Our Vision:
Healthy People in Vibrant Communities

Board of Health Meeting

St. Thomas Location: 1230 Talbot St. St. Thomas, ON
Talbot Boardroom
MS Teams Participation
Thursday, January 25, 2024
1:00 p.m.

AGENDA			
ITEM	**AGENDA ITEM**	**LEAD**	**EXPECTED OUTCOME**
1.0 CONVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests, Board of Health Members and Staff	Cynthia St. John	
1.2	Approval of Agenda	Cynthia St. John	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Cynthia St. John	
1.4	Reminder that meetings are recorded for minute-taking purposes.	Cynthia St. John	
1.5	Election of Officers a) Chair b) Vice-Chair c) Delegation of Head	 Cynthia St. John Board Chair Board Chair	Decisions
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes • November 22, 2023	Board Chair	Decision
2.2	Approval of Minutes • December 22, 2023		
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	**Intimate Partner Violence Public Health Action Letter to the Premier** December 13, 2023: North Bay Parry Sound District Health Unit *NBPSDHU advocates for the implementation of local and provincial initiatives to monitor, prevent, and decrease intimate partner violence, as well as adverse events faced by children exposed to violence or abuse within the family unit.*	Board Chair	Decision
4.2	**Voluntary Mergers Component of the Strengthening Public Health Initiative** December 1, 2023: Association of Local Public Health Agencies (alPHa) *alPHa members have identified targeted consultation with boards of health as a gap and asks Dr. Kieran Moore to consider the development of a comprehensive strategy for direct engagement and dialogue with boards of health, as a whole and individually, to tap into existing expertise at the local level.*		

AGENDA			
ITEM	**AGENDA ITEM**	**LEAD**	**EXPECTED OUTCOME**
4.3	**Investing in a Sustainable Federal School Food Policy** November 1, 2023: Huron Perth Public Health *HPPH advocates for dedicated federal funding to establish a National School Nutritious Meal Program.*		
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Addressing Food Insecurity and Poverty Report for January 25, 2024	Kendall Chambers Randie Gregoire	Decision
5.2	Medical Officer of Health's Report for January 25, 2024	Dr. Tran	Decision
5.3	Chief Executive Officer's Report for January 25, 2024	Cynthia St. John	Decision
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	• Board of Health Orientation: Thursday, February 22, 2024 at Noon • Board of Health Orientation: Thursday, February 22, 2024 at 1:00 p.m. ○ Location: Woodstock Oxford County Administration Building 21 Reeve Street, Woodstock, ON ○ Virtual Participation: MS Teams	Board Chair	
10.0 ADJOURNMENT			

November 22, 2023

Board of Health Meeting

Minutes

The meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Wednesday, November 22, 2023, in-person at 1230 St. Thomas, ON, with virtual participation via MS Teams, commencing at 5:03 p.m.

PRESENT:

Mr. J. Couckuyt	Board Member
Mr. J. Herbert	Board Member
Ms. B. Martin	Board Member (Vice Chair)
Mr. D. Mayberry	Board Member
Mr. M. Peterson	Board Member
Mr. J. Preston	Board Member (Chair)
Mr. L. Rowden	Board Member
Mr. M. Ryan	Board Member
Mr. D. Shinedling	Board Member
Mr. D. Warden	Board Member
Ms. C. St. John	Chief Executive Officer
Dr. N. Tran	Medical Officer of Health
Ms. W. Lee	Executive Assistant

GUESTS:

Ms. K. Bastian	Epidemiologist, Foundational Standards
Ms. M. Cornwell*	Manager, Communications
Ms. S. Croteau	Epidemiologist, Foundational Standards
Ms. J. Gordon	Administrative Assistant
Mr. P. Heywood	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. S. MacIsaac	Program Director
Ms. M. Nusink	Director, Finance
Ms. C. Richards	Program Manager, Foundational Standards & Sexual Health
Ms. J. Santos	Epidemiologist, Foundational Standards Team
Mr. I. Santos	Manager, Information Technology
Mr. D. Smith	Program Director
Mr. Rob Perry*	Aylmer Express

**represents virtual participation*

REGRETS:

Mr. G. Jones	Board Member

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

The meeting was called to order at 5:03pm.

1.2 AGENDA

Resolution # (2023-BOH-1122-1.2)
Moved by D. Mayberry
Seconded by M. Ryan

> That the agenda for the Southwestern Public Health Board of Health meeting for November 22, 2023 be approved.

Carried.

1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

1.4 Reminder that meetings are recorded for minute-taking purposes.

2.0 APPROVAL OF MINUTES

Resolution # (2023-BOH-1122-2.1)
Moved by J. Herbert
Seconded by D. Warden

> That the minutes for the Southwestern Public Health Board of Health meeting for October 26, 2023 be approved.

Carried.

3.0 CONSENT AGENDA

No Items.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

No Items.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Community Profile Report for November 22, 2023

Kerry Bastian, Sarah Croteau, and Jenny Santos presented the report.

S. Croteau reviewed the demographic profile of Oxford County, Elgin County, and the City of St. Thomas.

K. Bastian reviewed characteristics of the demographic profile in the Southwestern Public Health (SWPH) region (i.e., housing types, education, employment, household income, etc.).

K. Bastian noted that the data they have on hand is from 2020 and the team looks forward to the post-pandemic data derived from the next census in 2025 to verify if new trends that have been identified during this unique time period will continue on.

M. Ryan asked for clarification regarding the data source, noting that the tax filer data being referenced only captures those who have completed and submitted an income tax return, and would be unable to identify those who are homeless or do not file tax returns. K. Bastian noted that where data gaps have been identified, they try to access other data sources to accommodate such absences.

J. Herbert and L. Rowden noted that the low-income measure that identifies the proportion of the population that are struggling to make ends meet is concerning.

D. Shinedling asked what the most common household size in the SWPH area is. S. Croteau indicated that they would review the census data and provide a response. The answer to this question will be provided in a future CEO Report.

M. Ryan agreed that more granular details such as the proportion of multi-generational households in the region would be helpful. S. Croteau noted that the 2020 census provided a new option where families could select 'multi-generational' to describe household make-up and will be an important indicator to track in the next census.

J. Santos reviewed the Ontario Marginalization index, focusing on Households, Material Resources, Age and Labour Force, and Racialized and Newcomer population.

The group concluded by noting the demographics in our region have changed. The population is growing and aging and that piece about the newcomers and immigration being increasing really increases the need for us to be more culturally aware in our planning for our local public health services.

J. Herbert asked if there would be a follow-up to this data. C. Richards explained that this data will be used in the organization's program planning (which starts in the spring) to see if anything needs to be adjusted and progress will be tracked every quarter.

D. Shinedling sought clarity regarding SWPH's engagement with regional indigenous populations and how is SWPH bridging a lack of data for this group. J. Preston noted that while SWPH crosses over regarding populations, the indigenous regions are located in the MLHU region. C. St. John indicated she would bring forward information about SWPH's programs that connect with indigenous individuals living in the region at a future time.

J. Preston noted that this report will help municipalities develop more locally directed and mindful planning.

Resolution # (2023-BOH-1122-5.1)
Moved by B. Martin
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Community Profile Report for November 22, 2023.

Carried.

K. Bastian, S. Croteau, and J. Santos, presenters of the report, left the meeting at 5:45pm.

5.2 Chief Executive Officer's Report

C. St. John reviewed her report.

She highlighted the updated Strengthening Public Health slide deck released by the Ministry of Health at the end of October. The provincial strategy has clearly identified the ideal population size of 500,00 for merged health units (although this guideline may not be applicable to more remote health units with large geographical areas). Of interest is the point that future funding for local public health units will take effect in January of 2026. C. St. John indicated that she would keep the board apprised as more information is provided.

C. St. John noted the third quarter financial statements indicate our surplus is higher than expected, explaining that Covid-19 expenditures have been less than what we planned due to lower than expected vaccination uptake. Dr. Tran added that SWPH is providing Covid-19 services proportionately in response to what is needed; SWPH continues to monitor the available data closely and are prepared to take action if and when needed.

B. Martin asked if the fact that SWPH is no longer managing vaccine bookings internally (provincial booking system has taken over) is a roadblock to uptake. C. St. John noted that healthcare providers and pharmacies are expected to and have taken on a more prominent role in vaccine provision. S. MacIsaac noted that many who were not eligible for the Covid-19 vaccine at the time were blocked by the provincial system.

D. Shinedling asked about expenses in the financial statement such as overruns related to climate change and surplus related to the Health Growth and Development (HGD) program. C. St. John responded that the climate change piece is in relation to the Board's direction to invest in improving health outcomes, while the HGD surplus is related to timing which will be rectified in the next quarter.

Resolution # (2023-BOH-1122-5.2-3.1)
Moved by D. Warden
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Terms of Reference for the Special Ad Hoc Committee: Strengthening Public Health Provincial Strategy for November 22, 2023.

Carried.

Resolution # (2023-BOH-1122-5.2-4.1)
Moved by J. Herbert
Seconded by M. Peterson

That the Board of Health to approve the third quarter financial statements for Southwestern Public Health as presented.

Carried.

Resolution # (2023-BOH-1122-5.2-4.2)
Moved by B. Martin
Seconded by M. Ryan

That the Board of Health approve the third quarter financial statements for Southwestern Public Health as presented.

Carried.

Resolution # (2023-BOH-1122-5.2-4.3)
Moved by L. Rowden
Seconded by D. Warden

That the Board of Health to approve the third quarter financial statements for Southwestern Public Health as presented.

Carried.

C. St. John reviewed the 2024 SWPH budget, noting staff were cognizant of financial pressures at various levels, including municipalities, province, households, and clients. She highlighted the Ministry of Health commitment of a 1% provincial increase in each of the next 3 years. Of note, the average inflation rate of 3.6%, significant increases in employee group benefit plans, and collective bargaining challenges (the CUPE collective agreement expires this December 2023) are also significant factors. In 2023, the Board's direction was to increase public health work in specific areas that may improve health outcomes within the next 3-5 years. Given the fiscal

pressures, C. St. John noted that the draft 2024 budget for consideration was a 'status quo' budget as opposed to further investments like in 2023.

J. Preston referenced the one-time funding (OTF) requests, asking if it will affect the 1% increase the province has committed to health units. C. St. John responded that OTF requests are separate from the 1% increase to base.

B. Martin asked about the request for Strengthening Public Health Strategy work ($50,000) and questioned if SWPH should increase its funding request. C. St. John indicated that the initial OTF request is to support SWPH directly. She also noted that OTFs are reviewed as line items.

D. Warden asked, with collective bargaining not underway yet, if SWPH has projected the correct increase in the 2024 budget. D. McDonald noted that SWPH has assessed contract standards and strives to strike a balance between what is reasonable and sustainable. C. St. John noted that the 2024 budget considers a contract settlement with CUPE.

D. Warden followed up by asking if SWPH would develop a contract that takes into account the possibility of upcoming mergers. D. McDonald noted such work would depend on the partners and the work that would come out of a review of the Ontario Public Health Standards, keeping in mind that there are too many unknown variables at this time to say more.

M. Ryan pointed out the challenges posed by a 3.6% inflation rate, ongoing negotiations, and the province's limited 1% increase. He asked that the Board consider communicating how the province has essentially directed them to find efficiencies or cut services. Regardless of the decision, he emphasized the importance of sharing that provincial funding is not reflective of actual cost increases, resulting in a high budget increase or direct cuts to staffing and services.

M. Ryan also expressed reservations about considering population growth as purely good news, noting that the communities served by the board are experiencing a 4% annual growth, and while this is beyond the board's control, there is a discrepancy in funding. The assessment growth that municipalities contribute to the budget is significantly less than the community's population growth and need for public health services. This creates a fundamental gap between provincial funding and municipal ability to fund, putting the board at a disadvantage from the beginning. M. Ryan emphasized the need to recognize this gap as a starting point when assessing the budget's challenges.

