



The Corporation of the City of Sault Ste. Marie  
Council Correspondence

May 19, 2023

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

April 26, 2023

## BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

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

# Meeting Book - April 26, 2023, Board of Health Meeting

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15. Adjournment



**Board of Health Meeting**

**AGENDA**

**April 26, 2023 at 5:00 pm**

**SSM Algoma Community Room | Video/Teleconference**

**BOARD MEMBERS**

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

**APH MEMBERS**

Dr. Jennifer Loo - Medical Officer of Health & CEO  
Dr. John Tuinema - Associate Medical Officer of Health  
Antoniette Tomie - Director of Corporate Services  
Laurie Zeppa - Acting Director of Health Protection  
Kristy Harper - Acting Director of Health Promotion & Chief Nursing Officer  
Leo Vecchio - Manager of Communications  
Leslie Dunseath - Manager of Accounting Services  
Tania Caputo - Board Secretary

**GUESTS**

Hilary Cutler - Manager of Community Wellness

- 1.0 Meeting Called to Order** *S. Hagman*
  - a. Land Acknowledgment
  - b. Declaration of Conflict of Interest
  - c. Roll Call
  
- 2.0 Adoption of Agenda** *S. Hagman*
  - RESOLUTION**
  - THAT the Board of Health agenda dated April 26, 2023 be approved as presented.
  
- 3.0 Delegations / Presentations** *J. Tuinema,  
H. Cutler*
  - a. Alcohol-Related Harms, Risks, and the Public Health Approach
  - RESOLUTION**
  
- 4.0 Adoption of Minutes of Previous Meeting** *S. Hagman*
  - RESOLUTION**
  - THAT the Board of Health minutes dated March 22, 2023, be approved as presented.
  
- 5.0 Business Arising from Minutes** *S. Hagman*
  
- 6.0 Reports to the Board** *J. Loo*
  - a. **Medical Officer of Health and Chief Executive Officer Reports**
    - i. MOH Report - April 2023
      - Program Highlight - Foundations and Strategic Support Team (FASST)
  - RESOLUTION**
  - THAT the report of the Medical Officer of Health and CEO for April 2023 be accepted as presented.

<b>6.0 b. Finance and Audit</b>	<i>L. Morrissette</i>
i. <b>Draft Audited Financial Statements for the period ending December 31, 2022.</b>	<i>L. Morrissette</i>
<b>RESOLUTION</b>	
THAT the Board of Health approves the Draft Audited Financial Statements for the period ending December 31, 2022, as presented.	
ii. <b>Unaudited Financial Statements ending February 28, 2023</b>	<i>L. Morrissette</i>
<b>RESOLUTION</b>	
THAT the Board of Health approves the Unaudited Financial Statements for the period ending February 28, 2023, as presented.	
<b>7.0 New Business/General Business</b>	<i>S. Hagman</i>
<b>8.0 Correspondence</b>	<i>S. Hagman</i>
a. Letter to the Premier of Ontario from Public Health Sudbury & Districts regarding the <b>increase of minimum wage</b> dated April 11, 2023.	
<b>9.0 Items for Information</b>	<i>S. Hagman</i>
a. <b>alPHa Information Break - April 2023</b>	
b. <b>alPHa Annual General Meeting</b>	
<b>10.0 Addendum</b>	<i>S. Hagman</i>
<b>11.0 In-Camera</b>	<i>S. Hagman</i>
For discussion of labour relations and employee negotiations, matters about identifiable individuals, <b>adoption of in camera minutes, security of the property of the board,</b> litigation or potential litigation.	
<b>RESOLUTION</b>	
THAT the Board of Health go in-camera.	
<b>12.0 Open Meeting</b>	<i>S. Hagman</i>
Resolutions resulting from in-camera meeting.	
<b>13.0 Announcements / Next Committee Meetings:</b>	<i>S. Hagman</i>
<b>Board of Health Orientation &amp; Governance PD</b>	
Saturday, April 29, 2023 @ 9:00 am	
SSM Algoma Community Room   Video Conference	

**Governance Committee Meeting**

Wednesday, May 10, 2023 @ 5:00 pm  
SSM Algoma Community Room | Video Conference

**Board of Health**

Wednesday, May 24, 2023 @ 5:00 pm  
SSM Algoma Community Room | Video Conference

**Finance and Audit Committee Meeting**

Wednesday June 21, 2023 @ 5:30 pm  
SSM Algoma Community Room | Video Conference

**14.0 Evaluation**

*S. Hagman*

**15.0 Adjournment**

*S. Hagman*

**RESOLUTION**

THAT the Board of Health meeting adjourns.

# Alcohol-related harms, risks, and the public health approach

Dr. John Tuinema, Associate Medical Officer of Health

Hilary Cutler, Manager of Community Wellness

April 26, 2023

# Overview

- Strategy and accountability documents
- New Guidance on Alcohol and Health
- Connection between alcohol and cancer
- Alcohol-related harms in Ontario and Algoma
- Ottawa Charter: The Public health approach
- First steps: Alcohol labeling resolution
  
- Finding a balance



# APH Strategic Directions



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



Improve the impact and effectiveness of APH programs.



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

# Ontario Public Health Standards


Ministry of Health and Long-Term Care

## Protecting and Promoting the Health of Ontarians

### Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the *Health Protection and Promotion Act*.

Effective: January 1, 2018  
Revised: July 1, 2018



## Substance Use and Injury Prevention

### Goal

To reduce the burden of preventable injuries and substance<sup>19</sup> use.

- There is increased public awareness of the impact of risk and protective factors associated with injuries and substance use.

## Chronic Disease Prevention and Well-Being

### Goal

To reduce the burden of chronic diseases of public health importance<sup>6</sup> and improve well-being.

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services for the prevention of chronic diseases.





# Alcohol-Related Harms in Ontario

Some alcohol related harms are very familiar.

	Total alcohol attributable health conditions	Cancer	Cardiovascular diseases	Communicable diseases	Digestive conditions	Endocrine conditions	Neuro-psychiatric conditions	Intentional injuries	Motor vehicle collisions	Unintentional injuries
Deaths	<b>4,330</b>	1,204	934	126	865	-67	329	306	87	545
Hospitalizations	<b>22,009</b>	2,071	-2,263	1,282	4,709	-285	8,379	1,250	672	6,194
Emergency department visits	<b>194,692</b>	613	2,528	5,559	5,435	-927	57,536	9,112	9,391	105,446

Estimates of average annual deaths, hospitalizations, and emergency department visits from health conditions attributable to alcohol in people aged 15 and older, Ontario (2023)

# Alcohol-Related Harms in Ontario

Others are less familiar.

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# The Link Between Cancer and Alcohol

- Alcoholic beverages cause cancers of the oral cavity, pharynx, larynx, esophagus, colon and rectum, female breast, pancreas, and liver.
- How?
- It has to do with the quantity that is consumed.

# Alcohol-Related Harms in Ontario

Let's compare two outcomes...

	Total alcohol attributable health conditions	Cancer	Cardiovascular diseases	Communicable diseases	Digestive conditions	Endocrine conditions	Neuro-psychiatric conditions	Intentional injuries	Motor vehicle collisions	Unintentional injuries
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Estimates of average annual deaths, hospitalizations, and emergency department visits from health conditions attributable to alcohol in people aged 15 and older, Ontario (2023)

# Alcohol-Related Harms in Algoma



In an average year, an estimated:

- **57 deaths**
- **310 hospitalizations**
- **2,306 emergency department visits**

were attributable to alcohol in people age 15 and older

These alcohol attributable outcomes made up:

- **4.1% of deaths**
- **2.4% of hospitalizations**
- **2.7% of emergency department visits**

from all causes in people age 15 and older in Algoma



# Alcohol Consumption Might Be Higher Than You Think

- 23% of Canadians who consume alcohol exceed the past guidelines (representing 18% of the population aged 15 and over)
  - No more than 2 drinks per day to a max of 10 per week for women
  - No more than 3 drinks per day to a max of 15 per week for women
- 14.7% of Ontarians aged 12 and over reported heavy drinking in the past year
  - refers to males who reported having 5 or more drinks, or women who reported having 4 or more drinks, on one occasion, at least once a month in the past year
- Alcohol consumption statistics are generally understood to be underestimates

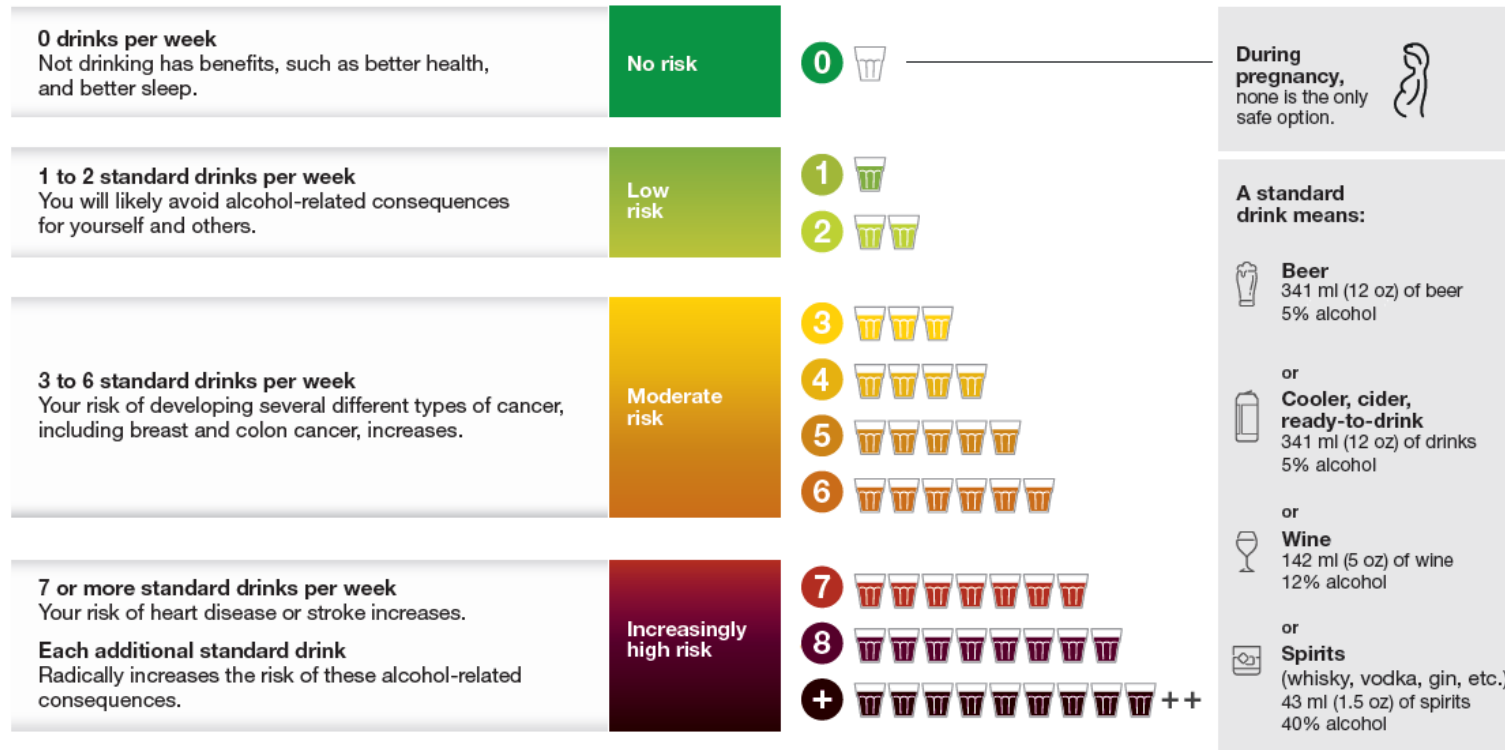
Sources:  
Government of Canada. Canadian Alcohol and Drugs Survey (CADS): summary of results for 2019. 2021.  
<https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html>

Statistics Canada. Heavy drinking, by age group. 2022.  
<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009611&pickMembers%5B0%5D=1.7&pickMembers%5B1%5D=3.1&cubeTimeFrame.startYear=2020&cubeTimeFrame.endYear=2021&referencePeriods=20200101%2C20210101>

