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# South East Health Unit

*formerly*



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## BOARD OF HEALTH MEETING

### INFORMATION ITEMS

**WEDNESDAY, JANUARY 22, 2025**

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**Hastings Prince Edward Public Health**  
179 North Park St.  
Belleville, Ontario K8P 4P1  
613-966-5500 | 1-800-267-2803  
Fax: 613-966-9418

**Kingston, Frontenac and Lennox  
& Addington Public Health**  
221 Portsmouth Ave.  
Kingston, Ontario K7M 1V5  
613-549-1232 | 1-800-267-7875  
Fax: 613-549-7896

**Leeds, Grenville & Lanark  
District Health Unit**  
458 Laurier Blvd.  
Brockville, Ontario K6V 7A3  
613-345-5685 | 1-800-660-5853  
Fax: 613-345-2879

## **Listing of Information Items Board of Health Meeting – January 22, 2025**

1. Haliburton, Kawartha, Pine Ridge District Health Unit – Letter to Minister Ha’ra Saks re Health Canada’s Order Amending Schedules 2 and 3 of the Tobacco and Vaping Products Act (Flavours) and Standards for Vaping Products’ Sensory Attributes Regulation dated December 5, 2024
2. Sudbury & Districts Public Health – Letter to Minister Jones re: Calling for the selection of Indigenous municipal and provincial appointees for Board of Health for Pubic Health Sudbury & Districts dated December 5, 2024
3. Sudbury & Districts Public Health – Letter to Minister Jones re: Calling for the selection of Indigenous municipal and provincial appointees for Board of Health for Pubic Health Sudbury & Districts dated December 5, 2024
4. Middlesex-London Health Unit – Report No. 82-24 – Monitoring food affordability and implications for public policy and action (2024) dated December 12, 2024
5. Middlesex-London Health Unit – Food insecurity infograph 2024
6. Media release – South East Health Unit dated January 2, 2025
7. Ministry of Health – Memorandum to Medical Officers of Health and Chief Executive Officers re: strengthening public health updates dated December 23, 2024
8. Public Health Ontario - January 2025 InfoBreak

*The above information items can be found on the South East Health Unit legacy health unit websites by going to their websites.*

December 5, 2024

Item #1

Minister of Mental Health and Addictions  
The Honourable Ya'ra Saks  
Minister of Health  
Mark Holland  
House of Commons  
Ottawa, ON  
K1A 0A6

Sent via email:

[mhaminister.ministresmd@hc-sc.gc.ca](mailto:mhaminister.ministresmd@hc-sc.gc.ca)  
[hccminister.ministresc@hc-sc.gc.ca](mailto:hccminister.ministresc@hc-sc.gc.ca)

**RE: Health Canada's Order Amending Schedules 2 and 3 to the Tobacco and Vaping Products Act (Flavours) and Standards for Vaping Products' Sensory Attributes Regulation**

The Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) is writing in support of Health Canada's Order Amending Schedules 2 and 3 to the Tobacco and Vaping Products Act to ban all e-cigarette flavours excluding mint, menthol and tobacco. The Board of Health also recommends strengthening Health Canada's amendment by including mint and menthol in the ban. This legislation is a necessary step in addressing the growing public health crisis of youth vaping in our communities.

Flavoured e-cigarettes are particularly popular among youth, contributing significantly to their decision to start vaping<sup>1</sup>. In 2024, 9 out of 10 middle to high school students reported using vape flavours, with fruit, candy and mint being the most popular<sup>1</sup>. The Canada Gazette reports 99% of e-cigarettes sold in Canada are flavoured<sup>2</sup>, which enhances their appeal while also concealing the harsh effects of nicotine<sup>3</sup>. Additionally, documents from the tobacco industry

<sup>1</sup> Centers for Disease Control and Prevention (CDC). "Why Youth Vape." [Why Youth Vape | Smoking and Tobacco Use | CDC](#)

<sup>2</sup> Canada Gazette. "Regulations Amending the Tobacco Products Regulations." 2021. [Canada Gazette, Part 1, Volume 155, Number 25: Order Amending Schedules 2 and 3 to the Tobacco and Vaping Products Act \(Flavours\)](#)

<sup>3</sup> A Review of the Use and Appeal of Flavored Electronic Cigarettes." PubMed Central (PMC). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6709993>



**Port Hope Office**  
200 Rose Glen Rd.  
Port Hope, ON  
L1A 3V6

**Haliburton Office**  
Box 570  
191 Highland St., #301  
Haliburton, ON  
K0M 1S0

**Lindsay Office**  
108 Angeline St. S.  
Lindsay, ON  
K9V 3L5

 1-866-888-4577  
 [info@hkpr.on.ca](mailto:info@hkpr.on.ca)  
 [hkpr.on.ca](http://hkpr.on.ca)



indicate that adolescents and young adults not only prefer flavoured tobacco products, but they are particularly susceptible to them<sup>3</sup>. Furthermore, the Canadian Lung Association highlights that mint and menthol are the second most desired flavours after candy and fruit<sup>4</sup>. They further emphasize that 70.3% of youth aged 15 to 19 prefer candy or fruity flavours, while 10.3% opt for mint or menthol<sup>4</sup>. Similarly, among those aged 20 to 24, 62.3% choose fruity or candy flavours, with 20.9% selecting mint or menthol<sup>4</sup>.

The 2023 Ontario Student Drug Use and Health Survey reports that among youth who identified vaping in the past year, 87% reported vaping nicotine<sup>5</sup>. The appeal of flavoured vaping liquid contributes to nicotine addiction, which adversely affects mental and physical health, exacerbating conditions such as anxiety, depression and stress<sup>6</sup>. Furthermore, research suggests that vaping can lead to smoking combustible cigarettes, despite it being advertised as a smoking cessation option<sup>7</sup>. In fact, some research shows that youth who vape are 3.6 times more likely to begin smoking tobacco later in life<sup>7</sup>. While it is important to have smoking cessation options available, it is crucial to disincentivize youth from being lured into vaping through appealing flavours and other deceptive tactics.

The widespread use of flavours and their impact on youth highlight the urgent need for regulatory action. In addition to banning the flavours, we also recommend banning mint and menthol as they are the second most desired flavour. This measure will address the primary factor driving youth to vaping and reduce the overall appeal of e-cigarettes. We strongly encourage the government to move forward with this legislation and remain dedicated to ensuring the health and safety of youth.

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<sup>4</sup> Canadian Lung Association. "New Vaping Regulations a Positive Step Towards a Nicotine-Free Generation." [New vaping regulations: Steps in the right direction | Canadian Lung Association](#)

<sup>5</sup> Drug Use Trend Report 2023." Ontario Student Drug Use and Health Survey, Centre for Addiction and Mental Health (CAMH). <https://www.camh.ca/en/>.

<sup>6</sup> Truth Initiative. "Mental Health and Nicotine Resources." 2023. <https://truthinitiative.org/mental-health-and-nicotine-resources>.

<sup>7</sup> Association Between E-Cigarette Use and Future Combustible Cigarette Use: Evidence from a Prospective Cohort of Youth and Young Adults, 2017–2019." ScienceDirect. [Association between e-cigarette use and future combustible cigarette use: Evidence from a prospective cohort of youth and young adults, 2017–2019 - ScienceDirect](#)



Yours truly,

BOARD OF HEALTH FOR THE HALIBURTON,  
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

David Marshall  
Chair, Board of Health  
Haliburton, Kawartha, Pine Ridge District Health Unit

Cc: (via email)  
Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions  
Dr. Kieran Moore, Chief Medical Officer of Health  
Honourable David Piccini, MPP, Northumberland-Peterborough South  
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock  
Ontario Boards of Health  
Association of Local Public Health Agencies



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

Item #2

December 5, 2024

VIA ELECTRONIC MAIL

Honourable Minister Sylvia Jones  
Minister of Health  
Ministry of Health  
5th Floor, 777 Bay Street  
Toronto, ON M5G 2C8

Dear Minister Jones:

**Re: Calling for the Selection of Indigenous Municipal and Provincial Appointees for Board of Health for Public Health Sudbury & Districts**

On behalf of the Board of Health for Public Health Sudbury & Districts, I am writing to inform you of a recently adopted Board motion that calls for the appointment of Indigenous person(s) to the Board of Health when vacancies arise. Specifically, at its meeting on June 20, 2024, the Board of Health carried the following motion # 41-24,

*WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring all people in its service area, including Indigenous peoples and communities, have equal opportunities for health; and,*

*WHEREAS on June 15, 2023, the Board of Health passed [Motion #37-23 Indigenous Engagement Governance Reconciliation Framework](#) which supports the advancement of the Indigenous Engagement Strategy at the governance level; and,*

*WHEREAS Public Health Sudbury & Districts Indigenous Engagement Strategy's Strategic Direction 1 led to a commitment to promote the selection of Indigenous municipal and provincial appointees to the Board of Health;*

**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 P0M 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 P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

**Chapleau**

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

**toll-free / sans frais**

1.866.522.9200

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

*THEREFORE BE IT RESOLVED THAT the Board of Health call upon the municipalities in the service area to advocate for the appointment of qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts; and*

*THAT the Board of Health call upon the municipalities in the service area to appoint qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts, where more than one representative appointment exists; and*

*THAT the Board of Health call upon the Province of Ontario to appoint qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts.*

In Public Health Sudbury & District's service area, the total population of Indigenous people is 27,600, which is 14% of the population of the district. Of these individuals, 5,700 reside in the 13 First Nations in the district. The remaining are considered urban Indigenous people.<sup>1</sup> Indigenous people disproportionately experience "poorer reported physical and mental health status, and a higher prevalence of chronic conditions (e.g., asthma and diabetes) as well as disabilities compared to non-Indigenous people" (Hahmann & Kumar, 2022; Hahmann et al., 2019). In addition, the life expectancy of First Nations people, Métis and Inuit has been shown to be consistently and significantly lower than that of the non-Indigenous population (Tjepkema et al., 2019)," <sup>2</sup> as a direct result of the Canadian government's colonial policies, which have had a reverberating impact on today's systems.

