

Chatham-Kent Board of Health

Agenda

Wednesday, April 19, 2023

10:30 AM Closed Session 11:00 AM Open Session

Open Session Location: Zoom

To attend open session please email lisap@chatham-kent.ca

To Attend:

Councillor Lauren Anderson
Mr. Joshua Caron
Mr. Michael Genge
Ms. Magdiel Hoste
Councillor Brock McGregor (Chair)
Councillor Carmen McGregor (Vice Chair)
Councillor Alysson Storey
Teresa Bendo, Director, Public Health
Dr. April Rietdyk, General Manager, Community Human Services
Lisa Powers, Executive Assistant, Community Human Services

1. Call of the Roll

2. Disclosures of Pecuniary Interest (Direct or Indirect) and the General Nature Thereof

3. Recess to Closed Session

That the Chatham-Kent Board of Health move into a Closed Session Meeting pursuant to Section 239 of the Municipal Act, 2001, as amended, for the following reasons:

- a) Personal matters about an identifiable individual, including municipal or local board employees with regard to Medical Officer of Health recruitment.

4. Adjournment of Closed Session

"That Chatham-Kent Board of Health adjourn the Closed Session Meeting of April 19, 2023."

5. Resumption of Open Session Meeting – 11:00 AM.

6. Minutes of the Board Meeting of March 15, 2023, page 301

7. Education and Training - None

8. Business Arising From the Minutes – None

Chatham-Kent Board of Health Agenda
Wednesday, April 19, 2023
10:30 AM

9. New Business

A. Items Requiring Action

- a) CK Public Health 2023 Service Plan Submission, with presentation by Teresa Bendo, Director, Public Health, **page 501**

B. Information Reports to be Received

- a) Director's Report for the Month of April 2023, **page 701**
- b) Canada's Guidance on Alcohol and Health, **page 705**
- c) Health Equity Plan Update, with presentation by Laura Fay, Public Health Nurse, **page 719**

C. Items to be Received and Filed

- a) Association of Local Public Health Agencies (alPHa) Information Break, dated March 17, **page 901**
- b) Correspondence from Public Health Sudbury and Districts regarding minimum wage increase, **page 919**
- c) Correspondence from Southwestern Public Health regarding support for the alPHa 2023 Pre-Budget Submission, **page 923**
- d) COVID-19 Update for Chatham-Kent, **page 925**

10. Non-Agenda Items

11. Motions of Closed Session

12. Time, Date and Place for the Next Regular Meeting of the Board:

Wednesday, May 17, 2023 11:00 AM, Health and Family Services Building, 435 Grand Avenue West, Chatham.

13. Adjournment

**Chatham-Kent Board of Health
Minutes**

Wednesday, March 15, 2023

11:00 AM

Call to Order

- Present: Councillor Lauren Anderson
 Ms. Magdiel Hoste
 Councillor Brock McGregor (Chair)
 Councillor Carmen McGregor (Vice-Chair)
 Councillor Alysson Storey
 Teresa Bendo, Director, Public Health
 Lisa Powers, Executive Assistant, Community Human Services
- Regrets: Mr. Michael Genge
 Dr. April Rietdyk, General Manager, Community Human Services
- Absent: Mr. Joshua Caron

1. Provision for Declaration of Pecuniary Interest

No member of the Board declared a pecuniary interest on any matter on the open session agenda.

2. Minutes of the Board Meeting of February 15, 2023

Councillor C. McGregor moved, seconded by Councillor Anderson:

“That the minutes of the Board of Health meeting of February 15, 2023 be approved.”

The Chair put the Motion.

Motion Carried

3. Business Arising from the Minutes

a) Food Policy Council second Board of Health member representative

At the January, 2023 meeting the Board received a presentation regarding the Food Policy Council (FPC), along with a request for two Board of Health representatives to be appointed to the FPC. One of these positions would serve as chair. Councillor C. McGregor was appointed as chair at the January meeting, and the Board requested to defer appointment of the second representative to a subsequent Board meeting.

After discussion on this item, Ms. Hoste volunteered to sit on the FPC as the second Board of Health representative.

Councillor C. McGregor moved, seconded by Councillor Anderson:

“That Magdiel Hoste be appointed to the Food Policy Council as the second Board of Health representative.”

The Chair put the Motion.

Motion Carried

4. Education/Training - None

5. New Business

A. Items Requiring Action - None

B. Information Reports to be received

- a) Director’s Report for the Month of March 2023, prepared by Teresa Bendo, Director, Public Health

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

Background

The purpose of this report is to provide an overview of current events or issues arising at Public Health.

Comments

Student Immunizations Catch- up: The *Immunization of School Pupils Act* requires parents to provide proof of immunization (or appropriate exemption documents) for certain diseases if their children attend school in Ontario. Typically, CK Public Health assesses immunization records annually and provides school-based clinics twice a year. During the pandemic not only were these health unit clinics put on hold, but many students were unable to make routine visits to their primary care providers where they would have been immunized. As a result, many school-aged children have fallen behind on their routine immunizations.

One of CK Public Health’s priorities in its ‘COVID-19 recovery plan’ is to catch-up on its student immunization and screening programs. Since spring of 2022, the health unit has provided over 50 clinics, both in-house and mass immunization-style as catch- up opportunities for students who are overdue for immunizations. In August 2022 and January 2023 CK Public Health worked with the Lambton-Kent District School Board and the St. Clair Catholic District School Board to send out personalized reminder letters to parents of children who had either overdue records or were going to become overdue in the upcoming school year. The letters contained information on how the parent could access immunizations, how to report immunizations, and how to complete an affidavit of

medical or religious/philosophical exemption. The letters were sent by mail, and any letters that were returned to the Health Unit with an incorrect address were then hand delivered to the school to be picked up by the parent. A sample of one of the letters is attached as Appendix A.

In early February 2023, suspension orders with an effective date of March 7, 2023 were mailed out to all students who still had overdue records. CK Public Health issued these suspension orders to approximately 1500 students. In the first two days after the suspension orders took effect, 700 students were cleared to go back to school as their updated immunization records were received by the Health Unit. Clinics are scheduled throughout March break and additional clinics are being added as needed for the rest of the month. Parents can book their children in to a clinic by calling 519-355-1071, extension 2457. Immunizations can be reported by calling the Health Unit or visiting www.chatham-kent.ca/vaccinations.

Children and youth are not the only individuals who require ongoing immunization. Attached as Appendix B is a copy of Ontario's Immunization Schedule. Everyone should take a moment to check their immunization status and catch up if they are behind.

Canadian Public Health Week 2023: This year Canadian Public Health Week is from April 3-7. To gear up for this, the Canadian Public Health Association is promoting a Public Health Matters: 'Did you know' campaign, along with celebration and learning opportunities. To learn more, go to [Canadian Public Health Week 2023 | Canadian Public Health Association \(cpha.ca\)](http://CanadianPublicHealthWeek2023.ca)

Public Health Matters: The Association of Local Public Health Agencies (aLPHa) is implementing a public awareness campaign regarding public health called Public Health Matters. Its second video focusses on the 2022 fall vaccine success. Did you know that in fall of 2022 public health units across the province provided more than:

- 1000 fixed COVID-19 clinics
- 2000 mobile COVID-19 clinics
- 700 influenza clinics
- 1000 student immunization and catch-up clinics
- 400 MPox clinics
- 3000 in-home vaccinations

The health units fostered communication about these campaigns generating more than 330 social media posts, 4.5 million social media engagements and impressions, and more than 700 media releases, responses, and interviews.

View aLPHa's video at this link: <https://www.youtube.com/watch?v=k-O3WTm24>

Ongoing Training/Education in Public Health Topics:

The following is a curated list of resources from the National Collaborating Centre for Determinants of Health to accompany CK Public Health's report this month regarding food insecurity and the Nutritious Food Basket.

[https://nccdh.ca/images/uploads/comments/Upstream action to address food insecurity A curated list EN FV.pdf](https://nccdh.ca/images/uploads/comments/Upstream_action_to_address_food_insecurity_A_curated_list_EN_FV.pdf)

Areas of Strategic Focus

This report supports the following areas of strategic focus:

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

Consultation

There was no consultation involved in producing this information report.

Communication

Communication is proposed to be through the inclusion of this report on the Board agenda and related communications.

Diversity, Equity, Inclusion and Justice (DEIJ)

This report does not have implications related to diversity, equity, inclusion, or justice.

Financial Implications

There are no financial implications resulting from this report.

b) Food Insecurity and the 2022 Nutritious Food Basket, with presentation by Sharmini Balakrishnan, Public Health Nutritionist

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

Background

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

Nutritious Food Basket

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

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

An updated standardized survey tool and methodology was developed by the Ontario Dietitians in Public Health (ODPH) in partnership with Public Health Ontario (PHO), to ensure a consistent tool was used to monitor food affordability across Ontario. In 2022, this new methodology was piloted. The changes involve an updated list of foods that are informed by the CFG, as well as a hybrid in-store/online food costing process in response to COVID-19. This has allowed for more accuracy and flexibility when collecting and analyzing data. As such, the 2022 NFB survey results will serve a new baseline, and should not be compared to previous years' results.

Food Insecurity

"Food Insecurity" is used interchangeably with "Household Food Insecurity" throughout this report.

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

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

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

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

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

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

Comments

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

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

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

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

a Includes benefits and credits after tax

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

c 2022 Chatham-Kent Nutritious Food Basket

i 2 Adults on OW

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

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

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

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

Areas of Strategic Focus

This report supports the following areas of strategic focus:

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

Consultation

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

Communication

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

Diversity, Equity, Inclusion and Justice (DEIJ)

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

Financial Implications

There are no financial implications resulting from this information report.

In support of the report, Ms. Balakrishnan provided a PowerPoint presentation. This presentation highlighted the following main points:

- That poverty is defined as inadequate and insecure income, and material deprivation.
- One in six households experience food insecurity, while one in five children live in a food insecure household.
- The COVID-19 pandemic along with inflation and the rising cost of food worsened food insecurity.
- Public health units are required to monitor food affordability under the Ontario Public Health Standards; however due to the pandemic this was not completed in Chatham-Kent from 2020-2021.
- There is an updated, standardized survey tool and methodology to complete the review to ensure consistent monitoring of food affordability in Ontario.
- The 2022 Nutritious Food Basket results are a new baseline and should not be compared to previous years.
- In June 2022 a total of six different grocery stores were surveyed from urban and rural settings in Chatham-Kent. This was a hybrid model with three surveys completed in-store and three online.
- Due to the timing of collection, the results do not reflect inflationary or other increases in food costs since that time.
- The results show the cost of eating a nutritious diet which is compared to different household income scenarios.
- Food insecurity may impact mental and physical health of individuals, and result in increased healthcare system costs.
- Emergency food programs are important but are not a long-term solution.
- Income-based solutions can be effective; the Ontario Dietitians in Public Health recommends these income-based policy solutions.

The Board discussed the information and agreed it is especially concerning given the recent disclosure of record year profits for many grocery chains. The Board felt that sharing this information with relevant parties, including municipal Council, is of the utmost importance.

Councillor C. McGregor moved, seconded by Councillor Storey:

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

The Chair put the Motion.

Motion Carried

c) Foundational Standards Update, with presentation by Laura Zettler, Program Manager and Epidemiologist

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

Background

Under the Ontario Public Health Standards (OPHS), public health units work to meet requirements under four Foundational Standards and nine Program Standards. The Foundational Standards of Population Health Assessment, Health Equity, Effective Public Health Practice, and Emergency Management outline requirements that underpin all program standards, and foundational standards requirements are further embedded across all program standards. Under the OPHS Public Health Accountability Framework, health units have organizational mandates under the domains of Delivery of Programs and Services and Public Health Practice that reflect key foundational standards requirements. Regular information reports to the Board to describe work being done to address Foundational Standards and Program Standards are a key aspect of ongoing program monitoring, reporting, and knowledge exchange.

The Foundational Standards (FS) are rooted in evidence-informed practice, where public health uses the best available evidence to address and respond to identified and emerging needs and issues in the health unit's population. Doing the work of the Foundational Standards is the responsibility of all health unit staff and program managers, and all program areas work to meet FS requirements in the delivery of programs and services. The Foundational Standards team at CK Public Health supports this work. This is a small team of specialist roles, led by the Epidemiologist and includes: the social determinants of health public health nurse; planning and evaluation specialist; health educator; community outreach and public relations officer; and health data analyst which is a new position. The team focuses on capacity building to support program areas in addressing the FS and supports and conducts population health assessment; research; program planning and evaluation; quality improvement; knowledge exchange; and communication activities at CK Public Health.

