



Board of Health Meeting # 06-23

Public Health Sudbury & Districts

Thursday, October 19, 2023

1:30 p.m.

Boardroom

1300 Paris Street

AGENDA – SIXTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, OCTOBER 19, 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) Public Health Strengthening and Chronic Disease Prevention**
 - Stacey Gilbeau, Director, Health Promotion
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Fifth Meeting – September 21, 2023
 - ii) Business Arising From Minutes**
 - iii) Report of Standing Committees**
 - a. Board of Health Executive Committee Unapproved Minutes dated October 2, 2023.
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, October 2023
 - v) Correspondence**
 - a. Universal, No-cost Coverage for Prescription Contraceptives
 - Letter from Timiskaming Health Unit Board of Health Chair to the Premier of Ontario, and the Deputy Premier of Ontario and Minister of Health, dated September 15, 2023
 - vi) Items of Information**
 - a. Association of Local Public Health Agencies (alPHA)’s Virtual Fall Symposium and Section Meetings
 - *Draft* Program for Symposium and Section Meetings - November 24, 2023
 - *Draft* Agenda for the alPHA Board of Health Section Meeting - November 24, 2023

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

- i) Public Health System Strengthening**
 - Motion from North Bay Parry Sound District Health Unit Board of Health, September 27, 2023
- ii) Public Health Strengthening and Chronic Disease Prevention**
 - White Paper and Infographic on *The Value of Local Health Promotion in Ontario*, Health Promotion Ontario

PUBLIC HEALTH STRENGTHENING AND CHRONIC DISEASE PREVENTION

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring it addresses the public health needs and health equity in its catchment area, as aligned with board of health requirements under the *Health Protection and Promotion Act* and Ontario Public Health Standards; and

WHEREAS Health Promotion Ontario’s White Paper on the Value of Local Health Promotion in Ontario recommends strong and sustained investment in local health promotion by public health units to ensure that health promotion is prioritized on an ongoing basis; and

WHEREAS the Board recognizes that there are opportunities for system improvements as part of the review of board roles and responsibilities announced under the government’s *Public Health Strengthening* initiative, including an assessment of its role in chronic disease prevention through health promotion interventions; and

WHEREAS chronic diseases are mostly preventable, are the cause of 75% of deaths in Ontario, and incur \$10.5 billion in direct health care costs in the province; and

WHEREAS as the scope and intensity of infectious disease risks increase in the context of finite resources, there is a risk of under-resourcing public health actions that work on longer horizon chronic disease prevention;

THEREFORE BE IT RESOLVED THAT in the context of the *Public Health Strengthening* roles and responsibilities deliberations, the Board of Health for Public Health Sudbury & Districts urges all health system actors to remain committed to maintaining appropriate investments in health promotion and chronic disease prevention, while ensuring health risks associated with its health protection work are managed;

AND FURTHER THAT the Board request that the Chief Medical Officer of Health ensure proactive local engagement in the sector-driven review of the Ontario Public Health Standards.

iii) Universal Healthy School Food Program

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated October 12, 2023
- News release from provincial government, *Ontario Helping More Children and Youth Access Healthy Food*, October 5, 2023
- Letter from Windsor-Essex County Health Unit Board of Health Chair and CEO to the Deputy Prime Minister and Minister of Finance, Minister of Families, Children and Social Development, Minister of Agriculture and Agri-Food, and the Minister of Public Health Services and Procurement, dated September 21, 2023

SUPPORT FOR A FUNDED HEALTHY SCHOOL FOOD PROGRAM IN BUDGET 2024 (FEDERAL)

MOTION:

WHEREAS a universal publicly funded student nutrition program can positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success; and

WHEREAS the current provincial student nutrition program strives to offer a breakfast, snack, and/or lunch to students each school day, but not all schools have adequate financial and human resources to offer them; and

WHEREAS the annual monitoring of food affordability in Sudbury and districts demonstrates that some families may struggle to purchase food, and a universal fully-funded student nutrition program can help to ensure no child is left out of the program due to their family's ability to pay; and

WHEREAS the Board of Health for Public Health Sudbury & Districts passed motion [02-20](#) supporting a universal publicly funded healthy school food program; and

WHEREAS although the Ontario government recently announced an additional \$5 million this year in the provincial Student Nutrition Program and the First Nations Student Nutrition Program, more support is needed to ensure a fully-funded universal student nutrition program; and

WHEREAS the federal government announced its commitment to work toward the creation of a National School Food Policy to help Canadian communities access healthy food in the [Food Policy for Canada](#); and

WHEREAS the *Ontario Public Health Standards* requires boards of health to support and participate with other partners in advancing school food policy and programming using population health assessment and surveillance, policy development; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts support the [recommendations](#) submitted by the Coalition for Healthy School Food to the Government of Canada as part of advance consultations for Budget 2024:

Allocate \$1 billion over five years and collaborate with provinces, territories, and Indigenous partners to provide them with an initial \$200 million as soon as possible to fund existing school food programs; and

Create a separate School Food Infrastructure Fund grants program of, at minimum, \$50 million; and

Negotiate independent School Food Policy agreements with First Nation, Inuit and Métis leadership to ensure long-term and sustainable funding for Indigenous school nutritious meal programs; and

THAT the Board calls on the Federal Minister of Families, Children and Social Development for investment in healthy school food in Budget 2024, as presented in the House of Commons' online [e-4586](#) (Food and drink).

7. ADDENDUM

ADDENDUM

MOTION:

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

THAT this Board of Health rises and reports. Time: _____

8. ANNOUNCEMENTS

- Please complete the October Board of Health meeting evaluation in BoardEffect following the Board meeting.
- Reminder to complete the Annual Board Self-Evaluation Survey by Friday, October 20, 2023.

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____



MINUTES – FIFTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM
THURSDAY, SEPTEMBER 21, 2023 – 1:30 P.M.

BOARD MEMBERS PRESENT

Ryan Anderson
Renée Carrier *
Guy Despatie
Claire Gignac

René Lapierre
Bill Leduc
Abdullah Masood
Ken Noland *

Mark Signoretti
Natalie Tessier *

BOARD MEMBERS REGRETS

Robert Barclay

Al Sizer

Michel Parent

STAFF MEMBERS PRESENT

Stacey Laforest
France Quirion

Rachel Quesnel
Renée St Onge

Dr. Penny Sutcliffe

Media

**Via remote participation*

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

- i) **Climate Change Awareness and Adaptation**
 - Jane Mantyla, Health Promoter, Health Protection Division

J. Mantyla outlined the impacts of climate change including the increasingly significant health hazards such as extreme heat, heavy intense rainfall and spring flooding and freezing rain, Lyme disease and West Nile virus, wildfires, food and water-borne illnesses and blue-green algae blooms. Exposure, sensitivity, and adaptive capacity were explained.

Public Health's role in climate change, per the Ontario Public Health Standards and Guideline were reviewed. Examples of public health work in action in these three categories per the public health mandate were provided along with the mitigating exposure to direct hazards:

1. Assess health risk and conduct hazard surveillance
2. Raise awareness, promote health protective actions
3. Collaborate with municipalities and partners on climate change adaptation and mitigation

Equity initiatives to increase adaptive capacity for priority populations were shared.

It was concluded that Public Health builds climate resilience in partnerships and independently, by:

- Supplying knowledge on climate change impacts
- Conducting surveillance of hazards
- Protecting residents through hazard response
- Raising public awareness of hazards and health protective actions
- Participating in adaptation and mitigation strategies
- Building adaptive capacity in priority populations

Next, PHSD will highlight climate change through its municipal engagement strategy and continue to share knowledge and explore opportunities to support communities to promote healthy environments.

Comments and questions were entertained. As it relates to elementary and high schools, the provincial curriculum would cover these topics and active community groups are also involved with schools to further educate students. Public health focus has been on developing policies and climate mitigation.

Clarification was provided regarding water monitoring at public beaches and data collection. S. Laforest will provide additional information regarding monitoring of municipally owned and maintained public beaches.

5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
 - a. Board of Health Meeting – June 15, 2023
 - b. Special Board of Health Meeting - August 24, 2023
- ii) **Business Arising from Minutes**
- iii) **Report of Standing Committees**
 - a. Board of Health Executive Committee - August 16, 2023
- iv) **Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, September 2023
- v) **Correspondence**
 - a. Support for Healthy Public Policy Regarding Alcohol Marketplace and Product Sales
 - Letter from Huron Perth Public Health Board of Health chair to the Minister of Finance and the Deputy Premier and Minister of Health, dated September 8, 2023
 - b. Support Bill 103 - Smoke Free Ontario Amendment Act (Vaping is not for Kids), 2023
 - Public Health Sudbury & Districts Motion # 35-23*
 - Letter from Simcoe Muskoka District Health Unit Board of Health Chair to the Deputy Premier and Minister of Health, dated September 7, 2023
 - Email from the City of Hamilton Public Health Committee to Ontario Boards of Health, dated August 28, 2023
 - Email from the Premier of Ontario to Dr. Sutcliffe, dated July 12 ,2023
 - c. PHSD MOH/CEO Leadership
 - Letter from NOSM University Associate Dean, Postgraduate Medical Education and Provost and Vice President Academic to the Board Chair Public Health Sudbury & Districts, dated September 4, 2023
 - d. Public Health Funding
 - Letter from Deputy Premier and Minister of Health to the Board of Health Chair, Public Health Sudbury & Districts dated August 22, 2023, received via email on August 29, 2023
 - Letter from Middlesex-London Health Unit Board of Health Chair, Secretary and Treasurer, and Medical Officer of Health, to the Premier of Ontario, Deputy Premier and Minister of Health et al, dated August 2, 2023
 - Letter from the Association of Ontario Public Health Business Administrators President to the Deputy Premier and Minister of Health and Chief Medical Officer of Health, dated July 7, 2023
 - Letter from Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health Chair, to the Deputy Premier and Minister of Health, dated July 3, 2023

- Letter from Simcoe Muskoka District Health Unit Board of Health Chair to the Deputy Premier and Minister of Health, dated June 21, 2023
 - e. Physical Literacy for Health Active Children
Public Health Sudbury & Districts Motion # 29-22
 - Letter from Thunder Bay District Health Unit Board of Health Chair, to the Deputy Premier and Minister of Health, dated July 14, 2023
 - f. 2023 Review of the Child, Youth and Family Services Act, 2017
 - Letter from alPHa President to the Minister of Children, Community and Social Services, dated July 13, 2023
 - g. Public Health Matters - A Business Case for Local Public Health
 - Letter and infographic from the President, Association of Local Public Health Agencies (alPHa) to Ontario Local Public Health Agencies, dated July 19, 2023
 - h. Food Insecurity
 - Letter from Algoma Public Health Board of Health Chair to the Premier of Ontario, Deputy Premier and Minister of Health, and the Minister of Children, Community and Social Services, dated July 4, 2023
 - i. Bill 93, Joshua’s Law (Lifejackets for Life), 2023
Public Health Sudbury & Districts Motion # 25-22
 - Email from City of Hamilton’s Public Health Committee to Ontario Boards of Health, dated June 21, 2023
 - j. Support for Improved Indoor Air Quality in Public Settings
Public Health Sudbury & Districts Motion # 17-23
 - Email from Health Canada to Public Health Sudbury & Districts Board chair, dated June 15, 2023
 - k. Consultation on Restricting Food Advertising Primarily Directed at Children
 - Letter from Middlesex-London Health Unit Board of Health Chair to the Health Canada Bureau of Policy, Intergovernmental and International Affairs, Food Directorate, dated June 9, 2023
- vi) **Items of Information**
- a. Wildfires in Canada Toolkit for Public Health Authorities
dated August 2023

49-23 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) Outdoor Air Quality Monitors and AQHI Across the North

- Letter from Timiskaming Board of Health Chair and Acting Medical Officer of Health, to the Minister of Environment, Conservation and Parks, dated August 1, 2023
- Letter from Porcupine Health Unit Board of Health Chair to the Minister of Environment, Conversation and Parks, dated July 5, 2023

The Board of Health’s support is being sought to support letters from two northern Boards of Health advocating for more air quality monitoring stations in northern Ontario. Dr. Sutcliffe indicated that there is only one monitoring station in the PHSD catchment area and a total of five in the north. The advocacy motion tabled today aligns with the climate change presentation and the importance of assessing health risks and conducting hazard surveillance.

Comments and questions were entertained, and it was clarified that southern Ontario has many more air quality monitoring stations than in the north. The air quality monitoring stations provide real time information and assist in identifying the potential impact on health and measures one could take to protect health.

50-23 EXPAND OUTDOOR AIR QUALITY MONITORS AND AQHI ACROSS THE NORTH

MOVED BY SIGNORETTI – GIGNAC: WHEREAS according to recent research, climate change in Ontario is expected to increase the number of wildfires caused by human activity and by lightening by 20% and 62%, respectively, between the periods of 1975-1990 and 2020-2040, and it is expected that the increases will be even greater in parts of Northern Ontario; and

WHEREAS wildfire smoke can impact air quality and cause health effects hundreds of kilometers from the fire zone; and

WHEREAS many northern Ontario communities do not have local outdoor air monitoring stations and therefore do not benefit from the Air Quality Health Index (AQHI), a tool for Ontarians to be informed of the health risks from local air pollution and take recommended actions to protect their health; and

WHEREAS there is only one air quality monitoring station within Sudbury and districts that provides data for the AQHI, being one of only five stations across Northern Ontario; and

WHEREAS expanding air quality monitoring stations and the reach of the AQHI to more communities in the North would be benefit communities' health, and would provide a more robust surveillance system on wildfire smoke impacts;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the letters dated July 5, 2023 from the Porcupine Health Unit and August 1, 2023, from the Timiskaming Health Unit to the Honourable Minister, David Piccini, calling for the installation of Air Quality Monitoring Stations in their respective service areas; and

FURTHER THAT air quality monitoring stations and the AQHI be expanded across Northern Ontario to improve opportunities for health for all.

CARRIED

ii) Public Health System Strengthening

- Briefing Note and appended resources from MOH/CEO to Board of Health Chair dated September 14, 2023
- News Release from Porcupine and Timiskaming Medical Officers of Health, dated August 30, 2023

On August 22, 2023, at the AMO conference, the Ministry of Health made an announcement signaling significant changes to Ontario's public health system.

The briefing note attached to today's agenda package outlines details of the announcement as well as previous provincial announcements aimed at addressing the complexities of the Ontario public health system, including:

- *Public Health within an Integrated Health System; Report of the Minister's Expert Panel on Public Health, 2017*
- *Public Health regionalization, 2019 announcement with dissolution of the 34 boards of health and the creation of 10 "regional public health entities"*
- Appointment of Special Advisor, Mr. Jim Pine, and a process of consultation on the proposed reforms, termed *Public Health Modernization*.
- *Public Health System Strengthening, 2023*

The Ministry of Health is proceeding with the following three-pronged, sector-driven strategy to achieve it's *Public Health Strengthening* goal to optimize capacity, stability and sustainability in public health and deliver more equitable health outcomes for Ontarians.

1. Roles and responsibilities
 - OPHS review
 - Refine/stop/re-level to local, regional or provincial bodies
 - Timelines: January 2025
2. Voluntary mergers
 - Time-limited, voluntary, sector-driven process
 - Objectives, parameters, accountability mechanisms TBD
 - Merger support funding x 3 years
 - Timelines: January 2025 mergers to take effect
3. Funding
 - Base funding restored to 2018 level
 - 1% increase x 3 years (2024-2026)
 - Merger support funds x 3 years
 - Funding methodology review
 - Timelines: 2026 new funding approach

Dr. Sutcliffe reviewed the history of municipal and provincial base funding since 2005. Funding model changes and year over year percentage changes, for both provincial and municipal funding for the Board's cost-shared budget, were reviewed. Increasingly, across the province, municipalities have funded a larger percentage in comparison with the province.

The recent funding announcement included:

- Effective January 1, 2024, the province will restore provincial annual base funding for public health units from 2020, which is the level previously provided under the 75:25 funding model.
 - This brings funding levels to the 2018 funding level and implications are unclear with regards to the 100% programs now rolled into cost shared
- The province is providing local public health units an annual 1% funding increase from 2024, 2025, and 2026.
 - The 1% increase will not cover inflationary increases.

One-time funding for COVID-19 extra-ordinary expenses was provided by the Ministry over the last 3 years. Advocacy by PHSD, ALPHa, COMOH, and allied agencies, for stable and sustainable funding is ongoing.