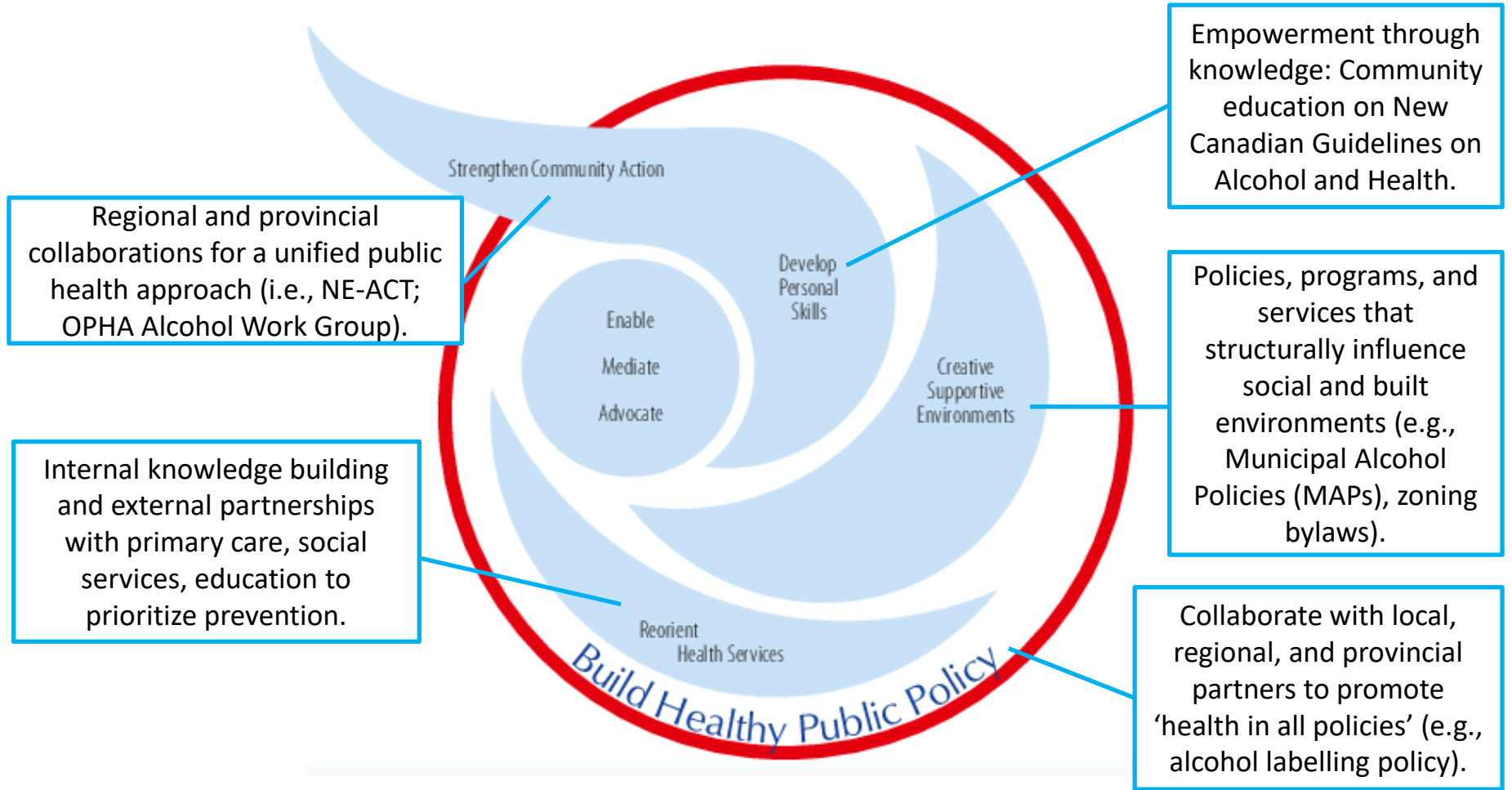
# New Guidance on Alcohol and Health

## Alcohol consumption per week

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



# Ottawa Charter: The Public Health Approach



## Comprehensive Health Promotion Approach Rooted in Health Equity



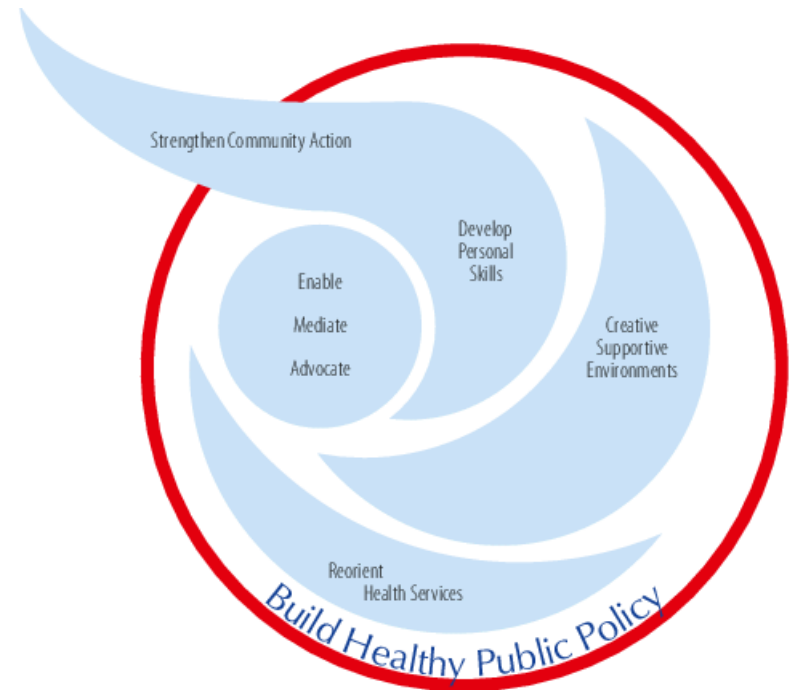
# Opportunities for Action on Alcohol Policy

## Theoretical Assumptions Underlying Seven Broad Approaches of Alcohol Policy

Policy Approach	Theoretical Assumption
1. Regulating physical availability of alcohol	Reducing supply by restricting physical availability will increase effort to obtain alcohol and thereby reduce total volume consumed and alcohol-related problems
2. Controlling affordability (alcohol taxes and other price controls)	Increasing the economic cost of alcohol (i.e., the price to the consumer) relative to alternative commodities will reduce demand
3. Placing restrictions on marketing	Reducing exposure to marketing, which normalizes drinking and links it with social aspirations, will slow recruitment of drinkers and reduce heavier drinking by young persons
4. Developing drinking and driving prevention and countermeasures	Deterrence, punishment and social pressure will reduce drinking and driving
5. Modifying the drinking context	Creating environmental and social constraints will limit alcohol consumption and reduce alcohol-related violence
6. Developing education and persuasion strategies	Health information that increases knowledge and changes attitudes will prevent drinking problems
7. Providing treatment and early intervention services	Alcohol dependence will be prevented by motivating heavy drinkers to drink moderately; various therapeutic interventions will increase abstinence among persons who have developed a dependence on alcohol

# First Steps: Alcohol Labelling

- Alcohol labeling and the “right to know”
  - Develop personal skills
  - Create supportive environments
  - Build healthy public policy
- Resolution





Questions?

**Chi-Miigwech. Merci. Thank you.**

<b>Date: April 26, 2023</b>	<b>Resolution No: 2023-36</b>
<b>Moved:</b>	<b>Seconded:</b>
<b>Subject: Support for Bill S-254 to amend the Food and Drugs Act (warning label on alcoholic beverages)</b>	
<p><b>Whereas</b>, Canada’s <i>Guidance on Alcohol and Health</i> (January 2023) outlines the current evidence linking alcohol to many health conditions and aims to help people make well-informed decisions about their alcohol consumption <sup>(1)</sup>; and</p> <p><b>Whereas</b>, the World Health Organization has classified alcohol as a Class 1 Carcinogen and a direct causal link exists between alcohol consumption and cancers of the mouth, pharynx, larynx, esophagus, liver, colorectum, and female breast<sup>(2)</sup>; and</p> <p><b>Whereas</b>, over 1 in 4 Algoma residents drink heavily and breast and colorectal cancers are more frequently diagnosed in Algoma compared to Ontario<sup>(3)</sup>; and</p> <p><b>Whereas</b>, Public Health Ontario found that 1204 cancer deaths annually could be attributed to alcohol consumption in Ontario<sup>(4)</sup>; and</p> <p><b>Whereas</b>, the <i>Ontario Public Health Standards Substance Use and Injury Prevention Program Standard</i> requires that the Board of Health is aware of and uses data to influence and inform the development of local healthy public policy and Health Unit programs and services for preventing injuries, preventing substance use, and reducing harms associated with substance use<sup>(5)</sup>; and</p> <p><b>Whereas</b>, the Canadian Alcohol Policy Evaluation states that it is critical that consumers understand the risks they are assuming, given the well-established risks of consuming ethanol and the significant burden of disease associated with its use<sup>(6)</sup>; and</p> <p><b>Whereas</b>, more than 75% of Canadians report consuming alcohol<sup>(7)</sup>, and only 28% of Canadians are aware of the linkage between alcohol and cancer, but two-thirds of those surveyed said they would decrease their consumption with this knowledge<sup>(8)</sup>; and</p> <p><b>Whereas</b>, in Canada, tobacco and cannabis products, two other legally regulated substances<sup>(9, 10)</sup>, are already subject to mandatory warning labels, which have been found to be among the “most direct and prominent means of communicating with smokers”<sup>(11)</sup>; and an “accessible format may ... better inform drinkers about their consumption and increase awareness of alcohol-related health risks.”<sup>(12)</sup>; and</p> <p><b>Whereas</b>, alcohol consumption cost Canada \$16.6 billion in healthcare, lost productivity, criminal justice, and other direct costs and was responsible for more than 18,000 deaths in 2017<sup>(13)</sup>; and</p> <p><b>Whereas</b>, Bill S-254 aligns with the recent call for warning labels that forms part of the Canadian Centre on Substance Use and Addictions’ new Canadian <i>Guidance on Alcohol and Health</i>, to “require, through regulation, the mandatory labelling of all alcoholic beverages to list the number of standard drinks in a container, the <i>Guidance on Alcohol and Health</i>, health warnings and nutrition information<sup>(1)</sup>.”; and</p> <p><b>Whereas</b>, the Association of Local Public Health Agencies (ALPHA), Northwestern Health Unit, Timiskaming Health Unit, and Simcoe Muskoka District Health Unit have expressed support for Bill S-254;</p>	
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**Therefore be it resolved**, that the Board of Health of Algoma Public Health write to local Members of Parliament and the Honorable Senator Patrick Brazeau who sponsored Bill S-254 at the 44<sup>th</sup> Parliament, 1<sup>st</sup> Session, to express support for Bill S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)<sup>(14)</sup> and call on the federal government of Canada to implement alcohol warning labels that:

1. Indicate the volume that constitutes a standard drink; and
2. Detail the number of standard drinks in the beverage container; and
3. Display health messages regarding the relationship between the number of standard drinks consumed and health outcomes, including the risk of cancer.

**References:**

1. Update of Canada’s Low-Risk Alcohol Drinking Guidelines: Final Report for Public Consultation. Canadian Centre on Substance Use and Addiction, 2022. <https://ccsa.ca/update-canadas-low-risk-alcohol-drinking-guidelines-final-report-public-consultation-report>
2. Wild CP, Stewart BW, Wild C. World cancer report 2014: World Health Organization Geneva, Switzerland; 2014.
3. Ontario Cancer Profiles Ontario Health (Cancer Care Ontario),2021. <https://cancercareontario.ca/ontariocancerprofiles>
4. Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario. Public Health Ontario, 2023. <https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Tobacco/Smoking-Alcohol>
5. Ontario Ministry of Health and Long-term Care. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. 2018.
6. Naimi T, Giesbrecht N, Stockwell T, Asbridge M, Gagnon M, Hynes G, et al. Evidence-based recommendations for labelling of alcohol products in Canada. Canadian Alcohol Policy Evaluation (3.0) Team, 2022. <https://www.uvic.ca/research/centres/cisur/assets/docs/cape/cape-evidenced-based-recommendations-for-labelling-of-alcohol-products-in-canada.pdf>
7. Beitsch LM, Yeager VA, Moran J. Deciphering the imperative: translating public health quality improvement into organizational performance management gains. Annual review of public health. 2015;36:273-87. doi: 10.1146/annurev-publhealth-031914-122810. PubMed PMID: 25494050.
8. Yau MTK, Chandok N, Yoshida EM. Alcohol product warning labels to deter alcohol misuse and prevent alcohol-related diseases: a call to action in Canada. University of Toronto Press; 2021. p. 75-8.
9. The Cannabis Act, S.C. 2018 C.16.
10. Tobacco Act. Tobacco and vaping products act: Tobacco products information regulations. , (2000).
11. Hammond D. Health warning messages on tobacco products: a review. Tobacco control. 2011;20(5):327-37.
12. Vallance K, Romanovska I, Stockwell T, Hammond D, Rosella L, Hobin E. “We have a right to know”: exploring consumer opinions on content, design and acceptability of enhanced alcohol labels. Alcohol and Alcoholism. 2018;53(1):20-5.
13. Canadian Centre on Substance Use and Addiction, 2020. <https://www.drugsandalcohol.ie/32359/1/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2020.pdf>
14. An Act to amend the Food and Drugs Act (warning label on alcoholic beverages), (2023).

**CARRIED: Chair's Signature** \_\_\_\_\_

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Deborah Graystone | <input type="checkbox"/> Luc Morrissette | <input type="checkbox"/> Matthew Shoemaker | <input type="checkbox"/> Suzanne Trivers |
| <input type="checkbox"/> Sally Hagman      | <input type="checkbox"/> Loretta O'Neill | <input type="checkbox"/> Sonia Tassone     | <input type="checkbox"/> Jody Wildman    |
| <input type="checkbox"/> Julila Hemphill   |  |  |  |



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

April 26, 2023

Report of the

# Medical Officer of Health / CEO

Prepared by:  
Dr. Jennifer Loo and the  
Leadership Team

Presented to:  
Algoma Public Health Board of Health

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## APH AT-A-GLANCE

As we observe the fits and starts of spring weather this past month, APH has noted another sign of positive improvement in Algoma's COVID-19 related indicators. Our rate of high-risk cases are at their lowest since the start of the omicron wave, and there are no COVID-19 outbreaks in any high-risk settings at the time of writing. Our wastewater signal is also significantly lower than it was earlier in the respiratory illness season. Overall, the current risks of COVID-19 to the community are significantly lower than before, which is in keeping with seasonal respiratory illness patterns.

Externally, APH continues to encourage community members to take general preventive actions against COVID-19 and other communicable diseases, such as getting a booster COVID-19 vaccine if they are eligible, and staying home when sick. Internally, teams are actively reviewing processes in preparation for a further wind down of APH's IMS emergency response structure. In alignment with APH's strategic objectives, and mindful of the crucial process of recovery for our workforce, we are also exploring ways to remember, share, and honour the stories of our people and our partners during this historic and unprecedented time.

In this month's written report, we describe the evolution of APH'S Foundations and Strategic Support Team (FASST), and highlight the breadth of work they do to strengthen APH'S programs and services, and build capacity across the agency. Indeed, the journey of FASST reflects APH's broader development in recent years. FASST's conceptualization and formation in 2018 was the direct result of not only the introduction of provincial foundational standards for public health practice at the time, but the team's creation was part of a broader organizational vision – shared by myself and then MOH, Dr. Marlene Spruyt – of strengthening APH's workforce through capacity building and diversification. Fast forward to the present time (pardon the pun), we see workforce development formalized into APH's strategic plan and an expanded second generation of FASST members. Most notably, we see a significantly diversified workforce at APH, with traditional public health professionals having broadened capacity and scope and new positions embedded across teams that provide skilled specialist support. It is this APH team that pivoted in so many ways during the pandemic and took on the broad roles and requirements of the public health response, and it is this same team that is now advancing APH's strategic plan and prioritizing the public health needs of Algoma communities.



## PROGRAM HIGHLIGHT - The Foundations and Strategic Support Team (FASST)

**Topic:** Supporting a Strong Foundation for Public Health Practice: The Foundations and Strategic Support Team (FASST)

**From:** Liliana Bressan, Manager of Effective Public Health Practice

**Ontario Public Health Standards (OPHS)<sup>1</sup> addressed in this report include the four foundational standards:**

- **Population Health Assessment:** Public health practice responds effectively to current and evolving conditions and contributes to the public's health and well-being with programs and services that are informed by the population's health status, including social determinants of health and health inequities.
- **Health Equity:** Public health practice decreases health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or socially determined circumstances.
- **Effective Public Health Practice:** Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement. This standard includes program planning, evaluation, evidence-informed decision-making, research, knowledge exchange, quality and transparency, and effective communication for promotion and protection of the public's health.
- **Emergency Management:** Public health practice enables consistent and effective management of emergency situations.