B. Martin agreed that population and diverse growth results brings great opportunities and challenges.

D. Mayberry noted that despite the significant increase from last year's budget, the 2024 budget is one that allows for only maintenance of the status quo, allowing for no advancement. M. Ryan amended his point, noting the Board's commitment in June to allocate additional funds to improve health outcomes is still present in the 2024 budget.

D. Warden asked for a recorded vote. Of note, Grant Jones was absent during the recorded vote (he had expressed his regrets for this rescheduled Board meeting).

There were no opposing votes or abstentions among the members present.

Resolution # (2023-BOH-1122-5.2-4.4)
Moved by B. Martin
Seconded by M. Peterson

That the Board of Health approve the 2024 Budgets for General Cost-Shared program, for 100% Provincially funded ongoing initiatives, and for 100% Provincially funded one-time initiatives.

Carried.

Couckuyt, Jack	Yea
Herbert, Jim	Yea
Jones, Grant	Absent
Martin, Bernia	Yea
Mayberry, David	Yea
Peterson, Mark	Yea
Preston, Joe	Yea
Rowden, Lee	Yea
Ryan, Marcus	Yea
Shinedling, Davin	Yea
Warden, David	Yea

Resolution # (2023-BOH-1122-5.2)
Moved by J. Couckuyt
Seconded by M. Peterson

That Board of Health for Southwestern Public Health approve the Chief Executive Officer's report for November 22, 2023.

Carried.

7.0 TO CLOSED SESSION

J. Herbert left at 6:54pm.

Resolution # (2023-BOH-1122-C7)
Moved by D. Warden
Seconded by M. Peterson

That the Board of Health move to closed session in order to consider one or more the following as outlined in the Ontario Municipal Act:
(a) the security of the property of the municipality or local board;
(b) personal matters about an identifiable individual, including municipal or local board employees;
(c) a proposed or pending acquisition or disposition of land by the municipality or local board;

(d) labour relations or employee negotiations;
(e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
(f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:

(a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
(b) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2023-BOH-1122-C8)

Moved by M. Peterson
Seconded by B. Martin

That the Board of Health rise with a report.

Carried.

Resolution # (2023-BOH-1122-C3.1)

Moved by D. Warden
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Special Ad Hoc Building Committee Report for November 22, 2023.

Carried.

Resolution # (2023-BOH-1122-C3.2)

Moved by D. Warden
Seconded by D. Shinedling

That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report as amended for November 22, 2023.

Carried.

9.0 FUTURE MEETING & EVENTS

10.0 ADJOURNMENT

That the meeting adjourns at 7:20 p.m. to meet again on Thursday, January 25, 2024 at 1:00 p.m.

Resolution # (2023-BOH-1122-10)
Moved by M. Peterson
Seconded by D. Warden

That the meeting adjourns at 7:20 p.m.

Carried.

Confirmed: _____

December 22, 2023

Special Board of Health Meeting

Minutes

The Special meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Friday, December 22, 2023, with virtual participation via MS Teams, commencing at 8:00 a.m.

PRESENT:

Mr. J. Couckuyt	Board Member
Mr. J. Herbert	Board Member
Mr. G. Jones	Board Member
Ms. B. Martin	Board Member (Vice Chair)
Mr. D. Mayberry	Board Member
Mr. M. Peterson	Board Member
Mr. J. Preston	Board Member (Chair)
Mr. L. Rowden	Board Member
Mr. M. Ryan	Board Member
Mr. D. Shinedling	Board Member
Mr. D. Warden	Board Member
Ms. C. St. John	Chief Executive Officer
Dr. N. Tran	Medical Officer of Health
Ms. J. Gordon	Administrative Assistant

GUESTS:

Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance and Facilities

REGRETS:

Ms. W. Lee	Executive Assistant

1.1

CALL TO ORDER, RECOGNITION OF QUORUM

The meeting was called to order at 8:00 a.m.

1.2 AGENDA

Resolution # (2023-BOH-1222-1.2)
Moved by M. Ryan
Seconded by D. Shinedling

That the agenda for the Southwestern Public Health Special Board of Health meeting for December 22, 2023 be approved.

Carried.

1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

1.4 Reminder that meetings are recorded for minute-taking purposes.

2.0 APPROVAL OF MINUTES

No minutes were presented for approval.

3.0 CONSENT AGENDA

No Items.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

No Items.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

No items.

7.0 TO CLOSED SESSION

Resolution # (2023-BOH-1222-C7)
Moved by M. Peterson
Seconded by G. Jones

That the Board of Health move to closed session in order to consider one or more the following as outlined in the Ontario Municipal Act:

(a) the security of the property of the municipality or local board;
(b) personal matters about an identifiable individual, including municipal or local board employees;
(c) a proposed or pending acquisition or disposition of land by the municipality or local board;
(d) labour relations or employee negotiations;
(e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
(f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or

(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:

(a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or

(b) an ongoing investigation respecting the municipality, a local board or a municipally controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2023-BOH-1222-C8)

Moved by B. Martin
Seconded by J. Herbert

That the Board of Health rise with a report.

Carried.

Resolution # (2023-BOH-1222-C3.1)

Moved by M. Peterson
Seconded by J. Herbert

That the Board of Health for Southwestern Public Health accept the Special Ad Hoc Strengthening Public Health Committee Report for December 22, 2023.

Carried.

Resolution # (2023-BOH-1222-C3.2)

Moved by M. Peterson
Seconded by G. Jones

That the Board of Health ratify the tentative memorandum of agreement reached December 15, 2023 between the Board of Health of the Oxford Elgin St. Thomas Health Unit and the Canadian Union of Public Employees effective January 1, 2024, until December 31, 2026.

Carried.

9.0 FUTURE MEETING & EVENTS

10.0 ADJOURNMENT

Resolution # (2023-BOH-1222-10)

Moved by M. Ryan
Seconded by B. Martin

That the meeting adjourn at 9:03 a.m. to meet again on Thursday, January 25, 2024 at 1:00 p.m.

Carried.

Confirmed: _____

North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound

December 13, 2023 **SENT ELECTRONICALLY**

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Room 281
Queens Park
Toronto, ON M7A 1A1

The Honourable Sylvia Jones
Minister of Health / Deputy Premier
777 Bay Street, College Park, 5th Floor
Toronto, ON M7A 2J3

Michael Parsa
Minister of Children, Community and Social Services
438 University Avenue, 7th Floor
Toronto, ON M7A 1N3

Dear Premier Ford, Minister Jones, and Minister Parsa:

RE: Intimate Partner Violence and Public Health Action

On behalf of the Board of Health for North Bay Parry Sound District Health Unit (Health Unit), please accept this correspondence highlighting the need to advance local and provincial action on monitoring, preventing, and reducing Intimate Partner Violence, and adverse events experienced by children with violence or abuse in the family unit. As a local public health unit, we are engaged in this work as per the following Ontario Public Health Standards: Healthy Growth and Development (including Health Babies Healthy Children Program); Substance Use and Injury Prevention; and Foundational (such as Population Health Assessment and Health Equity). At its meeting on November 22, 2023, the Board of Health carried the following resolution #BOH/2023/11/04:

> *WHEREAS, the Ontario Public Health Standards identifies violence as a topic for consideration within the Substance Use and Injury Prevention Standard and requires public health units to use a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries in the health population;*
>
> *WHEREAS, the Ontario Public Health Standards require public health units to monitor and assess trends related to injuries;*
>
> *WHEREAS, public health units and their programs, such as Healthy Babies Healthy Children and Sexual Health, respond to disclosure of Intimate Partner Violence or support disclosing of Intimate Partner Violence within individual client care using best practices;*

WHEREAS, it is well documented that Intimate Partner Violence is a serious preventable problem that significantly impacts victims and their children with effects across the lifespan and has considerable societal costs associated with medical and mental health services, lost productivity, and criminal justice and child welfare costs;

WHEREAS, responding to and preventing Intimate Partner Violence requires urgent and sustained evidence-based interventions by multisectoral agencies at a local and provincial level that are effective in preventing violence, and effective in changing risk and increasing protective factors, especially in adolescents and young adults;

WHEREAS, Intimate Partner Violence is generally underreported. Locally reported police, victim, and healthcare service data likely does not represent the full extent of Intimate Partner Violence, nor the risk and nature of the abuse and how it varies across specific population groups (e.g., 2sLGBTQ+, Indigenous) and age groups. Local level survey data is not available on Intimate Partner Violence, as collected through the Statistics Canada General Social Survey on Canadian's Safety (Victimization), or Adverse Childhood Experiences (ACEs);

THEREFORE BE IT RESOLVED, That the Board of Health for the North Bay Parry Sound District Health Unit is committed to being a member on the Violence against Women Coordinating Committee (VAWCC) of Nipissing and VAWCC of Parry Sound, and support the efforts of staff to research and consult with local, regional, and provincial experts and community partners to enhance surveillance methodologies, knowledge of effective prevention strategies, promotion of local services, and capacity for collective action and evaluation; and,

THEREFORE BE IT RESOLVED, That the Board of Health call on the Province of Ontario to invest in surveillance and analytical methodologies at a provincial and local public health unit level to gain a better understanding of the prevalence of Intimate Partner Violence and Adverse Childhood Experiences and to permit monitoring of trends, and data-informed action; and,

THEREFORE BE IT RESOLVED, That the Board of Health call on the Province of Ontario to develop a Provincial Intimate Partner Violence strategy to support the identification, implementation, evaluation, and monitoring of effective violence prevention strategies; and

THEREFORE BE IT RESOLVED, That the Board of Health call on the Province of Ontario and the Ministry of Children, Community and Social Services (MCCSS) to increase the funding allocated to the Healthy Babies Healthy Children Home Visiting program that is operated out of local public health units. The program directly services individual parents who need more support. Within this work, staff respond to disclosure of Intimate Partner Violence or support disclosing of Intimate Partner Violence. The annual budget for the Healthy Babies Healthy Children program has not increased in over 10 years.

Intimate Partner Violence which can include physical, sexual, and/or emotional harm toward a current or former intimate partner, is a serious preventable problem that significantly impacts victims and their children with effects across the lifespan.

On an individual level, exposure to Intimate Partner Violence has been associated with negative impacts to social functioning, mental health, and physical health. In addition, it has been well established through research, that children exposed to violence in the family either directly, or through witnessing interparental violence are at increased risk of intimate partner violence experiences in adolescence and adulthood. Domestic abuse is recognized as an Adverse Childhood Experience. Adverse childhood experiences, otherwise known as ACEs is a term used to describe negative, stressful, traumatizing events that occur before the age of 18 years. They are associated with risk of serious physical, mental health, and neurobiological problems, and more exposure to adverse events predicts greater risk in later years. There is a need to invest in interventions that are effective in preventing violence, or effective in changing risk and increasing protective factors. Research indicates that Intimate Partner Violence starts early in the lifespan, in adolescents and young adults, highlighting the need for early prevention efforts, and interventions targeting this population.

The Board of Health respectfully urges the Provincial Government to invest in surveillance and data-informed strategies at a provincial and local level that will help to monitor trends, prevent and reduce intimate partner violence; reduce adverse childhood experiences; and, increase resilience and protective factors to decrease the likelihood of future risk, such as becoming a victim, or perpetrator of violence.