Impacts on the current funding policy were outlined and it was noted that the ministry has historically issued its grant letter in the fall of same operating year.

Comments and questions were entertained.

Criteria for the voluntary mergers are expected to be released by the Ministry mid to late October. Board of Health members were reminded that in 2017, following the release of the provincial government's *Public Health within an Integrated Health System; Report of the Minister's Expert Panel on Public Health*, the five Northeastern health units, serving the areas of Algoma, North Bay/Parry Sound, Porcupine, Sudbury/Manitoulin, and Timiskaming began in 2017 to explore how they could collaborate more closely to achieve improved efficiencies with potential "functional mergers".

With the April 2019 announcement of public health regionalization with the dissolution of all Boards of Health and creation of 10 new regional entities, the Northeastern health units quickly refocused its work to consider how a new, single autonomous regional public health entity might be created should the announced changes proceed. A submission from the Northeastern health units was finalized and provided our best advice regarding governance and leadership in the Northeast should the changes to the public health system proceed as announced.

There was a lot of concern directed at the province about the lack of consultation and the government announced the appointment of Special Advisor, Mr. Jim Pine, and a process of consultation on the proposed reforms, termed *Public Health Modernization*. The Board and senior management of Public Health Sudbury & Districts undertook extensive dialogue and made a submission to the Special Advisor in 2020. The submission was informed by our collaborations with our Northeastern public health partners and the communities we serve. The consultation process was halted prematurely in early 2020 due to the pandemic until the Public Health Strengthening announcement on August 22, 2023.

Notably different, the recent announcements are characterized as voluntary, merger costs funded over three years, and with no goal of system-wide cost savings. The Ministry has indicated that any savings would be reinvested in local public health operations. The criteria for mergers are yet to be established, however, population size has been noted to be a key factor.

The current catchment areas throughout Ontario were displayed. There are currently five health units in the Northeast. The three governance models for local public health are autonomous (24), regional (6) and single-tier semi autonomous (4). The Board was reminded that the Capacity Review Committee recommendation was that public health units be governed by autonomous, locally-based boards of health and that these boards focus primarily on the delivery of public health programs and services.

It was noted that the Northern Medical Officers of Health meet regularly. Porcupine Health Unit and Timiskaming Health Unit have announced they are voluntarily merging.

Comments and questions were entertained. It was reflected that this Board of Health, MOH and senior team were leaderful in the past in collaborating with its northeastern peers. The Board of Health is encouraged to continue to leaderful as status quo will not be acceptable to the provincial government.

An amendment to the proposed motion was tabled and following a discussion a recorded vote was requested.

PROPOSED AMENDMENT TO THE PUBLIC HEALTH STRENGTHENING MOTION

51-23 PUBLIC HEALTH SYSTEM STRENGTHENING - AMENDMENT

MOVED BY SIGNORETTI – DESPATIE:

AND FURTHERMORE THAT the Board of Health for Public Health Sudbury & Districts support the Board Chair and Medical Officer of Health meet with the CAO of the City of Greater Sudbury (or his delegate) to discuss possibilities of service synergies between the two agencies that would reflect the provincial request for voluntary mergers; and

	YEA	NAY
Anderson, Ryan		X
Carrier, Renée		X
Despatie, Guy		X
Gignac, Claire		X
Leduc, Bill		X
Masood Abdullah		X
Noland, Ken		X
Signoretti, Mark	X	
Tessier, Natalie		X
Lapierre, René	X	
TOTAL	2	8

DEFEATED

52-23 PUBLIC HEALTH SYSTEM STRENGTHENING

MOVED BY LEDUC – TESSIER: BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts receive this briefing note for information; and

THAT the Board of Health for Public Sudbury & Districts support the Board Chair and Medical Officer of Health to engage with their Northeastern counterparts for further exploratory dialogue about voluntary mergers in light of recent provincial announcements and building on previous collaborations; and

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

CARRIED

iii) Election of Officer - Board of Health Executive Committee

- Board of Health Executive Committee Terms of Reference, Board of Health Manual C-II-10

The term of provincial appointee, Claire Gignac, who is also a member of the Board of Health Executive Committee, is ending effective September 24, 2023. Following a call for nominations for one position of Board Member at Large to the Board Executive Committee Abdullah Masood was nominated. There being no further nominations, the nomination for the Board Executive Committee for 2023 was closed. A. Masood accepted his nomination, and the following was announced:

53-23 APPOINTMENT TO BOARD OF HEALTH EXECUTIVE COMMITTEE

MOVED BY SIGNORETTI – LEDUC: THAT the Board of Health appoint the following Board member at large to the Board Executive Committee for 2023, effective September 24, 2023: Abdullah Masood, Board Member at Large.

CARRIED

iv) Public Health Sudbury & Districts' 2022 Annual Report

Dr. Sutcliffe was pleased to release the 2022 Annual Report, and links to the English and French annual reports were provided via Teams chat. The report is posted to phsd.ca and will be shared broadly by email and social media.

7. IN CAMERA

54-23 IN CAMERA

MOVED BY DESPATIE – GIGNAC: THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: 3:13 p.m.

CARRIED

8. RISE AND REPORT

55-23 RISE AND REPORT

***MOVED BY ANDERSON – CARRIER: THAT this Board of Health rises and reports.
Time: 3:45 p.m.***

CARRIED

The Board of Health Vice-Chair reported that the Board discussed one matter relating to labour relations or employee negotiations and the following motions emanated:

56-23 APPROVAL OF BOARD OF HEALTH INCAMERA MEETING NOTES

MOVED BY LEDUC – TESSIER: THAT this Board of Health approve the meeting notes of the August 24, 2023, special 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

57-23 CUPE MEMORANDUM OF SETTLEMENT RATIFICATION

MOVED BY NOLAND – GIGNAC: THAT the Board of Health ratify the Memorandum of Settlement between Public Health Sudbury & Districts and the Canadian Union of Public Employees, dated September 6, 2023.

CARRIED

9. ADDENDUM

None.

10. ANNOUNCEMENTS

- The Board of Health group photo scheduled to take place before today's board of health meeting will be rescheduled as several board members were missing.
- Board of Health members are asked to complete the Board of Health meeting evaluation in BoardEffect as well as the annual Board of health self-evaluation survey.
- The next regular Board of Health meeting is Thursday, October 19, 2023, at 1:30 p.m.

11. ADJOURNMENT

58-23 ADJOURNMENT

MOVED BY GIGNAC – MASOOD: THAT we do now adjourn. Time: 3:48 p.m.

CARRIED

(Chair)

(Secretary)

the engagement and key changes from the 2018–2022 strategic plan to the 2024–2028 strategic plan.

K. Galic outlined the engagement process that took place with staff, Board of Health, as well as community members and partners following the Board of Health’s approval of the strategic plan engagement plan, [motion 20-23](#). There have been a number of engagement sessions including a senior management executive committee consultation, 7 focus group sessions for staff with 67 staff, a Board of Health session, 5 team-specific sessions, 5 sessions with 25 partners, and an online survey for community members and partners.

Unapproved

It was clarified that there were 67 staff who participated in the focus group sessions and provided input in the strategic planning.

R. St Onge reviewed the overarching findings resulting from all engagement sessions:

- Recommendation for a 5-year strategic plan.
- Generally, good agreement with key aspects of the 2018–2022 Strategic Plan.
- Suggestions provided to update and clarify definitions and explanations.
- Suggestion to distinguish between internally- and externally-focused priorities.
- Articulate how Public Health will action each priority.

The Vision and Mission statements still resonate with the Board of Health and a minor edit to the Mission was recommended to remove “our” in our communities to: *Working with communities to promote and protect health and to prevent disease for everyone.*

There was strong support for the current values of Humility, Trust, and Respect. Suggestions by partners and staff to consider transparency, equity, and accountability, and it is recommended that these be incorporated under new Public Health commitments that would strengthen each value.

In addition to feedback received during all engagement opportunities, factors identified during SWOT analyses were also considered, including:

- Emergence of new and/or worsening public health challenges.
- Increased prevalence of mis- and dis-information.
- Current political climate surrounding provincial public health system transformations.
- Provincial governments review of public health’s mandate and funding policies.

Feedback received regarding the current four priorities, equitable opportunities; meaningful relationships; practice excellence; and organizational commitment, was summarized and proposed revisions reviewed.

- Equitable opportunities to be revised to Equal opportunities for health
 - Added examples of “root causes of health inequities”
 - Further clarified groups/populations commonly experiencing health inequities.

In a response to an inquiry on how to we ensure inclusivity for all without stigmatizing, it was noted that a description has been incorporated under *Equal opportunities for health* priority: *Champion actions to improve health equity at every opportunity by supporting all communities in our service area, including Indigenous, racialized, and all equity-deserving communities, to reach their full health potential.*

- Meaningful relationships to be revised to Impactful relationships
 - Greater emphasis on partnerships, collaborations, and collective impact of meaningful relationships.
 - Added language on approaches respecting individual/group lived experiences, to align with the newly added commitment re: reconciliation.

The members indicated their support for the proposed word, *impactful*.

- Practice excellence to be revised to Excellence in public health practice
 - Added an accountability and transparency statement.
 - Strengthened language around evidence-informed practice, community needs/priorities, and remaining flexible and adaptable.

Language will be incorporated about the scope of PH work under this descriptor to highlight public health resources and investments that are alignment with public health's role/scope.

- Organizational commitment to be revised to Healthy and resilient workforce
 - Emphasized knowledge, skills, and attitudes that support not only effective public health practice but reconciliation as well.
 - Incorporated language to reflect a workforce that is adaptable to the changing public health landscape.

Discussion was held regarding the concept and definition of a resilient workforce.

The revised strategic plan document includes a section on accountability and monitoring and will highlight how we action our strategic plan.

5.1.3 Next steps

Pursuant to the tabled motion, the proposed revised strategic plan will be sent electronically to the Board of Health Executive Committee members for their review and support before being included in the October Board agenda package.

Dr. Sutcliffe concluded that the team took into consideration the recent provincial government announcements relating to the public health system strengthening to ensure the strategic plan highlights PHSD strengths.

A note of thanks will be sent to the strategic plan team from the Board of Health Chair.

10-23 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES

Moved by LAPIERRE – TESSIER: THAT the Board of Health Executive Committee, having reviewed and discussed details of the proposed 2024-2028 Strategic Plan, direct the Medical Officer of Health to finalize the plan that will be recommended by the Board of Health Executive Committee to the Board of Health for approval at its November 16, 2023, meeting.

CARRIED

6. ADJOURNMENT

11-23 ADJOURNMENT

MOVED BY TESSIER – LAPIERRE: THAT we do now adjourn. Time: 3:01 p.m.

CARRIED

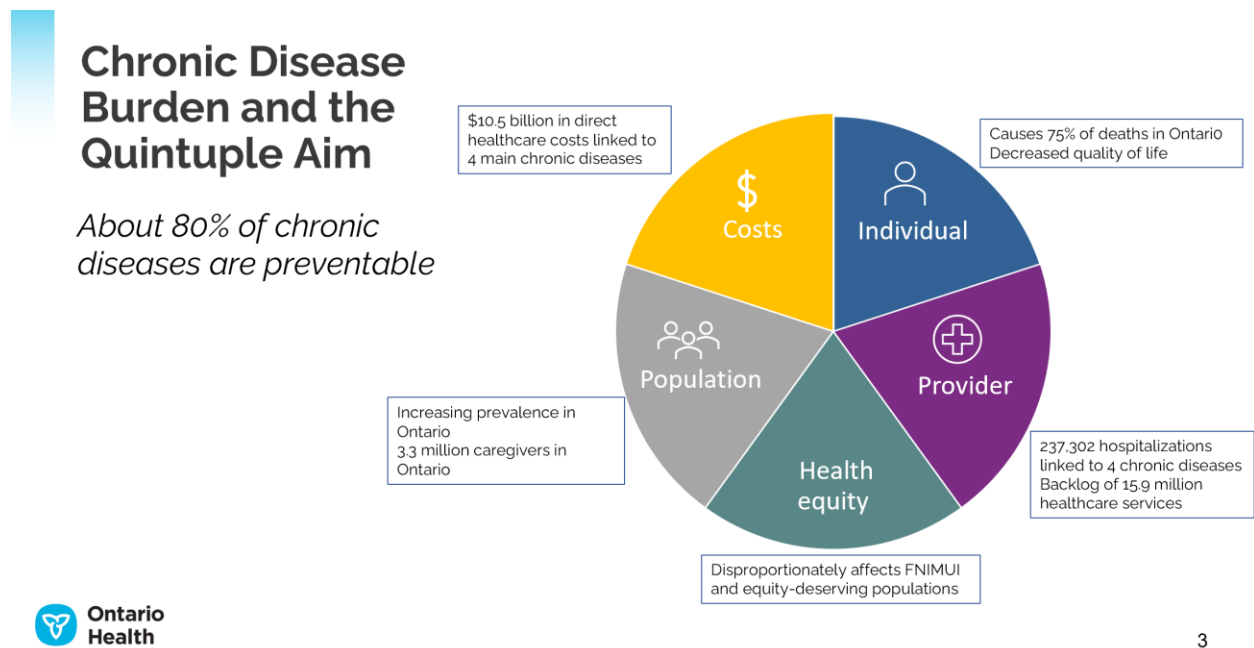
(Chair)

(Secretary)

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

Words for thought

Chronic Disease Prevention



Source: Ontario Health

Date: September 2023

This month’s report conveys the busy fall agenda for Public Health Sudbury & Districts. In addition to ramping up respiratory immunization opportunities in our communities, we are actively engaging with schools, responding to outbreaks and reports of infectious diseases and working with partners in preparation for the upcoming leadership summit on the toxic drug crisis. This core public health programming is further augmented by our budget preparations and our work to understand and engage in the provincial *Public Health Strengthening* announcements.

As the Board is aware, one of the announcements under *Strengthening* is to review the roles and responsibilities of local boards of health including the concept of “re-leveling” this work to determine the respective responsibilities of the local level, regional, or provincial level. The domain of chronic disease prevention is being explored by a working group reporting to the

Public Health Leadership Table. Recently this working group considered the mandate of Ontario Health as related to chronic disease prevention:

Integrate a disease prevention lens to all clinical activities and continue to partner with public health in prevention and population health strategies.

Complete development and proceed with implementation of a chronic disease strategy in partnership with public health, addressing prevention, management and treatment, with an initial focus on diabetes, and aligned with the existing Indigenous diabetes strategy, in accordance with Ministry direction and approvals. (Ontario Health Mandate Letter)

This is important work and our sectors need to be aligned. The burden of chronic disease on the health, quality of life, and longevity of Ontarians is significant, in addition to the related health system and financial burdens. We look forward to further dialogue to map out our respective roles, ensuring that the local work of public health continues to contribute effectively to health and health equity.

General Report

1. Board of Health

An orientation session was held on October 3, 2023, for provincial appointee, Ryan Anderson.

Mandatory Board of Health training – to be completed by October 30, 2023

The emergency preparedness PowerPoint is attached to the October BoardEffect event and can also be found in BoardEffect under Libraries – Board of Health – Annual Mandatory Training: Emergency Preparedness Training for Board Members. Please email quesnelr@phsd.ca by October 30, 2023, to confirm completion of the annual mandatory training.

Board of Health Group Photo – Rescheduled to November 16, 2023

The professional group photo of the Board of Health that was to take place prior to the September 21, 2023, Board of Health meeting is being rescheduled.

The business Board of Health group photo is confirmed to be taking place on Thursday, November 16, 2023, at 12:45 p.m. Each Board member is asked to confirm their availability via email at quesnelr@phsd.ca that you are available for the photo taking place prior to the regular November Board of Health meeting.

Annual Board of Health Self-Evaluation – to be completed by October 20, 2023

Board of Health members are reminded to complete the annual 2023 self-evaluation questionnaire in BoardEffect (under the Board of Health workroom – Collaborate – Surveys) by Friday, October 20, 2023. Results of the annual Board of Health member self-evaluation of performance evaluation will be presented at the November Board meeting.

Board of Health Opportunity for education and networking

Board of Health members are invited to participate in the Association of Local Public Health Agencies (ALPHA) Fall Symposium, Section Meetings, and Workshops from November 22 to 24. This year's virtual event will continue the conversation on the critical role of the province's public health system. Details are included in the agenda package. Interested Board members are asked to contact the Board Secretary who will complete registration. Registration fees will be covered by Public Health Sudbury & Districts.