**2021-2025 Strategic Priorities addressed in this report<sup>2</sup>:**

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

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

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

**Key Messages:**

- Four foundational standards (population health assessment, health equity, effective public health practice, and emergency management) within the OPHS outline requirements for public health programs and services to be informed by evidence, to ensure public health practice is responsive to the needs and emerging issue of the population in Algoma, and that the best available evidence is used to address priority issues.
- Focusing on foundational standards for evidence-informed practice and putting resources where they are likely to have the greatest impact can maximize the impact of public health and opportunities for action.
- The foundations and strategic support team (FASST) was developed in 2018 and redesigned in 2021 to provide strategic support and build capacity for foundational standards across all public health programs.
- The routine work of FASST directly aligns to APH's strategic plan, by strengthening population health assessment, supporting use of evidence and data to plan and evaluate for program effectiveness and impact, engaging with priority populations and partners to develop a shared understanding of needs, and developing organizational capacity to use evidence and data.
- Priorities for FASST in 2023 focus on capacity building and projects to inform and support the restoration of public health programs and services and rebuild of local public health throughout COVID-19 recovery (e.g., community health profile, systematic planning support, Indigenous engagement strategy, health equity advocacy and awareness, and emergency management orientation and planning).

<sup>1</sup> Ministry of Health and Long-Term Care. Ontario public health standards. 2021. [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/)

<sup>2</sup> Algoma Public Health. Strategic plan. 2021. <https://www.algomapublichealth.com/about-us/strategic-plan/>

## Overview & Value of Foundational Standards

Using high quality evidence that is applicable to a Northern Ontario context is critical to driving effective public health practice that results in positive population health outcomes. Evidence includes local context to understand community health issues, community and political preferences and actions, research and evidence review, and public health resources, which form the public health expertise that guides planning, implementation, and continuous improvement of programs and services that respond to the needs and emerging issues impacting Algoma.<sup>1,3</sup>

Within the OPHS, four foundational standards include population-based goals and requirements that underpin all public health program standards:<sup>1</sup> These foundational standards include: population health assessment, health equity, emergency management, and effective public health practice, which is divided into three components: (a) program planning, evaluation, and evidence-informed decision-making, (b) research, knowledge exchange and communication, and (c) quality and transparency.<sup>1</sup> Within Algoma Public Health's (APH) Foundation and Strategic Support Team (FASST), there are staff dedicated to each foundational standard.

Consistent foundational standard implementation across programs and services has the potential to benefit program and population health outcomes. Evidence-based practice increases access to quality information on public health approaches with demonstrated effectiveness, supports informed decision-making and systematic planning, and increases the likelihood of successful programs and policies being implemented by public health.<sup>4</sup>

Using an evidence-informed approach and putting public health resources where they are most likely to have the greatest impact can result in more efficient use of public health resources, improving the wellbeing of our communities at reasonable cost to Algoma residents.<sup>5,6</sup>

## Our People: About the Foundations and Strategic Support Team

In 2018, FASST was established by the then Associate Medical Officer of Health (AMOH), Dr. Jennifer Loo, and included an Epidemiologist, Planning and Evaluation Specialist, and Research and Policy Advisor, to provide strategic support and build capacity for foundational standards within programs and services at APH.

In 2021, FASST responded to changing needs which resulted in reorganization of the team's structure. Therefore, the team is in a re-development phase in addition to their core work. This includes building core competencies, updating resources, and designing processes for working with programs. FASST includes an Epidemiologist, Data Analyst, Research and Policy Advisor, Planning and Evaluation Specialist, Program Planner and Evaluator, Indigenous Engagement Facilitator, and two Public Health Nurses, alongside learners (i.e., master students, BScN students, medical residents). FASST also has Field Epidemiologist from the Public Health Agency of Canada for a 2-year term, until 2024. The team is currently led by the AMOH, Manager of Effective Public Health Practice, and Manager of Emergency Preparedness and Response.

## Our Strategic Support for Local Public Health: Routine Work of the Foundations and Strategic Support Team

The pandemic resulted in the pausing of routine strategic support for public health; however, FASST continued to provide robust support for pandemic response coordination, epidemiologic surveillance and reporting, evidence reviews, knowledge translation and communication, planning and evaluation with health equity at the forefront for both COVID-19 response and immunization, and Indigenous and priority population engagement (e.g., First

<sup>3</sup> National Collaborating Centre for Methods and Tools. Evidence-informed decision making in public health. 2023. <https://www.nccmt.ca/tools/eiph>

<sup>4</sup> Brownson RC, Fielding JE, Maylahn CM. Evidence-based decision making to improve public health practice. *Frontiers in Public Health Services and Systems Research*. 2013;2(2):2.

<sup>5</sup> Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, Services UDoHaH; 2010. <https://health.gov/sites/default/files/2021-11/Committee%27s%20Report%20on%20Evidence-Based%20Clinical%20and%20Public%20Health-%20Generating%20and%20Applying%20the%20Evidence.pdf>

<sup>6</sup> Fink A. Public health practice and the best available evidence. Evidence-Based Public Health Practice Thousand Oaks, California: SAGE Publications. 2013.

Nation, Metis and Urban Indigenous partners, Anabaptist communities, high-risk populations).

Now in the initial stages of pandemic recovery, FASST is back to functioning as an internal consulting team, providing public health programs and services support through consults, capacity building, and products for evidence-informed practice. As a snapshot of routine work, sub-teams within FASST:

- **Population Health Assessment:** Conduct surveillance (e.g., opioid response, diseases of public health significance, etc.), communicate population health data internally, with partners, and the public (e.g., news releases, website updates and disclosures), assess community health status (e.g., community health profile), and use data to assess needs and inform programs (e.g., population and program indicator reporting). Aligning to APH's strategic plan, this work helps to advance the priority public health needs of Algoma's diverse communities by improving our understanding of local health disparities, priority populations, and community health needs, and communicating data with partners to inform collaborative efforts to improve population health. <sup>2</sup>
- **Health Equity:** Support identification of inequities and upstream strategies to decrease inequities (e.g., evidence reviews, healthy public policy advocacy), consult with programs to support orientation of interventions to decrease inequities (e.g., strategies to communicate with or reach target populations, priority population supports in emergencies), engage with priority populations to understand their unique needs and preferences and identify opportunities for partnership (e.g., Indigenous engagement initiatives, Mennonite community clinics), and provide capacity building support (e.g., Bridges out of Poverty training). Aligning to APH's strategic plan, this work helps to advance the priority public health needs of Algoma's diverse communities and improve the impact and effectiveness of programs, by engaging priority populations to develop a shared understanding of needs and support integrated strategies for health. <sup>2</sup>
- **Effective Public Health Practice:** Develop and support a systematic process to plan public health programs and services that meet the needs of the community (e.g., Standard Implementation Planning, situational assessments), synthesize and disseminate evidence to inform planning and decision-making (e.g., evidence briefs, rapid reviews), monitor and evaluate programs and services (e.g., aligning indicators to program plans, evaluation support, surveys), support knowledge translation (e.g., website content, presentations, board of health materials) and support capacity building for effective public health practice (e.g., monthly evidence and training opportunities shared cross-agency, planning and evaluation workshops, how to use research). Aligning to APH's strategic plan, this work helps to improve public health programs by aligning programs to priorities and the unique role of public health and using evidence and data to plan and evaluate for program effectiveness and impact. <sup>2</sup>
- **Emergency Management:** Build and maintain a network of emergency management partners, maintain APH's emergency response plan and associated documents for APH's incident management system, conduct hazard identification and risk assessments, develop and maintain hazard and non-hazard specific plans, support continuity of operations planning, conduct planning with partners for emergencies (e.g., flood evaluations), and support capacity building (e.g., orientation). Aligning to APH's strategic plan, this work helps to engage partners and communities with shared goals and accountabilities in emergencies, and in the evolution of our public health role in emergency preparedness and response in Algoma. <sup>2</sup>

As part of APH's strategic direction to grow and celebrate an organizational culture of learning, innovation, and continuous improvement<sup>2</sup>, FASST also fosters relationships with community researchers and external partners (e.g., Innovation Centre, Sault College, Municipal Emergency Control Group). The team also engages with health units across Ontario and provincial partners to exchange knowledge and resources (e.g., CCM Expansion Working Group, Ontario Public Health Association, Continuous Quality Improvement Community of Practice, Public Health Indigenous Engagement Network, Social Determinant of Health Public Health Nursing Network).

### **FASST Forward: Priorities for 2023**

With consideration of APH's strategic plan<sup>2</sup> and pandemic recovery, the priorities for each of the sub-teams within FASST for 2023 include:

- **Population Health Assessment:**

- Updating the Algoma Community Health Profile<sup>7</sup>, in collaboration with other sub-teams of FASST and through consultation with public health programs, to provide a snapshot of health across the Algoma district and identify public health successes and priority health concerns that our communities need to focus on collaboratively. This data will inform priority populations for public health and health equity action, and program and service planning with partners.
- Updating our current health surveillance systems using new statistical methods and software.

- **Effective Public Health Practice:**

- Creating and implementing an enhanced Standard Implementation Planning (SIP) process to move from legislation and standards to program and individual level planning in public health.
- Increasing capacity building opportunities for use of evidence to inform practice (i.e., internal workshops on areas of program-identified need).
- Updating policies, procedures, and agreements for working with external agencies involved in research to support evidence-informed and ethical practice.

- **Health Equity:**

- Developing an engagement strategy with Indigenous communities and partners for action towards the shared goal of Reconciliation at various levels (e.g., community, program, organizational levels).
- Providing agency support for cultural safety and humility and Indigenous engagement.
- Conducting assessment of the needs of Anabaptist communities in Algoma to prioritize support.
- Delivering Bridges out of Poverty training internally and externally to help employees and organizations understand, address, and reduce poverty, a key determinant of health, while raising awareness of health equity issues (e.g., housing crisis) and policy solutions across Algoma.

- **Emergency Management:**

- Rebuilding and maintaining a network of emergency management partners in Algoma.
- Completing in-action and after-action reviews and summaries for COVID-19, to assess the public health response to COVID-19 and improve processes for emergency response.
- Re-building capacity through orientation and training that embeds lessons learned from the local pandemic response to prepare for and respond to future emergencies.

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<sup>7</sup> Algoma Public Health. Community health profile. 2018. <https://www.algomapublichealth.com/stats-reports/community-health-profile-2018/>

As a team, an internal priority for 2023-Q1 was to enhance workflow from public health programs and services to/from FASST. A digital FASST Assignment Dashboard was created and piloted in April 2023, and is now in early phases of implementation, to facilitate programs in accessing supports and receiving updates on work status. Focusing on the priorities identified for 2023 will enable FASST to advance strategic support for public health programs and strengthen the foundation needed for effective public health practice that will push us to achieve our vision of *health for all, together*.

**Algoma Public Health  
(Unaudited) Financial Statements      February 28, 2023**

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	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ YTD Budget 2023
<b>Public Health Programs (Calendar)</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 1,047,304	\$ 1,047,304	\$ 0	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	1,465,868	1,465,867	1	8,795,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	356,582	364,667	(8,085)	3,266,089	-2%	98%
Provincial Grants - Mitigation Funding	0	172,967	(172,967)	1,037,800	-100%	0%
Fees, other grants and recovery of expenditures	60,728	54,564	6,164	452,384	11%	111%
<b>Total Public Health Revenue</b>	<b>\$ 2,930,482</b>	<b>\$ 3,105,368</b>	<b>\$ (174,886)</b>	<b>\$ 17,740,689</b>	<b>-6%</b>	<b>94%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 2,573,451	\$ 2,552,281	\$ (21,170)	\$ 15,542,525	1%	101%
Public Health 100% Prov. Funded Programs	361,507	364,666	3,160	2,198,164	-1%	99%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 2,934,958</b>	<b>\$ 2,916,948</b>	<b>\$ (18,010)</b>	<b>\$ 17,740,689</b>	<b>1%</b>	<b>101%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ (4,476)</b>	<b>\$ 188,420</b>	<b>\$ (192,896)</b>	<b>\$ 1</b>		

**Healthy Babies Healthy Children (Fiscal)**

Provincial Grants and Recoveries	\$ 979,011	979,010	(1)	1,068,011	0%	100%
Expenditures	978,722	979,193	(471)	1,068,011	0%	100%
<b>Excess of Rev. over Exp.</b>	<b>289</b>	<b>(183)</b>	<b>472</b>	<b>0</b>		

**Public Health Programs (Fiscal)**

Provincial Grants and Recoveries	\$ 2,087,273	2,080,533	(6,740)	2,176,700	0%	100%
Expenditures	1,099,975	2,014,951	(914,977)	2,176,700	-45%	55%
<b>Excess of Rev. over Fiscal Funded</b>	<b>987,299</b>	<b>65,582</b>	<b>921,717</b>	<b>-</b>		

**Community Health Programs (Non Public Health)**

**Calendar Programs**

<b>Revenue</b>						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	0	0	-	0	#DIV/0!	#DIV/0!
<b>Total Community Health Revenue</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
<b>Expenditures</b>						
Child Benefits Ontario Works	0	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	0	0	-	-	#DIV/0!	#DIV/0!
<b>Total Calendar Community Health Programs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
<b>Total Rev. over Exp. Calendar Community Health</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		

**Fiscal Programs**

<b>Revenue</b>						
Provincial Grants - Community Health	\$ 285,901	\$ 311,795	\$ (25,895)	\$ 325,308	-8%	92%
Municipal, Federal, and Other Funding	120,903	120,903	-	120,903	0%	100%
Other Bill for Service Programs	0	0	-	-	#DIV/0!	#DIV/0!
<b>Total Community Health Revenue</b>	<b>\$ 406,804</b>	<b>\$ 432,698</b>	<b>\$ (25,895)</b>	<b>\$ 446,211</b>	<b>-6%</b>	<b>94%</b>
<b>Expenditures</b>						
Brighter Futures for Children	92,009	104,910	12,901	120,903	-12%	88%
Infant Development	23,481	0	(23,481)	0	#DIV/0!	#DIV/0!
Preschool Speech and Languages	7,411	58,155	50,744	58,155	-87%	13%
Nurse Practitioner	151,157	153,807	2,650	167,153	-2%	98%
Stay on Your Feet	72,995	91,667	18,672	100,000	-20%	80%
Rent Supplements CMH	32,258	0	(32,258)	0	#DIV/0!	#DIV/0!
Bill for Service Programs	0	0	-	0	#DIV/0!	#DIV/0!
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
<b>Total Fiscal Community Health Programs</b>	<b>\$ 379,310</b>	<b>\$ 408,538</b>	<b>\$ 29,228</b>	<b>\$ 446,211</b>	<b>-7%</b>	<b>93%</b>
<b>Total Rev. over Exp. Fiscal Community Health</b>	<b>\$ 27,493</b>	<b>\$ 24,160</b>	<b>\$ 3,334</b>	<b>\$ (0)</b>		