The Board of Health, which governs Public Health Sudbury & Districts, plays a crucial role in addressing the health disparities faced by the Indigenous population. Its primary focus on planning and policy development, fiscal arrangements and labour relations, and accountability and reporting to the Ministry, positions it with a responsibility in this issue. The Board of Health's endorsement of [The Indigenous Engagement Governance ReconciliAction Framework](#), in June 2023 was a significant step in our commitment to reconciliation. The framework's first strategic direction is to inform our work through Indigenous community voices and information. The Board understands that it is imperative to the health of Indigenous peoples that appropriate representatives are present when decisions about Indigenous peoples are made. Having Indigenous representation on the Board of Health, will ensure alignment with this commitment. We also hope that it will

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<sup>1</sup> Statistics Canada (2022) 2021 Census

<sup>2</sup> Yangzom, K., Masoud, H., & Hahmann, T. (2023). Primary health care access among First Nations people living off reserve, Métis and Inuit, 2017 to 2020. Ottawa, Canada: Statistics Canada. [Primary health care access among First Nations people living off reserve, Métis and Inuit, 2017 to 2020 \(statcan.gc.ca\)](#)

contribute to answering the Truth and Reconciliation: [Call to Action 23](#), which calls upon all levels of government to “Increase the number of [Indigenous] professionals working in the health-care field.”<sup>3</sup>

There is currently one vacancy for a provincial appointee to our Board of Health according to the Public Appointments Secretariat<sup>4</sup>. We request that your Ministry appoint an Indigenous Provincial appointee to this Board of Health position. Doing so would help advance reconciliation immensely, while also improving the health of a key population group. To facilitate such an appointment, we request that the Public Appointments Secretariat begin to advertise that position, noting a requirement for applicants to be of Indigenous background. Public Health will be pleased to work with local Indigenous candidates to encourage them to submit applications through the Public Appointment Secretariat.

Should your government wish to explore this further, we would be pleased to meet with the Chief Medical Officer of Health’s team or others within your Ministry, as well as the Public Appointments Secretariat to begin to move this forward.

Thank you to your government for its commitment to improving the health of Indigenous people, and your partnership as we work towards reconciliation.

Sincerely,



René Lapierre  
Chair, Board of Health

cc: Dr. M. M. Hirji, Acting Medical Officer of Health and Chief Executive Officer  
Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health  
Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health, Office of the  
Chief Medical Officer of Health, Ministry of Health  
Public Appointment Secretariat

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<sup>3</sup> National Center for Truth and Reconciliation. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. [https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls\\_to\\_Action\\_English2.pdf](https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf)

<sup>4</sup> Public Appointments Secretariat: Health Unit Board—Sudbury and District.  
<https://www.pas.gov.on.ca/Home/Agency/316>



Nicole Visschedyk, Director of Indigenous Strategy and Engagement, Public Health  
Ontario

France G elinas, Member of Provincial Parliament, Nickel Belt

Jamie West, Member of Provincial Parliament, Sudbury

Michael Mantha, Member of Provincial Parliament, Algoma – Manitoulin

Association of Local Public Health Agencies

Ontario Boards of Health



December 5, 2024

VIA ELECTRONIC MAIL

Mayor Paul Lefebvre  
Mayor of Greater Sudbury  
PO BOX 5000, Station 'A',  
200 Brady St.  
Sudbury, ON P3A 5P3

Dear Mayor Lefebvre:

**Re: Calling for the Selection of Indigenous Municipal and Provincial Appointees for Board of Health for Public Health Sudbury & Districts**

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Espanola ON P5E 1J3  
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The Board of Health, which governs Public Health Sudbury & Districts, plays a crucial role in addressing the health disparities faced by the Indigenous population. Its primary focus on planning and policy development, fiscal arrangements and labour relations, and accountability and reporting to the Ministry, positions it with a responsibility in this issue. The Board of Health's endorsement of [The Indigenous Engagement Governance ReconciliAction Framework](#) in June 2023 was a significant step in our commitment to reconciliation. The framework's first strategic direction is to inform our work through Indigenous community voices and information. The Board understands that it is imperative to the health of Indigenous peoples that an appropriate representative participate when decisions about Indigenous peoples are made. Having Indigenous representation on the Board of Health, will ensure alignment with this commitment. We also hope that it will

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Mayor Paul Lefebvre

December 5, 2024

Page 3

contribute to answering the Truth and Reconciliation: [Call to Action 23](#), which calls upon all levels of government to “Increase the number of [Indigenous] professionals working in the health-care field.”<sup>3</sup>

As the only municipal council that can appoint more than one member to the Board of Health, the City of Greater Sudbury considering an Indigenous municipal appointee to the Board of Health when a vacancy arises is of particular salience. Public Health would be happy to provide a list of candidates for consideration when a vacancy arises.

Thank you for your ongoing partnership, including as we work towards reconciliation with Indigenous peoples.

Sincerely,



René Lapierre

Chair, Board of Health

cc: Dr. M. M. Hirji, Acting Medical Officer of Health and Chief Executive Officer  
Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health  
Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health, Office of the Chief Medical Officer of Health, Ministry of Health  
Nicole Visschedyk, Director of Indigenous Strategy and Engagement, Public Health Ontario  
Ontario Boards of Health

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<sup>3</sup> National Center for Truth and Reconciliation. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. [https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls\\_to\\_Action\\_English2.pdf](https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf)

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 82-24**

**TO:** Chair and Members of the Board of Health  
**FROM:** Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer  
**DATE:** 2024 December 12

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**MONITORING FOOD AFFORDABILITY AND  
IMPLICATIONS FOR PUBLIC POLICY AND ACTION (2024)**

**Recommendation**

*It is recommended that the Board of Health:*

- 1) *Receive Report No. 82-24 re: “Monitoring Food Affordability and Implications for Public Policy and Action 2024” for information; and*
  - 2) *Direct staff to forward Report No. 82-24 re: “Monitoring Food Affordability and Implications for Public Policy and Action 2024” to Ontario boards of health, the City of London, Middlesex County, and appropriate community agencies.*
- 

**Report Highlights**

- In 2023, 1 in 4 households in Middlesex-London were food insecure. This is a statistically significant increase from 2022.
- Local food affordability monitoring is a requirement of the [Ontario Public Health Standards](#).
- The 2024 Ontario Nutritious Food Basket results demonstrate decreased food affordability and inadequate incomes to afford basic needs for many Middlesex-London residents.
- Food insecurity has a pervasive impact on health; and there is a need for income-based solutions.

**Background**

Food insecurity, defined as inadequate or insecure access to food due to financial constraints, is a key social determinant of health<sup>1</sup>. Food insecurity is a strong predictor of poor health and is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress<sup>2-9</sup> ([Appendix A](#)). Poor diet quality costs Ontario an estimated \$5.6 billion annually in direct healthcare and indirect costs (e.g., lost productively due to disability and premature mortality)<sup>10</sup>.

As a result of systemic and structural inequities, racism, and colonization, food insecurity disproportionately affects certain populations<sup>1,11,12</sup>. Higher rates of food insecurity are found among Indigenous People, Black people, recent immigrants, female lone parent led households, low-income households, and other marginalized populations<sup>1</sup>. Although households whose main

income is from social assistance have the highest rate of food insecurity, 58.6% of food insecure households in Ontario rely on wages, salaries, or self-employment as their main income<sup>1</sup>.

Routine monitoring of food affordability helps generate evidence-based recommendations for collective public health action to address food insecurity which is often tied to income inadequacy. The [Ontario Public Health Standards](#) require monitoring local food affordability as mandated in the [Population Health Assessment and Surveillance Protocol, 2018](#). The Ontario Nutritious Food Basket (ONFB) is a survey tool that measures the cost of eating as represented by current national nutrition recommendations and average food purchasing patterns. The [Ontario Dietitians in Public Health](#) (ODPH), in collaboration with Public Health Ontario (PHO) develops, tests, and updates tools for monitoring food affordability for Ontario public health units. The costing tool uses a hybrid model of in-store and online data collection.