2. Vaccination

The Ministry of Health of Ontario and the National Advisory Committee on Immunization is recommending that all eligible individuals receive a COVID-19 and influenza vaccine this fall. Getting vaccinated is the best way to remain protected against the most severe outcomes of COVID-19 and influenza infection, which include hospitalization and death. Vaccination may not always prevent symptomatic infection, but it will help reduce severity if you do become infected and decreases the risk of virus transmission.

Both the COVID-19 and influenza viruses typically circulate during respiratory season which runs from late fall to early spring. Immunization is our best line of defense against both viruses.

Board of Health members can receive their COVID-19 and/or influenza immunization on Thursday, October 19, 2023, at the 1300 Paris Street site, between 9:30 a.m. and 4:00 p.m. Please announce your arrival at the main reception. Alternatively, Board of Health members can book an appointment for their COVID-19 and/or influenza vaccinations by calling 705.522.9200, and speaking to a receptionist.

Designated clinics for Public Health staff and family members are scheduled with the first clinic being offered Thursday, October 20, 2023.

The seasonal flu vaccine and COVID-19 will be available at many locations throughout the community, including local pharmacies and health care providers' offices.

3. Local and provincial meetings

I attended the NOSM University Public Health Preventive Medicine meeting on September 22, 2023.

I was pleased to present again at the HSN Board of Directors meeting on September 26, 2023.

A COMOH (Council of Ontario Medical Officers of Health) Section meeting was held on September 27, 2023. A Northern Medical Officers of Health and Office of the Chief Medical Officer of Health was held September 28 and regular NMOH teleconferences continue to be held every second week.

4. Human Resources

The MOH/CEO Recruitment Sub-Committee is scheduled to hold its second meeting prior to the October 19, 2023, Board of Health meeting, and has scheduled regular meetings every second Monday following.

5. Financial Report

The financial statements ending August 2023, show a positive variance of \$674,553 in the cost-shared programs before considering COVID-19 extraordinary expenses. The statements account for \$2,815,762 in COVID-19 extraordinary expenses incurred to the end of August. Cost-shared funding must be fully used prior to utilizing COVID-19 extraordinary funding, and so the actual variance in cost-shared programs at August 31 is nil with \$2,141,209 in COVID-19 extraordinary expenses.

6. 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 all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to September 15, 2023, on September 18, 2023. The Employer Health Tax has been paid, as required by law, to August 31, 2023, with an online payment date of September 15, 2023. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to August 31, 2023, with an online payment date of September 29, 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

Healthy eating behaviours

Harvest Pride is an intergenerational food event that was hosted on September 28. Seventeen older adults and youth who identify as 2SLGBTQ+ attended. Harvest Pride celebrated the fall harvest and provided the opportunity for youth and older adults to learn and share health information, increase social connections, build community, and create a safe and inclusive

space. This initiative was coordinated in partnership with the North East Regional Stay on Your Feet strategy to promote healthy aging in our community.

Seniors Dental Care

Staff continued to provide comprehensive dental care to clients at our Seniors Dental Care Clinic at Elm Place, including restorative, diagnostic, and preventive services. Staff also continued to provide client referrals to our contracted providers for emergency, restorative and/or prosthodontic services, and enrollment assistance to low-income seniors eligible for the Ontario Seniors Dental Care Program. A total of 980 local low-income seniors have enrolled in the program since it was launched at the end of 2019. Staff also continue to recruit additional providers for the Elm Place clinic and additional contract providers to support the demand for the program.

2. Healthy Growth and Development

Breastfeeding

During the months of September, staff provided 123 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-five (145) 48-hour calls were made to parents during the month of September. Staff completed assessments with early identification and intervention screening questions to determine if additional support services would be of benefit to these families.

Health Information Line

During the month of September, the Health Information Line received 86 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

During the month of September, the team continued to provide support to 180 active client families in the Greater Sudbury, Lacloche, and Manitoulin areas. Six hundred and seventy-nine (649) interactions (in home/virtual visits as well as phone calls) were completed. Public health dietitians continue to provide nutrition support to clients who are identified as high nutritional risk.

Healthy pregnancies

During the month of September, 25 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.

3. School Health

A Back-to-School social media campaign was posted on Facebook and X/Twitter. The campaign spanned 10 days and promoted priority topics including: positive mental health, reducing screen time and staying active, substance use prevention, and healthy eating.

Oral Health

In September, staff commenced the delivery of the annual school-based oral health assessment and surveillance program for the 2023-2024 school year, beginning with schools in the Chapleau area. Staff also provided preventive oral health services at the Paris Street, Espanola, and Mindemoya offices to children enrolled in the Healthy Smiles Ontario (HSO) Program, case management follow-ups for children with urgent dental care needs, and enrollment assistance for families interested in applying for HSO.

4. Substance Use and Injury Prevention

Life promotion, suicide risk and prevention

World Suicide Prevention Day events were hosted by the Suicide Safer Network on September 10 in both Sudbury and Wiikwemkoong with 150 in attendance across both locations. The team provided breathing bead activity kits and facilitated a tree of life activity where community members were able to express gratitude and provide words of inspiration.

Substance Use

The Community Drug Strategy (CDS) received reports of increased drug poisonings (overdoses) and unexpected reactions from the use of substances in the Sudbury & Districts area and a [drug warning](#) was issued. The CDS also received confirmation of a new potent substance based on information obtained by The Spot's drug checking service and released a [drug alert](#).

A social media post was shared to Facebook and X/Twitter on the Opioid Dashboard website update. The [Opioid Dashboard](#) helps the community understand the local impact of opioid use in our community.

Harm reduction – Naloxone

In collaboration with Public Health Sudbury & Districts' Health Protection Division, Health Promotion Division staff continue to support 38 community partners with the distribution and training of naloxone.

In August, a total of 1,176 naloxone doses were distributed, and 190 individuals were trained in its use. Additionally, two partners recently began distributing injectable naloxone. This is a clear demonstration of responding to the requests of people with lived and living experiences.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. Vaccine Preventable Diseases and COVID Case and Contact Management

During the month of September, the team facilitated 816 phone calls, equating to 863 vaccine related inquiries. Of these inquiries, 57% were related to the Immunization of School Pupils Act (ISPA), 27% were general immunization inquiries, 2% related to accessing an immunization record, 1% related to immunizations for travel purposes, less than 1% related to international immunization record submission, 7% related to COVID-19 immunization, and no inquiries related to cold chain maintenance. The nature of approximately 4% of calls was classified as other or unknown.

The team continued ISPA enforcement activities throughout September, issuing 2,622 orders of suspension for students at 74 elementary schools in our catchment area. During September, 14 area schools moved to active suspension and a total of 290 students were suspended. Of these students, 42% remained actively suspended at the time this report was drafted and public health nurses continue to follow-up with school principals regularly.

The Vaccine Preventable Diseases team reinitiated programming for Grade 7 school vaccination clinics and these efforts will continue over the coming months. To date, school immunization clinics have been offered in eight schools in our catchment area.

During the month of September, 4,968 doses of vaccine were distributed to 56 different community partners across the service area (including to pharmacies, primary care offices, and walk-in clinics). The vaccines distributed offer protection against tetanus, diphtheria, pertussis, poliomyelitis, hepatitis A, hepatitis B, human papillomavirus, rabies, meningitis, haemophilus influenza B, measles, mumps, rubella, pneumonia, rotavirus, shingles, and varicella (chicken pox).

This month, the team issued an Advisory Alert to local health system partners to advise on the implementation of the Universal Influenza Immunization Program for the 2023-24 season.

2. COVID-19 Vaccination

In line with the Ministry of Health's guidance released in late September, Public Health began its COVID-19 fall 2023 vaccination campaign in early October. The fall campaign focuses on providing an updated COVID-19 vaccine, which provides greater protection against the currently circulating Omicron XBB subvariants. Doses and clinics were initially prioritized for hospitalized patients and staff as well as long-term care and Elder Care Lodge residents and staff. Initial community clinics were prioritized for those at high-risk of COVID-19 related

complications and were available across the service area. Opportunities for vaccinations were also planned for Indigenous communities in partnership with First Nation communities and Indigenous service providers.

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

Sexual health promotion

The PHNs attended a Sexual Health Event for women in Wikwemikong, Women’s Health Information Session on September 19, 2023. There were approximately 80 participants. Working on outreach, social media campaigns, syphilis prevention initiative, presentations, and event requests.

Sexual health clinic

In September, there were 70 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections and/or pregnancy counselling. Furthermore, staff completed 286 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling, resulting in 152 onsite visits.

Growing Family Health Clinic

In September, the Growing Family Health Clinic provided services to 113 patients and received 39 new referrals.

Health Protection

Environmental Public Health Week

September 25 to October 1, 2023, marked Environmental Public Health Week, a week that celebrates the work of public health inspectors. This year’s theme, “*Standing up to protect everyone’s health each and every day*”, truly reflects the work of environmental public health professionals across Canada. A media release was issued to promote Environmental Public Health Week and the critical work of public health inspectors in protecting the health of our communities.

1. Control of Infectious Diseases (CID)

In September, staff followed up with 173 new local cases of COVID-19 and investigated 34 sporadic reports of other communicable diseases. Ten respiratory outbreaks were declared, with causative organisms identified as COVID-19 (six outbreaks) and rhinovirus (four outbreaks). Staff continue to monitor all reports of enteric and respiratory illness in institutions, as well as sporadic communicable diseases.

During the month of September, public health inspectors issued one closure order to a personal service setting due to unsanitary conditions adversely affecting the operation of the premise. The closure order has since been rescinded following corrective action, and the premises allowed to reopen.

Infection Prevention and Control Hub

IPAC Hub practitioners completed 29 proactive IPAC assessments, and provided 47 services and supports in response to outbreaks in congregate living settings during the month of September.

2. Food Safety

Staff issued 53 special event food service permits and four farmer's market permits to various individuals and organizations.

Through five Food Handler Training and Certification Program sessions offered in September, 80 individuals were certified as food handlers.

3. Health Hazard

In September, 26 health hazard complaints were received and investigated.

4. Ontario Building Code

In September, 30 sewage system permits, 14 renovation applications, and two consent applications were received.

5. Rabies Prevention and Control

Thirty-eight rabies-related investigations were carried out during the month of September. One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and was subsequently reported as negative.

Two individuals received rabies post-exposure prophylaxis following exposure to wild or stray animals.

6. Safe Water

During September, 593 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated eleven regulated adverse water sample results.

Eight boil water orders were issued and four boil water orders were rescinded. One closure order for a public pool issued in August was rescinded in the month of September after corrective action took place.

7. *Smoke Free Ontario Act, 2017 Enforcement*

In September, Smoke Free Ontario Act Inspectors charged two individuals for smoking on school property and issued 12 written warnings. Three charges were issued for smoking on hospital property, as well as 10 verbal warnings.

8. *Vector Borne Diseases*

In September, a total of 148 mosquitoes were trapped and sent for analysis. During this time, a total of 31 mosquito pools were tested, with all results reported as negative for West Nile virus.

In response to a laboratory confirmed human case of West Nile virus, mosquito surveillance was enhanced in possible areas of acquisition, and a media release was issued on September 8, 2023, reminding the public to take precautions to protect against the infection.

9. *Emergency Preparedness & Response*

During the month of September, staff participated in annual municipal emergency preparedness meetings and tabletop exercises for three municipalities, the Township of Baldwin, the Township of Nairn & Hyman, and the Township of Sable-Spanish Rivers.

10. *Needle/Syringe Program*

In September, harm reduction supplies were distributed, and services received through 3,398 client visits across Public Health Sudbury & Districts' service area. Public Health Sudbury & Districts and community partners distributed a total of 63,320 syringes for injection, 119,683 foils, 8,351 straight stems, and 5,068 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

Knowledge and Strategic Services

1. *Health Equity*

The Health Equity Team continues its commitment to working with our community partners. Staff continue participating in the Local Immigration Partnership (LIP) meetings each quarter. LIP provides a framework for local stakeholders to address issues and share solutions to ensure that newcomers are attracted to and retained in the City of Greater Sudbury.

In addition, our staff attended the Black Health Working Group (BHWG) meeting hosted by Ontario Health. The BHWG is a diverse, provincial group of community members, health leaders, and academics aimed at creating equitable conditions for the Black population's access to screening, care, and preventing chronic diseases. To achieve this goal, the group has been divided into subgroups discussing pediatrics, prevention, and primary care strategy and

deliverables. Our staff representative has joined the Preventive Health sub-group meeting and will work with colleagues to advance the strategy.

Health Equity team staff supported the Harvest Pride event on September 28, 2023. This initiative, hosted by staff from Health Promotion and community partners is an intergenerational community event bringing together older adults and youth who identify as 2SLGBTQ+. The Health Equity team supported this initiative in a consultation role by attending initial planning meetings

2. Indigenous Engagement

The Special Advisor, Indigenous Affairs is supporting the Opioid Toxicity Leadership Summit planning committee by co-Chairing an Indigenous Advisory Committee. The purpose of this Committee is to deliver specific recommendations related to Indigenous perspectives to inform the Summit preparation and Summit discussions.

As part of events leading up to the National Day for Truth and Reconciliation, approximately 85 staff members participated in a talk by guest speaker Joelle Lachance-Artindale. The talk focused on the speaker's journey to allyship as a registered nurse, and on the importance of educating ourselves about the historical and ongoing negative impacts of residential schools and colonization. Further, 92 staff members registered for the Greater Sudbury Police Services second annual Truth and Reconciliation Relay. Participating staff pledged to walk or run kilometers as a symbolic gesture in committing to learn from, and connect with the experiences and struggles faced by Indigenous peoples throughout Canada's history while affirming their commitment to truth and reconciliation. Public Health was also represented at the closing ceremony at Bell Park on September 28.

Planning for fall staff cultural safety training sessions is well under way. Half day training sessions facilitated by Stephanie Stephens are being offered to all staff in October and November, and will be held at Atikameksheng Anishnawbek Community Centre. The goal of these sessions is to integrate experiential learning of Indigenous health topics within the context of public health practice. In keeping with the Board of Health *Indigenous Engagement Governance ReconciliAction Framework* strategic direction on enhancing cultural competency, Board members who were unable to attend the training session in May are welcomed to attend.

Fall COVID-19 Vaccine Clinic planning for First Nation partners in Sagamok and on Manitoulin Island is underway, as supported by the Special Advisor, Indigenous Affairs. This includes collaboration with communities to develop capacity to deliver COVID-19 vaccines on an ongoing basis.

3. Population Health Assessment and Surveillance

The Population Health Assessment and Surveillance team continues to provide ongoing support with internal, external (public, media, ministry), and operational planning data requests essential for the management and decision support of COVID-19 and public health priorities. Efforts include maintenance of our COVID-19 reporting systems including vaccine, case, and outbreak reporting (tri-weekly web reports and a detailed weekly epidemiologic summary that includes vaccination data). The team monitors on a daily basis the number of suspected opioid overdose related Emergency Medical Services calls, and Emergency Department visits for opioid, toxicity, and wildfire related syndromes. School absenteeism data in elementary schools is monitored daily for any spikes in illness related absenteeism. The team is updating our local vaccination coverage matrix in accordance with newly-released provincial definitions for “up-to-date”, and will continue to maintain and report on data on these metrics across our service area with the COVID-19 Vaccine Inventory and COVID-19 Vaccination Tracking dashboards.

The Population Health Assessment and Surveillance team is launching a new Respiratory Surveillance Dashboard to report on respiratory activity in our service area. This product will provide weekly updates every Tuesday on the case, hospital, outbreak, and wastewater activities from the 7-day period ending on Saturday, and including comparisons to the previous week.

4. Strategic Planning

Updates on the Strategic Plan were provided to the Board of Health Executive Committee on Monday October 2 with a next step to finalize the plan for the November Board of Health meeting.

5. Strategic Engagement Unit and Communications

The Communications team continues to support agency efforts to help people make informed decisions to protect themselves during the upcoming respiratory illness season. Ongoing promotion of opportunities for COVID-19 and influenza vaccination continues as information is made publicly available. Working with the City of Greater Sudbury and other key stakeholders, Communications is also developing strategies to assist with the upcoming Leadership Summit on the escalating drug toxicity crisis. Strategic support continues to be provided for all public health programming areas—health promotion, health protection, and disease prevention—for planned initiatives and urgent needs.