Sincerely,

Rick Champagne
Chairperson, Board of Health

Carol Zimbalatti, M.D., CCFP, MPH
Medical Officer of Health/Executive Officer

Copy to:

Vic Fedeli, MPP, Nipissing
Graydon Smith, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Ontario Boards of Health
Health Unit Member Municipalities
The Honourable Michael Kerzner (Solicitor General of Ontario)
Josée Bégin (Assistant Chief Statistician, Statistics Canada)
Chairs of the VAWCC of Nipissing and VAWCC of Parry Sound

References:

1. Statistics Canada, Victims of police-reported family and intimate partner violence in Canada, 2021. 2022 Oct. 19.
2. Cotter, Adam. "Intimate partner violence in Canada, 2018: An overview." *Juristat*. 2021. Statistics Canada Catalogue no. 85-002-X.
3. Statistics Canada, Brief: Statistical profile of intimate partner violence in Canada. 2022 Feb. 15.
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alPHa
Association of Local
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Dr. Kieran Moore,
Chief Medical Officer of Health,
Box 12,
Toronto, ON M7A 1N3

December 1, 2023

Dear Dr. Moore,

Re: Voluntary Mergers and Boards of Health Leadership

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Associations, we are writing to provide advice on the voluntary mergers component of the Strengthening Public Health initiative that is currently underway.

We agree with your statement that, where it makes sense to do so, voluntary mergers have the potential to address longstanding challenges in the public health system and improve optimization and coordination. We also appreciate the efforts that you have made to share information and discuss the process through meetings with local public health leadership over the past month.

Recognizing the aggressive timelines that have been imposed on this process, we are also cognizant of the fact that engagement opportunities are important for all parties, so it makes sense to use existing channels between your office and the medical leadership (e.g., the Public Health Leadership Table) and meetings with local public health staff via the regional engagement structures to drive the process forward. Our members have, however, identified targeted consultation with boards of health as a gap.

Mergers of this nature are fundamentally a governance issue and must be planned and executed by those with the authority to do so, grounded in the knowledge of the needs of the communities they serve. The final decisions will be made by local boards of health, so it is imperative there is direct and specific ongoing engagement and meaningful dialogue with local boards that includes information, clarity of process, and expectations so that they are properly equipped with the information they need to make decisions on the future of local public health.

Although there are differences in the structures of Ontario's local boards of health, it is important to acknowledge they will all be affected by the outcomes of this process. There are boards that are considering it, boards that are well into discussions, and boards that will remain as they are but nonetheless be subject to ripple effects of neighbouring mergers. The implications are too numerous to outline here, but there is a wealth of expertise and experience to draw upon from each group, which will be of tremendous benefit to the others.

We are therefore strongly recommending that you consider the development of a comprehensive strategy for direct engagement and dialogue with boards of health, as a whole and individually, that recognizes their primary authority in following through on new partnerships, taps into existing expertise at the local level, and ensures that all of the complexities and consequences of such an undertaking are fully addressed. alPHa would be pleased to work with you in this regard through our Boards of Health Section.

We look forward to working with you and would like to request an opportunity to meet with you and your staff. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Dr. Charles Gardner,
President

Copy: Hon. Sylvia Jones, Minister of Health, Deputy Premier
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health
Colleen Kiel, Director, Public Health Strategic Policy, Planning & Communications Branch

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

Huron Perth Public Health

November 1, 2023

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

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

Honourable Lawrence MacAuley
Ministry of Agriculture and Agri-Food
Email: Lawrence.macauley@parl.gc.ca

Honourable Jean-Yves Duclois
Ministry of Public Services and Procurement
Email: jean-yves.duclois@parl.gc.ca

Dear Honourable Federal Ministers Freeland, Sudds, MacAuley, and Duclois:

Re: Support for Investing in a Sustainable Federal School Food Policy

At the October 13, 2023 meeting of the Huron Perth Public Health, Board of Health (HPPH BOH), the Board received and voted to endorse the Windsor Essex Correspondence, **Investing in a Sustainable Federal School Food Policy**.

As you may recall, in June of 2023, the HPPH BOH wrote the Federal Ministers of Health and encouraged the development of a universal, cost-shared school food program for Canada and share our concerns about the current state of student nutrition programs in Ontario and our region (see attached letters).

The HPPH BOH continues to support the following recommendations proposed by the Canadian Coalition for Healthy School Food:

1. Allocate $1 billion over five years in Budget 2024 to establish a National School Nutritious Meal Program as a key element of the evolving Food Policy for Canada, with $200 million per year to contribute to provinces, territories and First Nation, Métis, and Inuit partners to fund their school food programs.

2. Enter into immediate discussions with Indigenous leaders to negotiate agreements for the creation and/or enhancement of permanent independent distinctions based First Nation, Métis, and Inuit school meal programs.
3. Create a dedicated school food infrastructure fund to provide schools with facilities and equipment for food production and preparation, so they can reliably and efficiently serve nutritious food in adequate volumes.

In addition, school food programs should be designed to:

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

Sincerely,

Bernie MacLellan
Chair, Huron Perth Public Health

cc:
Honourable Stephen Lecce, Minister of Education; minister.edu@ontario.ca
Mr. Ben Lobb, Member of Parliament Huron-Bruce; ben.lobb@parl.gc.ca
Mr John Nater, Member of Parliament Perth-Wellington; john.nater@parl.gc.ca
Honourable Michael Parsa, Minister of Children Community and Social Services; michael.parsaco@pc.ola.org
Honourable Sylvia Jones, Minister of Health; sylvia.jones@pc.ola.org
The Honourable Lisa Thompson, Minister of Agriculture, Food and Rural Affairs and Member of Provincial Parliament Huron-Bruce; lisa.thompson@pc.ola.org
Mr. Matthew Rae, Member of Provincial Parliament Perth-Wellington; matthew.rae@pc.ola.org
All Ontario Boards of Health; AllHealthUnits@lists.alphaweb.org

BOARD REPORT

MEETING DATE:	January 25, 2024
SUBMITTED BY:	Peter Heywood, Program Director, Healthy Communities Division
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☐ Discussion ☐ Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	2024-BOH-20240125-5.1
REPORT TITLE:	Household Food Insecurity in the SWPH Region and Effective Policy-Based Solutions

Situation

Every day, many households in our region face difficult decisions due to the high cost of basic needs. When incomes are limited, households often cut their food budget to afford other necessary expenses, such as rent, utilities, and transportation, ultimately leading to household food insecurity (HFI). HFI refers to a situation in which a household lacks consistent access to an adequate supply of nutritious food due to financial constraints.[1] HFI places a significant burden on our healthcare system as it is associated with an increased risk of developing chronic diseases, infections, and mental health conditions.[2-10] In 2021-2022, 19.2% of households in the Southwestern Public Health (SWPH) region were food insecure.[11]

In Canada, the Low-Income Measure After Tax (LIM-AT)[a] is an indicator used to determine the percentage of people in a population with incomes below a certain threshold. Based on the LIM-AT in 2020, 8.8% of SWPH residents lived on a low income.[12] Due to increased living costs, the number of residents struggling financially is likely higher. One person living at the LIM-AT line is challenged to budget approximately $2200 a month to meet all their basic needs, including food. This report will further explore the relationship between income and food insecurity, including recommendations for action.

Background

The *Ontario Public Health Standards* require health units to monitor local food affordability as mandated in the *Population Health Assessment and Surveillance Protocol, 2018*. Ontario Public Health Units monitor food affordability using the Nutritious Food Basket (NFB) survey. The NFB provides an estimate of the cost of

[a] The Low-Income Measure After Tax (LIM-AT) for 1 person is $26,503 and for 2 persons is $37,480.

healthy eating based on current national nutrition recommendations[b] and average food purchasing patterns.[13] The cost of the food basket is compared to individual and family incomes to assess their ability to afford enough nutritious food.

Due to the COVID-19 pandemic, food affordability was not monitored in the SWPH region between 2020-2022. In 2023, SWPH staff monitored food affordability using the new NFB costing tool adapted by Public Health Ontario and Ontario Dietitians in Public Health (ODPH). In 2023, the cost of eating a healthy diet for a reference family of four[c] in Oxford County, Elgin County, and the City of St. Thomas is $1184/month. The following table depicts real-life scenarios for households in our region.

Table 1. Nutritious Food Basket Income Scenarios for the Southwestern Public Health Region, 2023.

	Family of 4, Ontario Works	Family of 4, Full-time Minimum Wage Earner	**Family of 4, Median Ontario Income (after tax)**	Single Parent with 2 Children, Ontario Works	One Person, Ontario Works	One Person, Ontario Disability Support Program	One Person, Old Age Security/ Guaranteed Income Supplement	Single Pregnant Person, Ontario Disability Support Program
Total Monthly Income	$2800	$4166	**$9290**	$2566	$868	$1372	$1996	$1412
Average Monthly Rent	3 Bedroom	3 Bedroom	3 Bedroom	2 Bedroom	Bachelor	1 Bedroom	1 Bedroom	1 Bedroom
	$1519	$1519	$1519	$1471	$859	$1228	$1228	$1228
Monthly Food Cost	$1184	$1184	$1184	$872	$425	$425	$319	$404
Monthly Income Remaining for Other Expenses	**$97**	**$1463**	**$6587**	**$223**	**-$416**	**-$281**	**$449**	**-$220**
% of Income for Rent	54%	36%	**16%**	57%	99%	90%	62%	87%
% of Income for Food	42%	28%	**13%**	34%	49%	31%	16%	29%

[b] Several food items on the NFB may have more than one option listed. The 'preferred item' is the top choice for each food item on the survey. In the event 'preferred items' are unavailable, 'proxy items' of similar nutrition and price may be used. There may be minor differences between nutrition and/or price between the 'preferred' and 'proxy items'.

[c] A reference family of four includes a male and female couple, 31-50 years old; a boy, 14 years old; and a girl, 8 years old. Other types of households may have different costs.

Data Sources

The ODPH Food Insecurity Work Group provided the income scenarios included in this report. Income estimates for each scenario include family and tax benefit entitlements available to Ontario residents. The data in these scenarios represent maximum amounts. Actual income amounts may be lower if residents do not file their income tax and/or do not apply for all available tax credits. Housing costs are based on Canada Mortgage and Housing Corporation's (CMHC) Rental Market Surveys for Ontario 2022.[14] The values reflect an average of current private apartment rental costs paid by tenants in the Woodstock census area from October 2022.

For more information on data collection, please refer to **Appendix A**.

Discussion

When incomes don't leave enough money for all basic needs, households often cut their food budget to afford other necessities, such as housing, transportation, and childcare. Household food insecurity occurs when families do not have an adequate or reliable income to afford enough food to maintain a healthy and active lifestyle.[1] Individuals who experience food insecurity may worry about running out of food, eating less food than they need, eating foods of lower nutritional value, skipping meals, or going an entire day or several days without eating.[1]

A growing body of research has shown that household food insecurity is closely linked to individuals' health and wellbeing. Adults and children from food-insecure households have poorer physical and mental health compared to adults and children from food-secure households.[1] Children and adolescents in food insecure households are more likely to experience poor overall health[15]; chronic health conditions, such as asthma;[15] developmental and behavioural problems;[5] and mental health conditions, such as depression, anxiety, and suicidal thoughts.[15] Adults in food insecure households are more likely to experience poor mental, physical, and oral health;[10] mental health conditions, such as depression, anxiety disorders, mood disorders, and suicidal thoughts;[4] and chronic diseases, such as heart disease[10] and diabetes.[8]

Individuals who are food insecure may also need help managing their chronic health conditions. They are more likely to experience adverse disease outcomes,[3] be hospitalized,[7] and have a shorter life expectancy.[6] This significantly burdens our healthcare system and results in increased healthcare costs. A Canadian Medical Association Journal study examined the relationship between food insecurity and healthcare costs. The researchers found that healthcare costs were 23% higher for adults in marginally food-insecure households, 49% higher for adults in moderately food-insecure households, and 121% higher for adults in severely food-insecure households than adults in food-secure households.[6]

Certain characteristics place a household at greater risk of experiencing food insecurity. Individuals and households in lower income brackets are more likely to be food insecure than those with higher incomes.[1] In addition to total income, the source of income can be a strong predictor of food insecurity. Households whose primary income source is from social assistance experience much higher rates of food insecurity than households with other income sources. In 2021, 52.8% of Ontario households reliant on social assistance were food insecure.[1] Among all food-insecure households in Ontario in 2021, 58.6% were reliant on income from wages, salaries, or self-employment as their primary source of income.[1] These figures highlight that wages, salaries, and social assistance levels must be improved for Canadians to meet the basic cost of living.

