



April 22, 2020

BOARD OF HEALTH MEETING

Algoma Community Room - Webex audio and video conference

www.algomapublichealth.com

Meeting Book - April 22, 2020 Board of Health Meeting

Algoma Public Health Board of Health Meeting Table of Contents

1. Call to Order	
a. Declaration of Conflict of Interest	
<hr/>	
2. Adoption of Agenda	
a. April 22, 2020 BOH Meeting Agenda	Page 4
<hr/>	
3. Delegation/Presentations	
<hr/>	
4. Adoption of Minutes	
a. March 25, 2020 Board of Health Meeting Minutes	Page 7
<hr/>	
5. Business Arising	
<hr/>	
6. Reports to Board	
a. Medical Officer of Health and Chief Executive Officer Report	
i. Report of MOH CEO - Apr 2020	Page 11
b. Finance and Audit	
i. Finance and Audit Committee Chair Report for April 8, 2020	Page 15
ii. Draft Audited Financial Statements for the period ending December 31, 2019	Page 16
iii. Unaudited Financial Statements for the period ending February 29, 2020	Page 39
<hr/>	
7. New Business	
<hr/>	
8. Correspondence	
a. Letter of update from alPHa to all members regarding their role in public health during COVID-19, dated March 24, 2020.	Page 46
b. Letter to Municipal Councils from the Ministry of Municipal Affairs and Housing regarding Enforcement of Emergency Management and Civil Protection Act orders dated March 27, 2020.	Page 48
c. Letter to the Premier of Ontario from alPHa regarding COVID-19 Action Plan and Public Health, dated March 27, 2020.	Page 50

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|---|---------|
| d. Letter to the Director, Legalization of Cannabis Branch from Simcoe Muskoka District Health Unit regarding 20-MAG001, Cannabis Consumption Establishments - SOPs dated March 30, 2020. | Page 52 |
| e. Letter to Municipal Councils from the Ministry of Municipal Affairs and Housing regarding Operation of Seasonal Trailer Parks and Recreational Campgrounds dated April 3, 2020. | Page 56 |
| f. Letter to Senior Managers, SFOA Programs from the Office of the Chief Medical Officer of Health regarding proposed regulatory amendments under the SFOA 2017, dated April 6, 2020. | Page 58 |

9. Items for Information

- | | |
|--|---------|
| a. Meeting Guidance for Heads of Council provided by The Association of Municipalities of Ontario dated March 22, 2020. | Page 61 |
| b. Council's Role in Communicating COVID-19 provided by The Association of Municipalities of Ontario dated March 22, 2020. | Page 63 |

10. Addendum

11. In Camera

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

15. Evaluation

16. Adjournment

Board of Health Meeting

AGENDA

April 22, 2020 at 5:00 pm

Webex Audio and Videoconference | Algoma Community Room

**** Meeting held during the provincially declared emergency***

BOARD MEMBERS

Lee Mason
Ed Pearce
Deborah Graystone
Dr. Patricia Avery
Louise Caicco Tett
Sally Hagman
Micheline Hatfield
Adrienne Kappes
Dr. Heather O'Brien
Brent Rankin
Karen Raybould
Matthew Scott

APH EXECUTIVE

Dr. Marlene Spruyt - Medical Officer of Health/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Justin Pino - CFO /Director of Operations
Antoniette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

-
- 1.0 Meeting Called to Order** *L. Mason*
- a. Declaration of Conflict of Interest**
- 2.0 Adoption of Agenda** *L. Mason*
- RESOLUTION**
- THAT the Board of Health agenda dated April 22, 2020 be approved as presented.
- 3.0 Delegations / Presentations** *M. Spruyt*
- 4.0 Adoption of Minutes of Previous Meeting** *L. Mason*
- RESOLUTION**
- THAT the Board of Health minutes dated March 25, 2020 be approved as presented.
- 5.0 Business Arising from Minutes** *L. Mason*
- 6.0 Reports to the Board**
- a. Medical Officer of Health and Chief Executive Officer Reports** *M. Spruyt*
- i. MOH Report, April 2020**
- RESOLUTION**
- THAT the report of the Medical Officer of Health and CEO for April 2020 be adopted as presented.

b. Finance and Audit

i. Finance and Audit Committee Chair Report

E. Pearce

RESOLUTION

THAT the Finance and Audit Committee Chair report for the month of April 2019 be accepted as presented.

ii. Financial Statements

E. Pearce

RESOLUTION

THAT the draft audited Financial Statements and for the period ending December 31, 2019 be approved as presented and;

THAT the unaudited Financial Statements for the period ending February 29, 2020 be approved as presented.