### **Local Food Insecurity**

In 2023, 1 in 4 households in Middlesex-London were food insecure (25.1%, CI 21.8-28.4%)<sup>13</sup> ([Appendix B](#)). The rate was higher than in Ontario and the Peer Group comparator (i.e., mainly urban centres with moderate population density); however, this was not a statistically significant difference. The 2023 rate represents a statistically significant increase from 2022; and the highest rate reported in Middlesex-London since the Canadian Income Survey started measuring food insecurity in 2019. In 2022, 1 in 6 households in Middlesex-London were food insecure (17.5%, CI 14.1-20.9%)<sup>13</sup>. Local food insecurity rates are not yet available for 2024.

Nearly 44,000 more Middlesex-London residents lived in food insecure households in 2023 as compared to 2022<sup>13,14</sup>. An estimated 151,477 residents lived in food insecure households in Middlesex-London in 2023, as compared to 107,835 residents in 2022<sup>13,14</sup>.

### **Local Food Affordability**

Local food and average rental costs from May 2024 are compared to a variety of household and income scenarios, including households receiving social assistance, minimum wage earners, and median incomes ([Appendix C](#), [Appendix D](#)). The scenarios include food and rent only and are not inclusive of other needs (i.e., utilities, Internet, phone, transportation, household operations and supplies, personal care items, clothing etc.). The household scenarios highlight that incomes and social assistance rates are not keeping pace with the increased cost of living.

A key indicator for food insecurity is the average monthly cost of a nutritious diet as a proportion of household income. Households with low incomes spend up to 47% of their after-tax income on food, whereas households with adequate incomes (family of 4) only spend approximately 12% of their after-tax income.

Comparing the monthly funds remaining after rent and food costs in 2024 to 2023 for various household scenarios illustrates that specific scenarios are falling further behind each year and provides evidence for the impact of income-based policy changes on food affordability.

Scenario	Monthly Funds Remaining After Rent and Food Costs		Income-Based Policy
	2023	2024	
Single Person ODSP	-\$186	-\$172	As of July 2023, ODSP rate increases are indexed to Ontario's Consumer Price Index.
Single Person OW	-\$420	-\$522	OW rate increases are not indexed to inflation.
Family of 4 Minimum Wage	\$1,351	\$1,579	As of 2015, under the <a href="#">Employment Standards Act</a> , minimum wage rates are set and adjusted annually based on changes to Ontario's Consumer Price Index in the previous year.
Family of 4 Refugee Claimants Minimum Wage	N/A	\$310	Refugee claimants are not eligible for the Canada Child Benefit. A refugee claimant is a person who left their country and is asking for protection in another country because it is unsafe to return to their home country.

ODSP = Ontario Disability Support Program

OW = Ontario Works

Monitoring food affordability data and methodology details, including cost adjustments required to compare the 2023 and 2024 scenarios, are included in [Appendix C](#).

### Public Health Action

Annually, the Health Unit monitors and reports on local food affordability, the impact of health inequities due to food insecurity, effective strategies to reduce these inequities, and shares this information with the municipalities, the public, and community partners.

Living wages help to protect individuals against food insecurity. A living wage is the hourly wage a full-time worker needs to earn to afford basic expenses and participate in community life. In Middlesex-London, the 2024 living wage was \$19.50 per hour<sup>15</sup>, an increase from \$18.85 in 2023 and as compared to the Ontario minimum wage of \$17.20. Local food costs, as estimated utilizing the ONFB, are shared with the Ontario Living Wage Network and used to calculate our regional living wage. The Health Unit re-certified as a living wage employer in 2024.

Over the past year, the Board of Health:

- Sent a [letter](#) to the federal government in support of [S-233](#) and [C-223](#) "An Act to develop a national framework for a guaranteed livable basic income" ([Report No. 49-24](#)). The Board's letter was endorsed by [Haliburton, Kawartha, Pine Ridge District Health Unit](#) and [Peterborough Public Health](#).
- Sent a letter to the provincial government to advocate for increased social assistance rates in regards to the affordability of food ([Report No. 25-23 Minutes](#)).

The Association of Local Public Health Agencies (aLPHa) endorsed ODPH-sponsored resolutions that included advocacy to the Province of Ontario to:

- Support income-related policies to reduce food insecurity, especially for households with children ([A24-05](#))
- Utilize food affordability monitoring results from public health units in determining the adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation ([A23-05](#))

- Legislate targets for reduction of food insecurity as part of Ontario's plan for poverty reduction ([A23-05](#))

### Next Steps

Health Unit staff are exploring the development of a municipal primer on food insecurity as an important public health and local issue and actions municipalities can take to address it.

The ODPH Food Insecurity Workgroup and PHO are collaborating on a provincial food affordability report planned for release February 2025. The report will include various household and income scenarios utilizing data submitted by Ontario public health units, health outcomes of food insecurity, and discussion of income-based solutions.

Continued work is needed to address food insecurity and its significant health and well-being implications. MLHU can continue to highlight the need for upstream income-based solutions and changes and programs that address both food affordability and access.

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division.



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



**Emily Williams, BScN, RN, MBA, CHE**  
Chief Executive Officer

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Population Health Assessment and Surveillance Protocol, 2018; and the Chronic Disease Prevention and Well-Being and Healthy Growth and Development standards, as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
  - Our public health programs are effective, grounded in evidence and equity

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations:**

*Anti-Black Racism Plan Recommendation #37:* Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social determinants of health which are priority for local ACB communities and ensure the policy approaches take an anti-Black racism lens.

*Taking Action for Reconciliation Supportive Environments:* Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.