Homeownership and housing costs significantly affect a household's vulnerability to food insecurity. Renters are more likely to experience food insecurity than homeowners, with the risk decreasing even further for

homeowners without a mortgage.[1] For housing to be considered affordable, rent or mortgage payments should account for less than 30% of a household's before-tax income.[16] Housing costs, typically fixed and non-negotiable, often account for the largest proportion of a household's expenses. As illustrated in Table 1 above, most household scenarios far exceed the 30% threshold for affordable housing.

In Canada, people who identify as white have a lower prevalence of food insecurity compared to racialized groups (Black, Indigenous, and People of Colour).[1] In 2021, 33.4% of Indigenous Peoples were living in food-insecure households.[1] This percentage excludes individuals in Indigenous communities (reservations), remote areas, institutions, and those who are under-housed, suggesting that the actual prevalence may be even higher. These disparities are not related to individual fault but rather highlight the enduring impacts of historical colonialism and systemic racism.

Solutions

While household food insecurity was previously thought to be a food issue, with more research, it is now known to be an indicator of material deprivation and inadequate incomes.[1] Food insecurity is commonly addressed through charitable responses, such as food banks and free meals. Food banks originated as a temporary food relief solution during the 1980's recession. However, the demand for food banks did not decrease as the economy improved. Today, food banks have grown into an extensive food charity system serving low-income individuals and households.[17] These programs greatly benefit those who access them by providing immediate access to food and reducing the acute effects of hunger. However, estimates suggest that less than 25% of individuals experiencing food insecurity access food charities,[18] and for those that do, food insecurity does not go away. While food charity may address immediate needs, it does not address the root cause of food insecurity.

When discussing the cost of food security, we must also consider other competing financial priorities that families face daily, such as transportation, housing, childcare, and education costs, among others. Policy options that can assist families in affording day-to-day expenses include affordable housing, transportation options, childcare, and recreation opportunities.[19(p.24)]

Addressing Food Insecurity Through Income-based Interventions

As food insecurity is primarily related to inadequate incomes, effective solutions to address food insecurity include income-based interventions. Currently, in Canada, we have seen improvements in the rates of poverty and low income, specifically for children and older adults. Recent income interventions and policies at a federal level have included the 'Guaranteed Income Supplement' (GIS) for low-income older adults, the 'Canada Child Benefit' (CCB) for families with children, and the 'Canadian Emergency Response Benefit' (CERB) delivered to citizens during a time of high need at the height of the COVID-19 pandemic. These income interventions contributed to lifting 1.3 million Canadians out of poverty between 2015 and 2020.[19(p.4)]

Many income interventions require that eligible individuals file yearly tax returns to receive benefits. It is estimated that approximately 10-12% of Canadians do not file a tax return and that "cash benefits lost to working-age non-filers was $1.7 billion in 2015".[20] Interventions that assist residents to complete yearly tax returns can, therefore, increase access to government benefits and income supports for those who need them most.

Income interventions are also needed to support the working poor. Working poor is described as "working individuals aged 18–64 that live independently, are not full-time students, and earn more than $3,000 annually but less than the Low-income measure after tax (LIM-AT) threshold".[19(p.6)] This may include residents who are

working at jobs that provide a minimum wage or that are precariously employed. In Canada, the working poor account for 42% of the people who live in poverty.[19]

Currently, the minimum wage in Ontario is $16.55 per hour. This amount can be compared to our region's current 'Living Wage,' which is $18.85 per hour.[21] The Ontario Living Wage Network calculates the living wage annually and is described as "the hourly earnings someone needs to earn to have an income that covers their cost of living."[22(p.7)] Living Wage calculations consider the costs of living in a particular economic region, including costs of food, shelter, clothing, transportation, education, medical expenses, communications, and childcare costs and factors in government transfers and benefits that families would receive.[22] Ontario has over 600 certified Living Wage employers, including ten in Elgin-St. Thomas and four in Oxford County.[23] The gap between the current minimum wage and living wage represents a difference of $4576 before tax per year, or $381 per month for a person working full-time, full year. This amount of money can significantly impact a household's ability to afford basic needs, such as food.

For those in our region on social assistance, it may also be difficult to meet basic needs. In 2022, the Ontario government announced a 5% increase to the Ontario Disability Support Program (ODSP) and Assistance for Children with Severe Disabilities (ACSD) Program. In addition, they noted that future increases would align with inflation. These rates increased in September 2022. In July 2023, ODSP and ACSD rates were increased by an additional 6.5%.[24,25] Individuals receiving Ontario Works (OW) received no rate increases. The income scenarios in this report illustrate that, even with the maximum amount of entitlements and tax credits, social assistance rates must be improved for households to afford basic needs. This is especially true for single adults without children. Social assistance rates should be indexed to inflation and align with the current cost of living.

The Senate is considering Bill (S-233), '*An Act to Develop a National Framework for a Guaranteed Livable Basic Income*'.[26] If passed, this Act will allow for the establishment of a basic income framework for Canada. A basic income is described as "an unconditional cash transfer from government to individuals to enable everyone to meet their basic needs, participate in society and live with dignity, regardless of work status."[27(p.V)] These conversations present an opportunity for local public health associations to contribute to the discourse around income and health.

Recommendations for Consideration

- SWPH seeks certification as a Living Wage employer with the Ontario Living Wage Network to support the promotion of income interventions within our community.
- Endorse income-based policy solutions to reduce household food insecurity, as outlined in this BOH report and community partner report 'Addressing Food Insecurity and Poverty in Oxford County, Elgin County, and the City of St. Thomas' (**Appendix B**).
- Endorse Algoma Public Health's letter to Premier Ford, Deputy Premier and Minister Jones, and Minister Parsa regarding Income-based policy interventions to effectively reduce household food insecurity (HFI) (**Appendix C**)
- Monitor the status of Federal Bill S-233 and, where possible, participate in consultations regarding developing a national framework for a guaranteed livable basic income program.

Conclusion

Local Public Health Agencies are responsible for promoting health equity, preventing chronic diseases and associated harms, and promoting conditions that allow residents to meet their basic needs. HFI impacts close to 1 in 5 households in our region and contributes to the risk of developing chronic diseases, mental health conditions, and infections. HFI is primarily described as an 'income issue' and requires income-based solutions.

The solutions outlined in this report can significantly reduce HFI for residents of the SWPH region and, therefore, contribute to a mentally and physically healthier community.

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MOTION: 2024-BOH-0125-5.1

That the Board of Health for Southwestern Public Health accept the report entitled "Household Food Insecurity in the SWPH Region and Effective Policy-Based Solutions" for January 25, 2024, including SWPH's application to become a Living Wage Employer.

Appendix A: Methodology for Data Collection

Food Costs:

When conducting food costing, several food items on the NFB may have more than one option listed. The 'preferred item' is the top choice for each food item on the survey. These items align with Canada's Food Guide and average purchasing patterns. In the event 'preferred items' are unavailable, 'proxy items' of similar nutrition and price may be used. There may be minor differences between nutrition and/or price between the 'preferred' and 'proxy items'.

Note: SWPH's 2023 food costing data cannot be compared to previous years as there have been changes in costing methods and foods costed.

Household Incomes:

The ODPH Food Insecurity Work Group has provided the income scenarios included in this report. WoodGreen Community Services, one of Toronto's largest social service agencies, has provided a comprehensive review of ODPH's 2023 income scenarios. All data sources used to provide income estimates are publicly available.

The primary source of income for each scenario is estimated for May/June 2023. This corresponds with the timeframe when SWPH collects NFB data. The only exception is the median Ontario income in Scenario 3, obtained from Statistics Canada. The most recent data available for this scenario are from 2021. Minimum wage at the time these income scenarios were calculated was $15.50/hour.

Income estimates for each scenario include family and tax benefit entitlements available to Ontario residents. Family and tax benefits for May/June 2023 are based on information in tax returns filed in 2021. The data in these scenarios represent maximum amounts. Actual income amounts may be lower if residents do not file their income tax and/or do not apply for all available tax credits.

Housing Costs:

Housing costs are based on Canada Mortgage and Housing Corporation's (CMHC) Rental Market Surveys for Ontario 2022.[14] The values reflect an average of current private apartment rental costs paid by tenants in the Woodstock census area from October 2022. Rental costs for new tenants would likely be higher as current tenants may be protected from large annual rent increases. Utility costs may or may not be included in the rental estimates and vary considerably based on age and condition of housing, type of heating, range of appliances, air conditioning or cooling and household size. CMHC data from other urban areas within the SWPH region are similar to the values included in this report. However, there may be differences in rural areas.

Addressing Food Insecurity and Poverty

In Oxford County, Elgin County, and the City of St. Thomas

2023 Report

Southwestern Public Health
Oxford · Elgin · St.Thomas

Purpose of this Report

Household food insecurity is a serious public health problem in Ontario and Canada. It is associated with poor health outcomes and places a significant burden on our healthcare system.

Southwestern Public Health (SWPH) monitors food affordability in Oxford County, Elgin County, and the City of St. Thomas. Food and housing costs are compared to various income scenarios. These scenarios highlight that many households in our region are unable to afford enough food for their health and well-being.

This report outlines effective income-based solutions to address food insecurity. SWPH encourages individuals, businesses, organizations, and community partners to share this report widely and to take collaborative action to address household food insecurity.

Household Food Insecurity

Food is a basic human right. Everyone should have the means to afford enough nutritious food. Unfortunately, this is not the case for many households in our region. Food insecurity is the inadequate or insecure access to a healthy diet caused by financial constraints. Without sufficient and reliable incomes, households may find it difficult to afford enough healthy food.

Food insecurity means not having enough money for food.

In 2021-2022, 19.2% of households in the Southwestern Public Health region were food insecure (1). That's almost 1 in 5 households.

People that are living with food insecurity may (2):

- Worry about running out of food
- Eat less food than they need
- Eat foods of lower nutritional value
- Skip meals
- Go an entire day or several days without eating

Food Insecurity is a Serious Public Health Issue

Household food insecurity is a serious public health problem as it is closely linked to many negative health outcomes. Adults and children from food insecure households have poorer physical and mental health compared to adults and children from food secure households (2).

Children and teens in food inssecure households are more likely to experience:

- Poor overall health (3)
- Mental health conditions, such as depression, anxiety, and suicidal thoughts (4)
- Developmental and behavioural problems (4)
- Chronic health conditions, such as asthma (3)

Adults in food insecure households are more likely to experience:

- Poor mental, physical, and oral health (5)
- Mental health conditions, such as depression, anxiety disorders, mood disorders, and suicidal thoughts (6)
- Chronic diseases, such as diabetes (7) and heart disease (5)

People that are food insecure may be less able to manage their chronic health conditions. They are more likely to experience negative disease outcomes (8, 9), be hospitalized (10), and have a shorter life expectancy (11). This places a significant burden on our healthcare system and healthcare costs.

Compared to adults that are food secure, healthcare costs are (12):

- 23% higher for adults in marginally food insecure households
- 49% higher for adults in moderately food insecure households
- 121% higher for adults in severely food insecure households

Households at Risk of Food Insecurity

In Canada, household food insecurity is closely related to income. Households with inadequate or unstable incomes and limited savings and ability to borrow money are at the greatest risk of experiencing food insecurity. Those with lower incomes have a dramatically higher probability of being food insecure (2).