7.0 New Business/General Business

L. Mason

a. Municipal request to Board Chair

8.0 Correspondence

L. Mason

- a. Letter of update from alPHA to all members regarding their role in public health during COVID-19, dated March 24, 2020.
- b. Letter to Municipal Councils from the Ministry of Municipal Affairs and Housing regarding **Enforcement of Emergency Management and Civil Protection Act orders** dated March 27, 2020.
- c. Letter to the Premier of Ontario from alPHA regarding **COVID-19 Action Plan and Public Health**, dated March 27, 2020.
- d. Letter to the Director, Legalization of Cannabis Branch from Simcoe Muskoka District Health Unit regarding **20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits** dated March 30, 2020.
- e. Letter to Municipal Councils from the Ministry of Municipal Affairs and Housing regarding **Operation of Seasonal Trailer Parks and Recreational Campgrounds** dated April 3, 2020.
- f. Letter to Senior Managers, SFOA Programs from the Office of the Chief Medical Officer of Health regarding **proposed regulatory amendments under the Smoke-Free Ontario Act, 2017**, dated April 6, 2020.

9.0 Items for Information

L. Mason

- a. **Meeting Guidance for Heads of Council** provided by The Association of Municipalities of Ontario dated March 22, 2020
- b. **Council's Role in Communicating COVID-19** provided by The Association of Municipalities of Ontario dated March 22, 2020

10.0 Addendum

L. Mason

- 11.0 In-Camera** *L. Mason*
For discussion of labour relations and employee negotiations, **matters about identifiable individuals, adoption of in camera minutes**, security of the property of the board, litigation or potential litigation.
- 12.0 Open Meeting** *L. Mason*
Resolutions resulting from in-camera meeting.
- 13.0 Announcements / Next Committee Meetings:** *L. Mason*
- Board of Health Meeting:**
May 27, 2020 @ 5:00 pm
SSM Algoma Community Room
- Finance & Audit Committee Meeting**
June 10, 2020 @ 5:00 pm
SSM Algoma Community Room
- Governance Committee Meeting**
June 17, 2020 @ 5:00 pm
SSM Algoma Community Room
- 14.0 Evaluation** *L. Mason*
- 15.0 Adjournment** *L. Mason*
- RESOLUTION**
- THAT the Board of Health meeting adjourns.

Board of Health Meeting

March 25, 2020 - Minutes

WebEx Video and Teleconference | Algoma Community Room

** Meeting held during the provincially declared emergency*

BOARD MEMBERS

PRESENT : Lee Mason

APH EXECUTIVE

Dr. Marlene Spruyt - Medical Officer of Health/CEO

Tania Caputo - Board Secretary

IT Support -Matt Dunlop

V/C : Louise Caicco Tett
Adrienne Kappes
Karen Raybould

Justin Pino - CFO /Director of Operations

Antoniette Tomie - Director of Human Resources

Laurie Zeppa - Director of Health Promotion & Prevention

T/C : Ed Pearce
Dr. Patricia Avery
Sally Hagman
Micheline Hatfield
Dr. Heather O'Brien
Brent Rankin
Matthew Scott

Dr. Jennifer Loo - AMOH & Director of Health Protection

REGRETS : Deborah Graystone

1.0 Meeting Called to Order

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda

RESOLUTION

2020-25

Moved: S. Hagman

Seconded: P. Avery

THAT the Board of Health agenda dated March 25, 2020 be approved as presented.