Population Health Assessment

"Population health assessment includes the measurement, monitoring, analysis, and interpretation of population health data, knowledge and intelligence about the health status of populations and subpopulations, including the social determinants of health and health inequities. Surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice." (Ministry of Health & Long-Term Care, Population Health Assessment and Surveillance Protocol, 2018). There are population health assessment and surveillance requirements across all Foundational and Program standards. Population health assessment work in Ontario health units is further supported by a Population Health Assessment and Surveillance Protocol and a Health Equity Guideline. These guidance documents outline the type of population health data sources and indicator frameworks to assess and report on the health of populations, including the social determinants of health and health inequities.

Health Equity

“Health equity means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.” (Ministry of Health & Long-Term Care, 2021). The health equity standard outlines four required approaches including: assess and report on inequities; modify and orient programs to meet needs of equity-seeking groups; engage in multisector collaboration; support health equity analysis; and advance healthy public policy. Health equity work is supported by a Health Equity Guideline, and a Relationship with Indigenous Communities Guideline, which outline best practice approaches for this work.

Effective Public Health Practice

“Effective public health practice requires boards of health to apply skills in evidence-informed decision-making, research, knowledge exchange, program planning and evaluation, and communication, with a continued focus on quality and transparency.” (Ministry of Health & Long-Term Care, 2021). Effective public health practice means organizations are formally gathering, using, and sharing population health information and outcomes in a systematic way through program planning and evaluation.

Comments

The following section outlines the Foundational Standards team’s objectives and goals, some of the priorities and highlights for 2023-24 broken down by Standard, indicators, and future priorities.

Operational Plan Objectives

- To increase access to current population health information
- To increase awareness and understanding of key public health issues and risk factors, including social determinants of health and health inequities
- To improve use of population health information to inform program and service delivery
- To improve staff skill and organizational capacity in relation to the foundational standards
- To standardize and support foundational standards practices and processes
- To enhance documentation and transparency of evidence-informed planning, evaluation and decision-making
- To enhance integration of the foundational standards across all program areas

Program Description

Goals

- Population Health Assessment: Public health practice responds effectively to current and evolving conditions and contributes to the public’s health and well-

being with programs and services that are informed by the population's health status, including social determinants of health and health inequities.

- Health Equity: Public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.
- Effective Public Health Practice: Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement.

Strategies

- Population health assessment
- Knowledge exchange
- Staff professional development and capacity building
- Development of supportive organizational policies, processes, practices
- Collaborative action with staff and program managers
- Community engagement and partnership development

Requirements

- Population Health Assessment Requirements 1-6
- Health Equity Requirements 1-4
- Effective Public Health Practice Requirements 1-9

Accountability Indicators

- The number and percentage of staff at the board of health that completed Indigenous cultural competency training
- Description of engagement with key partners in relation to population health assessment and Indigenous engagement
- Description of how population health assessments were used to inform program planning to meet the needs of priority populations
- Description of how the board of health monitored food affordability
- Description of how health equity strategies/approaches were embedded into programs and services and how priority populations were identified to reduce health inequities
- Description of how effective public health practice activities informed program and service delivery

2023 Program Priorities and Highlights

Population Health Assessment

- Prioritize routine, ongoing areas of surveillance including Infant Feeding, Oral Health, Infectious Diseases, Syndromic Surveillance, Opioid Surveillance and Alert Communication, and support of ad-hoc internal/external data requests
- Shift from a COVID-19 centered approach to combined respiratory and outbreak surveillance and reporting
- Update community socio-demographic and available population health assessment indicators for all program areas
- Frame important public health issues for recovery: mental health, substance use, food security, climate change, and health equity
- Collaborative data initiatives, integration, and capacity building with Municipal and other partners

Health Equity

- Integrate health equity into planning and service delivery
 - Develop and support use of community engagement and language services policies
 - Embed population health data and equity considerations in planning cycle through integration of data visualization, and planning tools
 - Support the development of health equity outcome indicators for program planning
- Integrate health equity into organizational culture and infrastructure
 - Support and participate in Municipal Diversity, Equity, Inclusion and Justice (DEIJ) work
 - Support staff to identify health equity performance goals
 - Improve consistency and use of socio-demographic data collection
 - Coordinate mandatory health equity staff training
- Engage clients and community in health equity efforts
 - Engage with local partners to learn about Indigenous teachings and develop internal approaches for culturally safe and inclusive practices in client serving programs and spaces
 - Participate in knowledge exchange related to health equity work with local equity committees and groups
 - Facilitate professional development

Effective Public Health Practice

- Program Planning, Evaluation, and Evidence-Informed Decision-Making
 - Launch of program planning guide including program reviews, logic models, and situational assessments for all programs defined in the Annual Service Plan

- Develop population health assessment and program outcome indicator framework to support all programs with annual planning and reporting
 - Support of assessment, planning and evaluation activities
- Research, Knowledge Exchange, and Communication
 - Participate in locally important public health research and local data collection initiatives and develop supportive policies and practices for ethical review and community engagement
 - Collaborate with Municipal and other partners to engage and educate the community about population health issues, highlighting equity considerations (Council and Board of Health reports include DEIJ component)
 - Strategic partner communication (education, health care, emergency services, Municipal departments, Council)
- Quality and Transparency
 - Data quality and enhancement of internal data system structures, electronic data collection, consistent socio-demographic data collection
 - Use of website, spatial, and digital tools to enhance data analysis, improve access to population health information, and streamline risk notifications/alerts
 - Develop communications framework with supportive policies, processes, and practice guidance

Performance Indicators

The Foundational Standards team is working on developing performance indicators, at the organizational and team level. Narrative updates will continue to be a primary method of reporting and demonstrating progress in relation to the Foundational Standards.

Future Priorities

Most of the current work plans and priorities reflect ongoing areas of work that will extend through 2024.

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	Healthy & Safe Community	People & Culture	Environmental Sustainability
Focus on social determinants of health including employment, education, and income 1.1, 1.4	Focus on comprehensive health promotion for population health, well-being and safety 2.1, 2.2, 2.3, 2.4	Focus on health equity and equity-seeking groups 3.1	Focus on environmental health and climate change vulnerability 4.2

Consultation

While there was no consultation required for the purposes of this report, meaningful engagement with partners and clients is a key component of the foundational standards and of public health program planning and service delivery. Health Unit programs will continue to consult with and engage stakeholders through assessment, planning, and evaluation efforts.

Communication

Communication is proposed to be through the inclusion of this report on the Board agenda and related communications.

Diversity, Equity, Inclusion and Justice (DEIJ)

The Foundational Standards require public health to assess and report on health inequities, and engage equity-deserving groups, to understand unique needs and modify program and service delivery. Meeting these mandates requires meaningful community engagement and identifying unintended consequences and mitigation strategies for groups that may be disproportionately impacted by policies and programs. Public health is a strong proponent for inclusion of an equity lens in Board and Council reporting, to ensure active and transparent consideration of equity and the social determinants of health.

Financial Implications

There are no financial implications resulting from this report.

Ms. Zettler provided a PowerPoint presentation in support of the report. The presentation contained the following highlights:

- An overview of the Foundational Standards team.
- An outline of the Foundational Standards from the Ontario Public Health standards, and an explanation of their impact on public health practice.
- An overview of CK Public Health's COVID-19 recovery framework, the recovery health equity plan, and program planning framework.

In response to a question from the Board asking if staff look at specific risk factors to determine individual outcomes, particularly around various insecurities, Ms. Zettler indicated that this information is considered based on available data.

Regarding a question from the Board around the relationship with the Municipal DEI/J program, Ms. Zettler indicated that the Foundational Standards team enjoys a positive relationship with this group. While there is not currently a formalized process in place between the groups, that is the goal. Integration of DEI/J information in to Board and Council reports may help with these conversations.

The Board agreed it is important to see the downstream costs of upstream decisions being made.

Councillor C. McGregor moved, seconded by Councillor Anderson:

“That the three reports be received as information.”

The Chair put the Motion.

Motion Carried

C. Items to be Received and Filed

Councillor C. McGregor moved, seconded by Ms. Hoste:

“That items a through f be received and filed”

- a) Association of Local Public Health Agencies (aLPHa) Information Break February 2023
- b) Correspondence from Peterborough Public Health regarding Improvements to Indoor Air Quality
- c) Correspondence from Sudbury and Districts Public Health regarding community engagement to address food insecurity
- d) Correspondence from North Bay Parry Sound Public Health regarding Food Insecurity in Ontario

e) Chatham-Kent COVID-19 Report

f) aPHa 2023 Annual General Meeting and Conference Package

In regard to item f, Councillor C. McGregor noted that this will be the first in-person AGM in three years. The call for resolutions is April 21. The Board of Health section will be working on a resolution regarding a call to end homelessness.

The Chair put the Motion.

Motion Carried

6. Non-Agenda Items

a) Councillor B. McGregor shared information regarding the funding of prescription birth control in British Columbia.

Councillor C. McGregor moved, seconded by Ms. Hoste:

“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 aPHa and any other appropriate partners.”

The Chair put the Motion.

Motion Carried

b) Councillor C. McGregor shared a brief update from the Day at Queens Park, and thanked the Board and staff for supporting her attendance.

7. Motions of Closed Session, March 1, 2023

The Board received an update from, and provided direction to, Administration around an identifiable individual in regard to Medical Officer of Health recruitment.

8. Time, Date and Place for the Next Meeting of the Board

The next meeting of the Board will be held Wednesday, April 19, 2023 at the Health and Family Services building, 435 Grand Ave. W., Chatham, with the open portion of the meeting to start at 11:00 AM.

9. Adjournment

Moved by Councillor C. McGregor that the meeting be adjourned at 11:57 AM.

Brock McGregor, Chair

Municipality of Chatham-Kent**Community Human Services****Public Health Unit**

To: Board of Health
From: Teresa Bendo, Director, Public Health
Date: April 1, 2023
Subject: 2023 CK Public Health Service Plan Submission

It is recommended that:

1. The 2023 Service Plan in Appendix A be approved.

Background

The Board of Health is required to submit an annual Service Plan to the Ministry of Health. The deadline is April 3, 2023.

Comments

The draft 2023 Service Plan will be submitted to the Ministry by the deadline. A copy can be found in Appendix A.

The purpose of the Service Plan and Budget submission is to describe the complete picture of programs and services that CK Public Health provides in the context of the Ontario Public Health Standards (OPHS). The Service Plan demonstrates that the Board's programs and services align with the priorities of Chatham-Kent, and further demonstrates accountability for the planning and use of funding for each program and service.

The Service Plan is made up of five key sections:

- Community assessment: This section describes the community of Chatham-Kent, the needs of the population, and the most recent available data about the community.
- Program plans: This section describes the programs, services, and interventions CK Public Health is planning to implement to address the Ontario Public Health Standards.
- Staff allocations by Standards and programs: This section describes the staff complement assigned to each Standard and program.

- Budget summary: This section describes the budget by funding source, summary by Standard with direct and indirect costs per Standard
- One-time funding requests: This section describes the additional one-time funding requests.

CK Public Health requested \$ 7,393,000 as the Provincial share of the base budget:

Mandatory Programs (cost-shared 70/30)	\$ 6,708,700
Ontario Seniors Dental Care Program (100% provincially funded)	\$ 684,300

CK Public Health also requested one-time funding of \$ 1,168,072 for the following:

COVID-19 General Program	\$ 455,279
COVID-19 Vaccination Program	\$ 330,857
Public Health Inspector Student Practicum Program	\$ 23,320
Cost of Living, Inflationary Pressures	\$ 358,616

COVID-19 General and Vaccinations Programs

CK Public Health will continue to provide services to support the prevention of spread and provide case and contact management of COVID-19 throughout the community. In the general COVID-19 programming area CK Public Health will manage the cases that are presented to the health unit in the highest risk setting (e.g. acute care, long-term care homes/retirement homes, congregate living settings). This is in accordance with the guidance provided by the Ministry of Health and other relevant Ministries to control and contain outbreak and recommend implementation of additional preventative measures where indicated.

Opportunities for vaccination of eligible individuals will continue to be provided by CK Public Health through fixed and mobile vaccine clinics. Vaccinations will be administered based on current guidance provided by the Ministry of Health.

Public Health Inspector (PHI) Student Program

Practicum students assist CK Public Health in delivering programming such as beach surveillance; West Nile Virus and tick surveillance; and food inspections. In addition, these students will assist in catch-up due to COVID-19. Students will gain real world experience in addition to one-one mentoring to prepare them for their board certification examination. Just as important to CK Public Health, student PHI practicums introduce future PHIs to the community of Chatham-Kent and this is a significant recruitment method for CK Public Health.