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

**Algoma Public Health**  
**Revenue Statement**  
For Two Months Ending February 28, 2023  
(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Bgt. to Act. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Annual Budget 2023	Comparison Prior Year:		
							YTD Actual 2022	YTD BGT 2022	Variance 2022
Levies Sault Ste Marie	728,414	728,414	0	2,913,655	0%	25%	737,931	737,931	(0)
Levies District	318,891	318,891	(1)	1,275,561	0%	25%	309,373	309,373	0
<b>Total Levies</b>	<b>1,047,304</b>	<b>1,047,305</b>	<b>(1)</b>	<b>4,189,216</b>	<b>0%</b>	<b>25%</b>	<b>1,047,304</b>	<b>1,047,304</b>	<b>(0)</b>
MOH Public Health Funding	1,465,868	1,465,867	1	8,795,200	0%	17%	1,451,352	1,451,352	0
MOH Funding Needle Exchange	0	0	0	0	0%	0%	0	0	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	0	0	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	0	0	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	0	0	0
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	0	0	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	0	0	0
MOH Funding Infection Control	0	0	0	0	0%	0%	0	0	0
MOH Funding Diabetes	0	0	0	0	0%	0%	0	0	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	0	0	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	0	0	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	0	0	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	0	0	0
<b>Total Public Health Cost Shared Funding</b>	<b>1,465,868</b>	<b>1,465,867</b>	<b>1</b>	<b>8,795,200</b>	<b>0%</b>	<b>17%</b>	<b>1,451,352</b>	<b>1,451,352</b>	<b>0</b>
MOH Funding - MOH / AMOH Top Up	30,420	31,550	(1,130)	189,300	-4%	16%	30,552	31,550	(998)
MOH Funding Northern Ontario Fruits & Veg.	19,568	19,567	1	117,400	0%	17%	19,568	19,567	1
MOH Funding Unorganized	88,400	88,400	0	530,400	0%	17%	88,400	88,400	0
MOH Senior Dental	208,816	208,817	(1)	1,252,900	0%	17%	116,316	162,983	(46,667)
MOH Funding Indigenous Communities	16,332	16,333	(1)	98,000	0%	17%	16,332	16,333	(1)
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%	0	0	0
OTF COVID-19 Extraordinary Costs	(6,954)	0	(6,954)	1,078,089	#DIV/0!	-1%	(6,954)	0	(6,954)
<b>Total Public Health 100% Prov. Funded</b>	<b>356,582</b>	<b>364,667</b>	<b>(8,085)</b>	<b>3,266,089</b>	<b>-2%</b>	<b>11%</b>	<b>264,214</b>	<b>318,833</b>	<b>(54,619)</b>
<b>Total Public Health Mitigation Funding</b>	<b>0</b>	<b>172,967</b>	<b>(172,967)</b>	<b>1,037,800</b>	<b>-100%</b>	<b>0%</b>	<b>172,968</b>	<b>172,968</b>	<b>0</b>
Recoveries from Programs	1,796	1,667	129	10,000	8%	18%	1,760	1,667	93
Program Fees	6,364	9,933	(3,569)	79,600	-36%	8%	14,806	8,605	6,201
Land Control Fees	7,475	20,000	(12,525)	225,000	-63%	3%	5,950	10,000	(4,050)
Program Fees Immunization	8,223	15,000	(6,777)	50,000	-45%	16%	1,695	8,332	(6,637)
HPV Vaccine Program	0	0	0	9,500	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	23,500	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	7,000	#DIV/0!	0%	0	0	0
Interest Revenue	36,870	5,464	31,406	32,784	575%	112%	3,608	3,334	274
Other Revenues	0	2,500	(2,500)	15,000	-100%	0%	2,000	1,167	833
<b>Total Fees and Recoveries</b>	<b>60,728</b>	<b>54,564</b>	<b>6,164</b>	<b>452,384</b>	<b>11%</b>	<b>13%</b>	<b>29,819</b>	<b>33,104</b>	<b>(3,285)</b>
<b>Total Public Health Revenue Annual</b>	<b>2,930,482</b>	<b>3,105,369</b>	<b>(174,887)</b>	<b>17,740,689</b>	<b>-6%</b>	<b>17%</b>	<b>2,965,657</b>	<b>3,023,562</b>	<b>(57,905)</b>
<b>Public Health Fiscal April 2022 - March 2023</b>									
Needle Exchange Supplies	28,883	28,875	8	31,500	0%	92%			
Infection Prevention and Control Hub	1,176,140	1,178,333	(2,193)	1,240,000	0%	95%			
Practicum	27,500	27,500	0	30,000	0%	92%			
School Nurses Initiative	560,975	522,700	38,275	522,700	7%	107%			
Fire System Upgrade	80,576	80,575	1	87,900	0%	92%			
Smoke Free Ontario Tablets	10,822	10,817	5	11,800	0%	92%			
Temporary Retention Incentive for Nurses	146,382	175,725	(29,343)	191,700	-17%	76%			
Upgrade Network Switches	55,995	56,008	(13)	61,100	0%	92%			
<b>Total Provincial Grants Fiscal</b>	<b>2,087,273</b>	<b>2,080,533</b>	<b>6,740</b>	<b>2,176,700</b>	<b>0%</b>	<b>96%</b>	<b>0</b>	<b>0</b>	<b>0</b>



**Algoma Public Health**  
**Expense Statement- Public Health**  
For Two Months Ending February 28, 2023  
(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Budget 2023	Comparison Prior Year:		
							YTD Actual 2022	YTD BGT 2022	Variance 2022
Salaries & Wages	1,633,580	1,783,182	149,602	10,699,084	-8%	15%	\$ 1,732,611	\$ 1,992,847	\$ 260,236
Benefits	458,365	418,667	(39,698)	2,512,002	9%	18%	421,420	461,584	40,164
Travel	13,947	26,467	12,520	158,800	-47%	9%	13,130	34,133	21,003
Program	257,823	206,194	(51,629)	1,237,163	25%	21%	126,431	212,952	86,521
Office	12,978	13,733	755	82,400	-5%	16%	3,973	11,233	7,261
Computer Services	189,073	149,315	(39,758)	895,895	27%	21%	122,557	144,432	21,876
Telecommunications	50,063	44,166	(5,897)	265,000	13%	19%	53,116	56,666	3,550
Program Promotion	4,518	7,500	2,982	45,000	-40%	10%	14,062	16,233	2,172
Professional Development	8,542	13,404	4,862	80,424	-36%	11%	1,975	14,357	12,381
Facilities Expenses	208,620	152,500	(56,120)	924,000	37%	23%	234,261	199,640	(34,621)
Fees & Insurance	21,212	25,583	4,371	383,500	-17%	6%	13,543	24,050	10,507
Debt Management	76,237	76,237	0	457,421	0%	17%	76,237	76,237	0
Recoveries	0	0	0	0	#DIV/0!	0%	(4,500)	(4,500)	0
	<b>\$ 2,934,958</b>	<b>\$ 2,916,948</b>	<b>\$ (18,010)</b>	<b>\$ 17,740,689</b>	<b>1%</b>	<b>17%</b>	<b>\$ 2,808,815</b>	<b>\$ 3,239,864</b>	<b>\$ 431,049</b>

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

### **Reporting Period**

The February 2023 financial reports include two months of financial results for Public Health. All other non-funded public health programs are reporting eleven months of results from the operating year ending March 31, 2023.

### **Statement of Operations (see page 1)**

#### **Summary – Public Health and Non Public Health Programs**

APH has not yet received the 2023 Amending Agreement from the province identifying the approved funding allocations from the province for public health programs. The annual budget for public health programs has been updated to reflect the Board approved budget as presented at the October 2022 Board of Health meeting.

As of February 28, 2023, Public Health calendar programs are reporting a \$193K negative variance driven by a \$18K negative variance in expenditures and a \$175K negative variance in revenues.

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

Our Public Health calendar revenues are within 6% of budget for 2023. The variance is driven by nil payments received year to date related to our annual allocation of mitigation funding. The Ministry has provided formal approval that mitigation funding will continue for the 2023-2024 calendar year, and it is typical for the payments related to some one-time initiatives to be delayed in the early months of the year while the Ministry updates their payment schedule to reflect payment installments representative of the current year's allocations. We would expect a catch-up payment related to this in March/April 2023.

The province has confirmed that one-time extraordinary cost reimbursement for the COVID 19 programs will continue through 2023, with approval and on-going funding to be based off of our Annual Service Plan and quarterly submissions to the province. Our Annual Service Plan was submitted to the Ministry on April 3, 2023.

Fiscal funding has been approved totaling \$2.2M for one-time projects and initiatives. This includes \$191,700 to support the Temporary Retention Incentive for Nurses for the 2022-23 fiscal year. This funding is to support the second installment of two bonus payments which was due and paid to eligible nurses in September 2022. IPAC Hub funding of \$1.2M including \$500K carryover from the previous fiscal year continues to drive a surplus related to our Public Health fiscal programs – any potential for additional carryover of these funds into the 2023-2024 fiscal year is not yet known.

No funding has been approved to date for COVID Recovery initiatives (\$650K was requested in 2022).

The COVID-19: School-Focused Nurses Initiative has been extended for the remainder of the 2022-2023 school year (i.e. through June 2023).

Notes Continued...

Please note that similar to previous years, the Balance Sheet as of February 28, 2023 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2022 annual audited financial statements are completed, the comparative balance sheet will be updated and provided.

### **Public Health Expenses (see page 3)**

#### ***Travel***

There is a \$13K positive variance associated with travel expenses. This is a result of staff continuing to take advantage of virtual platforms and generally lower levels of travel associated with a large portion of our work currently being tied to program recovery.

#### ***Programs***

There is a \$52K negative variance associated with programs. This is driven by ongoing COVID recovery initiatives (leadership and workforce development programs) as well as increasing program demand for our Ontario Senior Dental program. We note that APH has requested an increase to base funding for the 100% funded Ontario Senior Dental program with the 2023 Annual Service Plan to fund these identified pressures.

#### ***Computer Services***

There is a \$40K negative variance associated with computer services. This is driven by identified needs associated with our staff returning to the workplace – including conference room upgrades and miscellaneous computer equipment.

#### ***Facilities Expense***

There is a \$56K negative variance associated with facilities expenses driven by one-time repair/maintenance & janitorial costs completed in January, as well as increasing utility costs noted particularly for the colder months. We expect to see this variance level out in the coming months.

### **COVID-19 Expenses**

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

This program includes case and contact management as well as supporting the information phone lines. February year to date expenses were \$52K (versus \$842K this time last year). The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances would be working in their assigned public health programs.

#### ***COVID-19 Mass Immunization***

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. February year to date expenses were \$40K (versus \$450K this time last year).

### **Financial Position - Balance Sheet (see page 7)**

APH's liquidity position continues to be stable and the bank has been reconciled as of February 28, 2023. Cash includes \$2.0M in short-term investments.

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



April 11, 2023

VIA EMAIL

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

Dear Premier Ford:

**Re: Minimum Wage Increase**

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

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

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

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

**Sudbury**

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

**Elm Place**

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

**Sudbury East / Sudbury-Est**

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

**Espanola**

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

**Île Manitoulin Island**

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

**Chapleau**

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

**toll-free / sans frais**

1.866.522.9200

[phsd.ca](http://phsd.ca)



WHEREAS income solutions incorporate the health enhancing influence of work while addressing food security and the health damaging impacts of insufficient income; and

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

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

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

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

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

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

Sincerely,



René Lapierre  
Chair, Board of Health

Letter to the Premier of Ontario  
Re: Minimum Wage Increase  
April 11, 2023  
Page 3 of 3

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

[View this email in your browser](#)

**PLEASE ROUTE TO:  
All Board of Health Members  
All Members of Regional Health & Social Service Committees  
All Senior Public Health Managers**

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**April 17, 2023**

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## **April 2023 InfoBreak**

*This update is a tool to keep alPha's members apprised of the latest news in public health including provincial announcements, legislation, alPha activities, correspondence, and events. Visit us at [alphaweb.org](http://alphaweb.org).*

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### **Leader to Leader – A Message from the alPha President - April 2023**



Did you know that technically alPha has only 34 members? The members are Ontario's 34 Boards of Health! alPha, though, is so much more — especially when you consider the substantial number of member representatives including Medical Officers of Health, Associate Medical Officers of Health, Board of Health members, and health units' senior leadership in the seven public health affiliate disciplines. They all contribute to alPha's strength, unity, and collective voice for local public health.



Chief Medical Officer of Health, Ontario Health Executive Vice President Dr. Christopher Simpson, and Public Health Ontario President and CEO Michael Sherar. The Board was also pleased Michael Jacek from the Association of Municipalities of Ontario (AMO) joined us and spoke of the value of the Boards of Health Section, their role in public health and reinforcing the value of the relationship between alPHA and AMO, which includes a strong staff-to-staff connection. alPHA leadership is also presenting to the Northwestern Ontario Municipal Association (NOMA) at the end of April and will be participating in the AMO AGM and Conference this August.

alPHA and its Board are on task as it strives towards the deadline of October 2024 to ensure compliance with the Ontario Not for Profit Corporations Act (ONCA). Laying the groundwork for strategic planning for beyond 2023 has been a key focus for the alPHA Board as we prepare for the AGM and Conference, where all of alPHA's members will be engaged in this process.

alPHA's work focusses on supporting its members through the resources and networking within this newsletter, providing timely and relevant information through its email lists, website, and the on-going production of the Public Health Matters series of infographics and videos. These tools keep the information and discussion going between regular meetings and symposiums.

On behalf of its members, alPHA continues its advocacy for local public health with Ontario's decision-makers and public health influencers by continually profiling the importance of public health's upstream focus on prevention, communicating the key role local public health plays in communities, and reinforcing the extraordinary value of the work carried out by Ontario's boards of health and public health professionals.

May will introduce alPHA's Workplace Health & Wellness Month, dedicating additional resources to support physical and mental health for members. Be sure to use social media to share your activities because we want to see our members in action!

I was pleased to be a moderator and a speaker at The Ontario Public Health Covention (TOPHC) virtual event on March 27th, along with Loretta Ryan, alPHA's Executive Director who led an interactive workshop. alPHA was pleased to promote TOPHC's events. We were also pleased to profile, via social media, the Canadian Public Health Association's Canadian Public Health Week 2023.

Congratulations to alPHA's Executive Director, Loretta Ryan, on the nomination by her member peers in the Canadian Association of Society Executives (CSAE) for the 2023 Empowering Leader Award. This award recognizes a member who is focussed on advancing association excellence through knowledge sharing in the membership community. alPHA is fortunate to have Loretta, an empowering leader at its helm.

Additionally, only alPHA members are permitted to attend alPHA's first [in-person conference](#) in more than three years in Toronto from June 12th to June 14th. It will include alPHA's 2023 AGM, plenary sessions, Section meetings and more on key public health issues. If you require accommodations, be sure to book them as soon as possible.

are all made stronger through the work done together — as one unified voice. Thank you for your commitment and leadership to local public health.