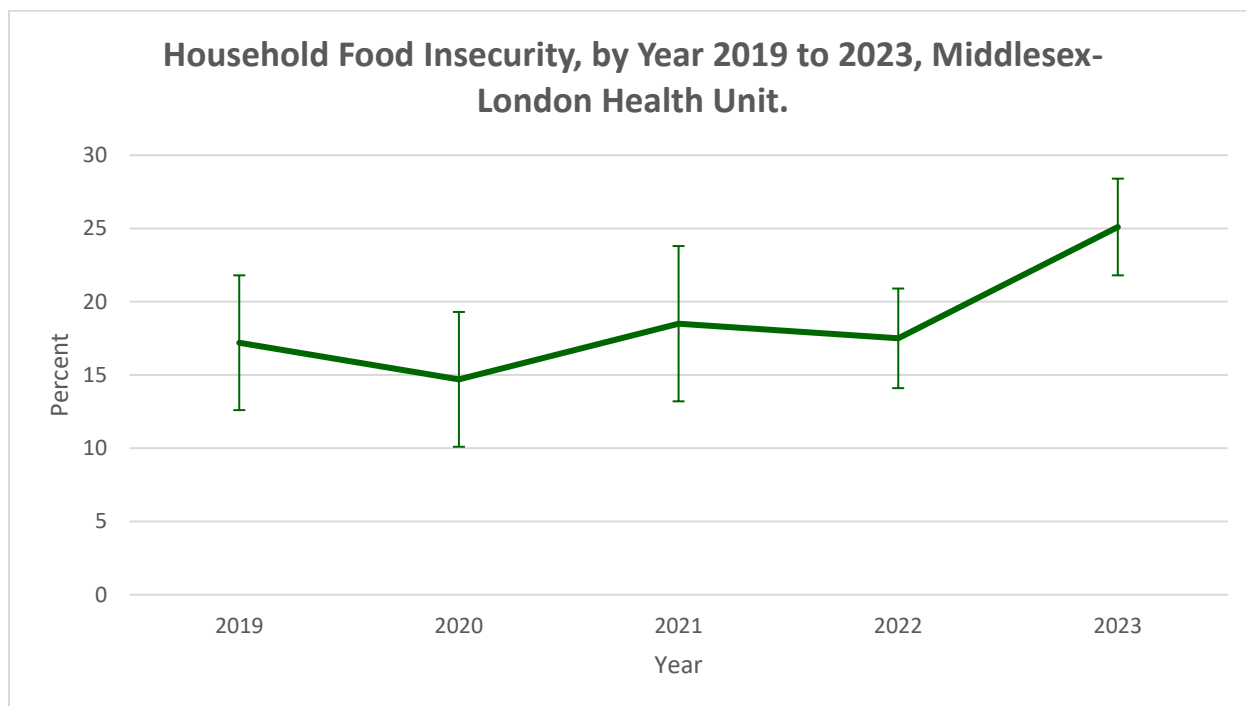


## References

- <sup>1</sup> Li T, Fafard St-Germain AA, Tarasuk V. (2023). Household food insecurity in Canada, 2022. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>.
- <sup>2</sup> Jessiman-Perreault G, McIntyre L. (2017). The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM - Population Health*, 3:464-472.
- <sup>3</sup> Vozoris, NT, Tarasuk VS. Household food insufficiency is associated with poorer health. (2003). *The Journal of Nutrition*, 133(1):120-126.
- <sup>4</sup> Tarasuk V, Mitchell A, McLaren L, et al. (2013). Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. *The Journal of Nutrition*, 143(11):1785-1793.
- <sup>5</sup> Men F, Gundersen C, Urquia ML, et al. (2020). Association between household food insecurity and mortality in Canada: a population-based retrospective cohort study. *Canadian Medical Association Journal*, 192(3):E53-E60.
- <sup>6</sup> McIntyre, L, Williams, JV, Lavorato, DH, et al. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of Affective Disorders*, 150(1):123-129.
- <sup>7</sup> Kirkpatrick, SI, McIntyre, L, & Potestio, ML. (2010). Child hunger and long-term adverse consequences for health. *Archives of Pediatrics and Adolescent Medicine*, 164(8):754-762.
- <sup>8</sup> Melchior, M, Chastang, J F, Falissard, B, et al. (2012). Food insecurity and children's mental health: A prospective birth cohort study. *PLoS ONE*, 2012;7(12):e52615.
- <sup>9</sup> Ontario Dietitians in Public Health. (2020). Position statement and recommendations on responses to food insecurity. Retrieved from <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>.
- <sup>10</sup> CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario; 2019. Retrieved from <https://www.ccohealth.ca/sites/CCOHealth/files/assets/BurdenCDReport.pdf>.
- <sup>11</sup> Dietitians of Canada. (March 2024). Dietitians of Canada position statement on household food insecurity in Canada. Retrieved from [https://www.dietitians.ca/DietitiansOfCanada/media/Images/DC-Household-Food-Insecurity-Position-Statement\\_2024\\_ENG.pdf](https://www.dietitians.ca/DietitiansOfCanada/media/Images/DC-Household-Food-Insecurity-Position-Statement_2024_ENG.pdf).
- <sup>12</sup> BC Centre for Disease Control. (2023). Food costing in BC 2022: Assessing the affordability of healthy eating. Vancouver, BC.: BC Centre for Disease Control, Population and Public Health Program. Retrieved from [http://www.bccdc.ca/Documents/Food\\_Costing\\_in\\_BC\\_2022\\_Report\\_FINAL.pdf](http://www.bccdc.ca/Documents/Food_Costing_in_BC_2022_Report_FINAL.pdf).
- <sup>13</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots data file for household food insecurity (2019 to 2023 (annual, 2-year combined, 3-year combined)). Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity>.

<sup>14</sup> Statistics Canada. (2024). Table: 17-10-0148-01. Population estimates, July 1, by census metropolitan area and census agglomeration, 2021 boundaries. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710014801>.

<sup>15</sup> Coleman, A. (November 2024). Onario Living Wage Network: Calculating Ontario's living wages. Retrieved from [https://assets.nationbuilder.com/ontariolivingwage/pages/110/attachments/original/1731935587/Calculating\\_Ontario's\\_Living\\_Wages\\_-\\_2024.pdf?1731935587](https://assets.nationbuilder.com/ontariolivingwage/pages/110/attachments/original/1731935587/Calculating_Ontario's_Living_Wages_-_2024.pdf?1731935587).



Indicator	Year	Geography	Per cent (%)	95% Confidence Interval (Lower)	95% Confidence Interval (Upper)	Margin of Error
Food insecure (household level)	2019	Middlesex-London Health Unit	17.2	12.5	21.8	4.6
Food insecure (household level)	2020	Middlesex-London Health Unit	14.7	10.1	19.3	4.6
Food insecure (household level)	2021	Middlesex-London Health Unit	18.5	13.2	23.7	5.3
Food insecure (household level)	2022	Middlesex-London Health Unit	17.5	14.1	20.9	3.4
Food insecure (household level)	2023	Middlesex-London Health Unit	25.1	21.8	28.4	3.3

**Reference:** Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots data file for household food insecurity (2019 to 2023 (annual, 2-year combined, 3-year combined)). Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity>.

### Middlesex-London Income and Cost of Living Scenarios for 2024

Income Source	Monthly Income <sup>1</sup>	Monthly Rent <sup>2</sup> / % Income		Monthly Food <sup>3</sup> / % Income		What's Left? <sup>4</sup> 2024	What's Left? <sup>4,5</sup> 2023
Single Person Ontario Works	\$881	\$988	112%	\$415	47%	-\$522	-\$420
Single Person Ontario Disability Support Program	\$1,465	\$1,222	83%	\$415	28%	-\$172	-\$186
Single Pregnant Person Ontario Disability Support Program	\$1,505	\$1,222	81%	\$440	29%	-\$157	-\$170
Single Person Old Age Security/Guaranteed Income Security	\$2,069	\$1,222	59%	\$296	14%	\$551	\$553
Single Parent with 2 Children Ontario Works	\$2,670	\$1,523	57%	\$890	33%	\$257	\$309
Family of 4 Ontario Works	\$2,908	\$1,734	60%	\$1,194	41%	-\$20	-\$15
Family of 4 Minimum Wage Earner (full-time)	\$4,507	\$1,734	38%	\$1,194	26%	\$1,579	\$1,351
Family of 4 Median Income (after tax)	\$9,685	\$1,734	18%	\$1,194	12%	\$6,757	\$6,475
Family of 4 Refugee Claimants Minimum Wage Earner (full-time)	\$3,238	\$1,734	54%	\$1,194	37%	\$310	N/A

The household scenarios spreadsheet is prepared annually by [Ontario Dietitians in Public Health](#) (ODPH) to support Ontario public health units to monitor local and provincial food affordability.

#### What's Left?<sup>4</sup>

People still need additional funds for childcare, utilities, Internet, phone, tenant insurance, transportation, household operations and supplies, personal care items, clothing, school supplies, gifts, recreation and leisure, out of pocket medical and dental costs, education, savings, and other costs.

#### Income<sup>1</sup>

[WoodGreen Community Services](#) calculated the incomes for each scenario.

Income estimates for each scenario include all family and tax benefit entitlements available to Ontario residents (e.g., Climate Action Incentive Payment, Ontario Trillium Benefit, Canada Child Benefit, GST/HST credit, Canada Worker Benefit). Individual incomes may be lower if individuals do not file their income tax and/or do not apply for all available credits and benefits.

The main income for each scenario was estimated for May/June 2024. The exception is median income obtained from Statistics Canada, as the most recent data are from 2022. Combined Ontario median income for couples with children was utilized, with deductions made for income tax, Employment Insurance, and Canada Pension Plan.

## Rent<sup>2</sup>

Average apartment rental costs are estimates based on the [Canadian Mortgage and Housing Corporation \(CMHC\) Ontario Rental Market Report](#). CMHC provides a consistent data source with a known methodology. CMHC does not publish a statistic if its reliability is too low or if publication would violate confidentiality rules. However, CMHC's data likely underestimate local rental costs, and as a result the amount of funds remaining for each scenario would likely be lower and the percentage attributable to rent would be higher.

The Rental Market Survey is conducted in urban areas with populations of 10,000 or more. The survey includes both new and existing units in privately initiated structures with at least 3 rental units. The cost for a new tenant would likely be higher, as current tenants are protected from large annual increases by Ontario's [residential rent increase guideline](#).

Utility costs (e.g., heat, electricity, hot water) may or may not be included in the rental amounts.

CMHC cost estimates were for October 2023. Cost estimates were adjusted for inflation using the [Consumer Price Index \(CPI\)](#) for shelter in Ontario for the estimated increase from October 2023 to May 2024.

Accommodation size for most scenarios was selected based on suitability as defined by the [National Occupancy Standard \(NOS\)](#). The standard includes various criteria, including a maximum of 2 people per bedroom. Most scenarios utilize 1, 2, or 3-bedroom apartments, depending on the household size and composition. Exceptions were made for 2 scenarios where the suitable accommodation size may not be realistic due to what is available or affordable. The scenario with a single person receiving Ontario Works is costed with a bachelor apartment. The scenario with a single parent with 2 children receiving Ontario Works was costed with a 2-bedroom apartment.

## Food<sup>3</sup>

Food costs are calculated using the Ontario Nutritious Food Basket (ONFB), which is based on the [National Nutritious Food Basket \(NNFB\)](#). The ONFB survey tool is revised annually by ODPH, in collaboration with Public Health Ontario (PHO). The ONFB measures the cost of basic eating that represents current nutrition recommendations and average food purchasing patterns.

The NNFB is based on Canada's Food Guide, national food intake data, and Dietary Reference Intakes (DRIs). The NNFB and Canada's Food Guide are not inclusive for all religious and cultural groups. The ONFB does not reflect sourcing of traditional Indigenous foods. These are significant limitations of this data collection and may limit the generalizability and relevance of the food costs to different population groups.

