.

To this end, aLPHa conducted a detailed survey of all 34 local public health units (June 2022) to assess the funding needs for the delivery of these programs and services, including specific base budgets and one-time funding allocations, for the 2023 year. Most of the questions focused on quantifying the gaps between amounts requested in Ontario health units' Annual Service Plans and amounts granted per the Ministry funding letters. In addition, we canvassed our members last month and invited them to share their own input to the pre-budget consultation to identify common priorities for amplification.

Key Findings

1. Overall, the current funding envelope for PHUs in Ontario is not sufficient to meet the provincially mandated standards. Though this has been the case for many years, our survey indicated that local public health units are projecting additional budget pressures from multiple sources in the coming years, including collective agreements, substantially increased inflationary pressures, the additional demands of the COVID-19 response, and the backlog of programs and services that has built up over nearly three full calendar years.
2. Effectively meeting the Ontario Public Health Standards, excluding the Healthy Babies Healthy Children program for 2023 will require an estimated \$132M in total additional funding, representing an average increase of 11.8% across health units. This represents an increase of just 0.2% of the entire Ministry of Health budget.
3. Effectively meeting the requirements of the Healthy Babies Healthy Children program for 2023 will require an estimated \$12.5M in total additional funding, representing an average increase of 13.8% across health units. This represents an increase of only 0.08% of the entire Ministry of Children, Community and Social Services budget.
4. There is an overreliance on mitigation and one-time funding to underwrite ongoing and predictable costs. It creates unnecessary uncertainty in the budget planning process and carries significant enough financial risk that it can result in the curtailment of important services. The absence of sufficient, predictable, and timely funding of public health through multi-year budgets and a consistent funding formula is a long-standing issue that can and should be easily resolved.
5. Changing the funding formula for public health will result in no net savings for the Ontario taxpayer but cause a disproportionate hardship for Ontario's municipalities. The provincial government has already recognized this by providing mitigation funding to offset this burden, so we reiterate our call to Immediately revert to the 75% / 25% provincial-municipal public health cost-sharing formula, along with a pledge to continue 100% funding for programs that have been traditionally underwritten by the Province.
6. COVID-19 has become society's third leading cause of death after cancer and heart disease, so it is reasonable to assume that related public health efforts such as vaccination and outbreak control will become routine. Language in the public health mandate (i.e., the Ontario Public Health Standards) and permanent funding to sustain these efforts will be required.

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy. According to the 2018-19 Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was

\$1.267 billion, or about 2% of the total Ministry operating expenses. This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.

To illustrate this, alPHA's latest infographic, [Public Health Matters – Public Health Fall Vaccine Success](#), which builds upon the first, [Public Health Matters infographic \(A Public Health Primer\)](#), focuses on the success of recent local public health campaigns to increase coverage against a range of vaccine preventable diseases, including COVID-19, mPox, influenza, and those included in routine childhood immunizations. This is just one small example of how public health work can have an immediate impact within the broader health care system.

The Ontario Medical Association has identified strengthening of Public Health as one of its key pillars in its [Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care](#), which includes a recommendation to provide "a clear, adequate and predictable funding formula for local public health."

The Association of Municipalities of Ontario, in its August 26 submission entitled [Strengthening Public Health in Ontario: Now and for the Future](#), has also made a clear call to reinforce public health resources, including continuing funding to cover COVID-19 response costs, new funding to address the backlog of routine public health services, and a legislated reversion to the 75%-25% cost-sharing arrangement between the Province and the municipalities. It also calls for an assessment of what is required to fully fund the delivery of services as mandated under the Ontario Public Health Standards as well as all COVID-related costs at the local level, and a strategy to address its own health human resource challenges.

As noted in more detail in our [Public Health Resilience in Ontario](#) paper (January 2022), none of the OPHS requirements were completed to pre-pandemic levels due to the extensive redeployment of staff required for the COVID-19 response. Service backlogs specifically related to children's health are a major concern, with oral health screening in schools effectively ceased, Healthy Babies Healthy Children activities severely curtailed and a significant backlog of required childhood immunizations built up.

In addition to these, mental health promotion, substance use and harm reduction, and health equity considerations were brought into sharp relief through the pandemic, and the OPHS requirements related to these are expected to become priorities for public health action for the foreseeable future. We are aware that many of our members, including individual boards of health and Affiliate organizations will be making their own submissions to this consultation that cover these and other public health priorities at the operational level. We strongly urge you to take these into equal consideration.

Ontario's unique, locally based public health system is designed to create healthy individuals and communities, which are in turn fundamental to a strong, vibrant, and economically prosperous Ontario. Investment in upstream, preventive local public health is therefore essential to achieving the goals articulated in the August Speech from the Throne. In those words, we are a key health system partner that is well positioned to identify urgent, actionable solutions to ease immediate pressures. Our fundamental purpose of keeping people healthy is also essential to a strong economy, as a strong economy is not possible without healthy people.

We certainly appreciate that the unprecedented spending throughout the pandemic has created fiscal challenges in Ontario that will require prudent economic management in the months and years to come. We acknowledge that this will require an incremental approach to meeting resource requirements

across sectors, and we are prepared to assist in setting priorities and sharing ideas for a longer-term plan to ensure that we are all well positioned to meet our shared objectives.

We look forward to working with you and would like to request an opportunity to meet with you and your staff to provide further details on our survey findings and discuss options to ensure a sustainable and resilient public health system. To arrange a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

A handwritten signature in blue ink that reads "Trudy".

Trudy Sachowski,
President

Copy: Hon. Sylvia Jones, Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. 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.

PUBLIC HEALTH FUNDING

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts endorse the recommendations of the Board of Health for the City of Hamilton and urge the provincial government to:

- Fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the OPHS;**
- Continue the current mitigation funding until such time as the cost-shared arrangement is restored to the mixed 100% and 75%/25% model as it was in the public health budget for 2018-2019; and,**
- Include expectations for on-going COVID-19 response in the OPHS and provide permanent funding to sustain these requirements.**

ADDENDUM

MOTION: THAT this Board of Health deals with the items on the Addendum.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____