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 8 Periods Ending August 31, 2023

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures	Variance YTD	Balance Available
			YTD	(over)/under	
Revenue:					
MOH - General Program	17,005,200	11,336,794	11,336,794	0	5,668,406
MOH - One Time Mitigation Grant	1,179,500	786,335	786,335	0	393,165
MOH - Unorganized Territory	826,000	550,668	550,670	(2)	275,330
Municipal Levies	9,418,510	6,279,153	6,279,104	48	3,139,406
Interest Earned	120,000	120,000	289,469	(169,469)	(169,469)
Total Revenues:	\$28,549,210	\$19,072,949	\$19,242,373	\$(169,423)	\$9,306,837
Expenditures:					
Corporate Services:					
Corporate Services	5,572,941	3,903,817	3,734,753	169,064	1,838,188
Office Admin.	111,350	51,722	51,660	62	59,690
Espanola	120,721	79,404	78,101	1,304	42,620
Manitoulin	131,888	86,721	74,120	12,601	57,768
Chapleau	130,602	85,627	69,504	16,123	61,098
Sudbury East	18,970	12,647	12,913	(267)	6,057
Intake	343,287	224,457	214,478	9,978	128,809
Facilities Management	677,485	380,731	366,697	14,034	310,788
Volunteer Resources	3,850	0	0	0	3,850
Total Corporate Services:	\$7,111,094	\$4,825,125	\$4,602,226	\$222,899	\$2,508,868
Health Protection:					
Environmental Health - General	1,299,780	859,361	828,537	30,825	471,243
Environmental	2,668,155	1,670,542	1,517,544	152,998	1,150,611
Vector Borne Disease (VBD)	89,308	28,716	19,293	9,424	70,015
Small Drinking Water Systems	198,210	129,599	76,748	52,851	121,462
CID	786,461	520,703	677,281	(156,578)	109,180
Districts - Clinical	214,329	140,484	141,161	(677)	73,168
Risk Reduction	178,042	36,483	33,684	2,799	144,358
SFO: E-Cigarettes, Protection and Enforcement	265,559	168,714	135,516	33,199	130,044
Total Health Protection:	\$5,699,844	\$3,554,603	\$3,429,763	\$124,840	\$2,270,081
Health Promotion:					
Health Promotion - General	1,156,588	719,297	697,745	21,552	458,844
School Health and Behavior Change	1,177,924	760,044	709,015	51,029	468,909
Districts - Espanola / Manitoulin	353,273	228,573	232,445	(3,872)	120,828
Nutrition & Physical Activity	1,951,353	1,219,093	1,006,919	212,174	944,435
Districts - Chapleau / Sudbury East	421,764	273,548	286,139	(12,591)	135,624
Tobacco, Vaping, Cannabis & Alcohol	675,857	412,012	77,782	334,230	598,075
Family Health	1,344,607	852,791	724,642	128,149	619,965
Mental Health and Addictions	786,387	494,659	886,094	(391,435)	(99,707)
Dental	464,592	296,693	260,969	35,725	203,623
Healthy Smiles Ontario	634,445	409,039	400,272	8,768	234,173
Vision Health	11,770	5,692	4,539	1,152	7,231
SFO: TCAN Coordination and Prevention	473,208	294,258	300,306	(6,048)	172,902
Harm Reduction Program Enhancement	161,321	105,552	36,646	68,907	124,675
Total Health Promotion:	\$9,613,088	\$6,071,252	\$5,623,513	\$447,740	\$3,989,576
Vaccine Preventable Diseases and COVID Preventio					
VPD and COVID CCM - General	311,216	188,437	193,196	(4,760)	118,020
VPD and COVID CCM	909,095	599,142	855,025	(255,884)	54,070
Sexual Health	1,353,228	885,492	847,859	37,633	505,369
MOHLTC - Meningittis	(0)	(0)	(468)	467	467
MOHLTC - HPV	0	0	(2,066)	2,066	2,066
Total SVC:	\$2,573,539	\$1,673,070	\$1,893,548	\$(220,478)	\$679,991
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,021,373	1,954,063	2,022,598	(68,535)	998,775
Workplace Capacity Development	23,507	7,893	7,066	828	16,441
Health Equity Office	14,440	6,550	13,595	(7,045)	845
Nursing Initiatives: CNO, ICPHN, SDoH PHN	482,094	315,215	313,552	1,664	168,543
Strategic Engagement	10,230	3,660	442	3,218	9,788
Total Knowledge and Strategic Services:	\$3,551,644	\$2,287,381	\$2,357,253	\$(69,872)	\$1,194,391
Total Expenditures:	\$28,549,210	\$18,411,432	\$17,906,302	\$505,130	\$10,642,907
Net Surplus/(Deficit)	\$0	\$661,517	\$1,336,070	\$674,553	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 8 Periods Ending August 31, 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	Budget Available
Revenues & Expenditure Recoveries:								
MOH Funding	28,621,571	19,145,310	19,314,734	0	19,314,734	(169,424)	(169,424)	9,306,837
Other Revenue/Transfers	638,091	393,976	437,901	0	437,901	(43,924)	(43,924)	200,190
Total Revenues & Expenditure Recoveries:	29,259,662	19,539,287	19,752,635	0	19,752,635	(213,348)	(213,348)	9,507,027
Expenditures:								
Salaries	18,610,509	12,167,824	11,847,060	2,258,152	14,105,212	320,764	(1,937,388)	6,763,449
Benefits	5,870,045	3,838,555	3,815,963	320,096	4,136,059	22,591	(297,505)	2,054,081
Travel	291,920	142,313	122,354	31,357	153,711	19,959	(11,398)	169,566
Program Expenses	1,076,576	411,499	416,167	13,677	429,844	(4,667)	(18,344)	660,409
Office Supplies	75,150	41,637	22,077	6,589	28,665	19,560	12,971	53,073
Postage & Courier Services	74,100	46,762	46,893	0	46,893	(131)	(131)	27,207
Photocopy Expenses	4,240	2,424	8,235	0	8,235	(5,811)	(5,811)	(3,995)
Telephone Expenses	67,810	45,206	43,830	10,054	53,884	1,376	(8,677)	23,980
Building Maintenance	479,008	298,325	282,185	3,155	285,341	16,140	12,985	196,823
Utilities	236,920	157,947	119,231	0	119,231	38,715	38,715	117,689
Rent	323,548	215,698	197,595	76,718	274,314	18,103	(58,615)	125,953
Insurance	191,590	189,923	185,311	0	185,311	4,613	4,613	6,279
Employee Assistance Program (EAP)	35,000	23,333	25,903	0	25,903	(2,570)	(2,570)	9,097
Memberships	33,209	24,030	33,246	0	33,246	(9,216)	(9,216)	(37)
Staff Development	125,781	41,251	24,983	213	25,197	16,268	16,054	100,798
Books & Subscriptions	9,695	5,793	5,030	0	5,030	763	763	4,665
Media & Advertising	130,654	23,452	15,740	497	16,237	7,713	7,215	114,914
Professional Fees	415,012	204,721	281,428	54,037	335,466	(76,707)	(130,744)	133,584
Translation	49,390	38,959	47,131	10,489	57,619	(8,172)	(18,661)	2,259
Furniture & Equipment	22,120	4,880	(1,727)	0	(1,727)	6,607	6,607	23,847
Information Technology	1,137,385	953,236	877,929	30,728	908,657	75,308	44,580	259,457
Total Expenditures	29,259,662	18,877,769	18,416,564	2,815,762	21,232,326	461,205	(2,354,557)	10,843,097
Net Surplus (Deficit)	0	661,517	1,336,070		(1,479,692)	674,553	2,141,209	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended August 31, 2023

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	31,812	58,588	35.2%	<i>Dec 31</i>	66.7%
Pre/Postnatal Nurse Practitioner	704	139,000	56,622	82,378	40.7%	<i>Mar 31/2024</i>	41.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	8,918	91,082	8.9%	<i>Mar 31/2024</i>	41.7%
Northern Fruit and Vegetable Program	743	176,100	132,592	43,508	75.3%	<i>Dec 31</i>	66.7%
Supervised Consumption Site	767	1,094,021	587,202	506,819	53.7%	<i>Dec 31</i>	66.7%
Healthy Babies Healthy Children	778	1,476,897	553,924	922,973	37.5%	<i>Mar 31/2024</i>	41.7%
IPAC Congregate CCM	780	840,000	277,991	562,009	33.1%	<i>Mar 31/2024</i>	41.7%
Ontario Senior Dental Care Program	786	1,079,800	628,238	451,562	58.2%	<i>Dec 31</i>	66.7%
Anonymous Testing	788	64,293	26,790	37,503	41.7%	<i>Mar 31/2024</i>	41.7%
Total		5,060,511	2,304,089	2,756,422			



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Tel.: 705-647-4305 Fax: 705-647-5779

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Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

September 15, 2023

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

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

Dear Premier Ford and Deputy Premier and Minister Jones:

Re: Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians

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

Motion 42R-2023):

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

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

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

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

Sincerely,

Stacy Wight, Board of Health Chair

Copy to:

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

April 25, 2023

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

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

Dear Premier Ford and Deputy Premier and Minister Jones:

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

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

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

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

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

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

.../2

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

Sincerely,

Original signed by

Brock McGregor
Chair, Chatham-Kent Board of Health

Copy to:

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

Trevor Jones, MPP, Chatham-Kent-Leamington

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

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



Association of Local
PUBLIC HEALTH
Agencies

ALPHA Fall Symposium & Section Meetings

November 24, 2023

Draft as of September 13, 2023

Note: Meeting is hosted via Zoom Webinar

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

<p>Public Health Matters Infographics and Videos <i>We have a full program for the day and will be getting things underway right at 8:30 am! Attendees are encouraged to get started a few minutes early to check their internet connection, log into the Zoom webinar, test audio settings etc. ALPHA's Public Health Matters infographics and videos will play at this time and again during the morning break.</i></p>	<p>8:15 am to 8:30 am</p>
<p>Call to Order, Greetings and Land Acknowledgement Dr. Charles Gardner, President, ALPHA</p> <p>Welcoming Remarks</p>	<p>8:30 am to 8:45 am</p>
<p>Update from the Chief Medical Officer of Health (60 minutes) Dr. Kieran Moore, Chief Medical Officer of Health</p>	<p>8:45 am to 9:45 am</p>
<p>Reflections from Southwestern Public Health's Merger (30 minutes) Speaker: Cynthia St. John, Chief Executive Officer, Southwestern Public Health</p>	<p>9:45 am to 10:15 am</p>
<p><i>Break</i></p>	<p>10:15 am to 10:45</p>
<p>Strategic Plan (60 minutes)</p>	<p>10:45 am to 11:45 am</p>
<p>Not-for-Profit Corporations Act, 2010 Update (30 minutes) Speakers: Legal Counsel, Dr. Robert Kyle, and Steven Rebellato</p>	<p>11:45 am to 12:15 pm</p>
<p>Lunch Break Take a break, grab a sandwich, and come back for an important update from PHO.</p>	<p>12:15 pm to 1:00 pm</p>
<p>Public Health Ontario Update (30 minutes) Speakers:</p>	<p>1:00 pm to 1:30 pm</p>
<p>Section Meetings <i>Members of the BOH Section and COMOH Section meet separately in the afternoon. Boards of Health members are asked to stay with the Zoom webinar platform. COMOH members will join a separate meeting. Agendas for these meetings are provided separately.</i></p>	<p>1:30 pm to 4:30 pm</p>

This event is hosted by ALPHa with generous support from:

Dalla Lana

School of Public Health



480 University Avenue, Suite 300, Toronto, Ontario M5G 1V2
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Boards of Health Section Meeting
Friday, November 24, 2023
1:30 PM to 4:30 PM
BOH Section Chair: Carmen McGregor
Preliminary Agenda
October 6, 2023

Note: Meeting is hosted via Zoom Webinar
All times are Eastern Time (ET)

<p>Call to Order Land Acknowledgement Welcoming Remarks Introductions Speaker: Carmen McGregor, Chair, BOH Section</p>	<p>1:30 pm</p>
<p>alPHa Update / Section Business/ Approval of Minutes Speakers: Carmen McGregor, BOH Section Chair, alPHa, and Loretta Ryan, Executive Director, alPHa</p> <p>New Boards of Health Section Courses Speakers: Monika Turner, Principal, Roving Capacity and Loretta Ryan, Executive Director, alPHa</p>	<p>1:35 pm</p>
<p>alPHa Legal Counsel Update for Boards of Health Speaker: James LeNoury, Legal Counsel, alPHa</p>	<p>2:00 pm</p>
<p>Ontario Health Teams Update Speaker: Ian Cummins, Director, Ontario Health Teams (OHTs) Strategy, Ontario Health</p>	<p>2:35 pm</p>
<p>Public Health and the Political Landscape Updates will be provided by StrategyCorp on the current public policy climate and key political issues impacting public health agencies and their local boards of health.</p> <p>Speakers: Sabine Matheson, Principal, StrategyCorp Moderator: Carmen McGregor, Chair, BOH Section</p>	<p>3:10 pm</p>

<p>Association of Municipalities of Ontario (AMO) Update Speakers: Lindsay Jones, Director of Policy, AMO, Michael Jacek, Senior Advisor, AMO, and Daniela Spagnuolo, Policy Advisor, AMO</p>	<p>3:45 pm</p>
<p>Wrap Up & Next Meeting</p>	<p>4:20 pm</p>

Meeting ends at 4:30 pm.

This meeting is being held by alpha with generous support from:

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DRAFT MINUTES
Boards of Health Section Meeting
Wednesday, June 14, 2022 – 9:00 – 12:00 p.m.
Chair: Carmen McGregor

1.0 CALL TO ORDER/LAND ACKNOWLEDGEMENT/WELCOMING REMARKS/INTRODUCTIONS

The Chair called the meeting to order at 9:00 a.m. and provided welcoming remarks and introductions.

1.1 Land Acknowledgement

The Land Acknowledgement was read by the Chair.

2.0 PUBLIC HEALTH AND THE POLITICAL LANDSCAPE

C. McGregor introduced Sabine Matheson from StrategyCorp.

S. Matheson spoke about provincial-municipal relations in Ontario and how it relates to alPHa. They provided an overview of what happened last year, observations that are common to all provincial governments, the Ford government's current focus, and the 2023 budget. S. Matheson also covered the Municipal Affairs and Housing agenda (with a focus being on housing), money, and what could happen in the future.

Boards of Health (BOH) Section members were given an overview of government relations and its goals, which is to represent the local public health sector and to advance the interests of local public health agencies with the government. This is augmented by creating and maintaining a set of relationships and deploying them to advance interests through communications and policy. It is also important to play for a long-term set of relationships. S. Matheson stated government relations is about: We (alPHa, public health agencies, public health professionals) want this (our "asks": policy, funding, and governance) from them (who we engage: decision-makers, influencers [staff], and potential allies). In other words, build a pipeline and use it. They also told BOH Members that they cannot be erratic, and that they need to establish a corporate voice.

S. Matheson provided members with common traits of all provincial governments. These included the provincial government dealing with 444 municipalities (who all have different needs and capacities to manage), that there is a mix of policy and politics, and what the government did to get elected becomes irrelevant after they are elected.

BOH Section members were given a short overview of the Ford government's current focus and priorities of the 2023 provincial budget. The themes for the budget included: building a resilient economy, having the best infrastructure and skilled workers, help for those who need it most, health care and childcare and reduced violence.

S. Matheson also spoke about the Municipal Affairs and Housing agenda. They stated the focus for the government is more so on housing rather than municipal affairs. S. Matheson noted the focus is on housing supply and affordability, homelessness, opioids, downtowns, safety and effective policing, climate change and environmental protection, human and financial resources, and provincial policy and governance change.

Governance, including strong mayor powers and regional structures, were also touched on. These areas are important because, as S. Matheson stated, public health is a lens on them.

Lastly, S. Matheson discussed possibilities for the future, including the government's current mentality (which is "get it done" because they are early in their term), and how the public health sector can frame their concerns in order to relate to Ontario and municipal priorities. This includes: Making sure you're the most important person solving the government's problems; it's a long-term game (you cannot afford to torch relationships for no good reason) and inter-governmental affairs is first and foremost a content business, so the better the content you provide, the less likely you'll need to do damage control.

A short question and answer session took place with S. Matheson and BOH Section members. It was moderated by C. McGregor. At the end of the session, C. McGregor thanked S. Matheson for their time.

3.0 AMO UPDATE

C. McGregor introduced Lindsay Jones, Director of Policy for the Association of Municipalities of Ontario (AMO), Michael Jacek, Senior Advisor AMO, and Daniela Spagnuolo, Policy Advisor, AMO to BOH Section members.