Trudy Sachowski  
alPHa President

***If your actions inspire others to learn more, do more and become more – you are a leader.***

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## **Shareable alPHa public health materials - Public Health Funding Advocacy**



alPHa has documents to profile public health and the important role the association plays in the sector. These include correspondence on public health funding advocacy. These submissions, infographics, videos and other products are supported by the numerous alPHa/Ministry/stakeholder meetings, emails, conferences/symposiums, presentations and other activities to support these efforts.

- [alPHa Summary – Budget 2023](#)
- [alPHa Letter - 2022 CMOH Annual Report](#)
- [alPHa Letter - Meeting Request -PA Premier](#)
- [alPHa Letter - Meeting Request - Min. Health](#)
- [alPHa Letter - Meeting Request - Min. Finance](#)
- [Public Health Matters Infographic #2](#)
- [Public Health Matters Video #2](#)
- [alPHa Letter - 2023 Pre-Budget Submission](#)
- [alPHa Letter - PH Funding Research Proposal](#)
- [alPHa Letter - The Future of Public Health](#)
- [Public Health Matters Video](#)
- [alPHa Letter to Candidates - Election Primer 2022](#)
- [alPHa Letter to Members - Election Primer 2022](#)
- [alPHa Report: PH Resilience 2022](#)
- [alPHa Report: PH Resilience 2022 Executive Summary](#)
- [alPHa Letter - 2022 Pre-Budget Submission](#)
- [alPHa Letter -Extraordinary COVID-19 Funding](#)
- [alPHa Letter -Support for Research Project](#)
- [alPHaLetter - Minister of Health Meeting](#)
- [alPHa Letter -Health Critic Meeting](#)

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

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## alPHA Annual General Meeting and Conference - Important Updates and Information



alPHA's 2023 Annual General Meeting and Conference will continue the important conversation on the role of Local Public Health in the province's Public Health System. On Monday, June 12, we will get things underway with a walking tour in the afternoon and an opening evening reception. The AGM, consideration of Resolutions, Plenary Sessions, and presentation of the 2023 Distinguished Service Awards will take place on Tuesday, June 13. The half-day Section meetings will be held on the morning of Wednesday, June 14. alPHA is very pleased to announce the Conference is being co-hosted by Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine. alPHA is looking forward to hosting these in-person events and encourages all members to participate. You can register [here](#).

**IMPORTANT:** Attendees are encouraged to book accommodations as soon as possible. alPHA does not have a room block. There are a number of nearby hotels including the [Chelsea Hotel Toronto](#), the [Holiday Inn](#), and [DoubleTree by Hilton Hotel Toronto Downtown](#).

Documents, such as the Preliminary Program, can be found [here](#). The Conference Poster is available through [this link](#), and Sponsorship information can be found [here](#). Please check the website often for updates. The [June 2023 alPHA AGM Notice and Package are also available](#). Individual documents from the package are below.

- [Notice for the 2023 alPHA Annual General Meeting](#)

- [Call for 2023 alPha Resolutions](#) (deadline: Friday, April 21st, 2023)
- [Call for 2023 alPha Distinguished Service Awards](#) (deadline has passed. Thank you for your submissions.)
- [Call for Board of Health Nominations](#) (deadline: Wednesday, June 7th, 2023. But candidates are strongly encouraged to submit earlier.)

We hope to see you at these in-person events. If you have any questions, please do not hesitate to reach out to Loretta Ryan at [loretta@alphaweb.org](mailto:loretta@alphaweb.org).

The Conference and AGM is co-hosted by alPha and Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine. alPha would like to thank Mosey & Mosey for sponsoring the awards lunch. If you are interested in becoming a sponsor, alPha welcomes your support. Further information can be found [here](#).



**Dalla Lana**  
School of Public Health

Temerty  
Medicine



Mosey&Mosey

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**Conference & AGM Keynote Speaker: Rest Refocus and Recharge**



*Apply the cutting-edge science of brain states to perform at the highest level*

Dr. Greg Wells shares his insights on how to unlock the power of alternating peak performance with deep rest in this informative and practical keynote. Based on his groundbreaking book, *Rest Refocus Recharge*, Dr. Wells will explain how our brains and bodies are designed to operate in cycles of work and rest, and how we can harness the power of both to improve our health, well-being, and performance.

Drawing on the latest research in neuroscience and physiology, Dr. Wells will provide a step-by-step guide to optimizing your mental and physical health through strategic rest and relaxation. You'll learn how to identify the five different brain states, each with a distinct function, and how to intentionally trigger these states to achieve your potential.

During this session, Dr. Greg Wells will share valuable insights on how to improve your focus, creativity, and problem-solving abilities by incorporating rest and regular breaks into your workday. He will also discuss how harnessing the power of sleep can boost your brainpower, creativity, and performance. Additionally, Dr. Wells will cover the importance of developing daily rituals and routines that promote relaxation and recovery, cultivating a growth mindset, and embracing the power of learning and self-improvement.

This presentation is designed to provide evidence-based actionable strategies for enhancing your mental and physical performance and better cope with stress and adversity, and how to create a culture of rest and recovery in your workplace or team. These techniques will help you achieve your potential and perform at your highest level while also improving the overall health and well-being of you and your team.

Key Learnings:

- Slow down to speed up.
- Your brain wasn't designed to be in constant go mode.
- Constantly driving yourself undermines your performance and health.
- Rest and relaxation are critical for peak performance and optimal health.
- There are five different brain states, each with a distinct function: recovery, learning and strategic thinking, focused execution, creativity, and peak performance.



Come and hear Dr. Greg Wells speak, and ensure you are performing at your highest level. Interested in learning more about Dr. Greg Wells and the topics he covers? Here are some blog entries for you to explore:

- [Breathwork](#)
- [Mindful Movement](#)
- [Energize](#)
- [From Languishing to Thriving](#)

## alPHA Workplace Health and Wellness Month is happening in May

### 2023 alPHA Workplace Health & Wellness Month

**alPHA**  
Association of Local  
PUBLIC HEALTH  
Agencies



alPHA members are encouraged to engage in physical activity (e.g. walking, hiking, swimming, wheeling, and paddling) or activities that promote mental health (e.g. meditation, yoga, relaxation exercises, and   ) for at least 30 minutes per day during the month of May.

Good health involves good eating habits. Do you have a recipe that contributes to health and wellness? We'd love to hear about these too!

Participate and share on Twitter. Don't forget to include in your tweet: a picture, @PHAgencies and the hashtags #PublicHealthLeaders, #alpha2023. We'll profile your Fitness Challenge activities at the alPHA Conference that is taking place June 13, 2023.



### HERE'S HOW TO PARTICIPATE

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

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

Post your tweets with pictures and include @PHAgencies, #PublicHealthLeaders #alpha2023

#### Easy Activity Tips!

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

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

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

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

**Ready! Set! GO!**

[alPHA Workplace Health and Wellness Month](#) will soon be here! This is an opportunity for all alPHA members to engage in activities that promote physical and mental health for at least 30 minutes during the month of May. **We encourage all members to participate!** You can participate and share your success via Twitter. All you have to do is tweet a picture, tag @PHAgencies, and use the hashtags #PublicHealthLeaders and #alpha2023. The pictures will be highlighted at this year's Conference and AGM.

alPHA has also launched the [Workplace Health and Wellness Resources](#) page. You can use it to help you improve your mental and physical well-being by taking the information provided and adapting it to the best way to take care of yourself.

**alPHA**  
Association of Local  
PUBLIC HEALTH  
Agencies

## JUST BREATHE

**DID YOU KNOW...**

Everyone experiences stress. What one person finds stressful, another person may not. People also experience stress in different ways – some may feel worry, restlessness, and irritability, while others might experience headaches, muscle tension, or digestive issues.

When you are feeling stressed, take five minutes of your day to do this breath exercise!

Take a deep, slow breath through your nose.

Hold your breath for a few seconds.

Exhale through your mouth slowly.

Becoming aware of and incorporating breathing exercises into your daily routine has many benefits, including promoting calmness, increasing focus, and performing your best.

alPHA May 2023  
Workplace  
Health &  
Wellness Month

<https://www.alphaweb.org/>

## Sleep hygiene

**DID YOU KNOW...**

Experiencing a poor night's sleep can result in annoyance and a lack of concentration during daily activities. However, a persistent pattern of insufficient sleep has been identified by the Public Health Agency of Canada as a contributing factor to chronic stress and poor mental health. Hence, the importance of good sleep habits, commonly referred to as "sleep hygiene."

**Unlock the secret to a restful night's sleep with these essential 'sleep hygiene' tips!**

<p><b>BED SCHEDULE</b></p> <p>Get your body used to going to bed and getting up at the same time every day. Repetition is key to developing a healthy sleep habit.</p>	<p><b>DON'T WORK FROM BED</b></p> <p>Use your bed only for sleeping and intimacy purposes. This helps your mind associate bed with sleeping; avoid working or watching TV from bed.</p>
<p><b>HAVE YOUR OWN SLEEP RITUAL</b></p> <p>Train your mind and body so they know when it is time to sleep. Daily stretching, breathing exercises, or drinking tea before falling asleep could help you in this process.</p>	<p><b>TAKE A HOT BATH</b></p> <p>Just a few hours before bedtime, have a hot bath. The change in body temperature will help you to fall sleep.</p>

**Exercise and a well-balanced diet are important for a healthy sleep habit**

alPHA  
Association of Local  
PUBLIC HEALTH  
Agencies

alPHA May 2023  
Workplace  
Health &  
Wellness Month

<https://www.alphaweb.org/>

In conjunction with alPHA's new Workplace Health & Wellness Month, we have some tips to help you live a healthier life.

Breathing exercises can help promote calmness, increase focus, and help you perform your best. They can also be simple to do! For more info, check out the infographic [here](#).

If you need more sleep, our [newest infographic](#) can help. The infographic provides tips such as not working from your bed and having a bedtime to help you improve your sleep.

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**National Volunteer Week - April 16-22, 2023**



## Volunteering Weaves Us Together

alPHA celebrates our individual and collective actions in creating a strong, interconnected and vibrant association! Volunteers strengthen the fabric of our association by sharing time, talent and energy to support Ontario's local public health system.

As we celebrate National Volunteer Week, alPHA would like to give a special shout out and thanks to the alPHA Board of Directors and the many members that volunteer for committees and working groups.

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## Affiliates Update

# Affiliates

### Association of Local Public Health Agencies

- The Food Insecurity Workgroup of [Ontario Dietitians in Public Health \(ODPH\)](#) received the 2022 Lori Chow Memorial Health Promotion Award (through ODPH member Marie-Ellen Prange).
- ODPH made a [submission](#) to Ontario's [pre-budget consultation](#) regarding Household food insecurity (HFI) and inadequate Ontario Works rates.



## Public Health Units - Demographic Information

Links to Ontario Health Unit Demographic Info (Source: 2021 Census)

On March 29, 2023, Statistics Canada published the demographic information gathered via the 2021 Census, sorted by health region, which includes detailed profiles for each Ontario public health unit. aPHa has provided direct links to each on [this page](#). Please note the list is sorted by the legal names of the PHUs as they appear in Ontario Regulation 553.

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### Lyme disease clinical guidance document updated

CLINICAL GUIDANCE DOCUMENT

#### Management of Tick Bites and Investigation of Early Localized Lyme Disease

Ontario Health, in collaboration with Public Health Ontario, has updated a clinical guidance document that outlines what high-quality care looks like for people who have experienced a tick-bite or have developed early localized Lyme disease. This updated clinical guidance document can be used to help:

- Health care professionals know what care they should be offering
- Health care organizations improve the quality of care they provide

Please [download](#) and share the Lyme disease clinical guidance document with your networks.

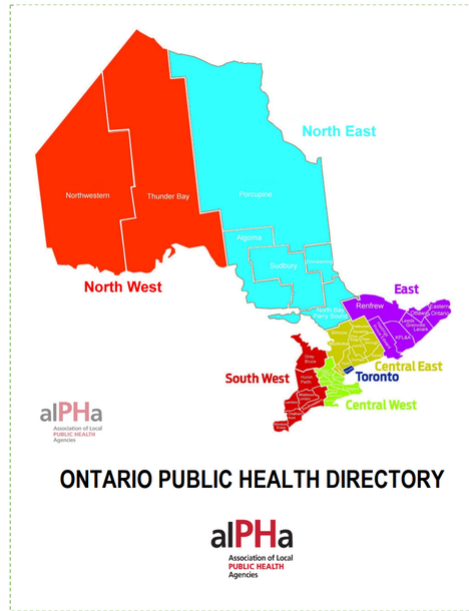
For more information, please contact [Evidence@OntarioHealth.ca](mailto:Evidence@OntarioHealth.ca).

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### Promoting Resilience: A Science-Informed Approach to Decision-Making



The purpose of this module is to raise awareness about the role of early development in long-term health, the science of adversity, and the importance of resilience and its relationship to wellbeing. The module describes actions boards of directors, community leaders, and other decision makers can take to prevent and reduce the effects of adversity and build community resilience. WGD Public Health is a partner and aPHa members are encouraged to register. [Register here](#).



The Ontario Public Health Directory has been updated since the beginning of the year. Please ensure you have the latest version by clicking [here](#).

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## Boards of Health: Shared Resources



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

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

## AMO 2023 Ending Homelessness Symposium



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

## Public Health Ontario



## PHO Mandate Letter

PHO's mandate letter for 2023-2024 is now available. You can read it [here](#).

## **Public Health Ontario's Open Call for Proposals: Indirect Impacts of COVID-19**

Public Health Ontario is currently accepting proposals from public health units for funding (up to \$125,000) to support research or evaluation projects focusing on the indirect impacts the COVID-19 pandemic has had in Ontario in one of three priority areas:

1. **Public health innovations:** Projects may focus on the evaluation of a COVID-19 innovation, continuous quality improvement, or research to scale up existing innovations.
2. **Public health programs and interventions impacted by the pandemic:** Projects may focus on understanding the impact of reduced public health services, programs or strategies.
3. **Understanding pandemic impacts on mental health:** Projects may focus on understanding pandemic impacts on mental health, including harm reduction and prevention in substance use, and may consider specific populations. Projects may also focus on understanding and/or strategies related to pandemic mental health impacts for the public health workforce.

### **Funding Eligibility**

Applications are open to all public health units (PHU). Project proposals must meet the following criteria:

- be led by a PHU, in cooperation with at least one other PHU as a co-applicant
- work in meaningful collaboration with local academic and/or community organizations
- meaningfully engage at least one student
- promote health equity
- address a public health issue within the identified priority areas of COVID-19 consequences
- involve research and/or program evaluation activities
- create knowledge that is transferable across the public health system, and share that knowledge by developing and implementing a knowledge exchange plan

For full application instructions, examples of project ideas and evaluation criteria, please visit PHO's [Locally Driven Collaborative Projects \(LDCP\) Program](#) webpage or download the [full application package](#).