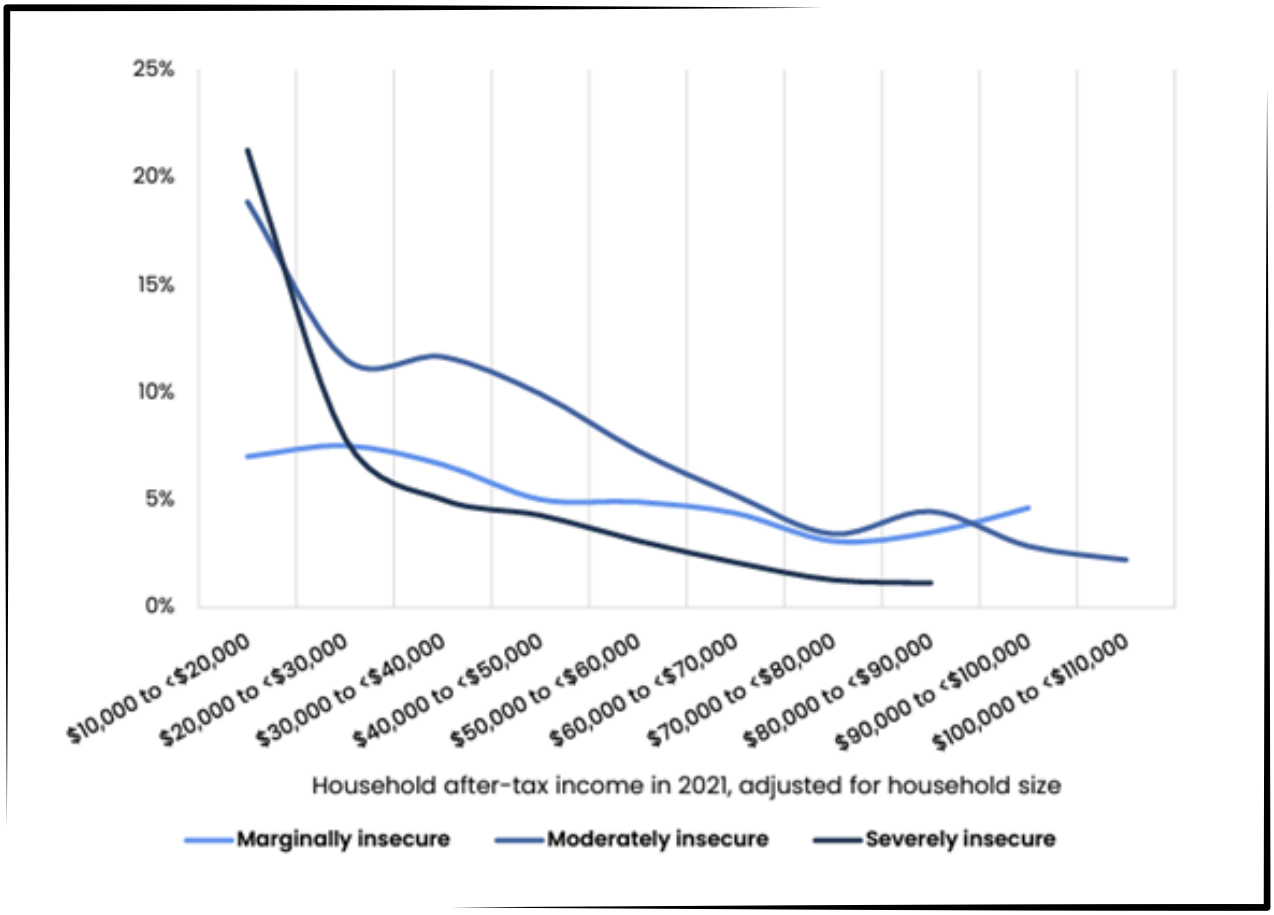

Figure 1.
Food insecurity by household income, 2021.
Source: Li, Fafard St-Germain, Tarasuk (2023). Household food insecurity in Canada, 2022.

In addition to total income, the source of income can be a strong predictor of food insecurity. Households whose main source of income is from social assistance experience much higher rates of food insecurity, compared to households with other income sources. In Ontario, 53% of households reliant on social assistance were food insecure (2).

Contrary to popular belief, having a job does not protect people from food insecurity. In 2021, about 1 in 6 Canadian households reliant on wages, salaries, or self-employment were food insecure (2). Households that faced job disruptions may have had to rely on employment insurance or COVID-19 related benefits, such as the Canada Emergency Response Benefit. These figures highlight that wages, salaries, and social assistance levels are inadequate for Canadians to meet the basic cost of living (2):

70% of households that relied on social assistance were food insecure

42% of households that relied on COVID-19 benefits were food insecure

17% of households that relied on wages, salaries, or self-employment were food insecure

In addition to income, there are other factors that increase a household's risk of experiencing food insecurity (2):

41% of households led by a female lone parent were food insecure

28% of households that rent their home were food insecure

21% of unattached individuals living alone were food insecure

Monitoring Food Affordability

SWPH conducts food costing in Oxford County, Elgin County, and St. Thomas using the Nutritious Food Basket (NFB) survey tool. The NFB provides an estimate of the cost of healthy eating that meets requirements from Canada's Food Guide.[a] The cost is determined by pricing 61 food items from grocery stores in the area and calculating the average lowest retail price. An additional 5% is added to the cost of the food basket to cover the cost of other foods used in meal preparation, such as spices, condiments, and baking supplies. Other household needs, including personal hygiene products and cleaning products, are not included in the food basket.

[a] **SWPH acknowledges that neither Canada's Food Guide or the NFB are inclusive for all religious and cultural groups, and they do not acknowledge traditional Indigenous foods and food procurement practices. This may limit the generalizability and relevance of the results to different population groups.**

The NFB assumes:

- Households have access to grocery stores
- Households have the time, ability, food skills, and equipment to prepare meals
- Households always buy according to the lowest price, and not necessarily based on need or preference

In 2023, the cost of eating a healthy diet for a family of four[b] in Oxford, Elgin, and St. Thomas is $1,184/month

To monitor food affordability, individual and family incomes are compared to monthly food and housing costs. The following scenarios depict what residents in Oxford, Elgin, and St. Thomas may experience.

	Family of 4, Ontario Works	Family of 4, Full-time Minimum Wage Earner	**Family of 4, Median Ontario Income (after tax)**	Single Parent with 2 Children, Ontario Works	One Person, Ontario Works	One Person, Ontario Disability Support Program	One Person, Old Age Security/ Guaranteed Income Supplement	Single Pregnant Person, Ontario Disability Support Program
Total Monthly Income	$2800	$4166	**$9290**	$2566	$868	$1372	$1996	$1412
Average Monthly Rent	3 Bedroom $1519	3 Bedroom $1519	3 Bedroom $1519	2 Bedroom $1471	Bachelor $859	1 Bedroom $1228	1 Bedroom $1228	1 Bedroom $1228
Monthly Food Cost	$1184	$1184	$1184	$872	$425	$425	$319	$404
Monthly Income Remaining for Other Expenses	**$97**	**$1463**	**$6587**	**$223**	**-$416**	**-$281**	**$449**	**-$220**
% of Income for Rent	54%	36%	**16%**	57%	99%	90%	62%	87%
% of Income for Food	42%	28%	**13%**	34%	49%	31%	16%	29%

Table 1. Nutritious Food Basket Income Scenarios for the Southwestern Public Health Region, 2023.

[b] **A reference family of four includes a male and female couple, 31-50 years old; a boy, 14 years old; and a girl, 8 years old. Other types of households may have different costs.**

About the Income Scenarios

Food costs:

When conducting food costing, there are several food items on the NFB that may have more than one option listed. The 'preferred item' is the top choice. In the event 'preferred items' are unavailable 'proxy items' of similar nutrition and price may be used. Please note there may be minor differences between nutrition and/or price between the 'preferred' and 'proxy items'.

SWPH's 2023 food costing data cannot be compared to previous years as there have been changes in costing methods and foods costed.

How are houshold incomes calculated?

The main source of income for each scenario is estimated for May/June 2023. This corresponds with the timeframe when SWPH collects NFB data. The only exception is median Ontario income for Scenario 3, which is obtained from Statistics Canada. The most recent data available for this scenario are from 2021.

Income estimates for each scenario include family and tax benefit entitlements available to Ontario residents. Family and tax benefits for May/June 2023 are based on information in tax returns filed in 2021.

Income estimates for each scenario include family and tax benefit entitlements available to Ontario residents. Family and tax benefits for May/June 2023 are based on information in tax returns filed in 2021.

The data in these scenarios represent maximum amounts. Actual amounts may be lower if residents do not file their income tax and/or do not apply for all available tax credits.

How are housing costs estimated?

Housing costs are based on Canada Mortgage and Housing Corporation's (CMHC) Rental Market Surveys for Ontario 2022 (13). The values reflect an average of current private apartment rental costs paid by tenants in the Woodstock census area from October 2022. Rental costs for new tenants would likely be higher as current tenants are protected from large annual rent increases. Utility costs may or may not be included in the rental estimates and vary considerably based on age and condition of housing, type of heating, range of appliances, air conditioning or cooling, and household size.

CMHC data from other urban areas within the SWPH region are similar to the values included in this report. However, there may be differences in other rural areas. The housing costs used in this report can be used as a general reference to the fact that many households cannot afford basic needs.

Case Study

Maria is a single mother who recently separated from her partner. She is the primary caregiver for her two young children, Sofia and Daniel. Maria currently receives Ontario Works. Despite actively seeking employment, she had difficulty finding a stable job that offered flexible hours. Childcare for Daniel is expensive, and Maria can only afford part-time care. Her children are growing and need new coats and boots for winter. Maria recently found out her car requires $700 in repairs. She doesn't know how she will afford these expenses. The stress of financial insecurity and her children's needs can take a toll on Maria's mental health. She has limited family support as her parents live in another province.

Income	$2,556
Rent	$1,471
Food	$872
Amount remaining for all other expenses	$223

As illustrated in this case study, some people don't have enough money to buy healthy food. After paying for rent and groceries, people still have to pay for other basic needs:

Heat, hydro, phone, internet

Clothing

Transportation

Childcare

Personal care items

Medical costs

The problem isn't the cost of healthy food. The problem is that people don't have enough money to afford healthy food.

Addressing Food Insecurity

Food programs, such as community gardens, community meals, gleaning, and food banks can have positive effects on the lives of those involved. These programs can help bridge the gap between food insecurity and income by reducing the acute effects of hunger. However, not all those that are food insecure access these programs, and for those that do, food insecurity does not go away. Food programs are not a long-term solution to addressing food insecurity.

Food insecurity is a problem rooted in inadequate incomes. Income solutions preserve dignity by allowing people to make choices and decisions about which foods to buy and ensure the basic right to food. There is strong evidence to show that food insecurity can be addressed through policy changes that provide adequate and stable incomes.

Increased social assistance rates

In 2022, the Progressive Conservative government announced a 5% increase to the Ontario Disability Support Program (ODSP) and Assistance for Children with Severe Disabilities (ACSD) Program. In addition, they noted that future increases would align with inflation. These rates increased in September 2022. In July 2023, ODSP and ACSD rates were increased by an additional 6.5% (14, 15).

Individuals receiving Ontario Works (OW) did not receive any increases in rates. The income scenarios in this report illustrate that, even with the maximum amount of entitlements and tax credits, social assistance rates are inadequate for households to afford basic needs. This is especially true for single adults without children. Social assistance rates should be indexed to inflation and align with the current cost of living.

Increased minimum wage

A minimum wage is the lowest amount of money that employers must pay their workers per hour of work. As of October 2023, the Ontario minimum wage is $16.55/hour[c] (16).

A living wage is the hourly wage an individual needs to earn to afford basic expenses and participate in their community. The Ontario Living Wage Network has calculated the 2023 living wage for London Elgin Oxford, which is $18.85/hour (17).