They provided BOH Section Members with an update, with their presentation focusing on homelessness. They gave an overview of the provincial-municipal relationship, saying the provincial government has heard the municipal calls for greater collaboration. The government addressed this through this year's provincial budget by investing in homelessness and community-based mental health supports. AMO also stated there are early signs of a more collaborative approach on housing.

The speakers discussed their current health policy work, which included the health human resources strategy; homelessness, housing, and health; mental health and addictions; public health transformation and public health funding, etc. They also spoke about their other policy work, including housing; infrastructure; property tax assessment; municipal codes of conduct; and Indigenous-municipal relations.

AMO's pre-budget submission, *Building Ontario Together*, was also discussed. It was stated they called for a partnership on housing supply, with clarity regarding the government's commitment to fully offset the \$1-billion costs of Bill-23. They also asked for action on homelessness, an increase in per capita program spending, and progress towards closing the \$28-billion gap with the provincial/territorial average.

They spoke about their homelessness advocacy, including a resolutions campaign, a coalition letter printed in *The Globe & Mail*, and their media relations campaign. They also discussed how homelessness was addressed in the provincial budget, which included an additional \$202-million

annually to homelessness prevention and Indigenous supportive housing and an additional \$425-million (over three years) on community-based mental health and addictions supports. They noted the federal government did not make as many commitments, but conceded the implementation of current investments continues. This includes: investments in critical current programs such as Reaching Home and the Rapid Housing Initiative; some changes to create more affordable housing through Canada's Mortgage and Housing Corporation's National Co-Investment program and \$10-billion for the Housing Accelerator Fund to facilitate the creation of new housing supply. AMO discussed their Homelessness Symposium, which was held in May. They stated the goal was to better understand the root causes of homelessness and share collaborative solutions. They also discussed key takeaways learned from the symposium and stated their next steps. This will include a focus on local and systemic solutions to homelessness and its root causes.

T. Sachowski moderated questions from the audience for L. Jones, M. Jacek, and D. Spagnuolo. She thanked them for their time and for speaking at the meeting.

4.0 WORKPLACE HEALTH AND WELLNESS

C. McGregor introduced Franger Jimenez, alPHa's former Workplace Health and Wellness student placement. He provided BOH Section members with a brief overview of available resources they can use to help maintain their mental and physical health.

F. Jimenez gave an overview of the alPHa Fitness Challenge being overhauled into the alPHa Workplace Health and Wellness Month. He noted it turned into a holistic approach to health and wellness. F. Jimenez also stated it is important to give people social and economic supports in their health and that everyone needs a healthy workplace to feel secure and good about the work we do. He also shared various health resources with BOH Section members.

C. McGregor thanked F. Jimenez for his presentation and for his time.

5.0 EXPLORING THE INTERSECTION OF PRIMARY CARE AND PUBLIC HEALTH

S. Rebellato introduced 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. L. Loh discussed the intersection of primary care and public health.

L. Loh discussed the similarities between primary care and public health. He noted that while there are similarities in practice, and that they have goals in common, there are differences in day-to-day goals and the two don't always have a common goal. L. Loh stated the community is where people obtain and receive their health and that public health shapes it. He also stated public health can work with family medicine in order to keep people out of the acute care system and out of hospitals.

He noted five areas in which family medicine and public health can collaborate, which included: a shared goal of population health improvement; community engagement in defining and addressing population health needs; aligned leadership; sustainability and shared infrastructure; and sharing and collaborative use of data and analysis.

L. Loh addressed what this would look like in practice, stating this was a chance for the two to bring life to data. For example, driving good decisions gets people to pay attention to the people

behind the stories and numbers. He also spoke about preventative care and clinical guidelines, surveillance, advocacy, and context setting for diagnosis and treatment. L. Loh noted the shared common goal is to keep things within the community. He also briefly discussed barriers to collaboration, including system fragmentation, philosophy and approach, a poor understanding of each other's roles, fundamentally broad specialities, and a multitude of partners.

A short question and answer session took place. S. Rebellato moderated questions from the audience for L. Loh. At the end of the session, S. Rebellato thanked him for his time and for speaking at the meeting.

C. McGregor thanked L. Loh and S. Rebellato for their time.

5.0 aPHa UPDATE/SECTION BUSINESS/BOH ELECTIONS

Approval of Minutes

C. McGregor called for a motion to approve the minutes from the February 24, 2023, Boards of Health Section Meeting. The motion was approved and carried.

Chair/ED Report

C. McGregor and L. Ryan highlighted aPHa's recent work and noted key accomplishments over the past year.

aPHa BOH Section Executive representatives were thanked for their efforts throughout the year. They are aPHa President, Trudy Sachowski, North West Region, aPHa BOH Section Chair, Carmen McGregor, South West Region, aPHa BOH Section Vice-Chair, René Lapierre, North East Region, aPHa Treasurer, Wess Garrod, East Region, Bob Chapman (who replaced Andy Mitchell), Central East Region, Anu Sriskandarajah (who replaced Stephanie Donaldson), Toronto, and Maureen Wilson, Central East Region.

C. McGregor noted BOH Section Executive members are dedicated and responsive and support aPHa's unified and cohesive voice of Ontario's public health system. Areas of focus and activities were highlighted. These included working closely with the Ministry of Health, the Office of the Chief Medical Officer of Health, Ontario Health, Public Health Ontario, the Association of Municipalities of Ontario, Ontario Medical Association, and the University of Toronto's Dalla Lana School of Public Health. Key activities the BOH Section Executive took part in were Election Primers for the provincial and municipal elections, and the revisions and release of the Orientation Manual, the Governance Toolkit, and the Public Health Directory and After-Hours Emergency List, etc. Individual accomplishments from various BOH Section Executive members were also noted.

C. McGregor thanked L. Ryan, G. Fleming, and M. Dziengo for their work throughout the year. She also welcomed S. Snowdon to aPHa. C. McGregor thanked BOH Section Executive members for their dedication to local public health and for supporting aPHa as a cohesive and unified voice of Ontario's public health system.

Section Business

C. McGregor introduced L. Ryan, who provided updates to BOH Section Executive members. L. Ryan thanked C. McGregor for her dedication, leadership, and all that she's done for the BOH

Section and for alPHa. L. Ryan also thanked alPHa President, T. Sachowski, for her work throughout the year.

L. Ryan spoke about how alPHa keeps its members apprised of the latest news in public health, including provincial announcements, legislative changes, alPHa activities, consultation opportunities, correspondence, and upcoming events. She thanked each of the board-delegated administrative contacts who disseminate the information. L. Ryan also noted that the BOH Section communications are in compliance with alPHa's Constitution, by-laws, and policies. L. Ryan highlighted various communications tools, including *Information Break*, alPHa's monthly newsletter, e-mails, and the alPHa website. She also noted the BOH Resources Page in the newsletter, saying it is a growing and important resource for BOH Section Executive members.

L. Ryan announced alPHa is developing two courses. These courses can be delivered online or in-person and cover governance and the social determinants of health. L. Ryan stated she and Monika Turner will be delivering the courses and further information will be available soon. She also thanked M. Turner for her work on creating the courses and for updating the BOH Section Handbook and Governance Toolkit.

BOH Election

Two of the available positions were acclaimed: Trudy Sachowski for the North West Region and René Lapierre for the North East Region.

It was noted the Central East Region position nomination went to the BOH Executive for discussion at their next meeting.

L. Ryan thanked T. Sachowski and R. Lapierre for putting their names forward. She also stated she is looking forward to working with them over the next year.

Other Business

L. Ryan reminded BOH Section Executive members to fill out the Conference and AGM evaluation survey.

A motion to adjourn the meeting was moved by C. McGregor, which was seconded and carried at 11:57 a.m.

APPROVAL OF CONSENT AGENDA

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

From: Dr. Carol Zimbalatti <carol.zimbalatti@healthunit.ca>
Sent: Thursday, September 28, 2023 12:56:40 PM
Subject: NBPSPHU BOH resolution re: strengthening PH

Hello,

Sharing the resolution that was passed at last night's BOH meeting, modeled after PHSD's:

Therefore Be It Resolved, that on the recommendation of the Finance and Property Committee, the Board of Health for the North Bay Parry Sound District Health Unit support the Board Chair and the Acting Medical Officer of Health/ Executive Director to engage with northeastern and neighboring counterparts for further exploratory dialogue about voluntary mergers relating to Strengthening Public Health; and

Furthermore Be It Resolved, that the Board of Health supports participation in all Ministry of Health consultations related to their Strengthening Public Health initiative.

Cheers,

Carol Zimbalatti, M.D., CCFP, MPH | Acting Medical Officer of Health | Pronouns: she/her/elle
North Bay Parry Sound District Health Unit | 345 Oak Street West | North Bay, Ontario P1B 2T2 |
Canada
705-474-1400 ext. 5305 | 1-800-563-2808
Carol.Zimbalatti@healthunit.ca | myhealthunit.ca



White Paper on
the Value of

Local **Health
Promotion**

in Ontario



Acknowledgements

Health Promotion Ontario would like to thank the following individuals for their valuable contributions to this paper.

HPO White Paper Steering Committee

Jenna Bennett, MPH Student,
London School of Hygiene and Tropical Medicine

Chris Bowes, Program Manager, Healthy Living,
North Bay Parry Sound District Health Unit

Amber Clements, Manager, School Services Program,
Public Health Branch, Community and Health
Services Department, York Region

Shanna Hoetmer, Manager, Healthy Living, Public Health Branch,
Community and Health Services Department, York Region

Chantal Lalonde, Program Manager, Chronic Disease and Injury
Prevention, and Mental Health Promotion,
Eastern Ontario Health Unit | Gestionnaire de programme,
prévention des maladies chroniques et des blessures, promotion
de la santé mentale, Bureau de santé de l'est de l'Ontario

Amanda Mongeon, Manager, Community Health,
Timiskaming Health Unit | Gestionnaire, santé
Communautaire, Services de santé du Timiskaming

Paul Sharma, Director, Chronic Disease and Injury Prevention,
Region of Peel

Susan Stewart, Director, Community Health and Well-Being,
KFL&A Public Health, and Chair, Health Promotion Ontario

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| Gestionnaire, santé Communautaire, Services de santé du Timiskaming

Jenna Bennett, MPH Student, London School
of Hygiene and Tropical Medicine

Alison Bradshaw, Public Health Promoter, KFL&A Public Health

We would also like to thank and acknowledge the many individuals who reviewed this paper. Your insights and comments were very much appreciated.





Health Promotion Ontario (HPO) is the united voice of professionals who practice health promotion across Ontario. HPO seeks to advance the critical importance of health promotion and its practice. Members of HPO work in a variety of settings across Ontario including public health units, community health centres, non-profit organizations, and NGOs. While the membership of HPO is broad, this paper focuses on those who work in health promotion in local public health units across Ontario.

Executive Summary

This White Paper demonstrates the value of a strong investment in local health promotion, delivered by Ontario public health units (PHUs), and how maintaining the breadth and scope of health promotion work outlined in the Ontario Public Health Standards can be an effective strategy in addressing Ontario's healthcare crisis. Not only does health promotion yield significant returns on investment, but it is also the most viable strategy for ensuring resilience and preparedness for future pandemics and emergencies.

- Ontario is currently facing competing crises, including a healthcare crisis, an opioid epidemic, and crises related to mental health, homelessness, and climate change.
- Health promotion, a core pillar of effective public health action (1), prevents disease, injury, and poor health outcomes by addressing the factors that shape health, healthy communities, and healthy populations. It is a cost-effective, evidence-driven strategy that helps to mitigate these and other crises.
- Health promotion offers returns on investment in both the short- and long-term through the prevention of disease, injury, and poor health outcomes (2–38). A recent systematic review of 52 studies found that local level health promotion interventions have a return on investment of 4:1, while larger-scale, upstream interventions at a national level yield even larger returns (2).
- Health promotion provides value to the healthcare system, as it reduces the burden of disease and injury for which people need treatment. As such, health promotion efforts help minimize hospital overcrowding and patient wait times, and end hallway healthcare in Ontario (39). It also improves the health of populations, reduces health inequities, and strengthens local readiness for future threats.
- The sustained pause in health promotion work due to COVID-19 (such as programming related to healthy eating, physical activity, oral health, mental health, and substance use) has and will continue to have a significant and measurable effect on the health of Ontarians in the years to come, including reduced quality and quantity of life and increased healthcare costs (40). This impact must be remediated, as any delays in addressing this work will magnify poor health outcomes and inequities.
- Health promotion is a multi-faceted approach that is used *locally* to support healthy behaviours and healthy communities through:
 - building healthy public policies,
 - creating supportive environments,
 - strengthening community action,
 - developing personal skills,
 - and reorienting health services (for a health system that not only treats illness but also enhances health).
- Local initiatives are developed with an understanding of the local population and context. Health promotion efforts also forge strong links with the social service system. Given that most of what determines people's health is outside of the healthcare system, these partnerships are critical to keeping people healthy. Furthermore, these bridges to sectors outside of health allow for the application of a health equity lens to best support the populations most at risk for poor health outcomes.





Background and Issue

Local public health plays a critical role within the healthcare system. Public health interventions are successful at preventing and mitigating poor health outcomes. However, prevention is often invisible, as people cannot see what did not take place, such as deaths due to second-hand smoke exposure. It is only when emergencies such as SARS and COVID-19 occur that the critical role of public health units (PHUs) in protecting the health of populations is made apparent. Notably, responses to such events are dominated by the disease prevention and health protection functions of public health; however, health promotion can be leveraged to enhance responses to emergencies and other crises, in addition to strengthening local resilience to future threats.

Concentrating public health investment in disease prevention and health protection initiatives at the expense of health promotion can worsen health inequities and increase the burden of disease and poor health on an already overloaded healthcare system, as demonstrated during the COVID-19 pandemic. Throughout the pandemic, poor health and health inequities worsened. This means that certain groups of people, defined either by their social, economic, or geographic circumstances experienced different health outcomes. In Ontario, the highest case counts of COVID-19 infections throughout the first three waves were reported in neighbourhoods with the highest material deprivation (41). Those living in these neighbourhoods were also 2.7 times more likely to be hospitalized or admitted to the ICU, and 2.9 times more likely to die from the disease (41). Additionally, Ontario's opioid-related deaths increased 79% between February 2020 and December 2020, more than doubling among people experiencing homelessness (42). Throughout the pandemic, food insecurity also increased, especially among low-income households and households with children (43). There was also a deterioration in physical activity levels and mental health, and an increase in sedentary behaviour (44–49). Such outcomes highlight the toll that the pandemic had on the health of Ontarians, above and beyond COVID-19 itself.



During COVID-19, many of the Ontario Public Health Standards (OPHS) with a focus on health promotion had a much lower completion rate by local PHUs compared to Standards that focus on infectious and communicable disease prevention and health protection (40). Emerging from the COVID-19 pandemic, this sustained pause in health promotion work has had both significant and measurable effects on the health of Ontarians, as programming related to areas such as healthy eating and physical activity, oral health, mental health, and substance use were deferred (40). Any further delays in addressing this work will magnify poor health outcomes and inequities, including reduced quality and quantity of life and increased healthcare costs (40). As the province is facing a healthcare crisis due to overcrowding and understaffing, the magnification of negative health outcomes due to paused health promotion work could further exacerbate the issues facing our healthcare system now and into the future. That is why health promotion is so critically important. It is proven to offer significant benefits and cost-savings for the government (2), with increased returns on investment and population health benefits for local community-based initiatives. Benefits only increase as health promotion work is scaled up (e.g., provincially, or nationally) (2).

It is also important to note that Ontario is not only facing a healthcare crisis, but multiple competing crises. The province must also address the ongoing opioid epidemic, and crises related to mental health, homelessness, and climate change. We know that local populations have better outcomes during crises when they start from a place of good health and favourable social conditions. This has been identified as one of the key pillars of public health preparedness highlighted in the most recent annual report from the Chief Medical Officer of Health (50).



As most of our health is determined by factors outside of the healthcare system, it is critical to work with other sectors such as education and social services. Health promotion personnel within public health are uniquely positioned to work with these partners to reduce health inequities, improve health outcomes, and build local resilience (50). Such work is instrumental in addressing the complex issues the province currently faces, while better supporting populations to respond and adapt to emergencies in the future.