CARRIED

3.0 Delegations / Presentations

Not applicable

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION

2020-26

Moved: M. Hatfield

Seconded: E. Pearce

CARRIED

5.0 Business Arising from Minutes

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report, March 2020 - Addendum

M. Spruyt gave an overview of the state of operations, activities of staff and public health functions transitioned to help with the COVID-19 response. E. Pearce thanked M. Spruyt for attending a conference call with some members of Elliot Lake council, to address misinformation that was being circulated regarding COVID-19 response on social media by an individual in the community. M. Spruyt responded that we are always happy to provide support to municipalities and can do so by teleconference or video conference.

There was discussion about the guidance for returning travellers. APH is working hard to clarify that they must stay home on their own property away from others while everyone else must practice physical distancing. Other health institutions (i.e.. hospitals) may have policies for staff that go above and beyond the federal, provincial and public health guidance. Our messaging is focused on the general public and APH will work to add caveats that if you are a healthcare worker you should also follow guidelines of your own organization.

There was discussion about the current criteria for COVID-19 testing with the priority on those with exposure risk such as returning travellers. Also the question of PPE was brought up and M. Spruyt advised that the topic would be discussed at the Northern Regional Steering Committee

M.Spruyt asked the Board to review the nearly final submission of the modernization document that was circulated to for review. Feedback can be emailed to M. Spruyt, T.Caputo and L. Mason before the end of this week.

RESOLUTION 2020-27	Moved: E. Pearce Seconded: K. Raybould
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THAT the report of the Medical Officer of Health and CEO for March 2020 be adopted as presented.

CARRIED

b. Finance and Audit

i. Financial Statements

J.Pino provided an overview of the 1st month of financial statements for the year 2020. A cost centre to capture COVID-19 expenses such as teleconference lines, headphones, laptops and other items related to staff working from home. We do anticipate one time funding will be available although this has not been assured. Labour is being captured in the stAPH Portal with employees logging time associated with Continuity of Operations.

RESOLUTION 2020-16	Moved: P. Avery Seconded: E. Pearce
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THAT the Board of Health approves the unaudited Financial Statements for the period ending January 31, 2020 as presented.

CARRIED

7.0 New Business/General Business

None for this meeting-Items pending will be added to the April 22, 2020 Meeting.

8.0 Correspondence

Send questions related to these items to the Board chair and secretary

- a. News Release from newsroom@ontario.ca regarding **Ontario Protecting Children and Youth from Dangers of Vaping** dated February 28, 2020.
- b. Motion from Grey Bruce Health Unit regarding **The Harms of Vaping and the Next Steps for Regulation** dated March 3, 2020.
- c. Motions from Grey Bruce Health Unit regarding **Comprehensive Measures to Address the Rise of Vaping in Canada** dated March 3, 2020.
- d. Letter to Peterborough Public Health regarding Support for a **Seamless Provincial Immunization Registry** dated March 5, 2020.
- e. Communication regarding **alPHA's Submission: COVID-19 and Reconsiderations Related to Public Health Modernization** dated March 10, 2020.
- f. News Release from newsroom@ontario.ca regarding **Premier Ford Announces Job Protection for Workers during the COVID-19 Situation** dated March 16, 2020.
- g. News Release from newsroom@ontario.ca regarding **Statement from Minister Elliott and Minister Smith on the Social Services Sector's Response to COVID-19** dated March 16, 2020.
- h. News Release from newsroom@ontario.ca regarding **Enhanced Measures to Protect Ontarians from COVID-19** dated March 16, 2020.
- i. News Release from newsroom@ontario.ca regarding **Ontario Takes Further Action to Contain the Spread of COVID-19** dated March 16, 2020.
- j. News Release from newsroom@ontario.ca regarding **Ontario Enacts Declaration of Emergency to Protect the Public** dated March 17, 2020.
- k. Letter from alPHA to the Premier of Ontario regarding **Board Meetings and Social Distancing** dated March 17, 2020
- l. Communication from the Office of CMOH regarding **Managing Health Worker Illness and Return to Work COVID 19** dated March 19, 2020
- m. Communication from the Office of CMOH regarding **Ontario Supporting Workers, Municipalities and Retailers in Response to COVID-19** dated March 19, 2020

9.0 Items for Information

Not applicable

10.0 Addendum

MOH/ CEO Report for March 2020

11.0 In-Camera

Not applicable

For discussion of labour relations and employee negotiations, matters about identifiable individuals, adoption of in camera minutes, security of the property of the board, litigation or potential litigation.