London Food Bank volunteers and a Western University Dietetic Practicum Student completed the food costing, with training and support provided by a Health Unit Registered Dietitian. Costing was conducted May 19 to June 1, 2024, at 10 full-service grocery stores in Middlesex County and the City of London, both online and in person, including premium and discount stores. Average costs were calculated for 61

food items. If preferred food items were unavailable, similar items (i.e., proxy items) were used with minor differences between nutrition and/or price.

An adjustment factor was applied to the food costs depending on the household size in the scenario to account for the additional costs per person to feed a small group and the lower costs per person to feed a larger group.

### **Comparing 2024 to Previous Year's Scenarios<sup>5</sup>**

Adjustments to the food and rent costs for the 2023 and 2022 scenarios are required before comparison to the 2024 scenarios. Comparing 2024 food costs to years prior to 2022 is not appropriate due to methodology changes (e.g., introduction of online costing; revisions to the NNFB to be consistent with 2019 Canada's Food Guide, updated national food intake data, and updated DRIs).

Local food costing was not completed in 2020 or 2021 due to the COVID-19 pandemic.

#### Food Adjustments

In 2024, Health Canada adjusted the NNFB spreadsheet due to revisions to [Dietary Reference Intakes for Energy](#) for groups where the Estimated Energy Requirement (EER) increased by more than 100 kcal/day (i.e., Males 14-18 years old, Females 14-18 years old, Pregnant <19 years old, Pregnant 19-30 years old, Pregnant 31-50 years old, Breastfeeding <19 years old, and Breastfeeding 19-30 years old).

The 2024 Monitoring Food Affordability in Ontario Master Spreadsheet was updated to reflect the increased EER for these groups. Weekly cost of ONFB in 2024 for these groups increased significantly compared to 2023 and 2022 due to the increased EER.

#### Rent Adjustments

In 2024, a CPI adjustment to rent costs was made to more accurately reflect actual local rental costs. This adjustment was not made in previous years. CMHC cost estimates were for October 2023. Cost estimates were adjusted for inflation using the [CPI](#) for shelter in Ontario for the increase from October 2023 to May 2024.

### **Data Sources**

Canadian Mortgage and Housing Corporation (January 2024). Rental Market Report: London, 2023, Table 1.1.2 Private Apartment Average Rents (\$), by Zone and Bedroom Type - London CMA. Retrieved from <https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/housing-data/data-tables/rental-market/rental-market-report-data-tables>.

Government of Canada (2024). Child and family benefits calculator. Retrieved from <https://www.canada.ca/en/revenue-agency/services/child-family-benefits/child-family-benefits-calculator.html>.

Middlesex-London Health Unit (2024). Ontario Nutritious Food Basket data for Middlesex-London Health Unit – Includes family size adjustment factors.

Ministry of Children, Community and Social Services (2024). Social Assistance, Pension, and Tax Credit Rates: April – June 2024.

Statistics Canada. (2024). Table: 11-10-0190-01. Market income, government transfers, total income, income tax and after-tax income by economic family type. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1110019001>.

Statistics Canada. (2024). Table: 18-10-0004-01. Consumer Price Index, monthly, not seasonally adjusted. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1110019001>.



Food insecurity negatively impacts physical, mental, and social health <sup>1</sup>

Food insecurity is the inadequate or insecure access to food due to a lack of money <sup>1</sup>



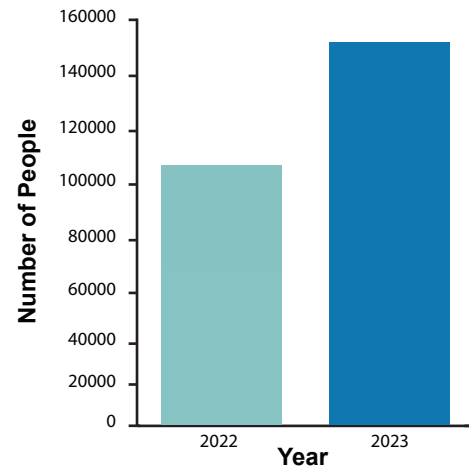
**2023**

1 in 4 Middlesex-London households were food insecure <sup>2</sup>

**2022**

1 in 6 Middlesex-London households were food insecure <sup>2</sup>

Middlesex-London Residents Living in a Food Insecure Household <sup>2, 3</sup>



How much money is left each month after paying for food and rent? <sup>4</sup>



Income Source	Single Person		Family of 4		
	OW <sup>a</sup>	ODSP <sup>b</sup>	OW <sup>a</sup>	Minimum Wage <sup>c</sup>	Median Income <sup>d</sup>
Food (% of Monthly Income Needed)	112%	83%	60%	38%	18%
Rent (% of Monthly Income Needed)	47%	28%	41%	26%	12%
What's Left?	<b>-\$522</b>	<b>-\$172</b>	<b>-\$20</b>	<b>\$1,579</b>	<b>\$6,757</b>

<sup>a</sup> Ontario Works <sup>b</sup> Ontario Disability Support Program <sup>c</sup> As of May 2024 <sup>d</sup> Statistics Canada, 2024.

Households still need to pay for all other expenses, including childcare, utilities, Internet, phone, tenant insurance, transportation, personal care, clothing, school supplies, gifts, recreation, out of pocket medical and dental costs, education, and savings.

Solutions are needed that help people afford the costs of living



- Adequate social assistance benefits
- Jobs that pay a living wage
- A basic income guarantee
- Affordable housing, public transit, and childcare
- Reduced income tax for low-income households
- Free tax filing support
- Learn more at [www.healthunit.com/food-insecurity](http://www.healthunit.com/food-insecurity)

References

1. Tarasuk V, Li T, Fafard St-Germain AA. (2022). Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>  
 2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2024). Snapshots Data File for Household Food Insecurity (2019 to 2023 (annual, 2-year combined, 3-year combined)).  
 3. Statistics Canada. Table 17-10-0148-01 Population estimates, July 1, by census metropolitan area and census agglomeration, 2021 boundaries  
 4. Middlesex-London Health Unit (December 2024). Report No. 82-24 Monitoring food affordability and implications for public policy and action (2024). Retrieved from [https://www.healthunit.com/uploads/82-24\\_-\\_appendix\\_d\\_-\\_food\\_insecurity\\_infographic.pdf](https://www.healthunit.com/uploads/82-24_-_appendix_d_-_food_insecurity_infographic.pdf).



## Media release: **Introducing the South East Health Unit**

January 2, 2025

Yesterday, the South East Health Unit Board of Health met for the first time, officially launching the merged public health agency made up of Hastings Prince Edward Public Health; Kingston, Frontenac and Lennox & Addington Public Health; and the Leeds, Grenville and Lanark District Health Unit.

The newly-formed Board passed the necessary bylaws for the South East Health Unit to function and elected Jan O'Neill, Mayor of Marmora and Lake, Hastings County Councillor, as Board Chair; and Judy Greenwood-Speers, County of Frontenac Councillor, as Vice Chair.

"It's truly an exciting time for our three legacy agencies," said Jan O'Neill, Board Chair for the South East Health Unit. "Speaking for the Board, we're committed to working together to find new and innovative ways to best serve our various communities."

The South East Health Unit Board will consist of four municipal representatives from each legacy agency, and as of January 1, six provincial representatives.

- Councillor Conny Glenn, City of Kingston
- Councillor Jeff McLaren, City of Kingston
- Councillor Judy Greenwood-Speers, County of Frontenac
- Warden Nathan Townend, County of Lennox & Addington
- Reeve Richard Kidd, Lanark County
- Mayor Robin Jones, County of Leeds and Grenville
- Councillor Peter McKenna, Town of Smiths Falls\*
- Councillor Anne-Marie Koiner, Town of Gananoque\*
- Councillor Sean Kelly, City of Belleville
- Councillor Bill Roberts, Prince Edward County
- Mayor Jan O'Neill, Hastings County
- Councillor Michael Kotsovos, City of Quinte West
- Barbara Proctor, Provincial Representative
- Melanie Paradis, Provincial Representative
- Dr. Jeffrey Allin, Provincial Representative
- Chris Seeley, Provincial Representative
- Dr. David Pattenden, Provincial Representative
- Stephen Bird, Provincial Representative

\* Note that there are four municipalities (City of Brockville, Town of Smiths Falls, Town of Gananoque, Town of Prescott) who jointly appoint two Board members who represent all four municipalities.

The responsibilities of the South East Health Unit remain the same as those of the legacy agencies: to provide public health-based programs that help prevent illness and injury, promote health and wellness, and protect residents from environmental health hazards.

"The merger has given us a unique opportunity to transform how we deliver public health services in our combined communities. It's truly an exciting time for public health in the Southeast region," said Dr. Piotr Oglaza, Medical Officer of Health and CEO for the South East Health Unit.

Efforts are underway to develop new branding for the South East Health Unit, which is expected to take several months. In the meantime, you will see logos and other advertising material from the former health agencies. You will also see some documents using the legal name South East Health Unit. The South East Health Unit appreciates your patience as we transition to our new brand.