Value of Health Promotion

Upstream versus Downstream Prevention

Opportunities for prevention range from upstream to downstream, where upstream approaches address the root causes of disease and mortality, while downstream approaches address early detection of disease and disease management. Health promotion is an upstream approach and aims to prevent people from acquiring a disease or significantly delaying its onset (e.g., preventing the development of type 2 diabetes by improving physical activity and healthy eating among children and adolescents) (51). This can result in fewer people developing a disease and therefore lower healthcare utilization, especially among traditionally high-cost healthcare users (52). Additionally, upstream prevention reduces vulnerabilities and increases the resilience of populations and individuals when they face emergencies and crises, creating multi-generational impacts through the reduction of experiences such as childhood trauma, and averting lifelong impacts through the prevention of risk-taking behaviours. Please see Box 1 for an illustrative example of downstream versus upstream prevention.

Box 1. Downstream to Upstream Prevention

Prevention Focus	Type of Prevention	Population Targeted	Health Impact	Healthcare System Impact
 Downstream	Tertiary	Individuals who have developed a disease	Prevents current diseases from worsening and/or decreases risk of future complications Type 2 Diabetes Example: insulin injections	Smallest impact Individuals still require healthcare services, but more intensive treatments may be avoided
	Secondary	Individuals at risk of developing a disease	Detects disease including before disease symptoms are noticeable Type 2 Diabetes Example: Glycated hemoglobin (A1C) blood test to diagnose prediabetes and diabetes	Larger impact Individuals still require healthcare services, but more intensive treatments may be avoided
 Upstream	Primary	Populations	Prevents diseases from developing or significantly delays disease onset Type 2 Diabetes Example: Developing healthy eating policies in childcare settings, schools, and recreation centres	Largest impact Significantly reduces the number of people who require treatment for the disease

Downstream, or more individual-level, prevention efforts typically receive more attention and therefore more funding than upstream, population-based interventions. Downstream interventions have been effective, to a point, at reducing the need for more expensive healthcare measures to manage disease in a stressed healthcare system; however, as they do not significantly reduce the amount of disease in populations, their overall effect on reducing healthcare costs and utilization is small. To reduce the burden of disease on the healthcare system and economy, minimize hospital overcrowding, and end hallway healthcare in Ontario, more robust upstream efforts are critical moving forward (39). For an example of the effectiveness of downstream and upstream initiatives, please refer to Box 2.

Box 2. Effectiveness of Downstream vs Upstream Prevention

Upstream Prevention

Primary Prevention

Reduction of modifiable risk factors (e.g., commercial tobacco, alcohol, physical inactivity, unhealthy eating)

- ~65-90% decrease in CVD incidence (39)
- ~90-94% decrease in first myocardial infarction (39)

Downstream Prevention

Secondary prevention

Statin prescriptions for people with dyslipidemia

- 15-20% decrease in CVD mortality (53)

Tertiary prevention

Congestive heart failure discharge programs

- 60% decrease in hospital readmissions (54)



Moving Beyond Prevention

Good health is good for people, for the economy, and for the healthcare system. In fact, health promotion is one of the most viable strategies that we have to sustain our healthcare system and will only become more important as our population continues to grow and age.

Effective health promotion practice attends to the factors that shape health, healthy behaviours, and healthy communities, and has been recognized for its value by international leaders such as the World Health Organization (WHO). Health promotion is a multi-faceted approach that prevents disease and injury and enhances health. It is a core function of public health (1) whose success lies in its use of multiple strategies at once, at multiple levels (55–57). Such approaches, as highlighted in the *Ottawa Charter for Health Promotion* (henceforth referred to as the *Ottawa Charter*), include (58):

- Build healthy public policies—across multiple levels of government.
- Create supportive environments—at individual, organizational, societal, and structural levels that are safe, stimulating, satisfying, and enjoyable.
- Strengthen community action—by empowering people to have ownership and control over their own health and wellbeing.
- Develop personal skills—to enable people to make healthy choices.
- Reorient health services—for a health system that not only treats illness but also enhances health.

Research confirms the importance of using multiple health promotion strategies together to achieve optimal health outcomes (5–7,14,20,28,29,32,55,59) and local experiences reinforce this. For example, drug strategies across Ontario PHUs are supporting a comprehensive response to the opioid epidemic, demonstrating health promotion in action as they work to prevent or delay the onset of high-risk substance use, reduce illness and injury, and enhance the health of people who use drugs.

This is achieved by supporting education of lower-risk substance use particularly among youth (build personal skills); working across sectors to reduce stigma in the community (create supportive environments) and in healthcare services people access (reorient health services); collaborating with community experts to help develop, implement, and evaluate the health promotion response (strengthen community action); and supporting the government’s initiatives to increase access to Naloxone within local settings for overdose prevention (build healthy public policy).

As the government rolls out its Chronic Disease Prevention Strategy, it can also leverage the work already happening at local PHUs. For example, PHUs are using multiple health promotion strategies to help prevent the development of diabetes among their populations. Strategies include the promotion of new food guides (build personal skills), helping to develop school healthy eating policies (create supportive environments), promoting Exercise is Medicine among healthcare providers (reorient health services), and engaging with municipalities to support health promoting design (build healthy public policy).

The *Ottawa Charter* provides a foundation and framework for health promotion that has continued to evolve since 1986 in response to a growing understanding of the determinants of health, shifts in population demographics, and new and re-emerging health issues. Since the *Ottawa Charter’s* development, nine additional Global Health Promotion conferences have helped health promotion strategies adapt to the challenges of our changing world. Such adaptations include supporting the health of women, improving health literacy, positioning health promotion within globalization and urbanization, promoting health within the UN Sustainable Development Goals, and addressing the link between environmental health and human health (60–62).



Impact of Health Promotion on the Healthcare System

Health promotion makes economic sense, with costs to implement interventions consistently less than the costs to treat and manage the conditions they help prevent—from diabetes, cancer, and oral diseases to mental illness, severe injury, and substance use disorder. In other words, health promotion not only saves money but prevents illness and injury while helping people and populations thrive.

Measuring the cost-effectiveness of health promotion work is challenging and should be done more regularly (16,21,22,31,63); however, it is evident that many health promotion initiatives have a significant return on investment at both local and larger scales (2–4). These interventions take place in a variety of settings such as community (5–8,11–13,64), schools (12,14–19), and clinical settings (6,7,20,21). While most interventions take place outside of the healthcare system, it is this system that benefits in terms of cost saving and reduced utilization—including acute, primary, and long-term care, and the mental healthcare system. These provincial level financial gains strongly justify a corresponding provincial level investment in health promotion.

Local level public health promotion interventions have a return on investment of four, where every dollar invested yields a return of four dollars, plus the original investment. Larger-scale, upstream interventions at a national level have yielded even larger returns (2).

Several studies have demonstrated cost-effectiveness across many areas of health, from changing behaviours such as healthy eating, physical activity, and substance use to outcomes such as preventing injuries and improving oral health. For examples of cost-effectiveness of health promotion interventions across health topics, please refer to Table 1.

Table 1. Cost-effectiveness of Health Promotion Initiatives

Health Topic	Cost-effectiveness
Active Transportation	Increasing active travel in urban England and Wales was projected to save the National Health Service £17 billion in 2010 prices through reductions in the prevalence of type 2 diabetes, dementia, ischaemic heart disease, cardiovascular disease, and cancer (23).
Healthy Eating	Changing or banning TV advertising for energy-dense, nutrient-poor food and beverages aimed at children and youth in the United States and Australia have shown to be either cost-savings or cost-effective, with savings calculated to be between \$264 and \$332 million in 2016 USD (24).
Injury Prevention	Recreation studies related to injury prevention programming for cycling and swimming have found costs for each head injury avoided to be between \$3109 to \$228 197 (USD); costs per hospitalization avoided to be \$3526 to \$872 794 (USD); and cost per life saved/death avoided to be \$3531 to \$103 518 154 (USD) (22).
Mental Health	There is strong evidence for return on investment of mental health promotion initiatives in children and adolescents (25,38). Preventing conduct disorders and depression through social and emotional learning programs and anti-bullying programs have the potential to save between £14.35 and £48.3 per every £1 expenditure in the medium (2-5 years) or long-term (6+ years) (38). Parenting programs, suicide awareness and prevention, and general health promotion in schools have also shown promising returns on investment (25).
Oral Health	Oral health promotion programs in children have been shown to be cost-effective. For example, a systematic review indicated that 97% of oral health promotion programs in children and youth were cost saving, with reductions in dental treatment expenses for parents and institutions. (26).
Physical Activity	Incorporation of movement and activity programming into American schools, after school and early years programs has demonstrated healthcare cost savings over 10 years between \$4 million to \$185 million (USD). One program was also determined to be cost saving in general, with projections to prevent >109 000 cases of childhood obesity in 2025, with a projected net cost of negative \$4.6 billion (USD) (19). Mass media campaigns to promote physical activity in Australia have also successfully averted 23 000 Disability Adjusted Life Years (DALYs) and saved \$430 million (AUD) (27).
Substance Use	Overdose Education and Naloxone Distribution programs have been shown to be cost-effective even under markedly conservative circumstances where the cost of naloxone rises and rates of opioid overdose decrease (9). In North Carolina, every dollar invested in Naloxone distribution saved approximately \$665 to \$2742 (USD) through the avoidance of 255 opioid overdose deaths between 2015-2016 (10).

Health promotion interventions have demonstrated cost-effectiveness across the lifespan, from childhood and adolescence (12,14–16,19,22,26,28–30), to adulthood (29,31) and older adulthood (5,32–34), and across all action areas of the *Ottawa Charter*. They also encompass both targeted and universal interventions, dependent on the desired health outcome (4,28,29,35). Targeted interventions benefit specific population groups such as people living with a disease (24), or people at increased risk of disease such as those with pre-diabetes (36) or those who use substances (37). Universal programs such as community water fluoridation can also improve population health while reducing health inequities among low-income populations (65).

Benefits from health promotion interventions are significant in terms of local health and capacity, diseases avoided, and reduced utilization and costs to the healthcare system. Due to their comprehensive nature and focus on multi-faceted approaches, they take time to achieve their outcomes. Timelines for returns on investment for health promotion initiatives can vary (12,28), from quick returns within five years (e.g., active transportation, heat wave plans, family support projects) to longer-term gains over five or more years (e.g., preschool programs, alcohol minimum price) (66). The health, social, and economic outcomes, however, are worth the longer time horizons, and are less costly than the alternative of treating health problems once they occur (66).

“Prevention is – on the whole – cost-effective, with a number of interventions providing quick returns that can be balanced by investments for longer-term benefits. The alternative of treating the consequences is likely to be unnecessarily costly and unsustainable over time, which risks reducing both quality of and access to care and increasing health inequalities, with a knock-on effect on the overall economy” (66).

Impact of Local Health Promotion Initiatives

In addition to making economic sense, health promotion also improves the health and quality of life of populations and increases local capacity. The health of a population is largely determined outside of the healthcare system; therefore, achieving improved population-level health outcomes and enhancing local strengths requires partnerships with sectors outside of this system. Health promoters are skilled at intersectoral work with social services, local governments, the education and private sectors, and community groups. This collaboration is a strength of health promotion in local PHUs and a significant factor contributing to the sustained effectiveness of this upstream approach.

Locally, PHUs across Ontario provide leadership and support to committees and working groups, provide high-quality evidence and expert review for policies and projects, engage in relationship building, and can mobilize populations and partners to achieve robust outcomes (67). Health promotion is also well-positioned at the local level to collaborate with Indigenous communities and other equity-deserving groups, based on the principles of trust and self-determination, to help support their health and well-being.

Health promotion initiatives should be tailored to the local population and context, using a health equity lens and local knowledge to support populations most at risk for poor health outcomes. Health promoters in local PHUs have the requisite understanding of and leadership on local issues, strong relationships across sectors, and ability to link sectors and tailor resources to fit local contexts, making them invaluable in effective health promotion work.

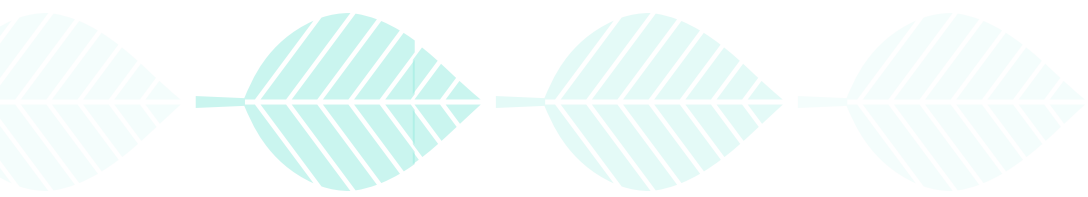
Examples of the local impact of health promotion

An environmental scan of health promotion initiatives was conducted by Health Promotion Ontario (HPO), collecting submissions from PHUs across the province. Additionally, recent Ontario case studies and those included in a 2011 seminal report from the Canadian Health Association for Sustainability and Equity (CHASE) were scanned to supplement PHU submissions. The supplemental material from CHASE describes the foundational built environment work that PHUs have and continue to engage in. These examples highlight not only the significant impact that health promotion has on local populations, but also the importance of PHUs in facilitating partnerships and incorporating health equity into planning and programming, which result in overall health system cost-savings.

Results have been synthesized below based on the action areas highlighted in the *Ottawa Charter* (58).

Build Healthy Public Policy

It is well known that policies within and beyond the health sector influence population health. Recent literature has shown that smoking prevention policies among youth are cost-effective, with great potential to decrease disease burden and increase quality of life (15). Policies related to healthy eating and access to healthy foods have also demonstrated improvements in dietary outcomes such as increased fruit and vegetable intake, purchase of healthier foods, and reductions in the consumption of low nutrient dense foods (68). PHUs engage in different avenues of healthy public policy work, across multiple health topics and levels of government, and often coordinate with diverse partners to ensure a Health in All Policies approach.





Box 3. Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health's Radon Testing Study

Radon is the leading cause of lung cancer among non-smokers in Canada, but there is low awareness of radon as a health risk. In 2018/2019, KFL&A Public Health conducted a radon testing study in the region to gain insight on radon levels locally, finding that over 21% of homes tested above Health Canada's radon guidelines of 200 Bq/M³. When using the WHO's guideline of 100 Bq/M³, the study found that 52% of eligible households exceeded these radon guidelines. KFL&A Public Health collectively brought together representatives from Health Canada and municipalities after results were known, to increase awareness of the health risks of radon and effective risk mitigation. Consequently, all municipalities in the KFL&A Region updated their building codes in 2019 to require soil and gas measures in new houses and additions to mitigate radon risk.

Municipal Planning Documents

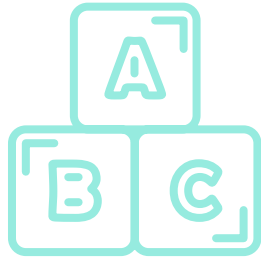
Consultation on municipal planning documents is one key focus of health promotion work locally. PHUs provide high-quality evidence and expert review to support planners' work on Official Plans, Cycling and Transportation Master Plans, climate and environmental-related plans, Recreation Master Plans, and Local Food Action Plans, to name only a few. Such work ensures local health and wellbeing are considered in these policies.

PHUs have been successful in working with planning staff in urban, rural, and remote settings to incorporate stronger language and policy statements in planning documents on local issues spanning various health topics, including but not limited to:

- ultraviolet radiation (UVR) and extreme heat through shade structures and tree maintenance (69,70) or heat mitigation measures based on the location of urban heat islands (70);
- physical activity, diabetes prevention, and active transportation through walkability, complete streets, and transit recommendations (69,71,72);
- injury prevention through traffic calming and pedestrian streetscape provisions (69,71,72);
- and climate change and environmental health through sustainable mobility, urban forestry, and adaptation strategies (69,71).

Cancer Prevention Policies

PHUs have developed successful policies to help reduce exposure to chemicals and radiation known to cause cancer, thereby mitigating risk of future disease occurrence. Grey Bruce Public Health (69), and Hamilton Public Health Services helped develop policies to promote tobacco and smoke-free outdoor recreation spaces (Grey Bruce Public Health), post-secondary institutions (Hamilton Public Health Services), and multi-unit housing (Hamilton Public Health Services in collaboration with the Central West TCAN). York Region Public Health and Kingston, Frontenac and Lennox & Addington Public Health were also instrumental in the development of policies related to UVR and radon mitigation. Such policies significantly mitigate the exposure of local populations to harmful second-hand and third-hand smoke, radon, and ultraviolet radiation. Box 3 provides a local example.