Cost of Living, Inflationary Pressures

Since 2016 CK Public Health has made a number of changes to manage its budget within the funding constraints. These include:

- operating lines that support service delivery decreased to a minimum
- implementing more efficient ways of delivering programs
- eliminating or decreasing the frequency of programs
- annually decreasing staff complement

Potential changes to programs to manage the budget will impact CK Public Health's ability to comply with the OPHS. Decreasing operating lines further would jeopardize CK Public Health's ability to support program delivery. The 2023-2024 budget year brings a \$358,616 budget pressure due to cost of living and inflationary pressures.

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	Healthy & Safe Community	People & Culture	Environmental Sustainability
	2.3		

Consultation

There was no consultation required in producing this report.

Communication

Communication is proposed to be through the inclusion of this report on the Board agenda and related communications.

Diversity, Equity, Inclusion and Justice (DEIJ)

Health equity is part of the mandate of public health units. The Service Plan requires that public health units identify the priority populations within their communities, the target populations for each of its programs, and interventions or specific approaches taken. The Service Plan also requires a description of how the board of health will: incorporate a health-equity approach throughout all programs and services, and how effective local strategies to reduce health inequities will be identified.

Financial Implications

As indicated in the Service Plan submission.

Prepared by:

Teresa Bendo, MBA
Director, Public Health

Reviewed by:

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

Attachment: Appendix A 2023 CK Public Health Service Plan

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

To: Board of Health

From: Teresa Bendo, Director, Public Health

Date: April 1, 2023

Subject: Director's Report for the Month of April, 2023

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

Background

The purpose of this report is to provide an overview of current events or issues arising at Public Health.

Comments

2022-2023 Funding Approvals:

On March 17, 2023 the Ministry of Health notified CK Public Health that its 2022-2023 maximum budget allocation would be \$10,954,700. The maximum allocation was broken down as follows:

Base Budget \$7,443,100

One-time Funding \$3,511,600

• Cost sharing mitigation	\$ 968,000
• Needle exchange program	\$ 24,600
• Purpose -built refrigerators	\$ 29,000
• Public Health Inspector Practicum Program	\$ 22,900
• COVID 19 General Program	\$ 659,900
• COVID 19 Vaccination Program	\$ 863,900
• Seniors Dental Care Program	\$ 70,000
• Seniors Dental Care Capital Program	\$ 262,100
• School Focused Nurses Initiative	\$ 498,400
• Temporary Retention Incentive for Nurses	\$ 112,800

In addition, the Ministry confirmed the following maximum allocations for 2023-2024:

Cost sharing mitigation (January 1, 2023- December 31, 2023) \$ 968,000

School Focused Nurses Initiative (January 1, 2023- June 30, 2023) \$ 125,000

Ongoing Training/Education in Public Health Topics:

Housing is a social determinant of health and homelessness is a multi-dimensional problem. Homelessness and Health Outcomes: PHO's evidence brief outlines the complex relationship between health and homelessness and the health outcomes associated with homelessness.

[Homelessness and Health Outcomes: What are the associations? \(publichealthontario.ca\)](https://publichealthontario.ca/homelessness-and-health-outcomes-what-are-the-associations/)

The Association of Municipalities of Ontario has been involved in housing and homelessness advocacy for years. Some of this work can be found at this link. <https://www.amo.on.ca/advocacy/health-human-services/amos-compendium-work-housing-and-homelessness>

Areas of Strategic Focus

This report supports the following areas of strategic focus:

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

Consultation

There was no consultation involved in producing this information report.

Communication

Communication is proposed to be through the inclusion of this report on the Board agenda and related communications.

Diversity, Equity, Inclusion and Justice (DEIJ)

Public Health work is informed by a DEIJ lens, and Health Equity is a requirement of the Ontario Public Health Standards. Part of this lens includes providing learning opportunities; as such, the training items referenced in this report seek to provide education and awareness around homelessness and its associated impacts.

Financial Implications

There are no financial implications resulting from this report.

Prepared by:

Teresa Bendo, MBA
Director, Public Health

Reviewed by:

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

Attachments: None

Municipality of Chatham-Kent

Community Human Services

Public Health Unit

To: Board of Health

From: Jordynne Lindsay, Public Health Nurse, Chronic Disease and Well-being

Date: March 31, 2023

Subject: Canada's Guidance on Alcohol and Health

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

Background

Current Context of Alcohol Use, Costs, and Harms

Alcohol is a regulated psychoactive substance used by approximately three quarters of Canadians, often as a normalized part of their lifestyle or social events. Unfortunately, most people are unaware that alcohol is a primary preventable cause of health and social harms.^{1,2} In fact, alcohol use is the leading risk factor for death and disability among Canadians between the ages of 15 and 49 years and is the direct cause of over 60 chronic conditions including seven types of cancer.^{1,2,3} Alarming, 70% of Canadians are not aware that alcohol causes cancer.⁴ In 2020, nearly \$20 billion or over 40% of the total costs of substance use in Canada, including healthcare, lost productivity, and criminal justice costs were due to alcohol.¹ Alcohol use led to 17,098 deaths in Canada in 2020.¹ In Ontario, alcohol-related costs amount to at least \$5.3 billion each year with 15% of Ontarians reporting harmful alcohol use behaviours and one in three experiencing harm resulting from someone else's alcohol use in the past year.⁵ A recent report released by Public Health Ontario found that each year in Ontario alcohol consumption causes over 4,300 deaths, 22,000 hospitalizations and nearly 195,000 emergency department visits, making up about 4% of deaths, 2% of hospitalizations and 4% of emergency department visits from all causes in people age 15 and older⁶.

Despite the misconception that alcohol generates money for the government through taxes, these societal costs mean that all provinces and territories in Canada are running an alcohol deficit of over \$3.7 billion per year.⁷ Among Chatham-Kent residents (2019/20), 23% of adults self-reported using alcohol in excess of low-risk according to Canada's new guidance on alcohol and health and 23% self-reported heavy drinking (five or more drinks on an occasion) over the last year. The proportions of adults exceeding low risk alcohol use and self-reporting heavy drinking in CK is significantly higher compared to adults in Ontario overall, and is higher among those identifying as male, compared to female. ⁸ Chatham-Kent has experienced lower rates of emergency

department visits and comparable hospitalization rates for conditions entirely attributable to alcohol, compared to the province.⁸

Comments

Development of the New Guidance

In January 2023, the Canadian Centre on Substance Use and Addiction (CCSA) released Canada's Guidance on Alcohol and Health, which replaces Canada's Low Risk Alcohol Drinking Guidelines. There are many reasons the guidelines were updated. Substantial new research on alcohol emerged over the past decade, providing new direction and enabling countries around the world to update their guidance to be more evidence-informed.² Canadian research demonstrated the previously used Low Risk Alcohol Use Guidelines were not sufficient in promoting and protecting health and preventing harms related to alcohol use.⁹ The new guidance was developed through a collaborative process of CCSA scientists, knowledge mobilization specialists, representatives from various Canadian organizations including Health Canada, and public consultation.²

Canada's Guidance on Alcohol and Health is informed by a public health perspective and intends to improve alcohol literacy by providing accurate and current information about the risks and harms associated with alcohol use. The goal is to support Canadians to make well-informed choices about alcohol use and to promote autonomy in harm reduction. The guidance will also support health and social service professionals who can help individuals assess their individual risk of harm from alcohol use. Finally, the Guidance on Alcohol and Health is also intended to contribute to a growing evidence base for future alcohol policy and prevention resources, with a long-term goal to shift Canada's alcohol use culture and mitigate the normalization of harmful alcohol use at a societal level.²

Canada's Guidance on Alcohol and Health

To reduce the risk of individual and population-level harms from alcohol use, it is recommended that people consider reducing their alcohol use. New guidance on alcohol and health, based on current evidence, suggest the following:

- There is a continuum of risk associated with weekly alcohol use, where the risk of harm from alcohol is:
 - **Low** for individuals who consume **two** standard drinks or less per week;
 - **Moderate** for those who consume between **three and six** standard drinks per week; and
 - **Increasingly high** for those who consume **seven** standard drinks or more per week.
- Consuming more than two standard drinks per drinking occasion is associated with an increased risk of harms to self and others, including injuries and violence.
- When pregnant or trying to get pregnant, there is no known safe amount of alcohol use.

- When breastfeeding, not using alcohol is safest.
- Above the upper limit of the moderate risk zone for alcohol use, the risk of harm increases more steeply for females than for males².
- Significantly more injuries, violence, and deaths result from drinking among males, especially in the case of per occasion alcohol use.²

Many people do not know or may not have been taught what a standard drink is, which can lead to underestimating the amount of alcohol being used. Understanding this information can help individuals assess their alcohol use more accurately and make informed decisions about risks. For these guidelines, a standard drink includes:

- 341 mL or 12 oz of beer/cooler/cider that is 5% alcohol content;
- 142 mL or 5 oz of wine that is 12% alcohol content; and
- 43 mL 1.5oz of distilled alcohol (e.g., rum, vodka, gin, etc.) that is 40% alcohol content.²

An important component of the guidance is that the risk of negative outcomes begins to increase with any alcohol use and consuming more than two standard drinks per occasion is associated with significantly increased risk of harms to self and others. Binge drinking is a pattern of alcohol use that results in legal impairment for most people and is usually defined as consuming five or more standard drinks in one setting for males or four or more standard drinks in one setting for females. Binge drinking is a significant risk factor for death from any cause, including unintentional injuries, violence, heart disease and high blood pressure, inflammation of the gastrointestinal system, and developing alcohol use disorder (alcohol dependence). Furthermore, second-hand complications can arise from acute impairment and binge drinking such as violence, road crashes, child abuse, and neglect.²

There are also situations where no amount of alcohol use is advised to decrease the risk of injury and harms. These situations include: when trying to become pregnant, pregnancy, and breastfeeding; driving a motor vehicle; using machinery and tools; taking medications or other drugs that interact with alcohol; doing any kind of dangerous physical activity; and being responsible for the safety of others.²

Areas of Strategic Focus

This report supports the following areas of strategic focus:

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

Consultation

There were no consultations for the writing of this report. Throughout the development of Canada's Guidance on Alcohol and Health, the Canadian Centre on Substance Use and Addiction (CCSA) conducted extensive consultations with a number of key partners, including health professionals, scientists, government, and people living in Canada. This process involved a public consultation in which 4,845 individuals participated and interviews with 48 persons representing various health-related organizations. The summary report, *Commissioned Report: Update on Canada's Low-Risk Alcohol Drinking Guidelines: Summary of Stakeholder Focus Groups*, is available on CCSA's webpage.¹⁰

Communication

Communication of Canada's Guidance on Alcohol and Health will occur using a variety of health promotion approaches. CK Public Health staff participate on national, provincial, and regional substance use networks, where information and updates are shared regularly. These networks include:

- Canadian Alcohol Policy Evaluation Community of Practice (CAPE CoP);
- Ontario Public Health Agency (OPHA) Alcohol Community of Practice;
- Alcohol Policy in Ontario Community of Interest;
- Southwest Regional Polysubstance Working Group; and
- Chatham-Kent Drug Awareness Council (CKDAC).

Education and awareness campaigns targeting different audiences (e.g., health care providers, general public, youth, etc.) are currently in planning stages through these collaborative networks to ensure coordinated and consistent messaging. In addition, CK Public Health is planning to update the alcohol page on the website and is working with the Southwest Regional Polysubstance Working Group to align messaging. CK Public

Health staff will include messaging around the updated guidance in all community-based substance use presentations and provide resources, such as Canada's Guidance on Alcohol and Health infographic (Appendix A), to promote awareness at the local level.

Diversity, Equity, Inclusion and Justice (DEIJ)

The relationships between alcohol and the social determinants of health are complex. Social, economic, and health factors can directly and indirectly impact alcohol use and related risks and harms. In addition, alcohol use can both create and exacerbate vulnerable situations (e.g., unemployment) and influence subsequent alcohol use patterns.¹² To enable effective action, it is important to first understand the causes of inequities in the context of alcohol use and related risks and harms.¹³ Factors that influence alcohol risks and harms include alcohol access and affordability, gender norms, social environment (e.g., social and cultural practices, loss of cultural identity, stigma, social networks and supports), socio-economic position, occupation type, individual motivations and coping skills, and lack of knowledge about risks.¹⁴

Alcohol-Related Harms and Socioeconomic Status

Research shows there is an uneven distribution in morbidity and mortality where greater socioeconomic deprivation is associated with greater likelihood of harms related to alcohol use. This is referred to as the *alcohol harm paradox* whereby individuals experiencing lower socioeconomic conditions experience harms related to alcohol use at disproportionately greater rates than those that experience less socioeconomically deprived conditions even when the amount of alcohol is the same or less.¹³ Individuals experiencing income inequities may also experience greater and more severe negative outcomes associated with alcohol use compared to those with higher income, such as stigma, loss of earnings, unemployment, and barriers to health care access.¹² Additionally, alcohol is more available in disadvantaged neighbourhoods through higher density of alcohol outlets. When more stores sell alcohol, it is more convenient for individuals to access. Availability of alcohol is further perpetuated through marketing and advertisements, driving the divide across population groups. In other words, the same amount of alcohol in a community with fewer resources will do more damage than in one with more resources because protective factors may be absent.¹³ For more information on harms attributable to increased availability of alcohol and strategies to mitigate negative health and social impacts, see Appendix B, Alcohol Availability in Ontario infographic.