The deadline to apply is **Friday, May 12, 2023 at 5 p.m. ET.**

### **COVID-19 Variants of Concern**

- [Estimates of Omicron Sub-lineage BQ.1 Severity in an Ontario-based Matched Cohort Study of Cases: August 4 – December 28, 2022](#)
- [Phylogenetic Analysis of SARS-CoV-2 in Ontario](#)

## COVID-19 Epidemiological Surveillance Report

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

## Additional Resources – New

- [Invasive Group A Streptococcal \(iGAS\) Disease in Ontario: October 1, 2022 to February 28, 2023](#)
- [Recommendations: High-risk Spring 2023 COVID-19 Vaccine Booster Dose Program in Ontario](#)
- [Mpox in Ontario](#)

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## Upcoming PHO Events

- **Thursday, April 13** - [PHO Rounds: Changes to Serological Testing of Lyme Disease](#) – 12:00 p.m. to 1:00 p.m.

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

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

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## TOPHC 2023



A special shoutout to Trudy Sachowski who represented alPHA's volunteer leadership and TOPHC and moderated a session. Kudos to alPHA's Dr. Eileen de Villa for speaking at the event. Special thanks to alPHA's Executive Director, Loretta Ryan, who worked over the past year to help create this event and who also moderated a session.

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## Upcoming DLSPH Events and Webinars

# Data Lana

## School of Public Health

- Environments and Health Research Summit (Apr. 17-18)
- Data Science Speaker Series/Temerty Centre Speaker Series: Melissa Haendel (Apr. 17)
- Fast, vast, and diverse: Canada's COVID-19 vaccine programs (Apr. 18)
- Routine immunization: Reaching every child (Apr. 20)
- Corruption During COVID-19: Looking Forward and Backward (May 8-9)

### RRFSS is the 'RAPID' Risk Factor Surveillance System!



- RRFSS provides responsiveness not available in other population health surveys.
- RRFSS data is delivered three times per year.
- CCHS data is only available for 2019/2020.
- Responding 'Rapidly' to public health  
-this is what RRFSS was created to do!

### There is still opportunity get RRFSS data in 2023!

Health units can join RRFSS 3 times per year: January, May, and September, so there is still opportunities to join RRFSS in 2023. RRFSS participation is possible on any size budget, big or small!

To collect 2023 RRFSS data and create a survey package and customizable budget contact: Lynne Russell, RRFSS Coordinator: [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca)

### COVID-19 Update

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



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

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## alPHA Correspondence



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

### [alPHA Letter - Alcohol Health Warning Labels](#)

An April 17th, 2023 letter from the President of the Association of Local Public Health Agencies on behalf of the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate Organizations to the Minister of Health, Jean-Yves Duclos. It expresses support for the Senate Bill S-254 An Act to amend the Food and Drugs Act (warning labels on alcoholic beverages), calling on the federal government to implement alcohol warning labels.

### [alPHA Letter - Marketing to Children](#)

An April 5th, 2023 letter from the President of the Association of Local Public Health Agencies on behalf of the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate Organizations to Prime Minister Justin Trudeau. It urges the prime minister to accelerate action on the promise to enact restrictions on the marketing of food high in sodium, sugars, and saturated fats to kids.

### [alPHA Letter - Budget 2023 and Oral Health](#)

An April 5th, 2023 letter from the President of the Association of Local Public Health Agencies on behalf of the Council of Ontario Medical Officers of Health, Boards of Health, and Affiliate Organizations to Deputy Prime Minister & Minister of Finance, Chrystia Freeland. They thanked the federal government for the dental health-related announcements in the 2023 budget and reminded the minister of the call for universal access to preventative and treatment dental health services for all Canadians.

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

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Our mailing address is:

\*|480 University Ave. Suite 300 Toronto, Ont. M5G 1V2|\*

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**From:** allhealthunits <[allhealthunits-bounces@lists.alphaweb.org](mailto:allhealthunits-bounces@lists.alphaweb.org)> **On Behalf Of** alPHa communications  
**Sent:** Friday, March 31, 2023 2:04 PM  
**To:** [AllHealthUnits@lists.alphaweb.org](mailto:AllHealthUnits@lists.alphaweb.org)  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] Workplace Health and Wellness Month

---

Hello,

In case you missed it, alPHa's [Workplace Health and Wellness Month](#) will soon be upon us and all members are encouraged to be making plans to participate!

During the month of May, alPHa members are encouraged to engage in physical activity (e.g., walking, hiking, swimming, cycling, and paddling) or activities that promote mental health (e.g., meditation, yoga and relaxation exercises) for 30 minutes per day during the month of May. Good health involves good eating habits. Do you have a recipe that contributes to health and wellness? We'd love to hear about these too!

Up to and including the Workplace Health and Wellness Month, we will be sharing various healthy eating and wellness tips. You can find the latest infographic on breathing [here](#). Becoming aware of and incorporating breathing exercises into your daily routine has many benefits, including promoting calmness, increasing focus, and performing your best.

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

Activities are to be completed at any time during the month of May. Any physical or mental health activities of a 30-minute duration are encouraged. Post your healthy recipes too. Be creative and have fun!

#### Easy Activity Tips!

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

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

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

**Anytime:** Prepare a healthy snack or meal, take a picture, and share it with the recipe.

**Ready! Set! GO!**

Sincerely,

Melanie Dziengo

Communications Coordinator

**Association of Local Public Health Agencies (alPHa)**

480 University Avenue, Suite 300

Toronto, ON M5G 1V2

[communications@alphaweb.org](mailto:communications@alphaweb.org)

[www.alphaweb.org](http://www.alphaweb.org)



## **SSMRCA May Board Meeting**

Sault Ste. Marie Region Conservation Authority  
May 16, 2023 at 4:45 PM EDT  
1100 Fifth Line East / ZOOM

### **Agenda**

#### **I. Call to Order**

#### **II. Declaration of a Conflict of Interest**

#### **III. Adoption of Agenda**

RECOMMENDED:

THAT the agenda be adopted as presented.

#### **IV. Delegations**

There are no requests for delegations received for this meeting.

#### **V. Public Input (3 minutes per speaker)**

#### **VI. Finance and Administration**

##### **A. Adoption of Regular Meeting Minutes of April 18, 2023**

RECOMMENDED:

THAT the Regular Meeting Minutes of April 18, 2023, be adopted.

##### **B. Accounts Payable**

RECOMMENDED:

THAT the list of accounts payable be received as information.

##### **C. 2023 Budget Update**

RECOMMENDED:

THAT the staff memo titled "2023 Budget Update" dated May 16, 2023, be received as information, be approved.

#### **VII. Water and Related Land Management**

##### **A. Application Approvals: Section 28, Ontario Regulation 176/06, Development, Interference with Wetlands and Alterations to Shorelines & Watercourses**

RECOMMENDED:

THAT the summary of the site reports approved by staff, pursuant to *Ontario Regulation 176/06*, be received as information, be approved.

#### **VIII. Correspondence**

There was no correspondence received for this meeting.

**IX. New Business and Other**

**A. General Manager's Report**

RECOMMENDED:

THAT the General Manager's Report of May 16, 2023, be received as information.

**B. Communications Update**

RECOMMENDED:

THAT the Communications Update of May 16, 2023, be received as information.

**C. 2023 Review of Health and Safety Program Manual - Section 7 & Section 8**

RECOMMENDED:

THAT Section 7 and Section 8 of the SSMRCA Health and Safety Program Manual be approved as worded.

**D. 2023 Review of Human Resources Policies and Procedures - Financial Section**

RECOMMENDED:

THAT the Financial Section of the SSMRCA Human Resources Policies and Procedures be approved as worded.

**X. Closed Session**

To approve the minutes of a previous closed session.

**XI. Adjournment**

For members of the public interested in attending this meeting, please contact the General Manager, Corrina Barrett, at [cbarrett@ssmrca.ca](mailto:cbarrett@ssmrca.ca) to make arrangements. Thank you in advance for your cooperation.

# DRINKING WATER SOURCE PROTECTION

Our Actions Matter

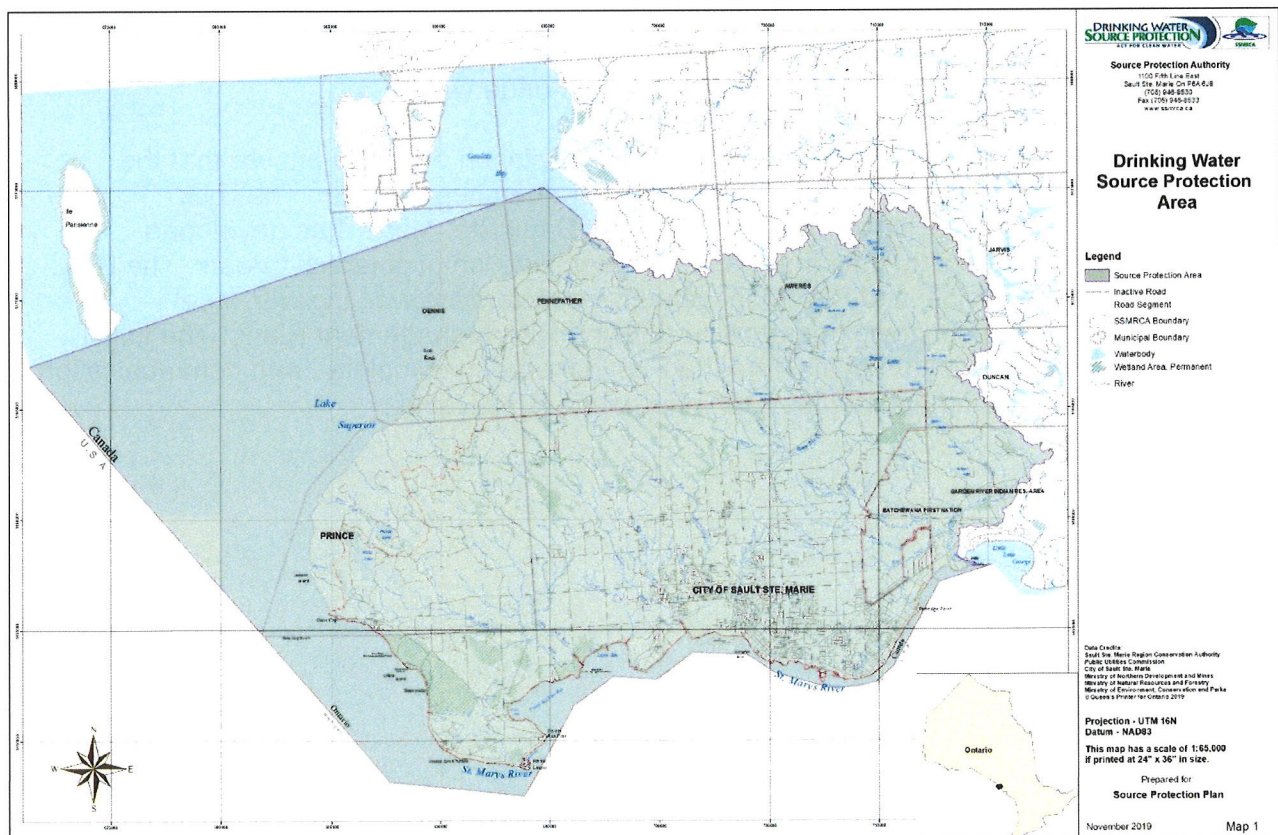


SSMRCA

## 2022 Source Protection Annual Progress Report

### I. Introduction

This annual progress report outlines the progress made in implementing our source protection plan for the Sault Ste. Marie Region Source Protection Area, as required by the Clean Water Act and regulations.





## II. A message from your local Source Protection Committee

- P : Progressing Well/On Target – The majority of the source protection plan policies have been implemented and/or are progressing.**
- S : Satisfactory – Some of the source protection plan policies have been implemented and/or are progressing.**
- L : Limited progress – A few of the source protection plan policies have been implemented and/or are progressing.**

The members of Source Protection Committee (SPC) have participated in the delivery of the Annual Report and the development of the policies in the Source Protection Plan for the Sault Ste. Marie Region Source Protection Area.

The SPC has reviewed the information included in the Source Protection Annual Progress Report and is pleased with the progress achieved to date. The Source Protection Plan implementation for significant and moderate threats is on target with all of the policy delivery mechanisms completed or underway.

The SPC is satisfied with the municipal implementation efforts to ensure that the Official Plans and Zoning By-Laws conform with pertinent policies. The Risk Management Office, located within the City of Sault Ste. Marie, has developed appropriate screening mechanisms for the identification of potential threats. The Risk Management Official and Risk Management Inspectors are working with local landowners and business operators to develop Risk Management Plans. The initial outreach and education goals from the Plan have been completed and communication materials are being updated as new information is available.

### III. Our Watershed

To learn more, please read our assessment report and source protection plan.

The Sault Ste. Marie Region Source Protection Area is situated within the District of Algoma, along the north shore of the St. Marys River and the eastern shore of Lake Superior. The planning area takes in the municipality of Sault Ste. Marie, the Township of Prince and includes a portion of the unorganized townships of Dennis, Pennefather, Aweres, Jarvis and Duncan as well as areas of the Garden River and Batchewana First Nations. Both Lake Superior and the St. Marys River are shared resources of Canada and the United States of America. The boundary of the Source Protection Area along its entire width, extends out to the international border. There are 38 Source Protection Areas in 19 Source Protection Regions in the province.

The City of Sault Ste. Marie depends on surface water from Lake Superior at Gros Cap and groundwater from six (6) wells within the St. Marys River watershed. The Source Protection Committee's Source Protection Plan has been developed for the municipal drinking water sources in the Sault Ste. Marie Region Source Protection Area. It specifically applies to the six (6) municipal wells and the surface water intake (Gros Cap). This plan excludes private wells.

Four Significant Drinking Water Threats, as defined by the Clean Water Act, have been identified in the Sault Ste. Marie Region Source Protection Area. Three of these threats are located in the Wellhead Protection Area for the Lorna and Goulais Well sites and consist of a sanitary forcemain, municipal snow dump site and the commercial handling and storage of fuel. One local significant threat (Event Based Point Spill Event) was identified in the Intake Protection Zone of the Gros Cap Drinking Water intake (Prince Township) in Lake Superior. As these threats were identified as significant, policies have been developed with the objective of decreasing the potential risk associated with each.

This Source Protection Plan is the culmination of the Sault Ste. Marie Region Source Protection Committee's efforts to draft policies to ensure that existing or future threats to the Sault Ste. Marie municipal drinking water sources cease to be or never become significant threats.