12.0 Open Meeting

Resolutions resulting from in-camera meeting - **there was no in-camera session**

M. Spruyt talked about process of recording the Board of Health proceedings that is being tested tonight. The recording can be paused before going in-camera and we will go forward with that format now that we have approval to do so.

13.0 Announcements / Next Committee Meetings:

Finance & Audit Committee Meeting

April 8, 2020 @ 4: 30 pm
Algoma Community Room

Board of Health Meeting:

April 22, 2020 @ 5:00 pm
Algoma Community Room

Governance Committee Meeting

June 17, 2020 @ 5:00 pm
Algoma Community Room

14.0 Evaluation

L. Mason reminded all to complete the evaluation.

15.0 Adjournment - 5:51 pm

RESOLUTION
2020-28

Moved: A. Kappes
Seconded: M. Hatfield

THAT the Board of Health meeting adjourns.



Algoma
PUBLIC HEALTH
Santé publique Algoma

April 2020

Medical Officer of Health / CEO



APH staff practice physical distancing while managing COVID-19 inquiries



Prepared by:
Dr. Marlene Spruyt and the
Leadership Team

Presented to:
Algoma Public Health Board of Health
22/04/2020

TABLE OF CONTENTS

APH At-a-Glance	Page 2
Partnerships & Program Highlights	Page 3

APH AT-A-GLANCE

What does APH look like during a Pandemic?

Most of our building is empty and those employees that are in the office are working in spaces that have been reconfigured to maximize physical distancing. Our IT department has worked to provide laptops and VPN access to support employees doing much of their work from home. Additional teleconference lines have been enabled to support team meetings and new technology to support team chat rooms.

But what is it that we are actually doing? Some individuals in the community have asked if we are still working.

The core activity of any infectious disease outbreak is case management and contact tracing. In the absence of a treatment or a vaccine, public health measures such as hygiene advice and physical distancing are our only protection. As any of you reading the news will know that needs to be partnered with aggressive case and contact management. This is the core work of our Infectious Disease team. All year round they follow cases of various infectious diseases and work with the “case” to reduce further exposure to others, and to identify all the contacts that the individual may have had during the period of time they were infective. They also go back in time before the individual became ill to identify all the possible exposures that predated the infection to identify the potential source. This is a very labour intensive process. For most familiar infectious diseases we have good information about incubation times, and infectious periods and recovery times that assist our “detective” team in identifying when and where the disease may have been acquired. For COVID-19 we know very little and that information is continuing to change. Initial information from other jurisdictions indicated that there was no evidence of asymptomatic spread, which has since been disproven. As best as we can tell the average incubation period is 5-6 days but may be as long as 14 days, hence the now universal self-isolation time of 14 days.

When we receive information that an individual has been swabbed they are considered by our team to be a potential positive case and are recommended to stay in self-isolation pending results. Our team contacts them to ensure they are maintaining their isolation and assess if there are any worsening of symptoms. If the result returns as negative they still remain in isolation especially if there has been a clear exposure as they may still be incubating. If no further symptoms develop they exit our program at 14 days. If we get a positive result we then begin the labour intensive process of looking back to symptom onset and 14 days prior to try to identify the original exposure. For international travellers, this has been relatively simple but now that we have some community transmission this becomes much, much more complex. We also examine the time after the onset of symptoms to see who else may have been exposed and we contact all those individuals, identify any that are symptomatic and arrange for testing and advise all others to remain in isolation. Since most people are following the recommendations to routinely stay at home this minimizes the potential exposures we need to assess.

We have monitored about 1100 tests to date and this has required us to deploy our public health nurses from other programs and train them to do other work. In addition to the case management described above the ID team has answered questions from the general public,

initially in the order of 200 calls per day, but now decreasing to about half that as more information is publically available.

Additionally, our Communications Team has been another hub of activity, totally revamping our website and updating daily with links to other resources, developing locally relevant messaging, creating signage for community business and fielding the persistent media enquiries.