Alcohol-Related Harms and Biological Sex

In Canada, alcohol use and risks are experienced at higher rates for males than females. However, evidence shows that alcohol risks and harms are rising among females, particularly those aged 35 and older.¹⁵ Females are at increased risk for chronic disease and the risk increases more steeply for females along the continuum.² For example, alcohol has a significant impact on the development of female breast cancer.¹⁶ Individuals identifying as 2SLGBTQIA+, particularly those identifying as

women, are positioned to experience greater risks and harms including alcohol use disorder.¹⁶ Individuals identifying as women are also at higher risk for experiencing violence related to alcohol use. When pregnant, trying to conceive, or breastfeeding, there is no known safe amount of alcohol use.²

Alcohol-Related Harms and Biological Age

Individuals aged 19-24 years have the highest rates of binge drinking in Ontario.¹² Alcohol is the most common drug used by youth and is a leading risk factor for death and social problems among this group.² While deaths attributable to alcohol are less than tobacco in Canada, more people dying from alcohol use are younger, resulting in more lost years of productive life.¹ Among youth populations, public health messaging should promote delaying the onset of alcohol use for as long as possible. For adults over 65 years, alcohol use parameters should be lower because of age related changes in metabolism and other factors that increase sensitivity to alcohol, such as concurrent medications and chronic disease.¹⁷

Alcohol-Related Harms and Indigenous Peoples

Intergenerational trauma caused by colonialism positions Indigenous Peoples and communities to experience risks and harms associated with alcohol use at disproportionate rates.¹⁸ Studies have indicated indigenous youth attending off-reserve schools in Canada were more likely than non-Indigenous youth to report having used alcohol in the previous year. Among this cohort, Indigenous males were less likely to have engaged in past-year alcohol use compared to Indigenous females. Indigenous youth also reported starting to use alcohol at younger ages than non-Indigenous youth.¹⁹ Therefore, strategies addressing structural inequities that are developed by, with, and for Indigenous Peoples and communities are required to prevent and mitigate risks and harms related to alcohol use in culturally responsive, trauma and violence-informed, and equity-oriented ways.

Financial Implications

There are no financial implications resulting from this report.

Prepared by:

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Reviewed by:

Teresa Bendo, MBA
Director, Public Health

Reviewed by:

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

Attachments:

1. Appendix A-Canada's Guidance on Alcohol and Health Infographic (Canadian Centre on Substance Use and Addiction, 2023)
2. Appendix B-Alcohol Availability in Ontario Infographic

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Drinking less is better

We now know that even a small amount of alcohol can be damaging to health.

Science is evolving, and the recommendations about alcohol use need to change.

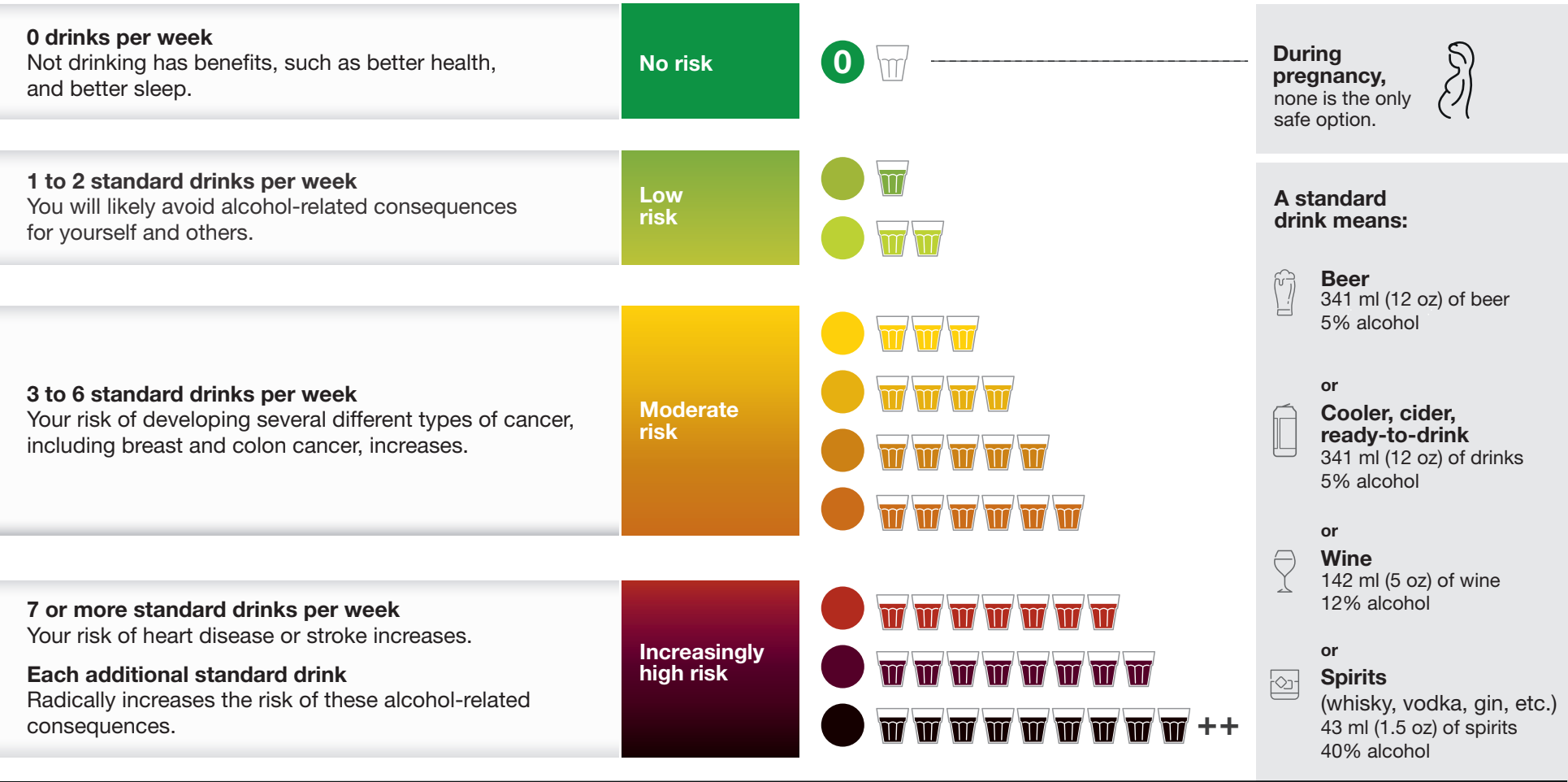
Research shows that no amount or kind of alcohol is good for your health. It doesn't matter what kind of alcohol it is—wine, beer, cider or spirits.

Drinking alcohol, even a small amount, is damaging to everyone, regardless of age, sex, gender, ethnicity, tolerance for alcohol or lifestyle.

That's why if you drink, it's better to drink less.

Alcohol consumption per week

Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.

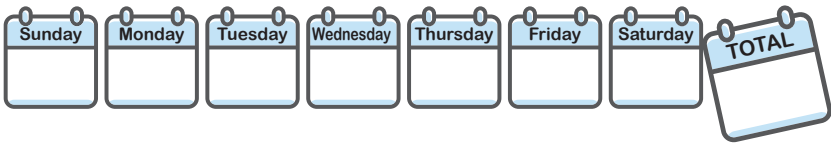


Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, **make sure you don't exceed 2 drinks on any day.**

Good to know

You can reduce your drinking in steps! Every drink counts: any reduction in alcohol use has benefits.

It's time to pick a new target

What will your weekly drinking target be?



Tips to help you stay on target

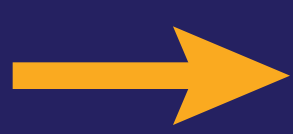
- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.

ALCOHOL AVAILABILITY IN ONTARIO

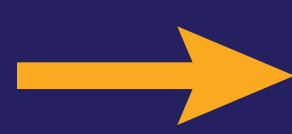


DID YOU KNOW?

Increased Alcohol Availability



Increased Alcohol Consumption



Increased Alcohol Harms and Costs



Alcohol is associated with: dependence, suicide, mental health concerns, chronic diseases, violence, injuries and social problems.



In 2022, approximately **20%** of adults in Ontario (compared to 15% in 2015) reported harmful drinking behaviours.



In 2017, alcohol-related costs in Ontario amounted to at least **\$6.2** billion annually.



Research from Ontario shows that once the province started selling alcohol in grocery stores (in 2015), there were over **24,000** more people admitted to emergency rooms than in the two years before.



1 in 3 Ontarians experienced harm as a result of someone else's drinking in the past year.



Alcohol causes various cancers, including:

- Mouth
- Esophagus
- Throat
- Colon and Rectum
- Voice box
- Breast
- Liver.

CHANGES DURING COVID-19

Covid-19 stress amplified mental health and substance use concerns.



Increased availability due to:

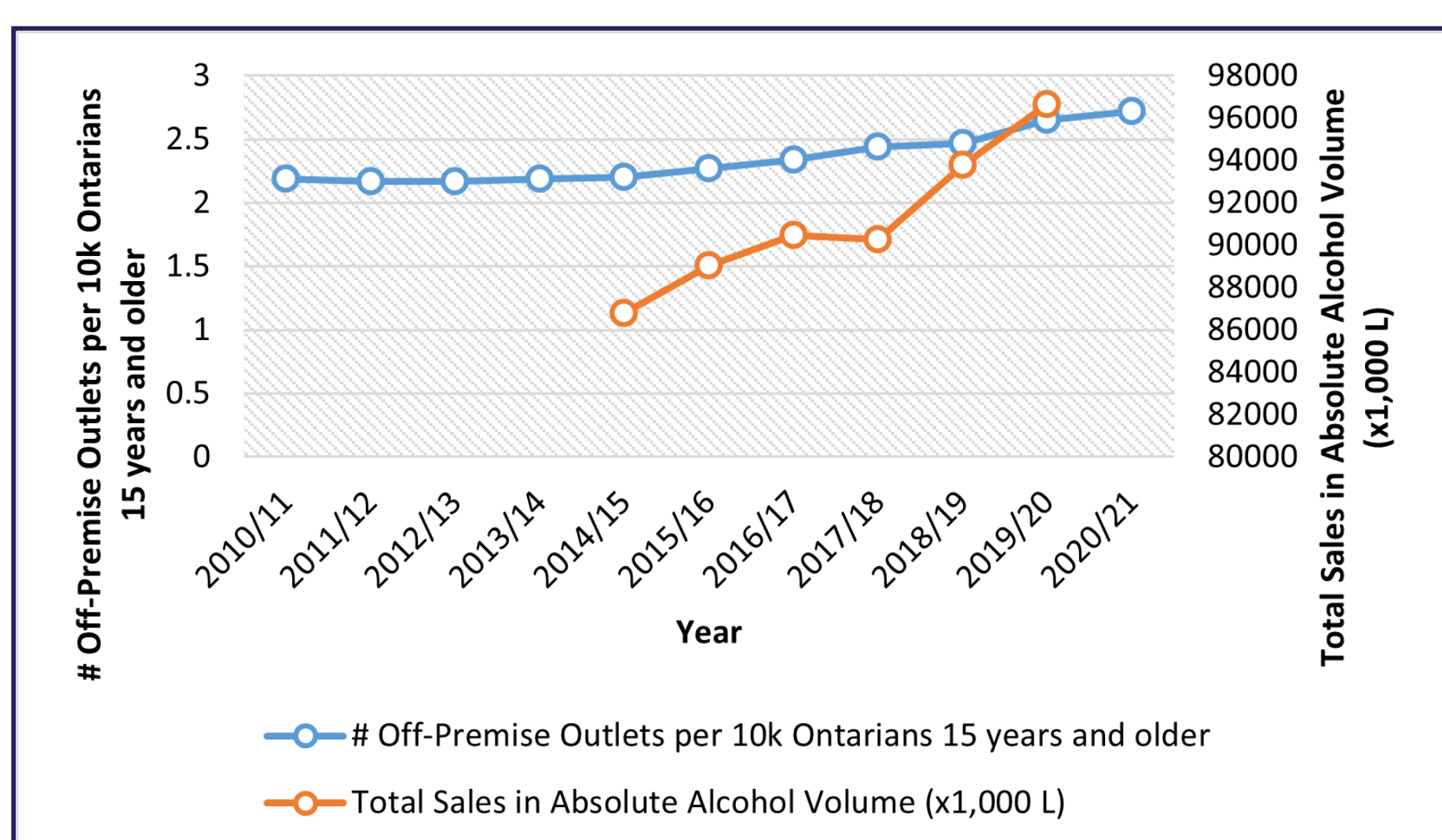
- extended off premise retail hours 9 am to 11 pm
- takeout and delivery from licensed establishments
- LCBO convenience store outlets, and
- third-party delivery (e.g., UberEats).