## IV. At a Glance: Progress on Source Protection Plan Implementation

### 1. Source Protection Plan Policies

- P : Progressing Well/On Target – The majority of the source protection plan policies have been implemented and/or are progressing.**
- S : Satisfactory – Some of the source protection plan policies have been implemented and/or are progressing.**
- L : Limited progress – A few of the source protection plan policies have been implemented and/or are progressing.**

All of the policies (100%) that address significant drinking water threats have been or are in the process of being implemented in accordance with the timelines set out in our source protection plan.

### 2. Municipal Progress: Addressing Risks on the Ground

Our source protection area, that includes the City of Sault Ste. Marie and Township of Prince, have vulnerable areas where significant drinking water threats policies apply.

- P : Progressing Well/On Target – The majority of the source protection plan policies have been implemented and/or are progressing.**
- S : Satisfactory – Some of the source protection plan policies have been implemented and/or are progressing.**
- L : Limited progress – A few of the source protection plan policies have been implemented and/or are progressing.**

Municipalities (City of Sault Ste. Marie and Township of Prince) in our source protection area are in progress or have completed the review and update of their Official Plan and/or Zoning By-Laws to ensure it conforms with the local source protection plan under the Planning Act.

### 3. Septic Inspections

Not applicable to our source protection area, as the septic systems are not threats within vulnerable areas.

### 4. Risk Management Plans

- P : Progressing Well/On Target – The majority of the source protection plan policies have been implemented and/or are progressing.**
- S : Satisfactory – Some of the source protection plan policies have been implemented and/or are progressing.**
- L : Limited progress – A few of the source protection plan policies have been implemented and/or are progressing.**

No risk management plans (RMP) were established during 2022 in our source protection area. One RMP business closed (owner is deceased) without notification to the RMO.

Four (4) RMPs have been established to date. In 2022, there was the reduction of one RMP.

Two (2) inspections were carried out or planned by a Risk Management Official /Inspector for prohibited or regulated activities during 2022.

There is a 100% compliance rate with the risk management plans established in our source protection region.



## 5. Provincial Progress: Addressing Risks on the Ground

- P : Progressing Well/On Target – The majority of the source protection plan policies have been implemented and/or are progressing.**
- S : Satisfactory – Some of the source protection plan policies have been implemented and/or are progressing.**
- L : Limited progress – A few of the source protection plan policies have been implemented and/or are progressing.**

Ontario ministries are reviewing previously issued provincial approvals (i.e. prescribed instruments, such as environmental compliance approvals under the Environmental Protection Act) where they have been identified as a tool in our plan to address existing activities that pose a significant risk to sources of drinking water. The provincial approvals are being amended or revoked where necessary to conform with plan policies. Our policies set out a timeline of five (5) years to complete the review and make any necessary changes. The ministries have completed this for 100% of previously issued provincial approvals in our source protection area.

## 6. Source Protection Awareness and Change in Behaviour

Four (4) Drinking Water Protection Zone signs were installed in our source protection area.

At this time no additional signage has been installed.

## 7. Source Protection Plan Policies: Summary of Delays

No delays occurred.



## 8. Source Water Quality: Monitoring and Actions

Although not identified as an “issue” under the definition in the Technical Rules, we are continuing to monitor water quality in the east aquifer in relation to concentrations of Chloride, Sodium and Manganese.

## 9. Science-based Assessment Reports: Work Plans

Science-based work plans were not required to be implemented for our updated Source Protection Plan.

## 10. More from the Watershed

To learn more about our source protection area, visit <https://ssmrca.ca/source-water-protection/about-source-water-protection/>

Provincial Groundwater Monitoring Network well sampling work.



Steelton Well northeastern signage on Second Line West.



Steelton Pump House established 1914.





**From:** [ROMA Communications](#)  
**To:** [Rachel Tyczinski](#)  
**Subject:** ROMA Intervenes In Rail Dispute  
**Date:** Thursday, May 18, 2023 1:01:29 PM

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ROMA Updates Banner



May 18, 2023

## **Rural Ontario Municipal Association Intervenes in Drainage Dispute with CN Rail**

*Association applies for intervener status in case that pits large railways against rural communities*

The Rural Ontario Municipal Association (ROMA) is seeking legal intervener status in a dispute between CN Rail and the City of Sarnia over the cost of critical drainage work on CN property.

Proper drainage helps prevent flooding and property damage. It protects the environment, the economy, and the agricultural sector. Under Ontario's *Drainage Act*, landowners share the cost for work to municipal drains located on the owner's property. It is one of Canada's oldest laws, dating back to 1859.

Despite complying with the legislation for more than a century, railways have started telling municipalities that they will not cover the costs. CN is claiming that because railways are federally regulated, they are not bound by provincial and municipal government laws, bylaws, and regulations. The railway has applied to the Canadian Transportation Agency to settle the matter with Sarnia.

ROMA has applied for intervener status because of the negative impact of these actions on rural communities throughout Ontario. According to research gathered by ROMA, at least 30 municipalities - mostly ROMA members - indicated they experienced problems with *Drainage Act* compliance by CN.

“Railways are essentially asking Ontario’s property taxpayers to foot the bill for project costs that should be covered by large, wealthy corporations,” said ROMA Chair Robin Jones. “Railways are harming the very communities that produce the goods they move across the province.”

CN is valued at more than \$80 billion. Yet for many rural municipalities, covering the railway’s costs would mean considerable tax increases for local property taxpayers. For example, in some rural municipalities a 1% property tax increase only generates about \$10,000.

Based on ROMA’s research, unpaid maintenance costs from CN and other railways are nearing \$500,000 and the tab for unpaid capital construction projects is crossing \$1 million. About \$1.7 million in critical capital construction projects have been delayed due to lack of cooperation by the railways.

This is having a significant impact on small rural communities, and their ability to provide other essential services.

Rail lines run through communities across Ontario, including agricultural areas. Without proper and effective drainage, it would be difficult for railways to operate.

“Federally regulated industries must be held to the same standards as all property owners, including following local laws, bylaws and regulations. CN is creating a false conflict between municipal and provincial laws, and federal regulations,” Jones added.

ROMA believes that CTA is not the proper authority to resolve this dispute. ROMA’s view is that the matter should be resolved, as with any landowner, through the appeal processes set out in the *Drainage Act*. If CN wants to make a constitutional argument that it is exempt from the Act, that debate should be heard by the Ontario Superior Court.

-30-

For more information:

Farah Tayabali, ROMA Media Relations Contact, [tayabali@redbrick.ca](mailto:tayabali@redbrick.ca), 416-570-8413

**\*DISCLAIMER:** Any documents attached are final versions. ROMA assumes no responsibility for any discrepancies that may have been transmitted with this electronic version. The printed versions of the documents stand as the official record.



Please consider the environment before printing this.

Rural Ontario Association (ROMA)  
200 University Ave. Suite 801, Toronto ON Canada M5H 3C6

If you wish to Opt-Out of ROMA Updates please [click here](#)





May 2, 2023

Your Worship and Members of Council,

We are writing today as we've heard from many of you regarding the introduction of a locate charge, and we'd would like to provide some context and background regarding our approach. We are also seeing a lot of misinformation circulate, resulting in misunderstanding, and we'd like to correct the record.

We, along with **all** underground infrastructure owners, are required to comply with the recently released regulations related to locate delivery ([Bill 93](#)). In order to recover our compliance costs and protect the interests of our customers, we introduced a locate charge for **third party and for-profit locate requestors**. We want to reassure you that locates for private property owners and existing natural gas customers **remain at no charge**.

As we shared, the third-party locate charge is currently on pause as we continue to explore pathways and consult with our stakeholders and industry partners, including a phased approach focused on the adoption of a dedicated locator model for large infrastructure owners. Within a dedicated locator model, large excavators hire their own locators trained by infrastructure owners to locate all underground utilities on their projects, which leads to significant efficiencies in locate delivery.

In addition, misinformation is circulating that Enbridge Gas operates its infrastructure in municipal right of ways at no cost – **and this is simply not true**. Enbridge pays more than \$135 million in annual municipal taxes based upon the infrastructure we operate. We also pay additional fees where required when we install new pipe or initiate work to maintain existing assets. We deliver natural gas service to approximately 3.9 million customers in 313 municipalities across Ontario, through a network of 154,000 kilometers of pipeline. We complete approximately 1.2 million locate requests annually. And, in 2023, we will invest \$550 million to maintain and add customers to our natural gas system. We are a proud contributor to the communities in which we operate, and our commitment to the safe, reliable delivery of natural gas underpins everything we do.

We encourage you to call upon the Government of Ontario to enact a dedicated locator model for large infrastructure owners, and to support a phased approach to regulation adoption.

Please reach out should you have any questions.

Sincerely,



**Nicole Lehto**

Director, Northern Region Operations

**ENBRIDGE GAS**

TEL: 807-684-8821 | [nicole.lehto@enbridge.com](mailto:nicole.lehto@enbridge.com)  
1211 Amber Drive, Thunder Bay ON P7B 6M4



**Mike McGivery**

Director, Distribution Protection

**ENBRIDGE GAS INC.**

TEL: 416-758-4330 | CELL: 416-434-7920 |  
[michael.mcgivery@enbridge.com](mailto:michael.mcgivery@enbridge.com)  
500 Consumers Road, North York, Ontario M2J 1P8

CC: Hon. Todd Smith, Minister of Energy  
Hon. Kaleed Rasheed, Minister of Public and Business Service Delivery  
Colin Best, President, Association of Municipalities of Ontario



KETEGAUNSEEBEE

## GARDEN RIVER FIRST NATION

7 SHINGWAUK STREET, GARDEN RIVER, ON, P6A 6Z8 | P 705.946.6300 F 705.945.1415 | WWW.GARDENRIVER.ORG

### Lawsuit Seeks to Enforce 1850 Treaty Promise

May 15<sup>th</sup>, 2023

Ojibways of Garden River First Nation was promised a reserve that stretched “from Maskinongé Bay, inclusive, to Partridge Point, above Garden River on the front, and inland ten miles, throughout the whole distance; and also, Squirrel Island.”

Less than 10 years later, in the midst of local famine, they were forced to surrender over half of it. Chief Andy Rickard is starting a lawsuit on behalf of all of Garden River First Nation to get what his community was promised in 1850. Garden River’s reservation originally extended over 54,335 hectares (543 km<sup>2</sup>). Today it is 20,700 hectares (207 km<sup>2</sup>).

Located East of Sault Ste. Marie, the Ojibways of Garden River reserve was negotiated by Chief Shingwaukose, as part of the Robinson-Huron Treaty. A widely respected First Nation leader, Shingwauk was a key figure in the War of 1812 and longtime ally of the British.

“Shingwauk negotiated for a reserve to set up our community to succeed in a new country,” said Chief Rickard. “The same country we helped found.”

The treaty lasted just 4 years after Shingwauk’s death before being altered by Richard Pennefather, a founder of the Canadian Indian Department. Prior to negotiating with Garden River, Mr. Pennefather recommended that should a First Nation “obstinately refuse to accede to any terms of surrender, we are of opinion that gentle means of coercion might be applied without prejudice to their real interests.”

Other portions of the 1850 reserve suffered a similar fate, with land taken for mining, timber, and farming.

“Parts of what were taken have been stripped pretty clean” said Cole Nolan “there are old mine shafts. It makes it harder to get out there and practice your culture.”

With lead counsel Jack Woodward, K.C. the lawsuit is a David vs Goliath argument between Ojibways of Garden River and the Provincial and Federal governments. Private landowners will not be affected.

“Our fight isn’t with any homeowners. It’s the government that took our land.” said Chief Rickard.

“The spirit and intent of the Treaty is one of friendship and alliance” said Cole Nolan, Historian for Garden River First Nation “we want Canada and Ontario to honour that.”

### OJIBWAYS OF ROBINSON-HURON TREATY OF 1850





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**GARDEN RIVER FIRST NATION**

7 SHINGWAUK STREET, GARDEN RIVER, ON, P6A 6Z8 | P 705.946.6300 F 705.945.1415 | WWW.GARDENRIVER.ORG

**Media Event Date and Time:** May 18<sup>th</sup>, 2023  
9:00 a.m. to 12:00 p.m. EST

**Location:** The Legislative Assembly of Ontario & the NDP Caucus  
Room 351  
111 Wellesley St W  
Toronto, ON M7A 1A2

**Livestream:** <https://www.ola.org/en/legislative-business/video/media-studio>

**Note:** Call-in information for media available on request

**Media Contact**

Jauvonne Kitto  
jkitto@gardenriver.org  
communications@gardenriver.org  
(705) 989-4970

Cole Nolan, Historian, Garden River First Nation  
colenolan@gardenriver.org

**OJIBWAYS OF ROBINSON-HURON TREATY OF 1850**





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**GARDEN RIVER FIRST NATION**

7 SHINGWAUK STREET, GARDEN RIVER, ON, P6A 6Z8 | P 705.946.6300 F 705.945.1415 | WWW.GARDENRIVER.ORG

**RELEASE**

Tuesday, May 16<sup>th</sup>, 2023

**Lawsuit Seeks to Enforce 1850 Treaty Promise**

**Toronto, ON** – May 18th, 2023 (9:00 a.m. EST) the Ojibways of Garden River First Nation will converge at the Legislative Assembly of Ontario, NDP Caucus room, Room 351, 111 Wellesley St. W, Toronto, ON M7A 1A2 and on the grounds of Queens Park to Enforce the 1850 Treaty Promise. The Garden River First Nations have travelled hundreds of kilometers to Toronto to take back our land; Chief Andy Rickard is starting a lawsuit on behalf of all of Garden River First Nation to get what his community was promised in 1850. Garden River First Nation was promised a reserve that stretched “from Maskinongé Bay, inclusive, to Partridge Point, above Garden River on the front, and inland ten miles, throughout the whole distance; and also, Squirrel Island.” Garden River’s reservation originally extended over 54,335 hectares (543 km<sup>2</sup>). Today it is 20,700 hectares (207 km<sup>2</sup>).

**PRESS CONFERENCE**

**When:** May 18<sup>th</sup>, 2023 (9:00 a.m. EST)

**Where:** Queens Park media studio - Legislative Assembly of Ontario, 111 Wellesley St. W, Toronto, ON M7A 1A2

**Who:** Leadership and members of Garden River First Nation, Legal counsel of the Garden River First Nation and Deputy Leader of the Official Opposition

**What:** Enforce 1850 Treaty Promise

**SPEAKERS**

Chief Andy Rickard, Ojibways of Garden River First Nation

Cole Nolan Historian, Ojibways Garden River First Nation

Jack Woodward, Legal Counsel for Garden River First Nation

Sol Mamakwa, NDP Deputy Leader of the Official Opposition

\* Community Leaders and Community members will be available in the NDP Caucus room for interview

**QUESTION PERIOD**

After the press conference the First Nation will be in attendance during the Question Period while Deputy Opposition Leader Sol Mamakwa questions the Ford government.