Again, the income scenarios in this report demonstrate that current minimum wage rates are insufficient to cover basic needs. To reduce food insecurity, minimum wage should align with a living wage.

Basic income guarantee

A Basic Income Guarantee (BIG) provides regular cash payments to eligible households, regardless of their employment status. A BIG ensures that everyone has a minimum level of income to cover basic needs such as food, housing, and clothing, and be able to participate in society (18).

Evidence has shown there are substantial benefits to implementing a basic income, such as improved health outcomes and access to education for individuals and families, and reduced crime and savings from the indirect costs of poverty and food insecurity (18).

Increased investments in public programs and services

The cost of living refers to the expenses associated with maintaining a basic standard of living. This includes housing, food, transportation, healthcare, and other essential needs. Households with limited incomes are often forced to choose between paying rent and affording food.

Investing in affordable housing, transportation, and childcare benefits can significantly reduce rates of household food insecurity by improving households' financial circumstances (19, 20).

Improved employment standards

Individuals that are working in precarious employment may struggle to consistently access enough food. Precarious employment refers to work that is unstable and insecure, such as part time, temporary, and contract job opportunities. Workers in precarious employment often face uncertain work hours, low wages, minimal or no benefits, and limited job security. Policies and standards that address working conditions can reduce rates of household food insecurity by offering more reliable and adequate wages (21).

[c] **Note: The income scenarios in this report were calculated in May/June 2023. The Ontario minimum wage at that time was $15.50/hour.**

Taking Action

Learn More

Learn more about food insecurity and poverty.
Learn more here: www.odph.ca/centsless

Become a Certified Living Wage Employer

Become a Certified Living Wage Employer and encourage local businesses and organizations to become Certified Living Wage Employers. This improves the availability of local employment opportunities that offer better incomes.
Visit: www.ontariolivingwage.ca/

Support Tax Filing Clinics

Support free income-tax filing programs for low-income households. Many people with low incomes are missing out on cash transfer payments they are eligible for because they have not filed their taxes. Tax refunds can be the single largest cash infusion low-income households receive each year.
Visit: www.canada.ca/en/revenue-agency/services/tax/individuals/community-volunteer-income-tax-program.html

Advocate for Income-Related Policies

Send or endorse letters to the provincial and federal government calling for improved public policies at these levels. This can include support for increasing social assistance rates, increasing minimum wage, providing a basic income to working aged adults, and lowering tax rates for the lowest income earners.
Find a sample letter here: www.odph.ca/what-can-you-do

Support Local Poverty Reduction and Coalitions

Support local poverty reduction strategies, including activities related to addressing household food insecurity.
Learn more about the Elgin St. Thomas Coalition to End Poverty: https://povertycoalition.ca/
Learn more about Reducing Poverty Together in Oxford County: https://www.futureoxford.ca/Committees.aspx

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Algoma PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

July 4, 2023

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

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

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

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

Re: Income-based policy interventions to effectively reduce household food insecurity (HFI)

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

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

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

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

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Food charity is NOT a solution to the problem. Food banks may provide temporary food relief but do not address the root causes. Only about one-quarter of households experiencing food insecurity go to food banks and for those who do use them, food insecurity does not go away.[2]

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

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

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

Sincerely,

Sally Hagman
Chair, Board of Health,

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

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MOH REPORT

Open Session

MEETING DATE:	January 25, 2024
SUBMITTED BY:	Dr. Ninh Tran, Medical Officer of Health (written as of January 17, 2024)
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2024-BOH-0125-5.2

1.0. Recommendations for Streamlining and Improving Ontario's Covid-19 Vaccination Response for Improved Access

The Arrival of Covid-19 & the Public Health Response

The arrival of Covid-19 in early 2020 necessitated that every citizen in the province join the frontlines of infectious disease prevention.

Each Ontarian started by implementing personal IPAC (Infection Prevention and Control) measures such as social distancing, masking, and handwashing. They then joined a whole scale campaign to achieve the target of getting 80% of the province's eligible population vaccinated with one of the newly approved vaccines. This intense effort – supported by politicians, businesses, community leaders, health care professionals and individuals alike – was wildly successful. More than 82% of Ontario's residents received at least one dose.

This success rate is to the enormous credit of funders, providers, and all of those who rolled up a sleeve to reduce infections, hospitalizations and deaths caused by this novel virus.

While more than 18,000 people have died in Ontario due to Covid-19 and its complications since March 2020, it is widely agreed that many more would have perished if not for the high degree of protection afforded by mass vaccination efforts.

Four Years Later – Vaccination Rates Plummet

The novel coronavirus is no longer "novel" to Ontarians. Four years since it was declared a pandemic by the World Health Organization, this highly contagious respiratory infection barely warrants a mention in the news or at the dinner table.

Covid-19 "feels" over for many. This thinking is evidenced by the most recent vaccination statistics – only 43% of Ontarians aged 65 years and older (those most vulnerable to severe illness) have had a Covid-19 vaccine in the past 6 months. 50% of those 65+ have not had a Covid-19 vaccine in more than a year.

There are many reasons for the reduced rates of vaccination. There are no provincial vaccination mandates, fewer workplace requirements, and no Covid-19 vaccination "passports" required for international travel. Many believe that the immunity they have gained through previous exposures, infections and vaccinations is sufficient to fight future serious illness. People who were only mildly ill from a previous Covid-19 infection do not feel the necessity of being vaccinated again.

It is also much more difficult to get vaccinated in Ontario than it was in the winter of 2021 or the winter of 2022. Without mass immunization clinics and with significant inconsistencies in vaccine availability at pharmacies, hospitals, public health units and primary care providers – residents are sometimes left frustrated (and unvaccinated).

Removing Barriers & Improving ROI

Southwestern Public Health (SWPH) wants to remain at the forefront of the essential work of protecting community members from vaccine preventable diseases. Our goal is to mount effective and sustainable vaccination campaigns that meet the needs of residents and protect the health care system while making the best use of available public resources. Three years' experience as an Authorizing Organization for the Covid-19 vaccines in Ontario gives us unique insight into the barriers within the system that prevent both individuals and the health care system from fully benefitting from Ontario's significant investment in a highly effective vaccine.

Recommendations for Improved Respiratory Virus Vaccination Response

The goal of these recommendations is to influence the current system; making it more efficient for a broader range of health care professionals to vaccinate the community's most vulnerable, thereby reducing the burden of illness on individuals and the public health care system – today and in the future.

Recommendation	Rationale
Remove requirement that Public Health Units (PHUs) serve as Authorizing Organizations	• Without permanent, sustained funding, public health units can no longer support COVAXON onboarding, reactivations, deactivations, and inventory monitoring and reconciliation. • SWPH recommends Covid-19 vaccine management be similar to the Ministry's Universal Influenza Immunization program (UIIP). Health care providers with inspected vaccine fridges could then order and administer Covid-19 vaccine without the administrative burden of individual Service Level Agreements.
Remove requirement that all Covid-19 doses be documented and inventoried in COVAXON	• COVAXON documentation continues to be the single most significant barrier reported by health care providers. • SWPH recommends a review and actionable plan to streamline Covid-19 documentation processes. The mandatory requirements to document Covid-19 doses in a separate documentation system is inefficient and risks duplication across most health care platforms. Through consultation, many providers, such as primary care, report they would give Covid-19 vaccine in office if they could store it, administer it, and document it in the client's chart as they do the influenza vaccines.
Remove PHU monthly reconciliation reporting	• Each month, PHUs must complete the intensive Inventory Reconciliation Template provided by the Ministry. • PHUs do not complete this degree of tracking or reconciliation with any other vaccine. These are tasks that are unrealistic to complete without sustained funding for the staff required to complete this administrative work.
Select a third-party distributor for direct delivery of respiratory vaccines to all health system partners.	• Covid-19 vaccines require a greater level of skill to handle (i.e., ultra-low temperatures, shelf-life extensions, specific cold chain, and secure monitoring/handling during transport due to mRNA requirements). • Centralization with a third-party distributor (like the Toronto Public Health model – the only public health unit in Ontario with this model) would remove the PHU staff burden resulting from the loss of dedicated Covid-19 funding.
Clearly communicate expectations of all health system partners (primary care, LTCH/RH, hospitals, CHCs, etc.) about their role in annual respiratory season vaccination campaigns in a timely manner.	• SWPH recommends proactive, timely and clear messaging from the Ministry of Health (as funder) that **all** health care providers must support the administration of respiratory vaccines to their patients to ensure more seamless access for Ontario patients. • Vaccination access at every point of contact in the health system (no door the wrong door) will result in higher patient satisfaction, greater vaccination coverage and fewer hospitalizations.

Implement local response teams to assist high-risk settings (Long Term Care Home, Retirement Homes, Congregate Living) with annual vaccination support.	• In Fall 2023, many congregate settings had significant challenges with independently administering Covid-19, influenza, and Respiratory Syncytial Virus vaccines in a timely way. In some situations, significant delays in administration may have contributed to severity of illness and outbreaks. • Dedicated local response teams could co-ordinate and complete ALL respiratory vaccines for high-risk settings. These teams would relieve the pressure on these institutions by administrating a vaccination campaign that is timely, cost-effective, and streamlined.
Ensure all participating pharmacies are initial recipients of vaccine supply and ensure they have robust, timely access to vaccine supply.	• The Fall 2023 vaccine response did not meet the needs of the community. Pharmacies were the last to receive the Covid-19 vaccine and their supply was inconsistent and not equitable in many communities – despite public communication recommending Ontario residents visit their local pharmacists. Most pharmacies could not provide both influenza and Covid-19 vaccines concurrently due to the reliability of the supply chain. During the holiday season, a significant "shut down" by the third-party vaccine distributor resulted in many pharmacies being without vaccine supply for more than 3 weeks. • SWPH recommends that vaccine supply align with public messaging to reduce confusion, barriers, and people "giving up" on the system including the professionals initially willing to administer the vaccine.

Conclusion

Ontario was an international leader in Covid-19 vaccination efforts. SWPH wants the residents of Oxford County, Elgin County, and the City of St. Thomas to benefit now and in the future from Ontario's significant investment in publicly funded vaccination. The barriers within the current system result in confusion for patients, inequities among providers/professionals, geographic disparities, inefficiencies, and vaccine wastage. Ontario can learn from local public health units who administered more than half the Covid-19 vaccine doses in this region prior to the 2023 respiratory season. Implementing change now will strengthen our vaccine distribution system in 2024 and beyond - and result in a more effective, more accessible system and a subsequently better protected population and health care system.

I will be submitting a letter to the Chief Medical Officer of Health's Office regarding these recommendations to further the discussion re: system improvement of the Covid-19 vaccine system.

MOTION: 2024-BOH-0125-5.2
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for January 25, 2024.

CEO REPORT

Open Session

MEETING DATE:	January 25, 2024
SUBMITTED BY:	Cynthia St. John, Chief Executive Officer (written as of January 17, 2024)
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	**2024-BOH-0125-5.3**

1.0 PROGRAM UPDATES (RECEIVE AND FILE):

1.1 PREVIEW OF A 'COMING SOON' BOARD REPORT ON THE PARTNERSHIP OPPORTUNITIES BETWEEN PUBLIC HEALTH AND OUR MUNICIPAL PARTNERS

Local public health agencies play a crucial role in collaborating with municipalities to address the social determinants of health, recognizing that factors such as income, education, housing, transportation, food security and community resources significantly impact overall well-being.

Southwestern Public Health (SWPH) is preparing a report for the Board of Health about municipal collaboration on the social determinants of health (SDOH). The report will highlight the types of interventions and policies that SWPH and municipalities are working on that address specific social factors contributing to health disparities. Some of the activities in SWPH 2024 Program Plans that involve municipal collaboration to address the SDOH include the creation of sustainable and equitable food systems, promoting action to support adequate income and the development of a municipal engagement strategy to improve coordination and collaboration between public health and municipal planners in the design of healthy and equitable climate resilient communities.