25% of Canadians (aged 35-54) were drinking more while at home due to COVID-19 pandemic.



DENSITY OF OFF-PREMISE* ALCOHOL OUTLETS AND TOTAL ALCOHOL SALES IN ONTARIO



*Off-premise outlets include: LCBO and Agency stores, Beer Stores, Ontario wine stores, Grocery stores, On-site brewery and distillery stores, ferment on premise outlets, and Duty-free stores.

HOW CAN LOCAL HEALTH UNITS AND MUNICIPALITIES REDUCE ALCOHOL-RELATED HARMS?



Recognize that increased alcohol availability affects community health and prioritize health in all policy decisions.



Prioritize local surveillance for alcohol use and harms by:

- partnering with stakeholders.
- identifying indicators.
- collecting data.
- reporting to the community.



Champion policy change to prevent further expansion of alcohol availability in Ontario. Municipalities are encouraged to take a cautious [or precautionary] approach to liquor licensing.



Consider and integrate alcohol policy in mental health, addictions and community safety and well-being policies.



Municipalities can work with Public Health to support evidence-based strategies, such as strengthening municipal alcohol policies to reduce alcohol-related harms.



Advocate for government action to develop a comprehensive, evidence-based alcohol strategy.

References

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Thank you to the Alcohol Policy in Ontario Community of Interest for their review and contributions. This infographic was developed by Evidence Exchange Network (EENet).

Municipality of Chatham-Kent
Community Human Services
Public Health Unit
Information Report

To: Board of Health
From: Laura Fay, Public Health Nurse, Foundational Standards
Date: April 1, 2023
Subject: Health Equity Plan Update

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

Background

CK Public Health's Health Equity Plan, approved in October 2022, is the first formalized Health Equity Plan for the health unit. Since the modernization of the Ontario Public Health Standards (OPHS) in 2018, the Foundational Standards Team has used a health equity framework to guide their team's work; however, given the amplified health inequities that arose from the pandemic, a formal health equity plan, as part of CK Public Health's Recovery Framework, was deemed a priority. The ever-green plan, grounded in requirements and guiding principles, is designed to adapt to changing needs and priorities as informed by the various forms of public health evidence - local context, community and political preferences and actions, research, and public health resources (NCCMT, 2023).

The largest contributors to the plan are:

1. The Ontario Public Health Standards:

Under the OPHS, public health units work to meet the requirements of four Foundational Standards. One of these four Foundational Standards is Health Equity. In addition, the Health Equity Standard includes a Health Equity Guideline and a Relationship with Indigenous Communities Guideline. The inclusion of health equity in public health "is important to the delivery of all public health programs and services in order to support people to reach their full health potential" (OPHS, 2018). The chart below is the framework for Health Equity work as outlined by the OPHS.

The Health Equity Plan consists of three priority areas, working towards the overall goal of increasing the skills, knowledge, and capacity of CK Public Health to reduce health inequities and improve population health outcomes. Each priority area has an associated logic model that outlines the specific activities required to achieve each priority. Below is a diagram of the Health Equity Plan.

Health Equity Framework			
Goal	To decrease health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.		
Guiding Principles	Need, Impact, Capacity, Partnership, Collaboration, & Engagement		
Requirements in the OPHS	Health Equity Foundational Standard	Health Equity Guideline	Relationship with Indigenous Communities Guideline
How the work is to be done	Assess & report Modify & orient Multi-sectoral collaboration Lead, support, and participate in stakeholder equity work	Health Equity work is supported by other Foundational Standards that are relevant to Health Equity: - Population Health Assessment Standard - Effective Public Health Practice Standard	Engagement with Indigenous communities and organizations by following the principles of: - Relationship building - Recognitions, respect, mutuality - Self-determination - Timely communication and knowledge exchange - Coordination
Areas of Work	Capacity building, planning & service delivery, organizational culture and infrastructure, & community partnerships		
Approaches for achieving the requirements	- Understanding and addressing social determinants of health (SDOH) - Addressing diversity in programs/services - Enhancing capacity for anti-racist, anti-oppressive, and culturally safe approaches to practice - Fostering organizational capacity for action - Planning and implementing policy approaches - Undertaking community engagement and inter-sectoral action		

	• Using performance and quality improvement principles to advance health equity • Promoting the use of health equity tools & supports
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2. CK Public Health's COVID-19 Recovery Framework:

Finalized in August 2022, the Recovery Framework was developed to support CK Public Health to effectively recover from the COVID-19 pandemic as an organization and ensure readiness to respond to emerging events. As part of this framework, several areas of focus were identified with health equity being one of them.

3. Indigenous and Anti-Racism Research, Reports, Best Practices, & Community Action:

The activities included in the Health Equity Plan were informed by:

- Truth and Reconciliation Commission of Canada: 94 Calls to Action
- National Inquiry into Missing and Murdered Indigenous Women and Girls Calls to Justice
- National Collaborating Centres for the Determinants of Health and Indigenous Health
- Provincial Government Anti-Racism and Urban Indigenous Strategies & Plans
- Environmental scans of other health unit policies & practices
- Internal scans and assessments
- Public Health Ontario, Association of Public Health Epidemiologists in Ontario best practice recommendations

4. Local Context:

Local contextual data informed the Health Equity Plan, including recent Census data, as highlighted below, which demonstrate trends in the community's demographics. These trends helped to inform the prioritization of the Health Equity Plan activities.

- **4.2% of people in CK identified as Indigenous**, compared to 2.9% in the province (Census, 2021)
 - Indigenous populations are one of the fastest-growing populations in Canada (Statistics Canada, 2022)
 - 85.5% of people who identify as Indigenous live in urban settings (Government of Ontario, 2021)
- Between 2016 and 2021, **racialized communities increased by almost 50% in CK** (an increase of more than 2,300 people) (Census, 2021)
 - 9% (8,630) of people in CK were born outside of Canada, with 660 people immigrating in the past five years (Census, 2021)
 - By 2041, two in five (almost half) of people in Canada will belong to a racialized community (Statistics Canada, 2022)

- Research demonstrates that poor health outcomes disproportionately impact certain populations, specifically Black, Indigenous, and communities of colour.

Alongside a better understanding of community demographics and social determinants of health, past and ongoing health equity analyses demonstrate the link between deprivation and poor health outcomes. Identifying local health inequities along with using and sharing that information are key roles for public health.

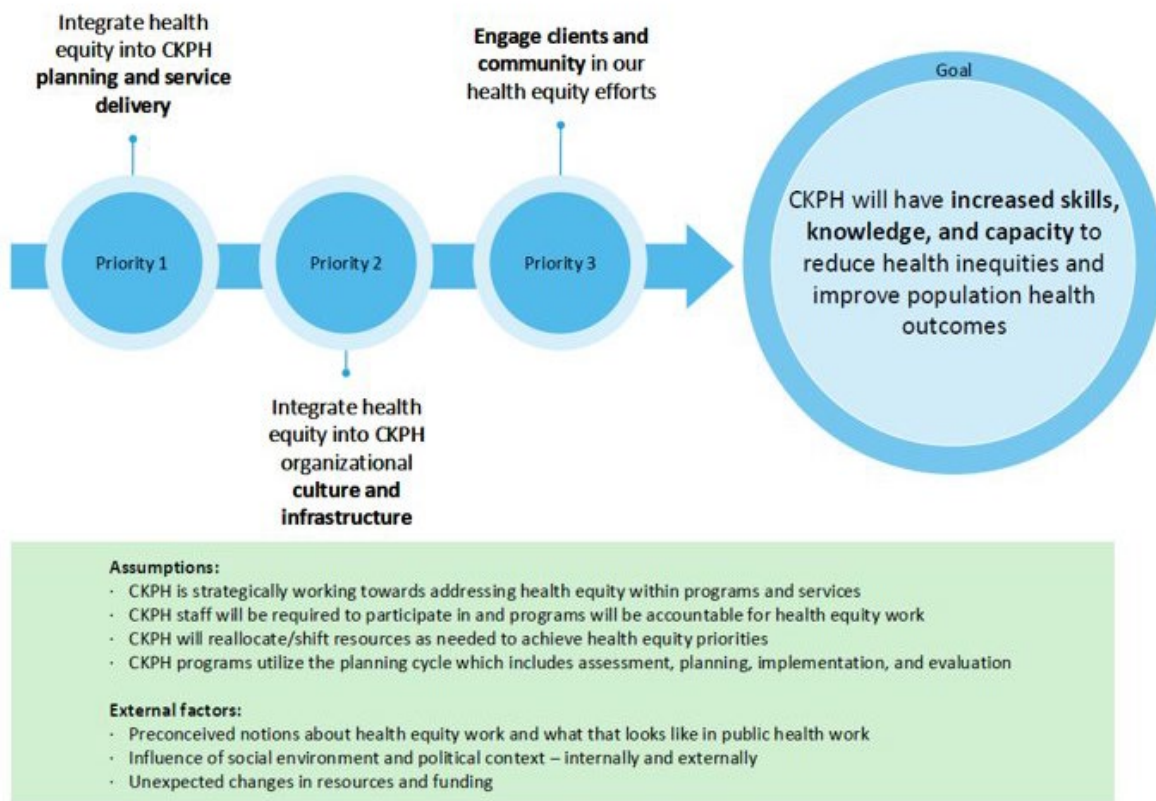
5. Partnership and Collaboration

The Health Equity Plan reflects five years of partnership and collaboration with community partners who engage in health equity work. Hours of relationship-building and learning (and unlearning) have contributed to this plan. Some examples of partnerships that have informed, and will continue to inform, this work are:

- The Social Action Planning Tables, specifically the Maawnjidiimi Network (Urban Indigenous Network), and CK Local Immigration Partnership Anti-Racism and Community Network and Supports Working Groups
- Municipal Diversity, Equity, Inclusion, & Justice (DEIJ) initiatives

Comments

The Health Equity Plan consists of three priority areas, working towards the overall goal of increasing the skills, knowledge, and capacity of CK Public Health to reduce health inequities and improve population health outcomes. Each priority area has an associated logic model that outlines the specific activities required to achieve each priority. Below is a diagram of the Health Equity Plan.



There are several activities identified within the three priority areas of the Health Equity Plan. To prioritize the work for 2023, a prioritization activity took place with the Recovery Strategy Team. Prioritization of the activities was based on organizational readiness and capacity while trying to balance quick-win activities with longer-term, bigger projects.