Office addresses, phone numbers, websites and social media accounts have not changed at this time. We ask that the public continue to interact with their local public health office as they usually would until otherwise directed. Please check the following websites for more information:

- Residents of Hastings and Prince Edward Counties: [www.hpePublicHealth.ca](http://www.hpePublicHealth.ca)  
Call 1-800-267-2803
- Residents of the City of Kingston and Counties of Frontenac and Lennox & Addington: [www.kflaph.ca](http://www.kflaph.ca). Call 1-800-267-7875.
- Residents of the Counties of Lanark and Leeds & Grenville: [www.healthunit.org](http://www.healthunit.org)  
Call 1-800-660-5853.

**Ministry of Health**

Office of Chief Medical  
Officer of Health, Public  
Health

Box 12  
Toronto, ON M7A 1N3

Fax.: 416 325-8412

**Ministère de la Santé**

Bureau du médecin  
hygiéniste en chef,  
santé publique

Boîte à lettres 12  
Toronto, ON M7A 1N3

Télec. :416 325-8412

Item #7

December 23, 2024

**To:** Medical Officers of Health and Chief Executive Officers

**Re:** Strengthening Public Health Updates

Dear Colleagues,

Further to the memo from Dr. Kieran Moore dated December 11, 2024, I am writing to share an update on the planned release and implementation of the revised Ontario Public Health Standards (OPHS) as well as public health funding.

The sector provided valuable input throughout the OPHS consultation, and the ministry is working to address and incorporate your feedback as well as exploring additional opportunities to further clarify responsibilities to reduce the workload burden at the local level.

The ministry recognizes boards of health require time to plan for the implementation of the revised OPHS. **Therefore, the revised OPHS and incorporated documents will be released to the sector by August 2025, with an effective date of January 2, 2026.**

Throughout 2025 the ministry will explore implementation supports via sector engagement, such as the OPHS Review Table.

The current OPHS and incorporated protocols and guidelines remain in effect, please find the current standards [here](#).

As part of the Strengthening Public Health initiative, the ministry is providing growth base funding of 1% for three calendar years (2024, 2025, and 2026) to address the urgent need for stabilization while change processes are underway and undertaking a review of the provincial funding methodology for public health.

The ministry thanks everyone who participated in public health funding review engagement sessions over the summer, and we look forward to sharing more information on next steps, including timelines, as it is available.

Thank you for your continued collaboration in strengthening public health in Ontario. If you have any questions, please contact [ophs.protocols.moh@ontario.ca](mailto:ophs.protocols.moh@ontario.ca).

Sincerely,

A handwritten signature in black ink, appearing to read "E. Walker".

Elizabeth Walker  
Executive Lead, Office of the Chief Medical Officer of Health, Public Health

c: Dr. Kieran Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS, Chief Medical Officer of Health and Assistant Deputy Minister, Public Health

PLEASE ROUTE TO:

All Board of Health Members  
All Members of Regional Health & Social Service Committees  
All Senior Public Health Managers



January 16, 2025

## January 2025 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).

### Leader to Leader - A message from ALPHA's Chair - January 2025

Happy New Year!

Looking ahead - there is much optimism for 2025. There is no doubt that it is going to be an interesting and busy year ahead for ALPHA, local public health, and for Ontario's public health system.

On your behalf, the [2024-2025 ALPHA Board of Directors](#), are dedicated to their governance role as a uniquely qualified and unified leadership voice for Ontario's local public health system. Throughout 2025, ALPHA representatives will continue to participate in various committees, focus groups, and public health tables to provide recommendations and advice to the province's policy influencers and key decision-makers. Collectively the ALPHA Board of Directors and its members are advancing the cause of a resilient, sufficiently resourced, local public health system. ALPHA's [Chief Executive Officer](#) and ALPHA staff provide essential support for the Board of Directors and for ALPHA Members in this work.

The foundation of ALPHA and its success is built upon the support of its Members and the existing network of relationships with its Member local public health agencies. During 2025, ALPHA is committed to continuing to value, support, and engage its Members,

proactively, and meaningfully through regular updates via email, monthly in *Information Break*, on X (formerly known as Twitter), at Member-driven events, and with time sensitive updates and opportunities for consultations. alPHA's website [www.alphaweb.org](http://www.alphaweb.org) is a public portal of public health resources, while [Information Break](#) is your public health portal exclusive to alPHA Members.

On the horizon are key Member-engagement opportunities such as alPHA's [2025 Online Winter Symposium](#) and alPHA's in-person 2025 AGM and Conference in Toronto. Online and in-person alPHA Member events are tremendous opportunities to network and to continue the important conversation on the role of local public health in the province's resilient public health system and its demonstrated role for the public health of all Ontarians.

Anticipation is building around alPHA's online 2025 Winter Symposium, Workshops, and Section meetings on February 14, 2025. An informative lineup of topics, with speakers including Ontario's Chief Medical Officer of Health, Dr. Kieran Moore; Principals of Strategy Corp, Sabine Matheson and John Perenack; and others. Founder and CEO of [GenWell](#), Pete Bombaci, will be the keynote. He will talk about the importance of being a catalyst for action to meaningfully improve long-term health and well-being, reduce costs to the healthcare system, increase social cohesion and inclusivity, and drive economic and community benefit.

Pre-symposium workshops are included, at no additional cost, for each individual who registers for the alPHA 2025 Winter Symposium. On the afternoon of Wednesday, February 12 is "Leading Change – The 5 Tensions to Manage Successful Transformation" with Tim Arnold. The following afternoon on Thursday, February 13 is "Harnessing the Power of 'Where' for Public Health Discussions" with Esri Canada. Registration to these workshops is automatic with your individual Symposium registration.

The road ahead for 2025 and beyond is clearly paved by alPHA's [2024-2027 Strategic Plan](#). The Winter Symposium coincides with the one-year anniversary of the release of the plan. Maria Sánchez-Keane, Principal, Centre for Organizational Effectiveness will report on the progress of the plan and alPHA's accomplishments. The alPHA Board of Directors and Executive Committee, supported by alPHA's Chief Executive Officer and staff, will continue to provide this strategic leadership with one, unified voice representing the public health system across its member constituents.

In my role as Chair of the alPHA Board of Directors, I will be attending the Rural Ontario Municipal Association (ROMA) 2025 Conference January 19 to 21, 2025 and The Ontario Public Health Convention (TOPHC) 2025 in March. If you are at either of these events, I look forward to the opportunity to connect. In the meantime, I will see you online at the alPHA 2025 Winter Symposium, and the alPHA BOH Section meeting.

Trudy Sachowski  
Chair, alPHA Board of Directors

Registration for the aPHa 2025 Winter Symposium, Section Meetings, and Workshops is now open!



Registration is now open for the **online [2025 Winter Symposium, Section Meetings, and Workshops](#)** that are taking place February 12-14! These events will discuss a variety of issues of key importance to public health leaders and you won't want to miss out.

aPHa would like to acknowledge and thank [Simcoe Muskoka District Health Unit](#) for being the co-host for the aPHa Winter Symposium. Their support and partnership have made these events possible.

A thank you also goes to the [University of Toronto's Dalla Lana School of Public Health](#), [Eastern Ontario Health Unit](#), [Esri Canada](#), and [GenWell](#) for their generous event support.

On Friday, February 14, from 8:30 a.m. - 4:30 p.m., there is an exciting lineup of Symposium speakers and topics:

- *aPHa Update* with Trudy Sachowski, aPHa Chair, and Loretta Ryan, Chief Executive Officer, aPHa.
- *Building a More Connected Canada Where Everyone Thrives* with keynote speaker, Pete Bombaci, Founder & CEO, GenWell.
- *We've Merged! So, What's Next?* with Dr. Ethan Toumishey, Deputy MOH, South East Health Unit and Susan Stewart, Director, Merger Office.

- *alPHa Strategic Plan - Happy First Anniversary*, with Maria Sánchez-Keane, Principal, Centre for Organizational Effectiveness.
- *Update from Public Health Ontario* with Dr. Jessica Hopkins, Vice President and Chief, Communicable Disease Control, Public Health Ontario.
- *So, Still Can't Sleep at Night?* with Sabine Matheson and John Perenack, Principals, StrategyCorp.
- *Update from the Chief Medical Officer of Health*, Dr. Kieran Moore, Chief Medical Officer of Health.

The lineup of speakers and topics for the BOH Section meeting includes:

- *Mergers - Meet the New Chairs!* with Jan O'Neill, Board of Health, South East Health Unit (Additional names to be added...stay tuned!).
- *Boards of Health - Roles & Responsibilities* with James LeNoury, Principal, LeNoury Law, and Legal Counsel, alPHa.
- Association of Municipalities of Ontario (AMO) Update. This session includes their report titled, *Municipalities Under Pressure: The Human and Financial Cost of Ontario's Homelessness Crisis*, with Alicia Neufeld, Senior Manager, Policy, and Daniela Spagnuolo, Policy Advisor, AMO.

Please note, Affiliates are welcome and encouraged to attend the BOH Section Meeting.