The report will include a detailed overview of the SDOH, including definitions and its impact on health, and will discuss the relationship between SDOH and health equity. The report will further highlight the municipal role in addressing the SDOH and present the concept of incorporating health in all policy approaches. The report will describe how municipalities, in turn, can formally integrate SDOH into their policies, Official Plans, Master Plans and bylaws by adopting a comprehensive cross-sectoral approach. This would involve engaging SWPH, the municipalities, municipal planners, and housing officials to address the root causes of health disparities collectively. The report will demonstrate that by embedding

a health equity lens in their (municipal) plans, municipalities can foster environments that produce positive health outcomes that positively impact the well-being of their communities. The report will include recommendations on further advancing this collaboration with municipalities and integrating the SDOH into policy documents. The report will be presented at the February Board of Health meeting.

1.2. HEALTHY SCHOOL TEAM UPDATE

Mental health is critical to an individual's quality of life and long-term health outcomes. Mental health promotion has become an increasingly important consideration following the Covid-19 pandemic, especially within Ontario schools. The Healthy School team has teamed up with Middlesex London Health Unit, Windsor Essex County Public Health, Halton Region Public Health, and School Mental Health Ontario to research improving mental health promotion provincially. Our research investigates the opportunities for local public health agencies (LPHAs) to collaborate with School Mental Health Ontario (SMHO) to leverage skills and resources while reducing duplication. Our objective is to create a feasible implementation strategy that considers the lived experiences of staff working in school mental health promotion and organizational implementation considerations.

We hope LPHAs across the province adopt the identified implementation strategy to improve the overall quality and consistency of mental health work provincially. Public Health Ontario (PHO) has provided our team with $58,116 to complete this work. A needs assessment was completed in the fall, which indicated a mutual need from LPHAs and SMHO to complete this work. The project, which comprises four workshops, obtained ethics approval in December 2023. Workshops commence in January 2024 and will be completed in February 2024. We aim to complete the data analysis, evaluation, and knowledge dissemination pieces by March 31st, 2024. We look forward to spearheading meaningful collaborations that improve the consistency of high-quality mental health programming in SWPH and across the province.

1.3. ORAL HEALTH UPDATE

On December 11th, the Federal Government (Health Canda) unveiled its Canadian Dental Care Plan (CDCP), a 13-billion-dollar dental program that will begin this year to cover basic dental procedures for uninsured Canadians with a household income under $90,000, to support the oral health of nine million people. Applications are opening first to eligible seniors aged 87 and over with a staggered approach for other age groups. The phased approach will open to all eligible applicants aged 18 and over in 2025. The CDCP will cover a range of basic treatment and preventive services including x-rays, fillings, root canals, extractions, and dentures. The exact details of the covered services have not yet been shared nor has the CDCP fee schedule. A copayment is required for those making over $70,000. Those covered under the CDCP will be able to start seeing a participating oral health provider as early as May 2024, starting with seniors.

Key Points

- The CDCP is intended to fill gaps in dental coverage and complement existing provincial and territorial dental programs.
- Canadian residents who have access to dental benefits through provincial, territorial, and federal social programs will be eligible to the CDCP if they meet all the eligibility criteria.
- The Government of Canada states they are working with provinces and territories, as well as oral health care professionals, to ensure that Canadians continue to have access to affordable, accessible, and essential oral health care.

The Government of Canada is engaging provinces and territories on the CDCP and is encouraging them to maintain their existing dental programs and to continue investing in oral health. This will entail addressing the need and opportunity to align all public dental programs available to Ontarians.

1.4. VACCINE PREVENTABLE DISEASES UPDATE

The start of a New Year represents the start of a new record review for the Vaccine Preventable Diseases team. On the heels of the Fall Round 1 of Grade 7 vaccines (Hepatitis B, Meningococcal, and Human Papilloma Virus vaccines) where several thousand students were provided vaccines at in-school clinics and a wrap up of a full secondary student immunization record review, the team has begun its annual elementary student immunization review.

To quantify this review, over 3000 students in our region have been flagged as having missing immunization records and/or missing vaccinations in keeping with the Immunization of School Pupils Act (ISPA) and will be notified with letters that outlines steps they need to take to correct this flag. These students must get up to date with their vaccinations, provide up to date records to SWPH, or have a valid medical or philosophical exemption on file before March 20th, 2024. Students who are not in compliance with the ISPA legislation may face suspension from school for 20 days (with the possibility of extension beyond). Throughout the months ahead, SWPH will provide onsite clinics at our offices as well as in community settings in Aylmer, Tillsonburg, Norwich, and Ingersoll to increase access to vaccinations. Clinics will be provided throughout the March Break at both sites to ensure access to vaccination, as well. Appointments can be booked on our website. Record reviews, such as these, result in better vaccination coverage. This means healthier students, families, classrooms, and ultimately, better herd immunity in our communities.

SWPH is very pleased to be currently recruiting multiple permanent casual RNs and RPNs to support vaccinations in our communities. These nurses will provide surge support for novel experiences such as vaccine preventable disease outbreaks (such as Hepatitis A or meningococcal) but will also allow expansion of routine vaccination access into additional communities on a more regular basis. With new vaccines being introduced by the Ministry of Health in recent years, such as the COVID-19 programs and the RSV (Respiratory Syncytial Virus) vaccine programs, SWPH will have increased capacity to rapidly respond when our communities need us the most.

1.5. HEALTHY ENVIRONMENTS UPDATE

The end of the year allowed the Environmental Health (EH) team to complete a workload analysis by reviewing the HedgeHog database which captures the daily work of a majority of the EH program areas. Below represents some of the work the EH team completed in 2023:

Rabies Program

The Public Health Inspectors (PHI) on the EH team investigated 629 animal exposures involving dogs, cats, bats, racoons, livestock, rabbits, rodents, and other wildlife. A low-cost rabies vaccination clinic was offered in Sept 2023 and several social media posts were created to inform the public on the importance of protecting oneself.

Food Safety

SWPH area has 1127 year-round food premises. PHIs (public health inspectors) inspected all high and moderate risk premises as required in the Ontario Public Health Standards (High-risk premises are routinely inspected 3 times a year and moderate 2 times a year). Many social media campaigns were

completed, including food safety reminders during seasonal times such as the holidays or barbeque season and messaging to those offering food for sale from their homes. Joint inspections with the Ontario Ministry of Agriculture and Rural Affairs (OMAFRA) and the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) enhanced SWPH food safety work in a collaborative effort. Enforcement action included 5 tickets, 1 summons.

Other Inspection and Monitoring Activity

In 2023, the EH team conducted 174 personal services settings, 282 migrant farms and 90 recreational water inspections. 40 Adverse water quality incidents were followed up and 275 health hazard investigations took place; 4 IPAC (infection prevention and control) investigations occurred. Health hazard investigations involving people living in concerning housing conditions and in encampments is also rising.

During the summer months, the EH team conducted beach water sampling in Elgin County. This program also addressed many inquiries from the public and media outlets. Wildfire events in Northern Ontario and parts of Quebec had impacts on the Air Quality Health Index (AQHI) in the SWPH area. The EH team responded to this by monitoring the AQHI levels and following direction from the Ministry of Environment, Conservation and Parks and the Ministry of Health.

West Nile Virus Surveillance

The EH team set 236 mosquito traps over 15 weeks. The results from this surveillance, along with information on results from surrounding health units, led to the larviciding of 19,250 catch basins, while information on WNV (West Nile Virus) prevention tips were provided to the public.

Tick Identification

2023 was a busy year for tick submission. The EH team identified 137 ticks for the public and created educational tools including “tick tips” for schools. The establishment of ticks capable of transmitting Lyme disease is on the rise in our area and can be linked to climate change.

Additional Environmental Health Work

The Climate Change program completed a Climate Change Science Report that was submitted to our Board of Health in 2023. Currently, the EH team is working with the University of Waterloo in the development of a vulnerability assessment for the SWPH area. The EH team has also reviewed and revised our extreme heat and cold thresholds and communication process.

Commendably, the environmental health team continues to show their dedication and commitment to the protection and well-being of our community. Collaboration with external partners, including OMAFRA, MLITSD, Oxford County Public Works, municipal by-law departments, Social Services, Ministry of Natural Resources, Service Canada, International Agricultural Worker advocacy groups, veterinary clinics and animal shelters, local police agencies, and more, underscores SWPH’s commitment to comprehensive community well-being through robust partnerships.

1.6. LAND ACKNOWLEDGEMENT POLICY AND INTEGRATION

I am very pleased to note that in response to the Truth and Reconciliation Commission of Canada's 2015 recommendations, SWPH will now be actively promoting the use of Land Acknowledgements as a tangible commitment to reconciliation with Canada's indigenous communities. Encouraging employees and volunteers to create and deliver Land Acknowledgements is a key initiative to demonstrate organizational dedication to truth and reconciliation. This action represents an initial step within a

broader framework aimed at enhancing our comprehension of colonialism and its enduring impact, evaluating our role in the health disparities faced by Indigenous Peoples, and developing or co-designing services to achieve health equity in Oxford, Elgin, and St. Thomas. The Board of Health is invited to familiarize themselves with SWPH's Land Acknowledgement and accompanying User Guide. There are many links within the guide to further our personal learning, as well as a very helpful pronunciation guide. I will take a moment to acknowledge the thoughtfulness, sensitivity, and engagement of our Communications Manager in leading this critical endeavour. In the coming months, SWPH staff will also be provided training opportunities on cultural safety and competence when working with Indigenous communities, emphasizing the organization's commitment to this ongoing work.

2.0 CEO UPDATES FROM THE FIELD (RECEIVE AND FILE):

2.1 ALPHA FEBRUARY SYMPOSIUM

The Association of Local Public Health Agencies (alPHa) 2024 Winter Symposium takes place virtually on February 16th and is now open for registration. Highlights of the symposium will be sessions on merger-related topics (I have been asked to speak again to continue the discussion of our merger experience in 2018), updates from the Association of Municipalities of Ontario (AMO), and an overview of Artificial Intelligence and Public Health, to list just a few. With registration are free workshops on February 14th and 15th that will focus on the importance of climate change to local public health and leadership in the workplace, respectively. Please advise Wai and me if you wish to attend and we will register you promptly.

2.2 SWPH PARTICIPATION IN STRENGTHENING PUBLIC HEALTH WEBINARS

Since the release of the OCMOH's Strengthening Public Health document in October, I have been and continue to be invited to speak at a number of symposiums, webinars, and workshops regarding our health unit's merger experience, speaking at alPHa's Symposium in November, the AMO-sponsored webinar in December, and participating in the ministry-led Lessons Learned Speaker Series as well as sitting in on Community of Practice meetings.

Since our organization's merger is one of the most recent ones, it is important to share our learnings from that experience, not only to highlight successes but also to candidly discuss the spectrum of lessons learned and areas where we would do things differently. This commitment to knowledge-sharing is important for health units considering similar steps, as it provides a more comprehensive understanding of the challenges and opportunities involved in a merger. By sharing both successes and areas for improvement, my intention is to offer practical insights that extend beyond achievements, fostering an environment where health units can make informed decisions and navigate their own merger processes more effectively.

MOTION: 2024-BOH-0125-5.3
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for January 25, 2024.