**OJIBWAYS OF GARDEN RIVER**

Garden River First Nation were promised a reserve that stretched “from Maskinongé Bay, inclusive, to Partridge Point, above Garden River on the front, and inland ten miles, throughout the whole distance; and also, Squirrel Island.” Over 150 years later, despite the express wording of the 1850 Robinson-Huron Treaty, the Garden River reserve is thousands of hectares smaller than what was promised.

**OJIBWAYS OF ROBINSON-HURON TREATY OF 1850**





KETEGAUNSEEBEE

## GARDEN RIVER FIRST NATION

7 SHINGWAUK STREET, GARDEN RIVER, ON, P6A 6Z8 | P 705.946.6300 F 705.945.1415 | WWW.GARDENRIVER.ORG

The Garden River reserve was negotiated by Chief Shingwaukonse, a widely respected First Nations leader, veteran of the War of 1812 and longtime ally of the British. Prior to the treaty Chief Shingwauk halted production of a illegal mine in Mica Bay. The treaty lasted just 4 years after Shingwauk's death before renegotiations were forced upon the First Nation in the midst of a local famine.

Located near Sault Ste Marie, Garden River has a centuries old relationship with the land. Mining and timber continue to have an impact on their history, the health of their territory, and the size of their reserve.

Garden River First Nation will ensure the First Nation is to get what Chief Shingwauk and his community were promised in 1850. It seeks to enforce the 1850 reserve promise, but not to eject homeowners. With lead counsel Jack Woodward, K.C. the lawsuit is a David vs Goliath affair between Garden River and the Provincial and Federal governments.

As First Nations people, we have the right to self-determination and to determine the future of our lands. We will not allow anyone to trample on our rights, and we will continue to stand up for what is right. We call on all Canadians to stand with us in our efforts to protect our lands and our way of life.

### CONTACT:

Jauvonne Kitto

[jkitto@gardenriver.org](mailto:jkitto@gardenriver.org)

[communications@gardenriver.org](mailto:communications@gardenriver.org)

(705) 989-4970

Cole Nolan, Historian, Garden River First Nation

[colenolan@gardenriver.org](mailto:colenolan@gardenriver.org)

OJIBWAYS OF ROBINSON-HURON TREATY OF 1850



**RESOLUTION NO. 2023 - 122**

**APRIL 12 2023**

Moved by: Jon Hind

Seconded by: B Bishop

**BE IT RESOLVED THAT** the Council of the Municipality of Magnetawan endorses and supports item 4.1 Municipality of Chatham-Kent 'Support Bill 5 Stopping Harassment and Abuse by Local Leaders Act';

**AND FURTHER THAT** this resolution be circulated to the Honourable Doug Ford, Premier of Ontario; the Honourable Steve Clark, Minister of Municipal Affairs and Housing; the Honourable Stephen Blais, and Local MPPs.

Carried  Defeated  Deferred

Sam Dunnett

Sam Dunnett, Mayor

Recorded Vote Called by: \_\_\_\_\_

**Recorded Vote**

Member of Council	Yea	Nay	Absent
Bishop, Bill			
Hetherington, John			
Hind, Jon			
Kneller, Brad			
Mayor: Dunnett, Sam			



*Knowing our heritage  
we will build our future*





MUNICIPALITY OF SHUNIAH

# COUNCIL RESOLUTION

Resolution No.: 181-23  
~~175-23~~

Date: May 9, 2023

Moved By: *D. Blund*

Seconded By: *P. Smith*

THAT Council support the resolutions from the City of Sault Ste Marie regarding Bill 5, Stopping Harassment and Abuse by Local Leaders Act;

AND THAT Council directs administration for forward this resolution to the Hon. Doug Ford, <sup>Premier</sup> Premier of Ontario, Lise Vaugeois, MPP, Kevin Holland, MPP, and the Association of Municipalities of Ontario and all municipalities in Ontario.

Carried

Defeated

Amended

Deferred

*Wendy Landry*  
Signature

Municipality of Shuniah, 420 Leslie Avenue, Thunder Bay, Ontario, P7A 1X8



**CORPORATION OF THE TOWNSHIP OF CARLOW/MAYO**

3987 Boulter Road, Boulter, ON K0L 1G0  
Tel: (613) 332-1760 Toll Free: 1-866-332-1760  
Fax: (613) 332-2175  
www.carlowmayo.ca  
Monday to Thursday 9:00 a.m. to 5:00 p.m.

The Honourable Doug Ford  
Premier of Ontario  
[premier@ontario.ca](mailto:premier@ontario.ca)

*DELIVERED VIA EMAIL*

April 19<sup>th</sup>, 2023

**Re: Bill 5 – Stopping Harassment and Abuse by Local Leaders Act**

Dear Premier Ford,

Please be advised that at the Regular Council Meeting on April 11<sup>th</sup>, 2023, the Township of Carlow/Mayo Council passed the following motion, supporting the resolution from the Council of the Municipality of Chatham-Kent regarding *Bill 5 – Stopping Harassment and Abuse by Local Leaders Act*.

*Moved by Councillor Pam Stewart*

*Seconded by Councillor Elson Ruddy*

*That Council support correspondence from the Municipality of Chatham-Kent regarding Bill 5 – Stopping Harassment and Abuse by Local Leaders Act.*

*-Carried-*

If you have any questions regarding the above motion, please do not hesitate to contact me by phone or email at [clerk@carlowmayo.ca](mailto:clerk@carlowmayo.ca)

Sincerely,  
Jenny Snider  
CAO/Clerk  
Township of Carlow-Mayo

cc: The Honourable Steve Clark – Minister of Municipal Affairs & Housing  
Stephen Blais – MPP, Orléans; Member, Standing Committee on Justice Policy  
Ric Bresee – MPP, Hastings-Lennox and Addington  
Association of Municipalities of  
Ontario All Ontario Municipalities



March 6, 2023

The Honourable Doug Ford  
[Premier@ontario.ca](mailto:Premier@ontario.ca)

**Re: Support Bill 5 - Stopping Harassment and Abuse by Local Leaders Act**

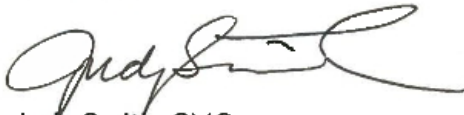
Please be advised the Council of the Municipality of Chatham-Kent, at its regular meeting held on March 6, 2023 passed the following resolution:

"That Chatham-Kent Council express its support for Bill 5 - Stopping Harassment and Abuse by Local Leaders Act which would require the code of conduct for municipal Councillors and members of local boards to include a requirement to comply with workplace violence and harassment policies and permit municipalities and local boards to direct the Integrity Commissioner to apply to the court to vacate a member's seat if the Commissioner's inquiry determines that the member has contravened this requirement;

And further that this resolution be circulated to the Honourable Doug Ford, Premier of Ontario; the Honourable Steve Clark, Minister of Municipal Affairs and Housing; the Honourable Stephen Blais, and local MPPs."

If you have any questions or comments, please contact Judy Smith at [ckclerk@chatham-kent.ca](mailto:ckclerk@chatham-kent.ca)

Sincerely,



Judy Smith, CMO  
Director Municipal Governance/Clerk

C

Minister of Municipal Affairs and Housing  
Local MPPs  
Ontario Municipalities

Municipality of Tweed Council Meeting  
Council Meeting



Resolution No.

329

Title:

Proposed Resolution Re: Reducing Municipal Insurance Costs

Date:

Tuesday, May 9, 2023

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Moved by

J. DeMarsh

Seconded by

J. Palmateer

WHEREAS escalating insurance costs are one of the Municipality of Tweed's priorities;  
AND WHEREAS the Municipality of Tweed's annual insurance premiums have increased from \$161,441.84 (4.21% of taxes) to \$482,027.08 (10.42% of taxes) from 2017 to 2023, representing an accumulated increase of 298.58% over this period;  
AND WHEREAS the annual increases to the Municipality of Tweed's insurance premiums have been one of the most significant constraints in limiting yearly tax levy increases over the past seven years;  
AND WHEREAS Ontario Municipalities are experiencing higher insurance rates at each renewal with limited access to insurance companies willing to quote on municipal insurance needs;  
NOW THEREFORE BE IT RESOLVED that the Council of the Municipality of Tweed calls upon the Province to take action to reduce municipal insurance costs;  
AND FURTHER, that this Resolution be forwarded to the Association of Municipalities of Ontario (AMO), the Minister of Finance, the Minister of Municipal Affairs and Housing, MPP Ric Bresee, and all Ontario Municipalities for support.

**Carried**

Municipality of Tweed Council Meeting  
Council Meeting



Resolution No.

328.

Title:

Proposed Resolution Re: Bell-Hydro Infrastructure

Date:

Tuesday, May 9, 2023

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Moved by

J. Palmateer

Seconded by

J. DeMarsh

WHEREAS poles are essential for deployment of telecommunication and hydro networks across the Province of Ontario;

AND WHEREAS the coordination of pole infrastructure between stakeholders is necessary to limit duplication of servicing infrastructure;

AND WHEREAS the Canadian Radio-Television and Telecommunications Commission recently set expediated timelines for large telephone companies to provide competitors with access to poles to roll out networks more efficiently leading to more competition across Canada;

AND WHEREAS provincial and territorial government are being encouraged to coordinate with service providers and other stakeholders to facilitate sound network deployment;

NOW THEREFORE BE IT RESOLVED that the Municipality of Tweed calls on the Province of Ontario to facilitate, coordinate, and regulate pole deployment measures across the Province of Ontario to prevent unnecessary duplication of pole infrastructure;

AND FURTHER, that the Province of Ontario encourage Bell Canada and Hydro One to work together to provide access for poles to better service the infrastructure needs of Ontarians;

AND FURTHER, that this motion be circulated to the Premier of Ontario, the Association of Municipalities of Ontario (AMO), MPP Ric Bresee, all Ontario Municipalities for support, Bell Canada, Hydro One.

**Carried**



**BONFIELD TOWNSHIP  
OFFICE OF THE DEPUTY CLERK**

365 HIGHWAY 531

BONFIELD ON P0H 1E0

Telephone: 705-776-2641 Fax: 705-776-1154

Website: <http://www.bonfieldtownship.com>

Email: [deputyclerk@bonfieldtownship.com](mailto:deputyclerk@bonfieldtownship.com)

RESOLUTION OF COUNCIL

May 9<sup>th</sup>, 2023

No. 20

Moved by Councillor MacInnis

Seconded by Councillor Featherstone

That Council supports the resolution of the Municipality of Waterloo calling on the Minister of Municipal Affairs and Housing for the Province of Ontario to protect the privacy of candidates and donors by removing the requirement for their street name, number and postal code to be listed on publicly available forms; AND FURTHER THAT this resolution be forwarded to the Area Members of Provincial Parliament, the Association of Municipalities of Ontario, the Association of Municipal Clerks and Treasurers of Ontario, the Ontario Public School Boards' Association, the Ontario Catholic School Trustees' Association, and all Ontario municipalities.

Carried Jason Corbett

DIVISION VOTE

FOR  
Donna Clark \_\_\_\_\_  
Jason Corbett \_\_\_\_\_  
Steve Featherstone \_\_\_\_\_  
Dan MacInnis \_\_\_\_\_  
Narry Paquette \_\_\_\_\_

AGAINST  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Declaration of Pecuniary Interest/Conflict of Interest

\_\_\_\_\_  
Declared interest, abstained from discussion, and did not vote on the question.

CERTIFIED to be a true copy of Resolution No. 20 of the Township of Bonfield's Regular Council Meeting of May 9<sup>th</sup>, 2023, and which Resolution is in full force and effect.

Andrée Gagné  
Deputy Clerk-Treasurer



4800 SOUTH SERVICE RD.,  
BEAMSVILLE, ON L3J 1L3

905-563-2799

May 10, 2023

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

Sent via email: [premier@ontario.ca](mailto:premier@ontario.ca)

Dear Honourable Doug Ford:

**RE: Town of Lincoln Council Resolution – Municipal Heritage Register**

Please be advised that Council of the Corporation of the Town of Lincoln at its Council Meeting held on May 8, 2023, passed the following motion:

Resolution Number: RC-2023-58

Moved by: Councillor Lynn Timmers; Seconded by Councillor JD Pachereva

**WHEREAS** the Municipal Heritage Register is an important tool for the recognition, preservation and protection of cultural heritage properties within the Town of Lincoln and throughout the Province of Ontario;

**AND WHEREAS** the Municipal Heritage Register allows municipalities to regulate demolition on properties protected under section 27 of the Ontario Heritage Act, to allow for evaluation of potential heritage value or significance, thereby ensuring that their potential cultural heritage value is preserved for future generations;

**AND WHEREAS** listing a property on the Municipal Heritage Register recognizes a property's potential cultural heritage value, and is generally less complex, time-consuming, and economically burdensome to local municipalities than pursuing the designation of a property as outlined within the existing process, which requires extensive research and documentation;

**AND WHEREAS** the new legislative requirements of the Ontario Heritage Act associated with Bill 23 mandate assessment of all properties on the

Municipal Heritage Register within two years, resulting in need for an unreasonable amount of resources and major budget implications for a local municipality within the short 2-year timeline;

**AND WHEREAS** the Town of Lincoln has 247 listed properties on the Municipal Heritage Register; and

**AND WHEREAS** the new requirement to remove the listed property after 2 years leaves resources exposed, and unprotected for up to 5 years;

**THEREFORE, BE IT RESOLVED** that the Council of the Town of Lincoln addresses this resolution to the government of the Province of Ontario, affirming the importance of the Municipal Heritage Register and its role in preserving the cultural heritage of municipalities throughout the Province;

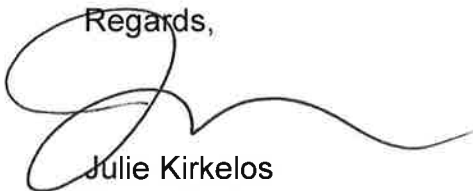
**BE IT FURTHER RESOLVED** that this Council of the Town of Lincoln encourages the government of the Province of Ontario to maintain the previous provisions of Section 27 of Ontario Heritage Act which promote the retention and expansion of the Municipal Heritage Register, keeping listed properties on the registry indefinitely, rather than for a maximum of 2 years in order to provide adequate time for the municipality to consider the heritage value of properties and, if necessary, initiate the designation process, before they may be demolished, and allowing properties to be re-listed within an unlimited timeframe; and

**BE IT FURTHER RESOLVED** that this Council of the Town of Lincoln circulate this resolution to the municipalities of Ontario for endorsement and circulation to the Province.

**CARRIED**

If you have any questions, please do not hesitate to contact the undersigned.

Regards,



Julie Kirkelos  
Town Clerk  
[jkirkelos@lincoln.ca](mailto:jkirkelos@lincoln.ca)

JK/dp

c.c. All Municipalities of Ontario