In conjunction with the Symposium and Section meetings, we are holding two half-day workshops. The first one, *Leading Change – The 5 Tensions to Manage Successful Transformation*, with Tim Arnold, is on Wednesday, February 12, from 1 p.m. to 4 p.m. The workshop will help you to: embrace innovation and consistency; validate facts and feelings; focus on the short term and the long term; promote planning and action, and value complexity and simplicity. To learn more, click [here](#).

On the afternoon of Thursday, February 13, from 1 p.m. to 4 p.m., we will hold the second workshop with Esri Canada. This workshop titled, *Harnessing the Power of 'Where' for Public Health Discussions*, is designed to assist alPHa Members to understand and recognize the growing value of maps and geographic technology to help solve some of Canada's most pressing public health challenges. Through a series of presentations of real-world case studies and dynamic discussions, attendees will learn how geographic data, real-time maps, and new innovations in geographic technology are connecting Canadian public health teams to uncover local drivers of health inequity, strengthen health emergency preparedness, and improve collaborative decision-making. To learn more, click [here](#).

These workshops are being offered at no additional cost to Symposium registrants and you will be registered automatically when you sign up for the Winter Symposium. Separate registrations are not available for individual events.



The following documents can be accessed by clicking on the links below:

- [Event Poster](#)
- [Symposium Draft Program](#)
- [BOH Section Meeting Draft Agenda](#)
- [Leading Change – The 5 Tensions to Manage Successful Transformation Workshop Poster and Draft Agenda](#)
- [Harnessing the Power of ‘Where’ for Public Health Discussion Workshop Draft Agenda](#)
- [Zoom Troubleshooting Tips](#)

Registration is for alPHa Members only, (please note, you do not need to create an account on the alPHa website in order to register for the event) and the cost is \$399+HST (and is inclusive of the Symposium, Workshops, and Section Meeting. You also only need to register once to attend all of the events). **The closing date to register is Friday, February 7, 2025.** Cancellations and substitutions are permitted until February 7. Cancellations are subject to a \$50 processing fee and must be received by February 7. No refunds will be issued after that date.

As an important reminder, badge sharing is not permitted, and one registration equals one Member. This is a vital way to ensure all attendees have paid and are supporting alPHa in doing so.

Please note, the best way to pay for your registration is via credit card or Electronic Fund Transfer (EFT). If it is not possible to pay via credit card or EFT, cheques may be sent to:

Association of Local Public Health Agencies  
PO Box 73510, RPO Wychwood  
Toronto, Ont.  
M6C 4A7

If you have any questions regarding these events, please contact alPHa Staff at: [info@alphaweb.org](mailto:info@alphaweb.org).

## Calling all Executive Assistants/Administrative Assistants!



**alPHa**  
Association of Local  
PUBLIC HEALTH  
Agencies

**Executive Assistant/Administrative Assistant Workshop**  
**February 11, 2025**

The 2025 Executive Assistant (EA)/Administrative Workshop (AA), that is taking place **online 1 p.m. to 4 p.m. on February 11**, features Pete Bombaci from GenWell and is **\$149+HST**. Public health unit staff are facing new and increasing challenges to staying connected both inside and outside of the workplace, resulting in increased mental and physical health challenges. His talk is titled *Building A More Connected Canada Where Everyone Thrives*. It will help you to deepen your understanding of the growing issues of social isolation, disconnection and loneliness, your impact on individuals and society and the power of human connection in the workplace. The workshop will also include an update on alPHa activities.

**About Pete Bombaci:** Pete is the founder of GenWell and is proud to be leading a movement that he truly believes can make the world a happier and healthier place. Formerly the Canadian Country Director for Movember Canada, Pete led an amazing team of people responsible for raising \$142 million dollars over five years, and putting it much needed into men's health. Having spent time in the for-profit and not-for-profit worlds, Pete believes that there is a great opportunity to combine the interests of business, schools, government, foundations and individuals in the solution to the disconnected world that we find ourselves in today.

The Winter Symposium is co-hosted by alPHa and Simcoe Muskoka District Health Unit

**alPHa** Association of Local PUBLIC HEALTH Agencies  
**simcoe muskoka** DISTRICT HEALTH UNIT

With generous support from:

**EOHU** Eastern Ontario Health Unit  
**BSEO** Builders for a Better Ontario  
**Dalla Lana** School of Public Health  
**genwell**  
**esri** Canada

In case you missed it, registration has opened for the [Executive Assistant/Administrative Assistant Workshop!](#) This **online** event will be held on Tuesday, February 11, 2025 from 1 p.m. - 4 p.m., and is an opportunity to connect with colleagues from across Ontario and learn new skills. The cost is \$149+HST and **the final day to register is Friday, February 7, 2025.**

alPHa would like to acknowledge and thank [Simcoe Muskoka District Health Unit](#) for being the co-host for the alPHa EA/AA Workshop. Their support and partnership have made this event possible. A thank you also goes to the [University of Toronto's Dalla Lana School of Public Health](#), [Eastern Ontario Health Unit](#), [Esri Canada](#), and [GenWell](#) for their generous event support.

The workshop, titled *Building A More Connected Canada Where Everyone Thrives*, is being led by Pete Bombaci, Founder & CEO, of GenWell. It will help you to deepen your understanding of the growing issues of social isolation, disconnection and loneliness, and the power of the human connection in the workplace. To learn more about this event, you can view the flyer [here](#).

Please note, you do not need to create an account on the alPHa website in order to register for the workshop. Cancellations and substitutions are permitted until February 7. Cancellations are subject to a \$50 processing fee. No refunds will be issued after that

date. The best way to pay for your registration is via credit card or Electronic Fund Transfer (EFT). If it is not possible to pay via credit card or EFT, cheques may be sent to:

Association of Local Public Health Agencies  
PO Box 73510, RPO Wychwood  
Toronto, Ont.  
M6C 4A7

As an important reminder, badge sharing is not permitted, and one registration equals one participant. This is a vital way to ensure all attendees have paid and are supporting aPHa in doing so.

While this workshop is geared to EAs/AAs, if there are other support staff from your health unit who would benefit from it, please share this invitation with them.

If you have any questions regarding this event, please contact aPHa Staff at: [info@alphaweb.org](mailto:info@alphaweb.org).

We hope to see you online on February 11!

## Rural Ontario Municipal Association (ROMA) Conference

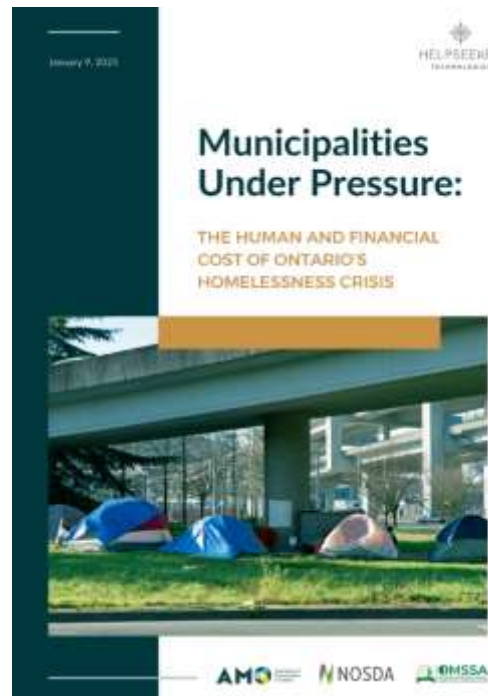


This month, many aPHa Members, particularly from the Boards of Health Section, will be attending the [ROMA Conference](#) taking place from January 19-21, in Toronto. Whether you're an aPHa member attending the conference or participating in a delegation, here are some key aPHa resources:

- [2025 Pre-Budget Consultations - aPHa Deputation](#)
- [aPHa Letter - OAG Opioid Strategy](#)
- aPHa's submissions on [2024 OPHS Review](#) (includes the Statement of Principles) and [OPHS Review Follow-Up](#)
- [aPHa's Resolutions from the 2024 AGM](#)
- [Public Health Matters Infographic – Business Case for Public Health](#)
- [“What is Public Health?”](#)

Looking for more information? Visit our [Boards of Health Resources](#) webpage for documents to help you prepare for this event.

## Association of Municipalities of Ontario (AMO) releases report on ending chronic homelessness



AMO, a non-profit organization representing all of Ontario's 444 municipal governments, has released a [new research report](#) documenting the growth in homelessness in recent years and outlining what is needed to reverse these trends. This research project was undertaken in partnership with the Ontario Municipal Social Services Association (OMSSA) and the Northern Ontario Service Delivery Association (NOSDA) while also being led by researchers at HelpSeeker Technologies.

The full report, key messages cover document, news release and a communications toolkit are now on [the AMO website](#).

## 2025 Budget Consultations



alPHa sent an e-mail to the Membership on December 3, 2024 regarding the Government of Ontario seeking input on the 2025 budget. You can submit your input via a survey, a written submission, or by mail.