PARTNERSHIPS

During this time of crisis, it is apparent that previous investments made in the development of relationships within our community and with various agencies across the district are fundamental to our communal work of supporting our communities. We have supported teleconferences with our FN healthcare providers and with primary care partners, and municipalities to provide a forum for information sharing and questions from the field. We have worked with the hospitals and family health teams to support their implementation of the COVID Assessment Centres. We have continued to work with food premises to maintain safe food handling practices as their delivery systems changed. We have engaged with grocery stores to assist them in implementing procedures to support physical distancing and minimize risk to the employees of their businesses. We have assisted many public and private agencies with interpreting the many guidance documents and directives that are regularly being updated. We have supported our many social service agencies in continuing to maintain service to our vulnerable populations while at the same time protecting their employees.

PROGRAM HIGHLIGHTS

Much of our regular program delivery has been paused as we focused on ramping up our ability to answer information phone lines and continue case management and contact tracing. Our Continuity of Operations Plan (COOP) identified priority services and those have continued, including needle exchange, naloxone distribution, low-cost contraceptive sales and some immunization services. Our non-public health programs have continued to provide services to clients using virtual modalities as much as possible.

COVID-19: Modelling and Potential Scenarios

April 20, 2020

COVID-19 Update: Today's Presentation

- The information and analysis provided was developed by several experts at Ontario Health, Public Health Ontario and researchers at Ontario universities, led and coordinated by the COVID-19 Command Table.
- Today's presentation will share the most up-to-date modelling and projections that Ontario's COVID-19 Command Table is using to inform the province's ongoing response.
- The government believes the public deserves to have access to the same information as it receives in regular briefings.
- Providing this information is key to ensuring continued transparency with the public about the current challenges that Ontario faces in dealing with COVID-19 and where there has been progress in flattening the curve.

Current Situation in Ontario

COVID-19: Key Public Health Measures Timeline

Jan 24

Minister's Order made novel coronavirus a reportable disease

Jan 25 - February

Rapid testing ramp-up

Aggressive case and contact management of all confirmed cases

March 12

Closure of public schools

March 13

Essential visitors only in LTC and other congregate care settings

Stop cycling of intermittent inmates and personal visits in correctional facilities

Prohibit gatherings over 250 people

March 16

Practice physical distancing

Self-isolate for 14 days if travelled outside Canada

Prohibit gatherings over 50 people

Make virtual work arrangements where possible

March 17

Closure of public places and establishments

March 21

Work deployment for health services providers

March 23

Closure of non-essential workplaces

March 24

Work deployment for LTC homes

March 25

Prohibit gatherings greater than 5 people

March 30

Closure of parks and outdoor recreational amenities

Limit outings to essential needs

Self-isolation for those over 70, with compromised immune systems or underlying medical conditions

April 2

Enhance capacity for contact tracing

April 3

Revised essential workplaces list

April 9

Prohibit camping on crown land

April 11

Work deployment for service providers, organizations, municipalities and DSSABs

April 14

Extension of Emergency Declaration for 28 days

April 15

Release of COVID-19 Action Plan for LTCH, including EO restricting staff from working in more than one setting

Jan 25

Ontario confirms first case of COVID-19

March 17

Ontario reports first COVID-19 death (from March 11)