Box 4. Ottawa Public Health (OPH)'s *Healthy Eating and Active Living Guidelines*

The first five years of life are a critical time for growth and development, including healthy eating and active living (HEAL). Childcare centres were targeted by OPH as a key strategy to promote HEAL and prevent the continuation of increasing trends in childhood overweight and obesity. The development and implementation of the guidelines involved two project advisory groups consisting of childcare staff and supervisors, OPH, and the City of Ottawa Parks, Recreation and Cultural Services Department. Additionally, workshops and ongoing consultation with a Registered Dietitian, two training sessions for childcare staff, a Fundamental Movement Skills Training Certification, and resources for HEAL implementation were provided. The guidelines and associated initiatives led to a 50% increase in childcare sites offering 120 minutes/day of physical activity, a 20% decrease in sites allowing toddlers to spend >15 minutes sitting, and a just under 15% increase in the number of sites reporting no screen time among children. Healthy eating best practices also improved, at no additional costs to childcare centres.

Create Supportive Environments

Making the healthy choice the easy choice is a key health promotion approach that aims to influence the environments in which people are born, grow, work, live, play, and age and can have profound impacts on population health. Health promotion professionals in local PHUs are also uniquely situated within Ontario to act as leaders in this field, providing a conduit between the healthcare system and other settings to achieve optimal health outcomes.

PHUs consistently create supportive environments through local partnerships and initiatives (69). This has included working with local partners and the Ontario Ministry of Transportation to successfully provide cycling lanes along highway 6 of Manitoulin Island (Public Health Sudbury & Districts) (69); developing a designated bike route in Brighton through the Walkable and Bikeable Community Committee (Haliburton, Kawartha, Pine Ridge District Health Unit) (69); or addressing food security and access to healthy foods through community gardens, neighbourhood markets, partnerships with local farms (Region of Waterloo Public Health, Toronto Public Health, York Region Public Health) (69), or through collaborative work with schools (Toronto Public Health), childcare settings (Thunder Bay District Health Unit and Ottawa Public Health), and recreation centres (Thunder Bay District Health Unit). It is also important to note that several community-based food access initiatives were targeted to those from equity-deserving populations such as those living on low income or neighbourhoods with a large percentage of new immigrants (69).

Additionally, work done by Grey Bruce Public Health and KFL&A Public Health led to library lending programs in their respective communities for bicycle helmets and radon tests, contributing to injury prevention and radon exposure mitigation for lower income populations. An example of the impact of health promotion via supportive environments is provided in Box 4.



Box 5. Toronto Public Health (TPH)'s Investment in Youth Engagement (IYE) Initiative

In response to survey data indicating that approximately a fifth to a quarter of Toronto secondary students reported risky drinking, drug use, and having been bullied in the past 12 months, in addition to low rates of fruit and vegetable consumption and physical activity levels, TPH developed the IYE initiative. This youth-driven initiative was established by TPH to support local youth engagement and health promotion work and to create opportunities for youth to develop leadership skills to make healthy choices. Between 2016/2017 the IYE led to several positive outcomes, including improved physical activity, mental wellness, health knowledge, civic participation, knowledge about the community, confidence and trust in community leaders, interest in helping others, optimism about the future, self-efficacy, and reduced likeliness to use tobacco and alcohol compared to youth outside the IYE program.

Strengthen Community Action

Supporting and empowering people to have ownership over their health and wellbeing is a powerful action area, with far reaching implications for health. Interventions that are developed with local populations have been shown to decrease hospital admissions and mortality rates, reduce clinical symptoms related to chronic diseases, and improve quality of life and behavioural risk factors such as physical activity (73).

Halton Region Public Health, Region of Waterloo Public Health, and Niagara Region Public Health were involved in the Walk-On Program. These PHUs worked with community groups to help organize information sessions and workshops, resulting in reports that then assisted community partners, such as municipal decision-makers, to identify improvements in the local built environment that should be prioritized for planning, fundraising, and budgeting.

Additionally, Toronto Public Health leverages community action on healthy eating, including their Investment in Youth Engagement (IYE) Initiative and their Simple Steps to Leading Healthy Eating Programs (SSLHEP) and associated Leading Healthy Eating Program grants. All initiatives reported benefits to health and wellbeing, through increased healthy eating knowledge, behaviours, and cooking skills, and ultimately improved health and wellbeing outcomes for Toronto youth. For more detailed information on the IYE initiative and its subsequent successes locally, please refer to Box 5.

Develop Personal Skills

Health promotion involves providing information, education, and skill-building so that people can make healthy choices and have more control over their health and their environments. Personal skill development is often the first aspect of health promotion that is thought of, as such initiatives are more public facing and far reaching than other action areas (e.g., a communication campaign versus updates to policy documents).

Although this action area is critical to health promotion through increased knowledge and confidence to engage in behaviours conducive to good health, such initiatives are most effective when implemented alongside or in response to other action areas (55). For example, radon information sessions and campaigns were provided to the public in KFL&A in response to KFL&A Public Health's Radon Testing Study, and alongside initiatives to provide free radon tests to the public (creating supportive environments) and update building codes in the area to support radon mitigation in all future builds (building healthy public policy). This also demonstrates PHU's ability to connect with multiple partners for the provision of comprehensive service support to move forward with health initiatives at the local level.

Multiple PHUs have evaluated personal skill development initiatives, primarily because such programs are easier to evaluate than larger scale programs with longer time horizons and multiple influencing variables. Four evaluations highlighted the impacts of social media campaigns on knowledge, attitudes, and future use related to tobacco, tobacco and vaping, vaping and cannabis, and alcohol. Often, these campaigns involved regional collaboration through multiple Tobacco Control Area Network partners, and were targeted at either youth or young adults most at risk for substance use. A wide range of positive impacts were reported among local populations, including decreased susceptibility to experimentation, increased intentions to quit, and increased knowledge or awareness of substance use harms.

Three PHUs also examined the effect of educational workshops, in-services, or classes on personal skill development for healthy eating (Thunder Bay District Health Unit), pregnancy/parenting (Toronto Public Health), and youth mental health promotion (Ottawa Public Health), while Ottawa Public Health also reported on the success of an exercise program alongside information sessions and take-home resources on falls prevention among seniors. All programs produced positive results for their respective target audiences and health topics and across their respective settings. Such results included improvements in knowledge, confidence, skills, and intentions to continue health behaviours. For an example, please refer to Box 6.



Box 6. Thunder Bay District Health Unit (TBDHU)'s *Paint your Plate Program*

TBDHU's *Paint your Plate Program* was a pilot intervention developed to support healthy childcare nutrition environments in Thunder Bay and was made possible by the existing positive relationship between TBDHU and the pilot childcare centre. The program included *Rainbow Food Explorer* workshops for children and cooking workshops for parents, alongside elements conducive to creating supportive environments, including preschool educator training, nutrition sessions among childcare centre staff, and healthy menu planning with childcare centre cooks. The workshops were successful in improving children's willingness to try or explore new foods, and in increasing parents' likelihood at using workshop recipes at home for their families.

Reorient Health Services

Reorienting health services to focus on a collaborative, more upstream definition of health is needed to improve population health outcomes. Often, this involves working across and between sectors to promote health. Linking patients who have entered the primary care system with community and volunteer services through a process known as social prescribing has shown success in terms of mental and physical health in addition to empowering people to take action to improve their own health and wellbeing (74).

Toronto Public Health provides an excellent example of this cross-disciplinary work in the province, through their Check it Out Pilot Program, a child health screening program implemented in priority neighbourhoods in Toronto. Eight community partners developed an equity-based approach to child health screening, with representatives from the healthcare, education, child protection, immigration, and special needs sectors. Representatives provided families with children aged 0-4 years access to 12 health and development screens in one central location over one to three days. The program received positive feedback from parents and partners, had high attendance rates of approximately 80%, and resulted in referrals for 31-43% of screenings, with 55% of parents receiving follow-up on their referral.

The comprehensive nature and focus of health promotion initiatives on building healthy public policies, creating supportive environments, strengthening community action, developing personal skills, and re-orienting health services produces significant benefits in terms of local health and capacity, diseases avoided, and reduced utilization and costs to the healthcare system, in addition to significant returns on investment.

Local populations need tailored, local solutions that span sectors within and beyond healthcare, and health promotion professionals in local PHUs are qualified and uniquely positioned to provide such solutions.



Recommendation

HPO recommends strong investment in local health promotion delivered by Ontario PHUs by maintaining the current breadth and scope of health promotion work outlined in the Ontario Public Health Standards to ensure that health promotion is prioritized on an ongoing basis to prepare for and respond to current and future crises.

Conclusion

The many strained and struggling pieces of today's healthcare world need solutions. While the healthcare system in Ontario excels at detecting, diagnosing, treating, and managing diseases and injuries, health promotion prevents diseases and injuries. Health promotion is a necessary strategy for a robust and sustainable healthcare system.

In addition to offering significant benefits to the healthcare system, health promotion also has far reaching impacts on society, more broadly. It is uniquely positioned to integrate the healthcare system with other sectors, such as the social service sector. By doing so, health promotion can address inequities that lead to poor health outcomes.

Health promotion is a cost-effective, well researched, and evidence-driven solution to the many competing crises facing Ontarians.

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The Value of *Local* Health Promotion in Ontario



Health Promotion Ontario recommends maintaining the current breadth and scope of health promotion work outlined in the Ontario Public Health Standards to ensure an on-going investment in health promotion.

Health promotion is needed now more than ever

Ontario is currently facing competing crises, including a healthcare crisis, an opioid epidemic, and crises related to mental health, homelessness, and climate change.

Health promotion can help mitigate these crises by preventing diseases and injuries, reducing health inequities and promoting health so that people thrive.

~65-90% of CVD incidence could be prevented through the reduction of modifiable risk factors (1)

We need a healthy population to face current and future crises, as outlined in the *Chief Medical Officer of Health's 2022 Annual Report* (2).



Health promotion is cost effective

Health promotion offers significant returns on investment in both the short- and long-term (3).



An ounce of prevention is worth a pound of cure. Health promotion interventions cost less than treating diseases and injuries.



4:1 return on investment from local public health interventions (3)

Health promotion professionals (4)



Forge strong partnerships with diverse sectors to co-design effective programs



Provide leadership and support to committees and working groups



Provide high-quality evidence and expert review for policies and projects



Help mobilize populations and partners to achieve robust outcomes



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PUBLIC HEALTH STRENGTHENING AND CHRONIC DISEASE PREVENTION

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring it addresses the public health needs and health equity in its catchment area, as aligned with board of health requirements under the *Health Protection and Promotion Act* and Ontario Public Health Standards; and

WHEREAS Health Promotion Ontario's White Paper on the Value of Local Health Promotion in Ontario recommends strong and sustained investment in local health promotion by public health units to ensure that health promotion is prioritized on an ongoing basis; and

WHEREAS the Board recognizes that there are opportunities for system improvements as part of the review of board roles and responsibilities announced under the government's *Public Health Strengthening* initiative, including an assessment of its role in chronic disease prevention through health promotion interventions; and

WHEREAS chronic diseases are mostly preventable, are the cause of 75% of deaths in Ontario, and incur \$10.5 billion in direct health care costs in the province; and

WHEREAS as the scope and intensity of infectious disease risks increase in the context of finite resources, there is a risk of under-resourcing public health actions that work on longer horizon chronic disease prevention;

THEREFORE BE IT RESOLVED THAT in the context of the *Public Health Strengthening* roles and responsibilities deliberations, the Board of Health for Public Health Sudbury & Districts urges all health system actors to remain committed to maintaining appropriate investments in health promotion and chronic disease prevention, while ensuring health risks associated with its health protection work are managed;

AND FURTHER THAT the Board request that the Chief Medical Officer of Health ensure proactive local engagement in the sector-driven review of the Ontario Public Health Standards.

To: Chair, Board of Health for Public Health Sudbury & Districts
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: October 12, 2023
Re: Support for a funded healthy school food program in Budget 2024 (federal)

For Information

For Discussion

For a Decision

Issue:

Currently, Canada is the only G7 country without a national school food program in place. Such programs are recognized to positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success. In the [Food Policy for Canada](#), the Government of Canada announced the intention to “engage with provinces, territories, and key stakeholder groups to work toward the creation of the National School Food Program”¹. Despite this intention, there was no financial commitment made to establish a National School Food Program in the 2023 federal budget².

There is an Ontario student nutrition program that provides a breakfast, snack, and/or lunch to students each school day with the aim of supporting students' learning and healthy development. The current provincial student nutrition program faces inconsistent year-to-year funding, posing barriers to stability and sustainability and impacting full implementation of the program, such that all students can benefit from proper nourishment^{2,3,4}. The patchwork of funding sources compromises the quantity and quality of food served, and the availability of adequate infrastructure and human resources to offer a student nutrition program where no child is left out due to their family's ability to pay^{2,4,5}.

Recommended Action:

- 1) That the Board of Health for Public Health Sudbury & Districts support the [recommendations](#) submitted by the Coalition for Healthy School Food to the Government of Canada as part of advance consultations for Budget 2024:
 - Allocate \$1 billion over five years and collaborate with provinces, territories, and Indigenous partners to provide them with an initial \$200 million as soon as possible to fund existing school food programs; and
 - Create a separate School Food Infrastructure Fund grants program of, at minimum, \$50 million; and

- Negotiate independent School Food Policy agreements with First Nation, Inuit and Métis leadership to ensure long-term and sustainable funding for Indigenous school nutritious meal programs; and
- 2) That the Board calls on the federal Minister of Families, Children and Social Development for investment in healthy school food in Budget 2024, as presented in the House of Commons' online [e-4586](#) (Food and drink).

Background:

The school or student nutrition program aims to support students' learning and healthy development through additional nourishment. The current model of the student nutrition program includes contributions from the province, community groups, organizations, grants, food donations, and fundraising efforts^{3,4,6}. The patchwork funding model threatens the quantity and quality of food served to children. The lack of sustainable funding also negatively impacts the infrastructure and human resources to effectively run the program. Local programs have been required to reduce the number of meals served, cut down on servings or portions of food, and use cheaper, processed food more often, in order to keep up with the needs of many school communities^{3,4,5,7}.

A fully funded universal student nutrition program model can positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success^{2,3,5,6,8}. This proposed universal program model would enable all students to have the equal opportunity to eat healthy meals at school every day, and no child would be left out due to their family's ability to pay, fundraise, or volunteer with the program^{2,3,9}.

The Board of Health for Public Health Sudbury & Districts has supported previous initiatives related to the importance of having a sustainable and effective student nutrition program for all students in Ontario schools. In 2013, the Board of Health endorsed the recommendations of the [No Time to Wait: The Healthy Kids Strategy](#), with motion [19-13](#). At the time, The Healthy Kids Strategy recommended actions included: (1) Establish a universal school nutrition program for all Ontario publicly funded elementary and secondary schools; and (2) Establish a universal school nutrition program for First Nations communities, both of which would also involve promoting food literacy to Ontario's children and youth. Additionally, in 2020, the Board of Health passed motion [02-20](#) supporting a universal publicly funded healthy school food program.

The Coalition of Healthy School Food is the largest network of school food advocates and key informants who support the creation of a universal cost-shared school food program for Canada, in which all students have access to healthy food at school⁹. Coalition members include municipalities, health organizations and school boards from across the country. In Ontario, several agencies showed support for a universal school food program in 2019 and 2020, namely, the [Federation of Canadian Municipalities](#), and Boards of Health for [Grey Bruce Health Unit](#), [Toronto Public Health](#), [Peterborough Public Health](#) and [Windsor-Essex County Health Unit](#). In 2023, [Windsor-Essex County Health Unit](#) and [Huron Perth Public Health](#) have shown support for the Coalitions' call for federal investments for a National School Food Program in Budget 2024.

Financial Implications:

No funds are requested.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Ontario Public Health Standard:

Chronic Disease Prevention and Well-Being

School Health

Foundational Standards: Health Equity and Effective Public Health Practice

Strategic Priorities:

1, 2, 3 and 4

Contacts:

Stacey Gilbeau, Director, Health Promotion Division and Chief Nursing Officer

¹ Government of Canada. (2020, November 17). *The Food Policy for Canada*.

<https://agriculture.canada.ca/en/departement/initiatives/food-policy/food-policy-canada>

² Coalition for Healthy School Food. (2023, April 3). *Press Release – Federal Budget 2023: Coalition disappointed in lack of federal investment in school food, but confident that the government will honour its commitment*.