On December 16, 2024, Paul Sharma, Affiliate Representative on the alPHa Board of Directors, gave a deputation regarding the Ontario budget, on behalf of the Association during a consultation session that took place in Mississauga. Please note, the speakers were limited to three minutes for presentation time. To view the deputation, click [here](#).

alPHa will be providing a written submission and invites its Members to also do so. alPHa Members are encouraged to also send in a submission. Details can be found below and at [www.ontario.ca/budgetconsultations](http://www.ontario.ca/budgetconsultations).

You can share your ideas in the following ways:

- The online survey will close on February 3, 2025.  
[Take the survey](#)
- Submit your written ideas via the submission portal by February 3, 2025.  
[Submit your proposal](#)
- Mail your submission to:

The Honourable Peter Bethlenfalvy  
Minister of Finance  
c/o Budget Secretariat  
Frost Building North, 3rd Floor  
95 Grosvenor Street  
Toronto, Ontario  
M7A 1Z1

- Email: [MOFconsultations@ontario.ca](mailto:MOFconsultations@ontario.ca) for more information.
- Questions? Email: [MOFconsultations@ontario.ca](mailto:MOFconsultations@ontario.ca)

## National Collaborating Centres for Methods and Tools: 2025 Knowledge Translation Graduate Student Awards



The National Collaborating Centres for Public Health (<https://nccph.ca/>) are now accepting applications for the 2025 Knowledge Translation Graduate Student Awards! Three prizes of \$1500 will be awarded to recognize the work of graduate students related to knowledge translation in public health in Canada. The deadline for applications is February 10, 2025. Learn more about the awards here: <https://www.nccmt.ca/impact/kt-student-awards-nccph>.

## Voluntary mergers for local public health agencies



On December 2, 2024, the Government of Ontario made a number of announcements, including the voluntary mergers of nine local public health agencies. To read more, click [here](#).

## Ontario Public Health Directory: January 2025 update



**ONTARIO PUBLIC HEALTH  
DIRECTORY**

The [Ontario Public Health Directory](#) has been updated and is available on the aPHa website. Please ensure you have the latest version, which has been dated as of **January 14, 2025**. To view the file, log into the aPHa website.

Please note, we will be updating the directory again soon with regards to the recently announced mergers.

## GenWell: Face-to-Face February

The poster for the Face-to-Face February campaign features a blue header with the text "Join us from February 1 to 28, 2025" and the website "www.FaceToFaceFebruary.ca". Below this is a circular logo with the text "face-to-face february" and "genwell". The main text describes the campaign as an annual social health campaign targeting the student population at high schools, colleges, and universities. It states that the campaign is a month-long social connection challenge that encourages students to take action throughout the month to get more socially connected with others. A section titled "Why February?" explains that the month has been identified by students as a time when many struggle with feelings of loneliness due to factors like exams, reading week, Family Day, Valentine's Day, and winter weather. "The Benefits" section notes that the campaign helps strengthen social skills and social health, which positively impacts mental and physical well-being. "Examples of Challenges" includes talking to two strangers, inviting classmates to a hike, hosting a board game night, giving handmade Valentine's cards, wishing three people good morning, and reaching out to an extended family member. A "Let's Get Connected!" section asks if the reader is a teacher, professor, or student who wants to bring the campaign to their classroom or campus, and provides a link to a toolkit. At the bottom, there are logos for "Public Health Partners" including the Ontario Health Services, aPHa, and the Ontario Health Services. A footer section identifies the campaign as being led by GenWell, Canada's Human Connection Movement, and provides the mission statement: "To educate, empower, and connect everyone in Canada about the importance of creating face-to-face social connections, to support both personal well-being and the health and well-being of others." A link to "Learn more at www.genwell.ca" is provided.

In February, GenWell is launching its *Face-to-Face February* campaign. This is built by students, for students, and is a month-long social connection challenge that encourages students to take action throughout February to get more socially connected with others. To learn more, click [here](#).

aPHa is very pleased to note that Pete Bombaci, from GenWell, will be conducting a workshop with the EAs/AAs on February 11. He will also be the opening keynote speaker at the Winter Symposium on February 14.



## 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 information, orientation materials, best practices, case studies, by-laws, Resolutions, and other resources. **In particular, alPHa is seeking resources to share regarding the province's Strengthening Public Health Initiative, including but not limited to, voluntary mergers and the need for long-term funding for local public health.** If you have a best practice, by-law or any other resource that you would like to make available via the newsletter and/or the website, 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.

Resources available on the alPHa website include:

- [Orientation Manual for Boards of Health](#) (Revised Jan. 2024)
- [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 Canadian Centre on Substance Use and Addiction](#)
- [The Municipal Role of Public Health\(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

Calling all Ontario Boards of Health: Level up your expertise with our training courses designed just for you!



Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

### **BOH Governance training course**

Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

### **Social Determinants of Health training course**

Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Speakers are Monika Turner and Loretta Ryan.

Reserve your spot for in-person or virtual training now! Visit [our website](#) to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

Additionally, thank you to all the public health agencies who have shown interest in our BOH courses. aPHa staff are currently coordinating the bookings and are pleased to see the uptake.

aPHa would like to thank Renfrew County and District Health Unit and North Bay Parry Sound District Health Unit for participating in the courses in November. We would also like to acknowledge City of Hamilton Public Health Services for participating on Monday, January 13.

## 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. A complete online library of submissions is available [here](#). These documents are publicly available and can be shared widely.

## Public Health Ontario (PHO)



PHO has published the new [Immunization Data Tool](#)! This new resource integrates and replaces existing immunization surveillance data previously reported on PHO's website. Users are able to explore different aspects of immunization coverage and vaccine safety, including trends over time, comparisons across public health units (including maps) and age groups. All data in the tool can be easily downloaded. We have also published an accompanying [infographic](#) that provides a summary of AEFIs reported in Ontario following vaccines administered in 2023. These resources do not include data on COVID-19 vaccines. As a result of the data integration in this new tool, PHO's Vaccine Safety Surveillance Tool is no longer be available.

### Data and Epidemiological Summaries

- [Mpox in Ontario](#)
- [Measles in Ontario](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [Integrated Respiratory Virus Risk Indicators for Ontario](#)

- [Influenza Genomics Surveillance in Ontario: 2024-25 Early Season](#)
- [Chlamydia in Ontario: Focus on 2023](#)
- [Gonorrhea in Ontario: Focus on 2023](#)
- [Infectious Syphilis and Early Congenital Syphilis in Ontario: Focus on 2023](#)
- [Hepatitis C Surveillance Report](#)

### **Recent Knowledge Products**

- [Prevention and Management of Avian Influenza in Health Care Settings](#)
- [Healthcare Utilization and Clinical Comorbidities among People Who Died of a Substance-Related Toxicity Death in Ontario](#)
- [Planning Health Promotion Programs](#)

### **Events**

Be sure to keep an eye on PHO's [Events page](#) for their upcoming events.

- **20 January** - [PHO Webinar: Vaping: Evidence on Dual Use with Tobacco Cigarettes](#)
- **22 January** - [PHO Webinar: Social Environments for Health Webinar Series Part Two: Stories from the Field](#)

### **Recent Presentations**

[Inflicted injuries among children and youth during the pandemic: A study across two Canadian provinces](#)

## Healthcare Utilization and Clinical Comorbidities among People Who Died of Substance-Related Toxicity Death in Ontario report released



On January 9, PHO and Ontario Drug Policy Research Network (ODPRN) released a report titled [Healthcare Utilization and Clinical Comorbidities among People Who Died of a Substance-Related Toxicity Death in Ontario](#). They've also released an [infographic](#).

The report highlights the high prevalence of healthcare needs and use among Ontarians who died of a substance-related toxicity. It provides insight into where and why individuals present to healthcare settings prior to death, with the goal of identifying gaps in access to care and supportive services for people who use substances.

### Upcoming DLSPH Events and Webinars

# Dalla Lana

## School of Public Health

- [Climate Change & Youth Mental Health: Impacts and Opportunities for Action](#) (Jan. 21)
- [Conversations on Research Data Management in Health Sciences: Data Deposit](#) (Jan. 21)

BrokerLink Insurance



Please note, aPHa's partnership with Aviva is no longer in place. All Members who are with Aviva are encouraged to explore insurance with BrokerLink.

aPHa Members qualify for exclusive insurance discounts with [BrokerLink](#). We are excited to announce the 2025 Grand Group Giveaway! Get a quote on car or home insurance, and you could win a prize. Don't miss your chance to save on insurance and win some cash in BrokerLink's Grand Group Giveaway! Visit [BrokerLink.ca/aPHa](#) to learn more.



## alPHA's Strategic Plan



alPHA's 2024-2027 Strategic Plan is available [here](#).

## alPHA's mailing address

**Please note our mailing address is:**

**PO Box 73510, RPO Wychwood  
Toronto, ON M6C 4A7**

For further information, please contact [info@alphaweb.org](mailto:info@alphaweb.org).

## News Releases

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