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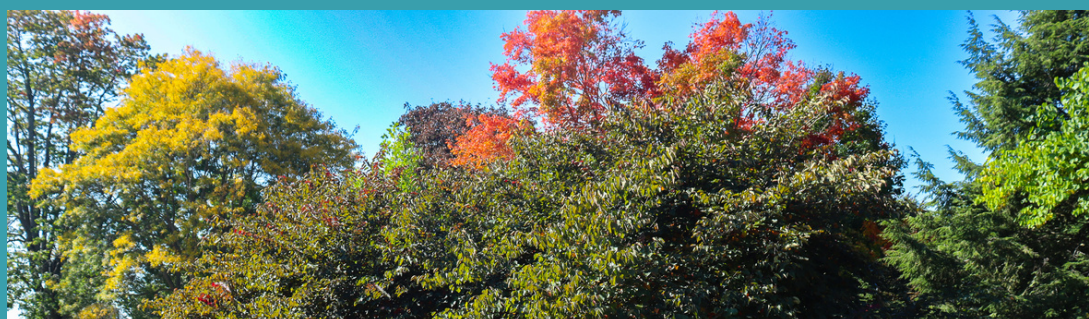
2024

INDIGENOUS LAND ACKNOWLEDGEMENTS

A USER GUIDE FOR THE VOLUNTEERS & STAFF AT SOUTHWESTERN PUBLIC HEALTH



INTRODUCTORY MESSAGE

Many of us became aware of the use of Land Acknowledgements in 2015 when the Truth and Reconciliation Commission of Canada released 94 recommendations intended to support Canadians in the important work of reconciliation with Canada's indigenous communities.

Supporting Southwestern Public Health employees and volunteers in creating and delivering Land Acknowledgements is one way we can demonstrate organizational commitment toward truth and reconciliation.

The intention is for this to be just that - one step in a larger body of work in which we grow in our understanding of colonialism and its legacy, examine our role in the health inequities experienced by Indigenous Peoples, and design/co-design services meant to achieve health equity in Oxford, Elgin and St. Thomas.

CYNTHIA ST. JOHN,
CHIEF EXECUTIVE OFFICER

2024

LAND ACKNOWLEDGEMENTS

Land acknowledgements are formal statements that recognize and respect Indigenous Peoples as traditional stewards of the land and the enduring relationship between Indigenous Peoples and their traditional territories. Using them is a way that we can insert an awareness of Indigenous presence and land rights into our daily practices. They are also a way to recognize the ongoing impacts of colonialism, the power imbalances that exist between public institutions and Indigenous Peoples, and to publicly commit to taking steps toward the 94 recommendations found in The Truth and Reconciliation Commission of Canada's 2015 Report.

"To acknowledge this traditional territory is to recognize its longer history, one predating the establishment of the earliest European colonies. It is also to acknowledge this territory's significance for the Indigenous Peoples who lived, and continue to live, upon it and whose practices and spiritualities were tied to the land and continue to develop in relationship to the territory and its other inhabitants today." (Queens University, Land Acknowledgement).

SWPH
LAND ACKNOWLEDGEMENT

Today, Southwestern Public Health acknowledges that the land we provide services on is in Upper Canada Treaty territory. This is the traditional land of many nations, including the Anishinaabek, Haudenosaunee, Attawandaron Neutral, and Mississaugas of the Credit Nations. We would also like to recognize our neighbouring First Nations communities, the Munsee Delaware Nation, Chippewas of the Thames First Nation, and Oneida Nation of the Thames. To acknowledge this land is to acknowledge its long history, predating the arrival of European settlers and the damage inflicted by colonialist systems.

Southwestern Public health has a mandate to protect and promote the health of our community. We can only do this when we reflect on the interconnection of health, environment and community, and identify how we as an organization may influence the gaps in health outcomes between Indigenous and settler communities.





Southwestern Public Health
Oxford · Elgin · St.Thomas

2024

DELIVERING A LAND ACKNOWLEDGEMENT

When and where should land acknowledgements take place?

Land Acknowledgements should be delivered at the beginning of formal gatherings, either in-person or virtual, and especially when members of the public are invited. This could include a workshop, a guest speaker, or a recorded event. Not all internal meetings require a Land Acknowledgement.

Offsite or virtual gatherings

A Land Acknowledgement specific to the gathering location, place and/or purpose should be done at the beginning of the gathering/event.

Series of gatherings (for example, a course or multi-day conference):

A Land Acknowledgement should be highlighted at the beginning of the first session, establishing the land and historical context as foundational to the rest of the session. This would include any event or course where participants have registered. As programs are being developed or evaluated, consider how a Land Acknowledgement can be incorporated.

- Honour the intention of the Land Acknowledgement by including it as an agenda item.
- For in-person events, it is recommended to clear the room/space of distractions.
- Land Acknowledgements should be delivered by a team member who is familiar with the history and current realities of colonization of Indigenous people in Canada, the importance of cultural safety practices, and an understanding of the rich history, culture and important contributions of Indigenous peoples in Canada.
- The person offering the Land Acknowledgement should be a non-Indigenous host.
- If there is an elder present who will be doing an opening prayer, the Land Acknowledgement should be given before the opening prayer and the elder can be introduced as part of it.
- Land Acknowledgements may optionally be accompanied by the sharing of resources with the participants at the meeting/event encouraging participants to take time to learn about Land Acknowledgements.

2024

A MORE PERSONAL APPROACH

Staff members/volunteers are invited and encouraged to personalize the Land Acknowledgement to reflect their own learnings about Truth and Reconciliation, or to reflect the context and content of the meeting/event and those in attendance. Land Acknowledgements are most meaningful when they are personal to the individual, situation, and organization; however, Southwestern Public Health acknowledges that not all staff and volunteers are at a stage of readiness to create something entirely personal.

Before you deliver a Land Acknowledgement:

- Understand the power of a Land Acknowledgement to show respect and recognition for Indigenous Peoples, which are essential to establishing healthy, reciprocal relations.
- Understand the efforts that have been made by SWPH, which you are representing, toward truth and reconciliation.
- Learn how to pronounce Indigenous words and names.
- Be open to ongoing learning – and be open to changing your Land Acknowledgement as you learn more.
- Understand that acknowledging the land is an important part of Indigenous tradition, and Land Acknowledgements are never to be treated like an obligation or an item of housekeeping before moving on to the 'real business'.
- Understand that Land Acknowledgments are not delivered to make the reader or listener feel good but to deepen understanding of the truth and move everyone towards reconciliation while speaking positively and celebrating who Indigenous Peoples are today.
- If asked to self-introduce as a participant online or at an away conference/event, you may want to share what traditional territory or treaty lands you are participating on or coming from. To learn more about where you are situated, visit Whose Land - Welcome!.

2024

ADDITIONAL APPLICATIONS

Website, Reports and Publications

The standardized version of Southwestern Public Health's Land Acknowledgement should be included at the beginning of printed or digital reports and other publications. This version of the Land Acknowledgement should also live on the Southwestern Public Health website on the About Us page.

Email Signatures

Staff may wish to include an abbreviated version of the Land Acknowledgement in their email signatures. The abbreviated version is as follows:

Today, Southwestern Public Health acknowledges that the land we provide services on is the traditional land of many nations, including the Anishinaabek, Haudenosaunee, Attawandaron Neutral, and Mississaugas of the Credit Nations. To acknowledge this land is to acknowledge its long history, the impact of European settlers on its original inhabitants, and the resulting health inequities for Indigenous Peoples.

Suggested Land Acknowledgement Framework:

- Introduce yourself, your background – if you're comfortable (e.g., My family immigrated to Canada in…) and your role at the event/course/presentation you are hosting.
- Refer to SWPH's standardized Land Acknowledgement for local information.
- Craft an acknowledgement that is heartfelt which may include:
  - An explanation of why delivering a Land Acknowledgement is important to you/your organization and what you hope it will achieve,
  - Your own call to action towards reconciliation,
  - A call to action for your audience, whether that be encouraging your listeners to educate themselves or a concrete step they can take toward reconciliation.
  - Give thanks in whatever way feels most appropriate

2024

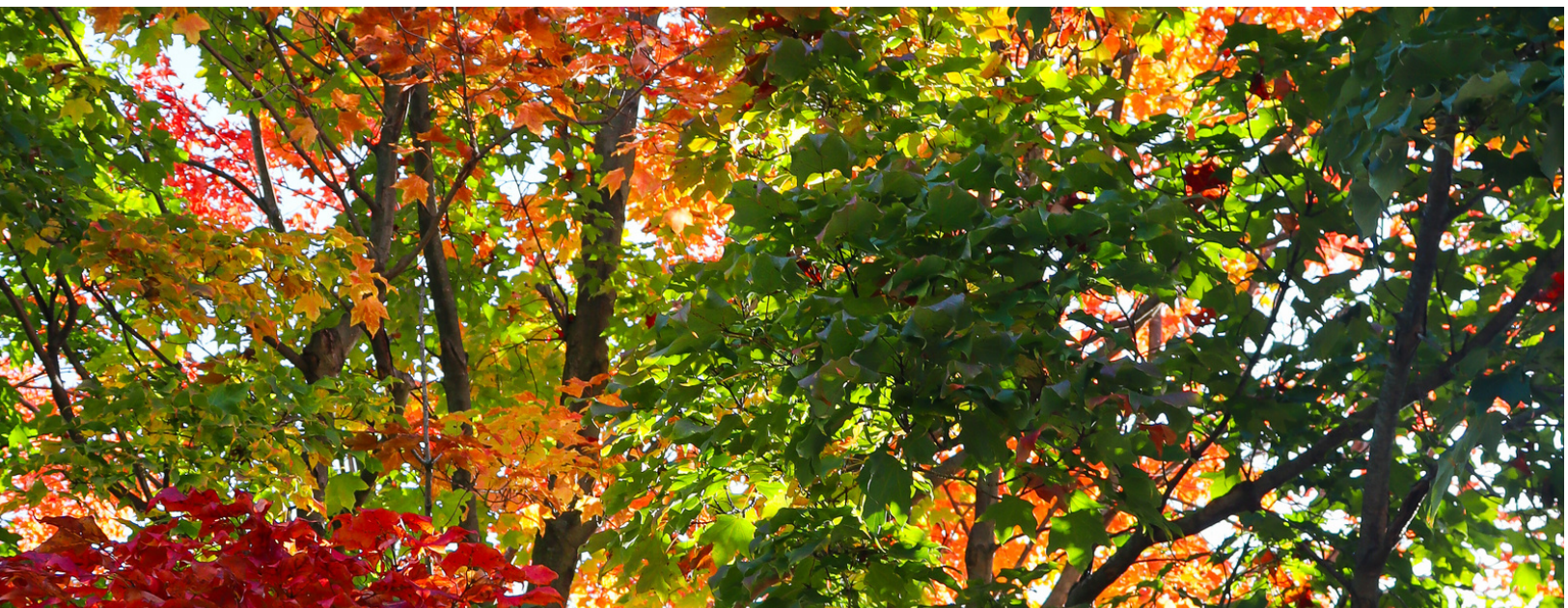
PRONUNICATION GUIDE & ADDITIONAL RESOURCES

Pronunciation

- Anishinaabek (Ah-nish-in-a-bek),
- Haudenosaunee (Ho-den-no-show-nee)
- Attawandaron (Add-a-won-da-run)
- Online auditory pronunciation resource: https://www.communications.uwo.ca/land-acknowledgement/

Resources:

- What reconciliation is and it is not
- CAMH Guidance for Honouring the Land and Ancestors Through Land Acknowledgements
- BSO (Behavioural Supports Ontario Indigenous Land Acknowledgement Framework
- Land Acknowledgement Practices to Inform Public Health Professionals
- Asking an Indigenous person to deliver a welcome statement (27:40)
- Tobacco Offering Protocol
- Map of Ontario treaties and reserves
- AMO Guide to Traditional Land Acknowledgements
- Native-land.ca (provides an interactive map of Indigenous territories, treaties, and languages.



SWPH
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Southwestern Public health has a mandate to protect and promote the health of our community. We can only do this when we reflect on the interconnection of health, environment and community, and identify how we as an organization may influence the gaps in health outcomes between Indigenous and settler communities.