For 2023, the following activities are prioritized:

- Mandatory training for all staff:
 - San'yas Anti-Racism Indigenous Cultural Safety Training
 - Francophone & Cultural & Linguistic Sensitive Care Course

2023 Mandatory Staff Training		
	San'yas Anti-Racism Indigenous Cultural Safety Training	Francophone & Cultural & Linguistic Sensitive Care Course
Training Goals	• To strengthen participant knowledge, awareness, and skills for working with and providing service to	• To gain knowledge about cultural and linguistic sensitive care focusing on personal perspectives and inclusive health practices

	Indigenous people and communities • To help participants work more safely and effectively with Indigenous people • To have participants begin to consider their role in correcting, rebuilding and transforming systems to uproot Indigenous-specific racism	• To learn about Francophones in Ontario: who they are, where they come from, how they obtain official-language rights as an official language minority population, and understand the health barriers that affect them today • To understand the active offer of French Language Services, what it is and how to implement it through a culturally and linguistically sensitive approach
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- Two Action Teams
 - I.D.E.A. (Inclusion, Diversity, Equity, & Accessibility) Action Team – Indigenous Focus
 - Data Action Team – Sociodemographic Data Collection Focus

2023 Action Team		
	I.D.E.A Action Team	Data Action Team
Goal	To implement Indigenous cultural safety practices in our front-line work and office/clinic spaces	To establish the consistent collection of sociodemographic data (SDD) across the organization
Deliverables	• Land acknowledgement guideline (and staff training plan) – in progress • Smudge kits in client-serving spaces (and staff training plan) • Indigenous art/imagery/nature in client-serving spaces – in progress • Sustainability plan for this work: ▪ Identify champions for endorsing/supporting local	• A review of existing program processes for SDD collection -in progress • Organizational standard for SDD collection – in progress • Training/knowledge sharing plan to build staff knowledge, capacity and skill in asking and collecting SDD – in progress

2023 Action Team		
	Indigenous events, specifically for June 21 and September 30 ▪ Identifying ways to enhance relationships with Indigenous networks and Indigenous-led service providers	• Integration plans for how SDD collection will be integrated/enhanced in programs - in progress • Recommendations for EMR – in progress
The Team	• Nine staff from various teams • Meetings are every four weeks at CK's Indigenous Hub (495 King St. W) • Meetings include Indigenous knowledge and worldview teachings from an Indigenous Knowledge Keeper	• Twelve staff from various teams • Eight-ten meetings, every two weeks

Other activities for 2023 include:

- Continue to support staff around the use of We Speak language interpretation service, including the development of a language services policy
- Support the use of Community Engagement policy and principles
- Support the identification of health equity indicators for planning and reporting purposes
- Continue to foster relationships with community partners engaged in equity work, particularly in the areas of Indigenous reconciliation and anti-racism
- Support the integration of municipal DEIJ work and other municipal initiatives (i.e. data governance) into public health

Areas of Strategic Focus

This report supports the following areas of strategic focus:

			
Economic Prosperity	Healthy & Safe Community	People & Culture	Environmental Sustainability
	2.1 2.3 2.4	3.1 3.2	

Consultation

While there was no consultation for the purposes of writing this report, the Health Equity Plan was informed by significant consultation of internal and external partners. Implementation of the plan relies heavily on collaborative action and continued partner involvement.

Communication

Communication is proposed to be through the inclusion of this report on the Board agenda and related communications.

Diversity, Equity, Inclusion and Justice (DEIJ)

Health Equity is a requirement of the Ontario Public Health Standards, under the Foundational Standards. This means that it is a requirement of public health to address health inequities by:

- assessing & reporting on population health inequities,
- modifying & orientating public health programs & services to best address the needs of equity-deserving populations,
- engaging in multi-sectoral collaboration, and
- leading, supporting and participating in stakeholder equity work.

CK Public Health is a strong proponent for the inclusion of an equity lens in Board and Council reporting, to ensure active and transparent consideration of equity and the social determinants of health.

Financial Implications

There are no financial implications resulting from this report.

Health Equity Plan Update

9

Prepared by:

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Reviewed by:

Teresa Bendo, MBA
Director, Public Health

Reviewed by:

April Rietdyk, RN, BScN, MHS, PhD PUBH
General Manager
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March 17, 2023

alPHa

Association of Local
PUBLIC HEALTH
Agencies

March 2023 InfoBreak

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

Registration for alPHa's Annual Conference and AGM now available!



alPHa's 2023 Annual General Meeting (AGM) and Conference will be held at the University of Toronto's Dalla Lana School of Public Health on Tuesday, June 13, 2023. In addition, a pre-conference walking tour and reception will be held on the afternoon and evening of Monday, June 12th and the Section meetings will be on the morning of Wednesday, June 14th. Registration is now available and can be found by clicking [here](http://alphaweb.org).

The [Conference Poster](#) and [Sponsorship Prospectus](#) and [Sponsorship Commitment Form](#) are available online. Further details including, the conference program, will be available in the coming weeks. Updates are posted on our [Conference webpage](#), so check this page regularly. Attendees are encouraged to book accommodations as soon as possible. alPHa does not have a room block, however there are a number of nearby hotels, including the [Delta Chelsea](#) and the [Holiday Inn](#).

alPHa members were notified about the [June 2023 alPHa AGM Notice and Package](#), which is now available. Individual documents can be found here:

- [Notice for the 2023 alPHa Annual General Meeting](#)
- [Call for 2023 alPHa Resolutions](#)
- [Call for 2023 alPHa Distinguished Service Awards](#)
- [Call for Board of Health Nominations](#)

Thank you to everyone who attended this year's Winter Symposium



This year's Winter Symposium and Section Meetings took place on February 24, and were a success! We had an exciting line-up of speakers and wonderful presentations from everyone. Thank you to everyone who attended the event. It could not have been possible without all of your support.

We would also like to acknowledge all of our speakers, including Hon. Doug Ford (Premier of Ontario), Hon. Sylvia Jones (Deputy Premier and Minister of Health), Dr. Theresa Tam (Chief Public Health Officer of Canada), Colin Best (President, AMO), Allan O'Dette (CEO, OMA), Steini Brown (Dean, Dalla Lana School of Public

Health), Carmen McGregor (BOH Section Chair), Dr. Eileen de Villa (COMOH Section Chair), Loretta Ryan (alPHa Executive Director), Dr. Christopher Simpson (Executive Vice President (Medical) and Chief Medical Officer, Ontario Health), Const. Wendi Hughes (Ontario Provincial Police), Michael Sherar (President and CEO, Public Health Ontario), Brendan Smith (Scientist, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario), Roman Pabayo (Tier II Canada Research Chair in Social and Health Inequities and Associate Professor at the University of Alberta), Naomi Schwartz (Epidemiologist, Public Health Ontario), Nancy Naylor (Deputy Minister, Ministry of Education), Dr. Kieran Moore (Chief Medical Officer of Health), and Suzanne Bailey and Martin Lipcsey (Road to Mental Readiness).

We would be remiss not to thank Trudy Sachowski, alPHa President and Chair of the symposium, Dr. Eileen de Villa, COMOH Section Chair/COMOH Representative, Toronto, and Carmen McGregor, BOH Section Chair/BOH Section Representative, South West Region.

The winner of the post-event survey gift card is Dr. Hamidah Meghani of Halton Region Health Department.

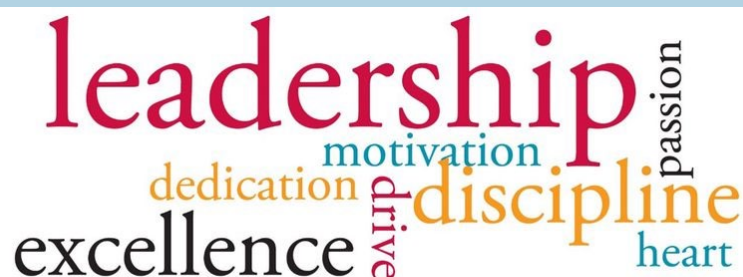
alPHa would like to thank the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support.

alPHa 2023 Winter Symposium resources

Presentations from this year's Winter Symposium are available by event and have been uploaded as packages. Please note, you will need to log in to view them.

- [Symposium Resources](#)
- [Boards of Health Section Resources](#)
- [R2MR Workshop Resources](#)
- [Speaker Bios](#)

Leader to Leader – A Message from the alPHa President - March 2023



February was a busy and highly productive month for alPHa, beginning with the engagement of all members for input that contributed to the development and release of alPHa's [2023 Pre-Budget Consultation](#) submission. In addition to members' advice, the submission was based on the four pillars of alPHa's [Strategic Plan](#), base-budget survey data from 34-member health units, [resolutions](#), and key foundational documents. February wrapped up with several successful key adjacent events.

On Tuesday, February 21st, BOH Section Chair Carmen McGregor, Executive Director Loretta Ryan, and I, as President, participated in the Ontario Chronic Disease Prevention Alliance Day at Queen's Park which was hosted by the Honourable Ted Arnott, Speaker of the House. This included recognition in the Ontario Legislature, followed by a luncheon where we had the opportunity to engage in productive conversations with several key decision-makers, including Cabinet Ministers, Parliamentary Assistants, MPPs and their staff.

On Wednesday, February 22nd, alPHa was pleased to host a conference for local public health Executive and Administrative Assistants who support alPHa's members in local public health's senior leadership. Thank you to the team who put this together and for the opportunity for me to bring welcoming remarks. Thank you too, to our other speakers, alPHa Board members Dr. Alex Summers, and Paul Sharma, alPHa's Executive Director Loretta Ryan, and Franger Jimenez, our Centennial College student placement.

The [alPHa Board](#) held their quarterly meeting on Thursday, February 23rd. This included discussion on key public health issues, the development of a Strategic Plan to lead the association into 2024 and beyond, government relations, and compliance with the [Ontario Not for Profit Corporations Act](#). Ontario's Chief Medical Officer of Health, Dr. Kieran Moore, along with Liz Walker, the Ministry of Health's Executive Lead for Public Health and Michael Sherar, President, and CEO of Public Health Ontario (PHO), participated in discussions with the Board. The alPHa Board meeting concluded with recognition of departing Board members Dr. Penny Sutcliffe, COMOH Representative, North Region and Kerry-Schubert-Mackey, Affiliate Representative, ODPH. The alPHa Board extended sincere appreciation and thanks, wishing them well in their future endeavours.

Also on Thursday, BOH and Affiliate members participated in alPHA's Road 2 Mental Readiness Workshop that COMOH participated in last fall. This was developed in collaboration with the Canadian Armed Forces and tailored for public health leaders, based on a cycle that entails preparation, performance, and recovery.

February concluded with the resounding success of [alPHA's 2023 Winter Symposium](#) on February 24th. The event began with greetings and support for alPHA members' work in public health from: the Honourable Doug Ford, Premier of Ontario; the Honourable Sylvia Jones, Deputy Premier of Ontario, and Minister of Health; Dr. Theresa Tam, Chief Public Health Officer of Canada; Colin Best, President, Association of Municipalities of Ontario; Allan O'Dette, President & CEO, Ontario Medical Association and Steini Brown, Dean, Dalla Lana School of Public Health.

Carmen McGregor, Chair, BOH Section; Dr. Eileen de Villa, Chair, COMOH Section; Loretta Ryan, alPHA Executive Director, and I, provided updates on alPHA's recent activities including alPHA's latest [Public Health Matters](#) infographic and the newly launched companion [video](#), alPHA member engagement in, and highlights of, alPHA's Pre-Budget Consultations and alPHA's key partnerships.

Updates were received from Dr. Chris Simpson, Ontario Health, and Michael Sherar, Public Health Ontario (PHO). As well, a team from PHO introducing the Ontario Public Health Information Dataset, a robust tool to examine the impacts of funding changes in Ontario's public health system on population health and health equity.

Ontario Provincial Police Constable Hughes provided tips to manage harassment and how to protect oneself in more serious cases of threatening behaviour.

On behalf of the Honourable Steven Lecce, Ontario's Minister of Education, Deputy Minister of Education Nancy Naylor brought greetings and updates and spoke of the productive working relationship between their ministry, the Ministry of Health, COMOH, and local public health partners, to ensure the health and well being of Ontario's students.

The symposium concluded with informative updates and an interactive Q&A session with Dr. Kieran Moore.

Meetings of the COMOH Section, and the BOH Section which included Affiliate members, were held on the afternoon of February 24th. alPHA presented BOH orientation sessions on roles, legislated and legal responsibilities, and liability.

Thank you to this wonderful line-up of speakers, the moderators from the alPHA Board of Directors and the volunteer planning team - all of whom so generously donated their time. Be sure to check out their [bios](#), along with the presentations that were shared with alPHA at www.alphaweb.org.

While this event was planned and hosted by alPHA, it took place with the generous support of the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit. I would like to sincerely thank them for their ongoing support.

Thank you to the alPHA staff of Gordon Fleming and Melanie Dziengo under the leadership of Loretta Ryan, alPHA's Executive Director. Special recognition goes to Loretta Ryan's exceptional leadership, planning and coordination of alPHA's work and events. Ms. Ryan has leveraged alPHA to new heights and has greatly increased the association's capacity.

Most of all, I would like to thank all who participated in these events. It is only through the involvement and support of alPHA's members that we are able to do what we do and, as evidenced by the strong attendance numbers, we have an engaged membership.

alPHA's dedicated governance Board of Directors and Executive Committee, supported by alPHA's Executive Director and staff, *provides strategic leadership with one, unified voice representing the public health system across its member constituents*. alPHA will continue to provide valued resources and services to you, its members, leading in the ever-changing public health sector. alPHA is committed to influencing Ontario's decision-makers to ensure a robust local public health system with ample resources to protect the entire population's health.

Trudy
President

Sachowski

'The leadership role is really to build the riverbanks and let the water flow freely.'

alPHA Correspondence



Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library, which includes alPHA's Pre-Budget Submission, is available [here](#).

[alPHA Letter - 2022 CMOH Annual Report](#)

March 9, 2023 letter from President of the Association of Local Public Health Agencies to Minister Jones congratulating the Chief Medical Officer of Health on releasing his 2022 annual report. It also discusses putting an end to the "boom and bust" cycle of funding and ensuring sustained investment in preparedness.