<https://www.healthyschoolfood.ca/post/press-release-federal-budget-2023>

³ Haines, J., & Ruetz, A. (2020, March 01). *School Food and Nutrition. Comprehensive, Integrated Food and Nutrition Programs in Canadian Schools: A Healthy and Sustainable Approach*. Arrell Food Institute. https://arrellfoodinstitute.ca/wp-content/uploads/2020/03/SchoolFoodNutrition_Final_RS.pdf

⁴ Ruetz, A. T., & McKenna, M. L. (2021). Characteristics of Canadian school food programs funded by provinces and territories. *Canadian Food Studies La Revue Canadienne Des études Sur l'alimentation*, 8(3), 70-106.

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⁵ Muthuswamy, E. (2012, March 01). *Feeding Our Future: The First- and Second- Year Evaluation*. Toronto, ON: Toronto District School Board. <https://studentnutritionontario.ca/wp-content/uploads/2017/04/EvaluationFOFProgram.pdf>

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

NEWS RELEASE

Ontario Helping More Children and Youth Access Healthy Food

\$5 million investment providing nutritious meals so students can focus and succeed at school

October 05, 2023

[Ministry of Children, Community and Social Services](#)

MISSISSAUGA — The Ontario government is investing an additional \$5 million this year in the Student Nutrition Program and the First Nations Student Nutrition Program which provides more than 600,000 school-aged children and youth with healthy meals and snacks throughout the school year to ensure they are well-nourished and ready to learn.

This investment brings the total provincial funding for this year to \$38 million and will help ensure the program can continue to deliver almost 90 million nutritious meals and snacks to students.

"Proper nutrition is an important foundation for academic success, and students should have access to healthy and nutritious food to support their growing minds and bodies," said Michael Parsa, Minister of Children, Community and Social Services. "We are grateful for the generosity of our partners, local community members and volunteers who contribute their time and money to help the next generation succeed. I commend their work and encourage Ontarians to get involved to support the success of Ontario students."

To build on the government's investment in the two student nutrition programs, the province is partnering with the Arrell Family Foundation, the Breakfast Club of Canada, the Schad Foundation, the Grocery Foundation and Student Nutrition Ontario to launch the Healthy Students Brighter Ontario campaign, the first province-wide fundraising partnership of its kind.

To kick off the campaign, the partner organizations have raised \$1.67 million from [The Arrell Family Foundation](#), [The Schad Foundation](#), [Peter Gilgan Foundation](#), [Maple Leaf Foods and the Maple Leaf Centre for Action on Food Security](#), The Honourable Margaret McCain, and The Sprott Foundation. The organizations will continue to work with local groups and businesses to encourage community

involvement and fundraise to reach a combined goal of \$10 million, which includes the government's investment.

The Student Nutrition Program is delivered in partnership with local agencies, school boards, and community partner organizations, and the First Nations Student Nutrition Program is delivered through a First Nations-led process. Both programs provide breakfast, snacks or lunch programs to school-aged children and play a vital role in supporting students' nutritional needs and promoting positive academic outcomes.

Quick Facts

- Ontario's \$5 million investment will be split into \$4.25 million for the Student Nutrition Program and \$750,000 for the First Nations Student Nutrition Program to help more children and youth access healthy food.
- The Student Nutrition Program operates in about 4,500 or 70 per cent of provincially funded schools.
- Countless volunteers support the program by preparing and serving food in school settings.
- The First Nations Student Nutrition Program helps provide children and youth with access to nutritious meals and snacks at 145 sites across 63 First Nations and 27 urban Indigenous communities.
- Additional funding for the Student Nutrition Program and the First Nations Student Nutrition Program comes from municipalities, corporate donations, industry associations, charities and other local fundraising endeavours.
- Organizations and businesses that want to get involved can contact [Student Nutrition Ontario](#).

Quotes

"It's entirely unacceptable in a prosperous country like Canada that some students will go to school hungry. Our government has stepped up before and we are doing so again, by significantly expanding the Student Nutrition Program to ensure kids have access to nutritious food that will help support their learning and improve their physical and mental health. "

- Stephen Lecce
Minister of Education

"Setting up Ontario's next generation for success begins with ensuring they have a strong, nutritious start to their day. Investing in Indigenous youth through the Student Nutrition Programs supports their health and well-being on a daily basis so they can focus on achieving their goals."

- Greg Rickford
Minister of Indigenous Affairs

"The Arrell Family Foundation is proud to partner with the province to promote healthy food access for school-aged children through this critical initiative. As the Ontario government, private donors, and community members are coming together in support of the Ontario Student Nutrition Program, we look forward to working with all levels of government to ensure the health of our nation's students."

- Laura Arrell
Managing Director, The Arrell Family Foundation

"We are pleased to partner with the Government of Ontario. This collaboration exemplifies the power of collective action in making a meaningful impact on children's lives because success tomorrow starts with a breakfast today."

- Judith Barry
Breakfast Club of Canada's Co-Founder and Government Relations Director

"When students have adequate nutrition at school, they're empowered with the fuel they need to concentrate, learn, and grow. We applaud the Government of Ontario for making this critical investment in a healthier future for Ontario's children and youth."

- Claire Kealey Schad
Program Director, Schad Foundation

"The Coalition for Healthy School Food welcomes this new investment by the Ontario government in our province's student nutrition programs. It will go a long way to helping provide students with nutritious food at school. "

- Debbie Field
National Coordinator of the Coalition for Healthy School Food, representing 265 member organizations in all parts of Ontario and Canada

"Today's announcement is important for a growing number of students in Ontario and the programs that support them during their crucial learning and development years. We are most encouraged by this investment, which comes at a critical time. We all stand to benefit when children are well-nourished and poised to thrive with access to a healthy breakfast."

- Shaun McKenna
Executive Director, The Grocery Foundation

"As food prices continue to rise and the need for Student Nutrition Programs continues to grow, it has become increasingly challenging for programs to keep up with demand. As well, securing donations and volunteers at the local level has become a challenge. This \$5 million investment from the Province of Ontario has come at a good time and is greatly appreciated; it will help programs provide much-needed nourishment for children right across our province."

- Catherine Parsonage
Co-Chair, Student Nutrition Ontario

"We are thrilled that the government of Ontario is continuing to support the growth of this essential program in our community with increased funding. We look forward to working together to establish a long-term sustainable plan to continue to support the growing nutrition needs of the student population within Six Nations of the Grand River."

- Kelly Gordon

Portfolio Lead, Community Health & Wellness, Six Nations of the Grand River

"When children and youth come to school hungry, it's impossible for them to focus on learning. This is an unfortunate reality for far too many students in our schools. The funding announced today is a great step towards addressing this challenge and ensuring that all of our students have stigma-free access to nutritious foods. Students need to be fully prepared to face their learning day without worrying about where their next meal might come from. Simply put, children who are not hungry are more prepared to learn and participate in our classrooms and extra-curricular activities."

- Cathy Abraham

President, Ontario Public School Boards' Association

"Food insecurity is a growing crisis in Canada, with 1 in 4 children now living in a household that is struggling to access food. School nutrition programs ensure that children can learn and thrive. We are pleased to be providing support for the expansion of school food programs in Ontario."

- Sarah Stern

**Executive Director, Maple Leaf Centre for Food Security & Director,
Community Involvement, Maple Leaf Foods**

"As Canada faces overwhelmingly high costs of food and living, it is imperative that we support young minds with fresh, nutritious food at school. By supporting the Ontario and First Nations Student Nutrition Programs, The Spratt Foundation joins a caring community of supporters who believe that students should have access to a reliable, nourishing meal at school to fuel their potential."

- Juliana Spratt

Chief Giving Officer, The Spratt Foundation

Additional Resources

[Student Nutrition Program](#)

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September 21, 2023

The Honourable Chrystia Freeland, Deputy Prime Minister
Ministry of Finance
Email: chrystia.freeland@fin.gc.ca

The Honourable Jenna Sudds
Ministry of Families, Children and Social Development
Email: jenna.sudds@parl.gc.ca

The Honourable Lawrence MacAulay
Ministry of Agriculture and Agri-Food
Email: lawrence.macaulay@parl.gc.ca

The Honourable Jean-Yves Duclos
Ministry of Public Services and Procurement
Email: jean-yves.duclos@parl.gc.ca

Dear Honourable Federal Ministers Freeland, Sudds, MacAulay and Duclos:

Investing in a Sustainable Federal School Food Policy

I am writing on behalf of the Windsor-Essex County Board of Health. As the federal government prepares to release a National School Food Policy and invest in programs across the country, we wish to reiterate the call for the development of a universal, cost-shared school food program for Canada and share our concerns about the current state of student nutrition programs in Ontario and our region.

The Government of Canada has an opportunity to advance the health and well-being of all Canadian children and lay the basis for long-term health by including an investment in school food access in the Budget 2024. We applaud the Government's commitments to healthy school food in the 2021 Liberal Party Platform and urge you to act on those commitments in the next budget cycle.

Recommended actions to fulfill commitments to healthy school food in the Budget 2024:

The current state of school food programs across Canada is a patchwork with limited resources. While many schools in Ontario do have student nutrition programs partially funded by the Ministry of Children, Community and Social Services, a significant investment from the federal government would allow for expansion of services and address existing gaps. The current reliance on fundraising, volunteers, and donations is inconsistent, unsustainable, and puts schools who most need the support at a significant disadvantage. (Ref: 1,2)

The Windsor-Essex County Board of Health supports the following recommendations proposed by the Canadian Coalition for Healthy School Food:

1. Allocate \$1 billion over five years in Budget 2024 to establish a National School Nutritious Meal Program as a key element of the evolving Food Policy for Canada, with \$200 million per year to contribute to provinces, territories and First Nation, Métis, and Inuit partners to fund their school food programs.
2. Enter into immediate discussions with Indigenous leaders to negotiate agreements for the creation and/or enhancement of permanent independent distinctions based First Nation, Métis, and Inuit school meal programs.
3. Create a dedicated school food infrastructure fund to provide schools with facilities and equipment for food production and preparation, so they can reliably and efficiently serve nutritious food in adequate volumes.

In addition, school food programs should be designed to *(Ref: 3)*:

- serve tasty, nourishing, culturally appropriate foods;
- ensure that ALL students in a school can access the program in a non-stigmatizing manner;
- be a cost-shared model, including federal support;
- be flexible and locally adapted to the context of the school and region, including commitment to Indigenous control over programs for Indigenous students;
- support Canadian farmers and local food producers;
- provide conflict of interest safeguards that prevent programs from marketing to children;
- promote food literacy.

The benefits of funding a sustainable food school program in Canada

Through our work supporting the 93 OSNP-led school food programs in Windsor-Essex County, we have seen first-hand the importance of school food to our students' health and wellbeing, including their academic success and the development of lifelong eating habits. As rising costs of food stretch school food program budgets, and leave many families struggling to make ends meet, the importance of federal investments in student nutrition programming cannot be overstated.

Research has long found school meals to be one of the most successful drivers of improved health, education, and well-being in children of all ages. School food programs have also been shown to have broad, positive impacts on families, communities, and the economy by reducing household food costs, creating jobs, and strengthening sustainable food systems.

School food programs offer many academic and nutritional benefits and should be implemented along with additional income supports to reduce health inequities and food insecurity for families across Canada. School food policy and programs alone cannot alleviate poverty and food insecurity *(Ref: 1,2)*. School food programs can, however, play an important role in improving nutrition intake, supporting healthy growth and development, supporting academic success, attendance, and educational attainment, and improving mental health and well-being *(Ref: 4)*.

The demand for comprehensive school food programs in Windsor and Essex County (WEC) and Ontario is high.

Based on the Canadian Health Survey of Children and Youth (CHSCY), **12.9%** of children aged 1 to 17 years old in WEC lived in food-insecure households in 2019 (5). Nationally, the cost of food purchased from Canadian stores rose 9.8% in 2022, the fastest rate since 1981 (+12.0%), after rising 2.2% in 2021 (Ref: 6). While many Canadians are feeling the effects of inflation and rising food costs, those living in food-insecure households are particularly vulnerable, as after paying for housing (i.e., rent or mortgage), many have little funds available for all other necessities including hydro, water, clothing and food.

Currently across Ontario, many school programs are unable to meet current demands, and as a result, these programs are left with the difficult decision of either limiting food provided or shutting down completely before the end of the school year. Many programs have been strained by limited increases to provincial funding since 2014, rising food costs, and increased demand. Locally, only \$0.65 per student per week is available through the OSNP food delivery model. This equates to 1.5 servings of fresh produce a week per student, which is far below minimum nutrition requirements for growth and development. Schools who have not previously had a school nutrition program are seeing a demand and there are no funds to support new programs. In addition, many elementary schools do not have adequate facilities to allow safe food handling and production of onsite food for meal/snack programs, or for hands-on food literacy learning opportunities for students.

The Windsor-Essex County Board of Health stands alongside other Ontario Boards of Health, School Boards, Municipalities, and other government agencies and organizations in supporting the Coalition for Healthy School Food’s vision that every school-aged child and youth has a nutritious meal or snack at school daily.

We urge the federal Ministries of Families, Children and Social Development and Agriculture and Agri-Food to continue your work towards a comprehensive, cost-shared, universally accessible National School Food Policy and national school nutritious meal program with provinces, territories, municipalities, Indigenous partners, and stakeholders (Ref: 7). Every investment in children and youth counts.

Sincerely,



Fabio Costante, Board of Health Chair

c:

- Ontario Boards of Health
- Local School Board Directors of Education
- Local MPPs, MPs
- Senator Dr. Sharon Burey

Sincerely,



Dr. Kenneth Blanchette, CEO

References

1. [Open Letter: Stop headlining the pan-Canadian school food policy as a way to reduce food insecurity among children.](#) Dec 9, 2022.
2. [Ontario Dietitians on Public Health, Position Statement and Recommendations on Response to Food Insecurity.](#) Dec, 2020.
3. [Coalition for Healthy School Food. Guiding Principles.](#) 2022.
4. [Hernandez, Kimberley & Engler-Stringer, Rachel & Kirk, Sara & Wittman, Hannah & McNicholl, Sasha. \(2018\). The case for a Canadian national school food program.](#)
5. Public Health Ontario. (2023). [Food Insecurity among Children using the Canadian Health Survey of Children and Youth.](#)
6. Statistics Canada. (2023). [Consumer Price Index: Annual review, 2022.](#)
7. [Prime Minister Mandate Letters, 2021.](#)

**SUPPORT FOR A FUNDED HEALTHY SCHOOL FOOD PROGRAM IN BUDGET 2024
(FEDERAL)**

MOTION:

WHEREAS a universal publicly funded student nutrition program can positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success; and

WHEREAS the current provincial student nutrition program strives to offer a breakfast, snack, and/or lunch to students each school day, but not all schools have adequate financial and human resources to offer them; and

WHEREAS the annual monitoring of food affordability in Sudbury and districts demonstrates that some families may struggle to purchase food, and a universal fully-funded student nutrition program can help to ensure no child is left out of the program due to their family's ability to pay; and

WHEREAS the Board of Health for Public Health Sudbury & Districts passed motion [02-20](#) supporting a universal publicly funded healthy school food program; and

WHEREAS although the Ontario government recently announced an additional \$5 million this year in the provincial Student Nutrition Program and the First Nations Student Nutrition Program, more support is needed to ensure a fully-funded universal student nutrition program; and

WHEREAS the federal government announced its commitment to work toward the creation of a National School Food Policy to help Canadian communities access healthy food in the [Food Policy for Canada](#); and

WHEREAS the *Ontario Public Health Standards* requires boards of health to support and participate with other partners in advancing school food policy and programming using population health assessment and surveillance, policy development; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts support the [recommendations](#) submitted by the

Coalition for Healthy School Food to the Government of Canada as part of advance consultations for Budget 2024:

Allocate \$1 billion over five years and collaborate with provinces, territories, and Indigenous partners to provide them with an initial \$200 million as soon as possible to fund existing school food programs; and

Create a separate School Food Infrastructure Fund grants program of, at minimum, \$50 million; and

Negotiate independent School Food Policy agreements with First Nation, Inuit and Métis leadership to ensure long-term and sustainable funding for Indigenous school nutritious meal programs; and

THAT the Board calls on the Federal Minister of Families, Children and Social Development for investment in healthy school food in Budget 2024, as presented in the House of Commons' online [e-4586](#) (Food and drink).

ADDENDUM

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

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____