[alPHA Letter - Meeting Request - Parliamentary Assistant to the Premier](#)

March 7, 2023 letter from President of the Association of Local Public Health Agencies to Mr. Lorne Coe requesting a meeting to discuss the importance of immediate and meaningful investments in Ontario's locally-based public health system.

[alPHA Letter - Meeting Request - Minister of Finance](#)

March 7, 2023 letter from President of the Association of Local Public Health Agencies to Minister Bethlenfalvy requesting a meeting to discuss the importance of immediate and meaningful investments in Ontario's locally-based public health system.

[alPHA Letter - Meeting Request - Minister of Health](#)

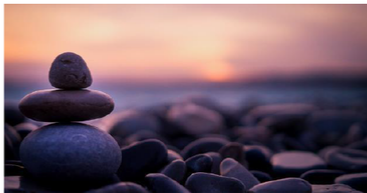
March 7, 2023 letter from President of the Association of Local Public Health Agencies to Minister Jones requesting a meeting to discuss the importance of

immediate and meaningful investments in Ontario's locally-based public health system.

New for this year! alPHa Workplace Health and Wellness Month

2023 alPHa Workplace Health & Wellness Month

alPHa
Association of Local
PUBLIC HEALTH
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alPHa members are encouraged to engage in physical activity (e.g. walking, hiking, swimming, cycling, and paddling) or activities that promote mental health (e.g. meditation, yoga and relaxation exercises) for 30 minutes per day during the month of May.

Good health involves good eating habits.

Do you have a recipe that contributes to health and wellness?

We'd love to hear about these too!

Participate and share on Twitter. Don't forget to include in your tweet: a picture, @PHAgencies and the hashtags #PublicHealthLeaders, #alPHa2023. We'll profile your activities at the alPHa Conference taking place on June 13, 2023.



HERE'S HOW TO PARTICIPATE

Activities are to be completed at any time during the month of May. Any physical or mental health activities of a 30-minute duration are encouraged.

Post your healthy recipes too.
Be creative and have fun!

Post your tweets with pictures and include
@PHAgencies, #PublicHealthLeaders
#alPHa2023

Easy Activity Tips!

At Home - Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, and dig. Go out for a short walk before breakfast, after dinner or both! Why not start the day off with meditation? Start with 5-10 minutes and work up to 30 minutes.

At Work - Many of us have sedentary jobs. If you can, use active transportation to get to and from your workplace. Go for a walk at lunchtime. Incorporate these activities into your work day. Start with short walks and work up to longer trips. Practice mindfulness. Engage in fun team building exercises.

At Play - Play and recreation are important for good health. Look for opportunities to be active and have fun at the same time: Plan activities that include physical activity (hiking, backpacking, swimming, etc.). Do your favourite physical activities and regularly go walking, jogging, or cycling. Start with achievable goals and work your way up to regular exercise routines.

At any time - Prepare a healthy snack or meal, take a picture, and share it with the recipe.

Ready! Set! GO!

The alPHa Fitness Challenge is being rebranded as the [alPHa Workplace Health and Wellness Month](#)! This is an opportunity for all alPHa members to engage in activities that promote physical and mental health for at least 30 minutes during the month of May. Members are encouraged to participate and share their success via Twitter. All you have to do is tweet a picture, tag @PHAgencies, and use the hashtags #PublicHealthLeaders and #alPHa2023. Additionally, the pictures will be highlighted at this year's Conference and AGM.

Additionally, resources, provided by public health units, that members can use to improve their physical, mental, and nutritional health will be coming to the alPHa website soon. There will also be health tools and tips you can use to improve your wellness at home and at work.

Are you interested in healthy recipes but don't know where to start? Information from [Toronto Public Health](#) can help. There, you can find tips to help you make wise choices when preparing food and some other websites where you can find healthy recipes to prepare at home!

Shareable alPHA public health materials



alPHA has created documents to profile public health and the important role the association plays in the sector. These include:

- [Spring 2022 Public Health Matters Infographic](#), [its accompanying video](#), [Public Health Matters Infographic #2](#), and [its video](#)
- [alPHA Public Health Brochure](#)
- [Pre-Budget Submission 2023](#)
- [Statement of Principles](#) (2019 - conditions agreed upon by the alPHA Board for the foundations of a successful PH system)
- [alPHA Resolutions - Public Health Funding and Policy](#). These are a collection of resolutions passed by the membership related to those two things that represent accepted alPHA positions.

These documents, which can be widely shared, demonstrate the value and return on investment public health provides. They are also useful for meetings with local councillors, MPPs, and other important stakeholders. Members are strongly encouraged to use these resource materials.

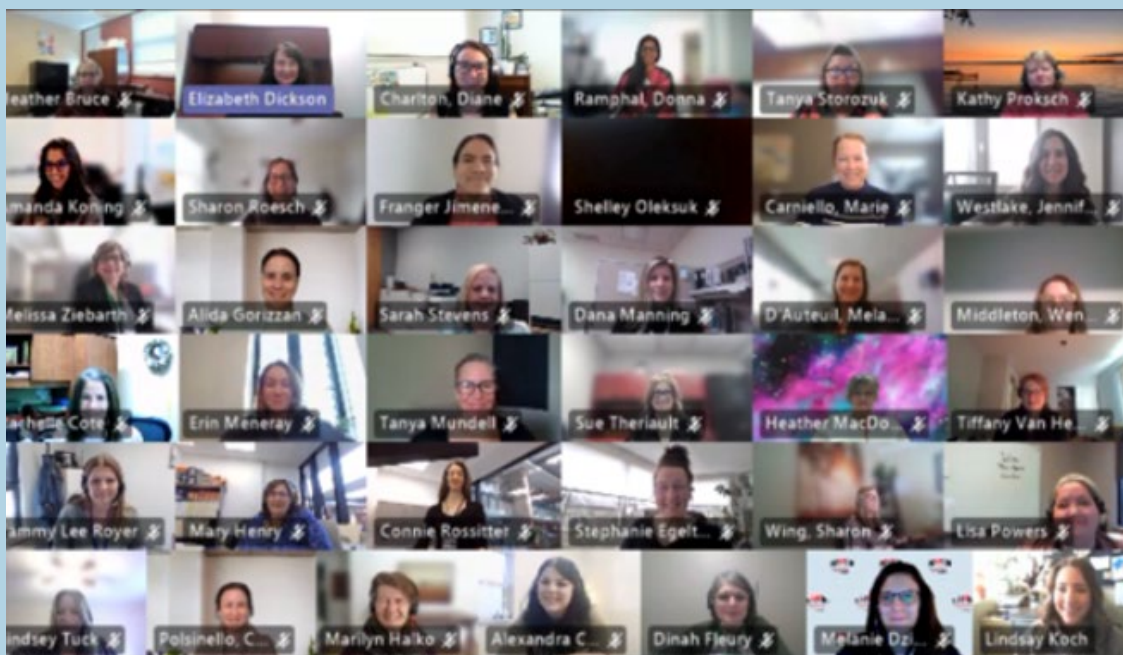
Guidelines on Minimum Retentions now available



alPHA Record Retention Resource Document for Public Health Units

alPHA's Record Retention Resource Document for Public Health Units is now up on [the website](#). This a document health units can use to ensure their records retention bylaw/policy, schedule and/or procedure is updated and follows current best practices. It also provides a general overview of the records from a public health services and programs perspective that need to be considered in records retention bylaws/policies, schedules and/or procedures.

2023 EA/AA Conference a success



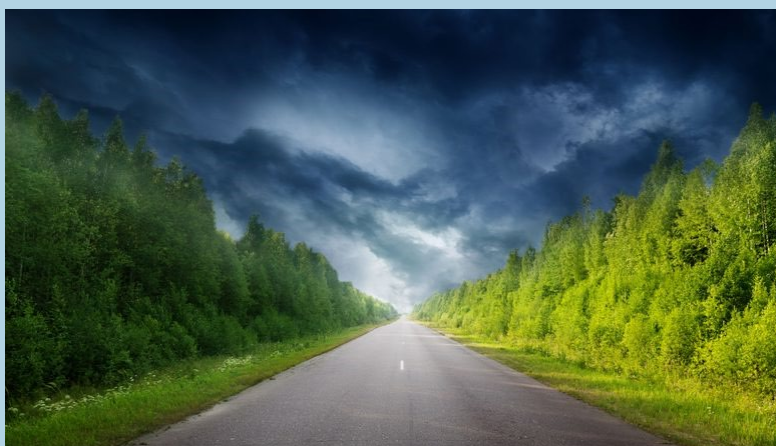
On February 22, 2023, public health unit Executive and Administrative Assistants came together for a virtual conference. The full presentations can be viewed [here](#).

alPHA would like to thank the Conference Planning Committee, Elizabeth Dickson, Stephanie Egelton, Lindsay Koch, Amanda Koning, Loretta Ryan, and Melanie Dziengo, for all of their hard work. A special shoutout goes to alPHA President, Trudy Sachowski, for bringing welcoming remarks and to the speakers, Paul

Sharma (Director, Chronic Disease and Injury Prevention, Peel Region Public Health), Dr. Alexander Summers (MOH, Middlesex London Health Unit), Loretta Ryan (Executive Director, alPha), and Jon Begg (Communications & Public Relations Specialist, Northwestern Health Unit). Thank you for taking the time out of your busy days to speak at the conference and provide the EAs/AAs with your expertise.

The registration gift card winner was Connie Rossitter of Grey Bruce Public Health. The EA/AA Conference post-event survey winner is Krislyn Fernandes of City of Hamilton Public Health Services.

Climate Change Update: February 2023



Research recently published continues to report that **climate change is harming Ontario's health, wellbeing, and equity** with risk increasing exponentially with every increment of temperature elevation. Ongoing literature and global reports including scientific evidence, Indigenous knowledge and surveillance data suggests that provincial prioritization of climate change and its impact is necessary to protect the health system. To read more, please click [here](#).

Boards of Health: Shared Resources



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

Resources available on the alPHa website include:

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

Association of Municipalities (AMO) New Head of Council and New Councillor Training



AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants “managing diverse aspects and expectations on issues you will find before your term.” You can register for the New Head of Councillor Training [here](#) and register for New Councillor training [here](#).

AMO 2023 Ending Homelessness Symposium

May 3-4, 2023

The Association of Municipalities of Ontario (AMO) is holding an **Ending Homelessness Symposium** on May 3-4, 2023. This one and a half-day event is open to elected officials; municipal staff; social, health, and economic partners; and all interested sector associations. AMO’s Ending Homelessness Symposium will offer perspectives on the root causes of homelessness – including income insecurity, insufficient supply of deeply affordable housing, insufficient responses to mental health and addictions challenges and the policy responses required. Location: Hyatt Place Toronto/Mississauga Centre, 5787 Hurontario St., Mississauga. Deadline to register is April 26th. More information, including how to register, can be found [here](#).

Public Health by 2033: TOPHC Announces Plenary Panelists and More



More than three years of the SARS-CoV-2 pandemic has taught public health agencies, governments and the broader healthcare sector to re-evaluate the status quo and plan for an uncertain future. The future of public health will be the focus of the plenary session: *Public Health by 2033*, a virtual discussion that is part of [TOPHC 2023's](#) March 27 virtual convention.

Moderated by Toronto's Medical Officer of Health, Dr. Eileen de Villa, this plenary features panelists:

- Dr. Theresa Tam, Chief Public Health Officer of Canada
- Dr. Bonnie Henry, Provincial Health Officer for British Columbia
- Dr. Gaynor Watson-Creed, Associate Dean of Serving and Engaging Society for Dalhousie University's Faculty of Medicine and Assistant Professor in the Department of Community Health and Epidemiology

These public health thought leaders will look ahead to the next decade in public health. The discussion will focus on key public health priorities along with the challenges and the unique opportunities presented by strategic and technological advances. The panelists will also delve into the possibilities for a shared vision of public health in 2033 through collaboration across governments, sectors and communities.

In addition to the plenary, TOPHC's virtual convention will include live and recorded presentations on a range of public health issues, new research findings, and

proven health promotion strategies. Everyone who registers for Day One – the virtual convention – will also get six months' access to a virtual library that will include the presentations and other resource material.

TOPHC will also be offering in-person workshops at the Beanfield Centre in Toronto on March 30 – Day Two of the convention. These workshops range from half-day to full-day sessions that will offer hands-on, interactive learning with experts from across the spectrum of public health disciplines. They will address ongoing public health issues including management of rising incidence of syphilis, strategies for re-building trust for science in public health, improving health outcomes for Indigenous communities, the future of health promotion and reducing stigma through trauma and violence-informed care.

TOPHC is an annual educational and networking event planned and delivered by Public Health Ontario (PHO), the Association of Local Public Health Agencies (alPHA), and the Ontario Public Health Association (OPHA).

To learn more and register for TOPHC 2023, visit <https://www.tophc.ca>.

Public Health Ontario



Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario

This report, produced collaboratively by Public Health Ontario and Ontario Health, provides estimates of the number of deaths, hospitalizations and emergency department visits caused by smoking and alcohol consumption for Ontario and its public health units. Also included is a discussion of tobacco and alcohol control strategies for preventing and reducing smoking and alcohol consumption.

COVID-19 Variants of Concern

- Phylogenetic Analysis of SARS-CoV-2 in Ontario

COVID-19 Epidemiological Surveillance Report

- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario](#)
- [Comparison of COVID-19 Hospitalizations and Deaths in 2022 and 2021](#)
- [COVID-19 in Ontario Weekly Epidemiological Summary](#)

IPAC Resources

- [COVID-19 Preparedness and Prevention in Congregate Living Settings](#)
- [Managing COVID-19 Outbreaks in Congregate Living Settings \(CLS\)](#)

Vaccination and Vaccine-Preventable Diseases

- [Considerations for the 2023 COVID-19 Vaccine Program in Ontario](#)

Additional Resources – New

- [Childhood Fall Prevention Indicators for Public Health Practice in Ontario](#)

PHO Events

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

Missed an event? Check out our [Presentations](#) page for full recordings our events.

Upcoming DLSPH Events and Webinars

Dalla Lana
School of Public Health

- [The Ontario Public Health Convention](#) (Mar. 27, Mar. 30)
- [Improving Immunization with People Experiencing Homelessness](#) (Mar. 27)

- Environments and Health Webinar: Obesity and Environment (Mar. 27)
- Environments and Health Webinar: Microbiome - Environment Interactions and the impact on health (Mar. 29)
- Environments and Health Webinar: Agri-Food, the Food-Water Nexus and Health (Apr. 5)

RRFSS Update



There are still two more opportunities to join RRFSS this year and the next cycle of data collection starts in May. Data collection is available for 2023 in a variety of modes: telephone (dual-frame landline and cell phone samples) and online (panel and convenience samples). Costs vary by data collection method, number of completed interviews and survey length. For example, 720 completed telephone interviews (50 percent landline/50 percent cell) with ten minutes of interview questions would cost approximately \$35,000. A panel sample with 600 completed interviews and a ten-minute survey would cost approximately \$20,000. RRFSS also allows for custom surveys based on specific budgets. Please visit the RRFSS website to see available survey questions and further information about joining RRFSS: <https://www.rrfss.ca/>

COVID-19 Update

The Ministry of Health COVID-19 resource pages:
<https://www.ontario.ca/page/covid-19-coronavirus> (English)
[Ministry of Health - guidance for the health sector](#)
[Public Health Ontario's COVID-19 landing page](#)
[Public Health Agency of Canada's COVID-19 landing page](#)
[alPHA's recent COVID-19 related submissions can be found here.](#)

As part of the ongoing response to COVID-19, alPHA continues to represent the public health system and work with key stakeholders.

News Releases

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



April 11, 2023

VIA EMAIL

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

Dear Premier Ford:

Re: Minimum Wage Increase

Public Health Sudbury & Districts (Public Health) would like to extend its sincere congratulations to the Ontario government for the increase of the minimum to \$16.55 an hour in the fall. Public Health supports the government's efforts to help individuals and families combat the cost of living. The announced 6.8 per cent pay raise is a positive step to assist workers who are still struggling post-pandemic with rising costs of housing, food, and transportation.

Our support for an increase in minimum wage comes from overwhelming evidence confirming the link between income and health, whereby health improves every step of the income ladder. Adequate income not only removes the barriers, stressors, and challenges to achieving health but also decreases the risk of premature morbidity and mortality and increases physical and mental health across the life course. In relation to health and income, the Board of Health passed a Motion (#53-19), Opportunities for All – Poverty Reduction on November 21, 2019:

WHEREAS income is one of the strongest predictors of health and local data show that low income is associated with an increased risk of poor physical and mental health in Sudbury and districts; and

WHEREAS Public Health Sudbury & Districts annual Nutritious Food Basket reports demonstrate that individuals and families reliant on the current provincial social assistance rates or that earn a minimum wage will experience challenges in supporting their health including meeting their nutrition requirements; and

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phsd.ca



Letter to the Premier of Ontario
Re: Minimum Wage Increase
April 11, 2023
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WHEREAS income solutions incorporate the health enhancing influence of work while addressing food security and the health damaging impacts of insufficient income; and

WHEREAS the Sudbury Workers Education and Advocacy Centre calculated a living wage for Sudbury of \$16.98 (current provincial minimum is \$14.00), and the City of Greater Sudbury proclaimed November 3 – 9, 2019 as Living Wage Week; and

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts formally endorse the principle of living wage employment and direct the Medical Officer of Health to pursue certification; and

FURTHER that the Board encourages all employers across our service area to recognize the serious health and societal costs of inadequate income.

While we welcome this increase, we think it is important to underscore that minimum wage is the lowest wage rate an employer can pay an employee, which is different from a living wage. A living wage is an income sufficient for families to pay for the basic necessities of life so they can live with dignity and participate as active citizens in our society. The current living wage calculation for Sudbury and districts is \$19.70 per hour compared to the newly announced minimum wage for the province in the fall of \$16.55.

Our agency is dedicated to building a resilient and healthy workplace and to encouraging this approach across employers in the communities that we serve. In support of this, Public Health is certified as a Living Wage Employer. All staff members qualify for a living wage, which reflects the income workers must bring home to meet their basic living needs and participate more fully in life, work, and community.

Public Health Sudbury & Districts is a progressive public health agency committed to improving health and reducing social inequities in health. The minimum wage, even with the upcoming increase, will fall short of the income needed for individuals to pay for basic needs. As your government considers future adjustments to the minimum wage, we urge you to consider the living wage rate calculations for Ontarians, with the understanding that an adequate income aligned with a living wage can contribute to increased physical and mental health outcomes of Ontarians and reduce costs associated with premature morbidity and mortality.

Sincerely,



René Lapierre
Chair, Board of Health

Letter to the Premier of Ontario
Re: Minimum Wage Increase
April 11, 2023
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cc: All Ontario Boards of Health
Association of Local Public Health Agencies
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Monte McNaughton, Minister of Labour, Immigration, Training and Skills Development
Jamie West, Member of Provincial Parliament, Sudbury
France G  linas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing



St. Thomas Site
 Administrative Office
 1230 Talbot Street
 St. Thomas, ON
 N5P 1G9

Woodstock Site
 410 Buller Street
 Woodstock, ON
 N4S 4N2

March 24, 2023

The Honourable Peter Bethlenfalvy
 Minister of Finance
 Frost Building North, 7th Floor
 7 Queen's Park Cres.
 Toronto, ON M7A 1Y7

Delivered via email
peter.bethlenfalvy@pc.ola.org

Dear Minister Bethlenfalvy,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we are writing to express our strong support for the Association of Local Public Health Agencies' (ALPHA) 2023 Pre-Budget Submission. We believe that ALPHA's pre-budget submission outlines what is needed with respect to public health investments that are crucial for the health and well-being of communities across Ontario.

The COVID-19 pandemic has highlighted the importance of investing in public health infrastructure, and ALPHA's recommendations within its *Public Health Resilience in Ontario* report, are a critical step in ensuring that Ontario is prepared for future public health emergencies. The *Report* well articulates the need for investments in public health that are required for ongoing pandemic response, tackling public health's extensive backlog not unlike the health care system's 'surgical backlog', and restarting extensive programs and services provincially mandated under the Ontario Public Health Standards.

The Ontario Government invested in public health during the most extraordinary emergency response of our lifetime by ensuring we were well-resourced to keep Ontarians safe. For that, we are most appreciative. Our work before the pandemic and after involves the very same principles applied during the pandemic. Protection, promotion, and prevention are the pillars of public health work to ensure every Ontarian has the best opportunity for a healthy life. The return on your government's public health investment lessens the burden on the health care system tomorrow, next month, next year, and for years to come. Local public health agencies working in collaboration with dozens of partners, are keen to tackle what needs to be done especially after this unprecedented pandemic and the lingering unintended consequences we are left with. To do our best work, we need adequate and sustaining funding to ensure our communities are healthy and economically vibrant.

In conclusion, we strongly support ALPHA's 2023 Pre-Budget Submission. Please give this pre-budget submission serious consideration.

Sincerely,

Joe Preston
 Chair, Board of Health
 Southwestern Public Health

Cynthia St. John
 Chief Executive Officer
 Southwestern Public Health

c: The Honourable Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier of Ontario and Minister of Health
Ernie Hardeman, MPP Oxford County
Rob Flack, MPP Elgin Middlesex London
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
Sandra Datars-Bere, CAO, City of St. Thomas
Ben Addley, CAO, Oxford County
Julie Gonyou, CAO, County of Elgin

Chatham-Kent COVID-19 Update, April 19, 2023

Compiled by: Laura Zettler, Epidemiologist and Program Manager, April 12, 2023

Weekly COVID-19 Update (April 2 to April 8, 2023)

Summary

Total weekly reported and daily average COVID-19 case volumes and percent positivity continued to **DECLINE** from the previous week. **One new outbreak** in a high-risk congregate setting reported in the most recent week, after three consecutive weeks of no new outbreaks reported.

No new COVID-19 deaths reported since early March 2023.

The COVID-19 wastewater virus signal in Chatham continued to decrease and increased for Wallaceburg for the most recent period up to April 5, 2023.

Overall respiratory-related ED visit activity across Ontario and for Chatham-Kent has been increasing slightly in recent weeks but still within **SEASONAL** levels in the most recent and several past surveillance weeks.

For the week of March 26 to April 1, [overall assessment](#) of influenza activity for Ontario was **SIMILAR** compared to the previous week (Influenza A and B circulating at low levels). Chatham-Kent continued to have **LOCALIZED** influenza activity based on reported influenza cases and facility outbreaks, after several weeks of **NO** reported influenza activity.

Chatham-Kent residents with COVID-19:

Total Confirmed Cases: 11,518 (↑ 22 in most recent week, ↓ **from previous week**, ↓↓ **from previous month**)

Current 7-day Rolling Average: 3 confirmed cases/day (↓ **from previous week**, ↓↓ **from previous month**)

Total COVID-19 Deaths: 102 (= **previous week**, ↑ 2 **from previous month**)

COVID-19 outbreaks in high-risk congregate settings:

1 Active Outbreak in a Long-term Care Facility, newly reported in most recent week (↑ **from previous week**, ↓ **from previous month**)

Daily COVID-19 Percent Positivity (7-day average):

April 8/23: CK 10.1% (= **previous week**, ↓ **from previous month**); ON 8.7%

COVID-19 Vaccine Status in Chatham-Kent (April 8, 2023)

Total Doses Administered from CK Public Health inventory (including mass immunization clinics, mobile, hospital, primary care): **196,155**

Total Doses Administered by CK Pharmacies: **59,576**

Table 1: Current estimates for CK resident coverage (1st, 2nd, 3rd and 4th dose coverage)

Age Group	1 Dose	2 Doses	3 Doses	4 Doses
0 to 4	4.1%	2.4%	0.0%	0.0%
5 to 11	36.7%	26.0%	2.9%	0.0%
12 to 17	69.1%	65.0%	11.9%	1.9%
18 to 29	78.8%	75.8%	31.4%	4.8%
30 to 39	83.7%	80.4%	36.9%	7.7%
40 to 49	87.8%	85.4%	45.5%	10.8%
50 to 59	80.1%	78.8%	52.1%	18.8%
60 to 69	97.3%	96.4%	79.0%	46.3%
70 to 79	100.0%	100.0%	94.3%	71.4%
80+	99.2%	98.6%	92.8%	74.5%
18+	88.9%	87.1%	58.7%	29.3%
12+	87.4%	85.4%	55.1%	27.2%
5+	83.4%	80.7%	51.0%	25.1%
0+	79.6%	77.0%	48.6%	23.9%

For more information:

- Online report is updated every Wednesday by 11am and can be accessed here: <https://ckphu.com/current-situation-in-chatham-kent/>
- Provincial and regional COVID-19 surveillance and vaccination data, are available through Public Health Ontario's COVID-19 Data Tool: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/COVID-19-Data-Surveillance/COVID-19-Data-Tool?tab=overview>
- Provincial and regional wastewater surveillance trends available from Public Health Ontario: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/COVID-19-Data-Surveillance/Wastewater>