Emergency Declaration

March 24

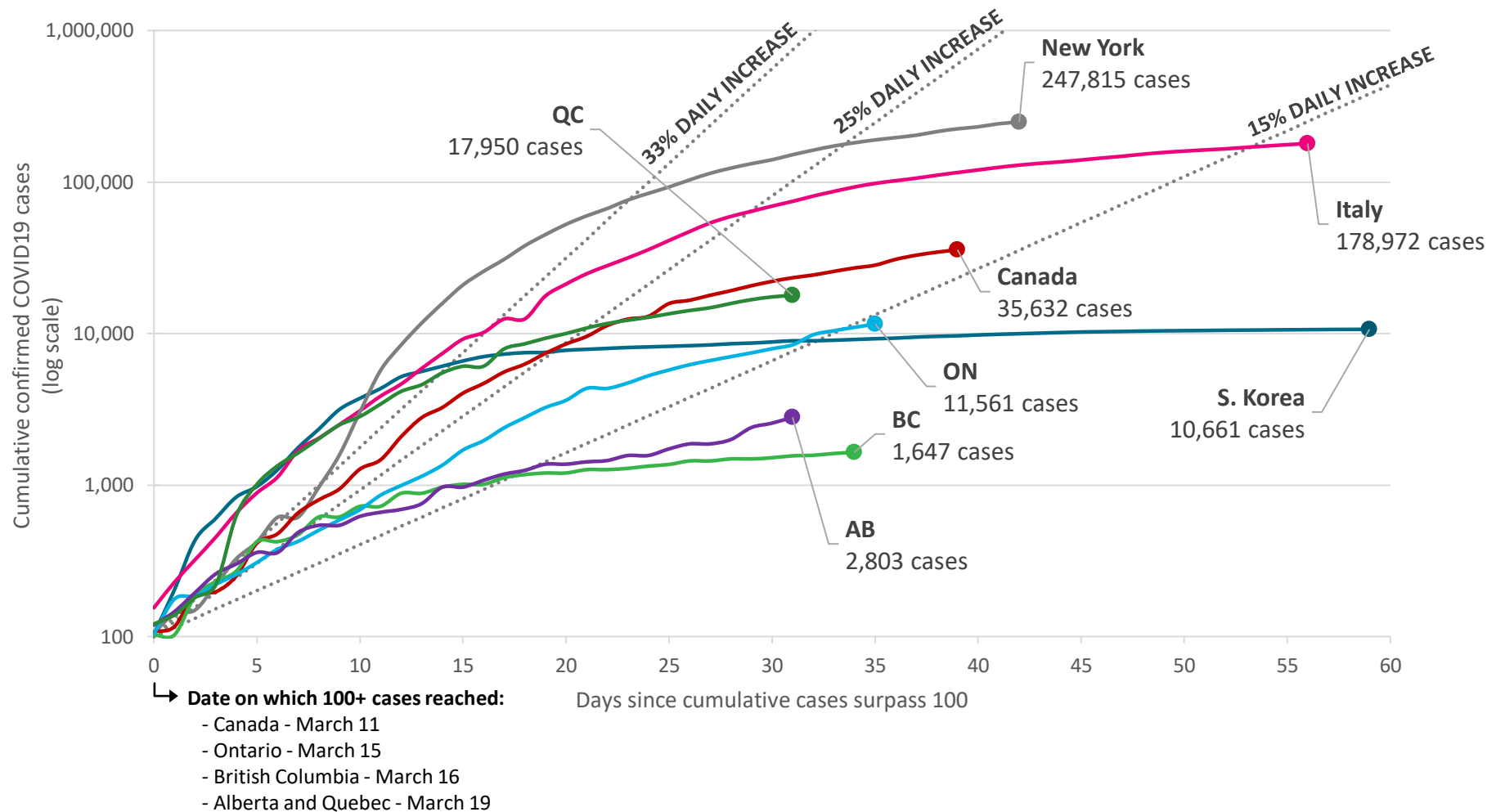
Ontario reports first deaths (2) in LTC homes

Current Status

- The wave of new community spread cases of COVID-19 in Ontario appears to have peaked.
- While earlier models predicted a peak in cases in May, public health interventions, including widespread adherence to physical distancing, have accelerated the peak to now. The sacrifices people are making to stay home and wash their hands are making a difference.
 - Peak is important because epidemics follow what is called Farr's Law, where epidemics have a symmetrical shape.
 - Total cumulative cases for span of the outbreak now likely less than 20,000, substantially lower than worst case (300,000) or even expected case (80,000) projected by previous models.
 - Projections now show Ontario's COVID-19 outbreak behaving more like best case.
- However, data shows that province is facing two different disease processes.
 - Community spread of COVID-19 seems to have peaked and is coming under control.
 - Spread in long-term care and other congregate settings seems to be growing.

Epidemic Curve: Cumulative confirmed COVID-19 cases, number of days since the 100th case

By country, including the Canadian provinces of Ontario, Alberta, British Columbia and Quebec

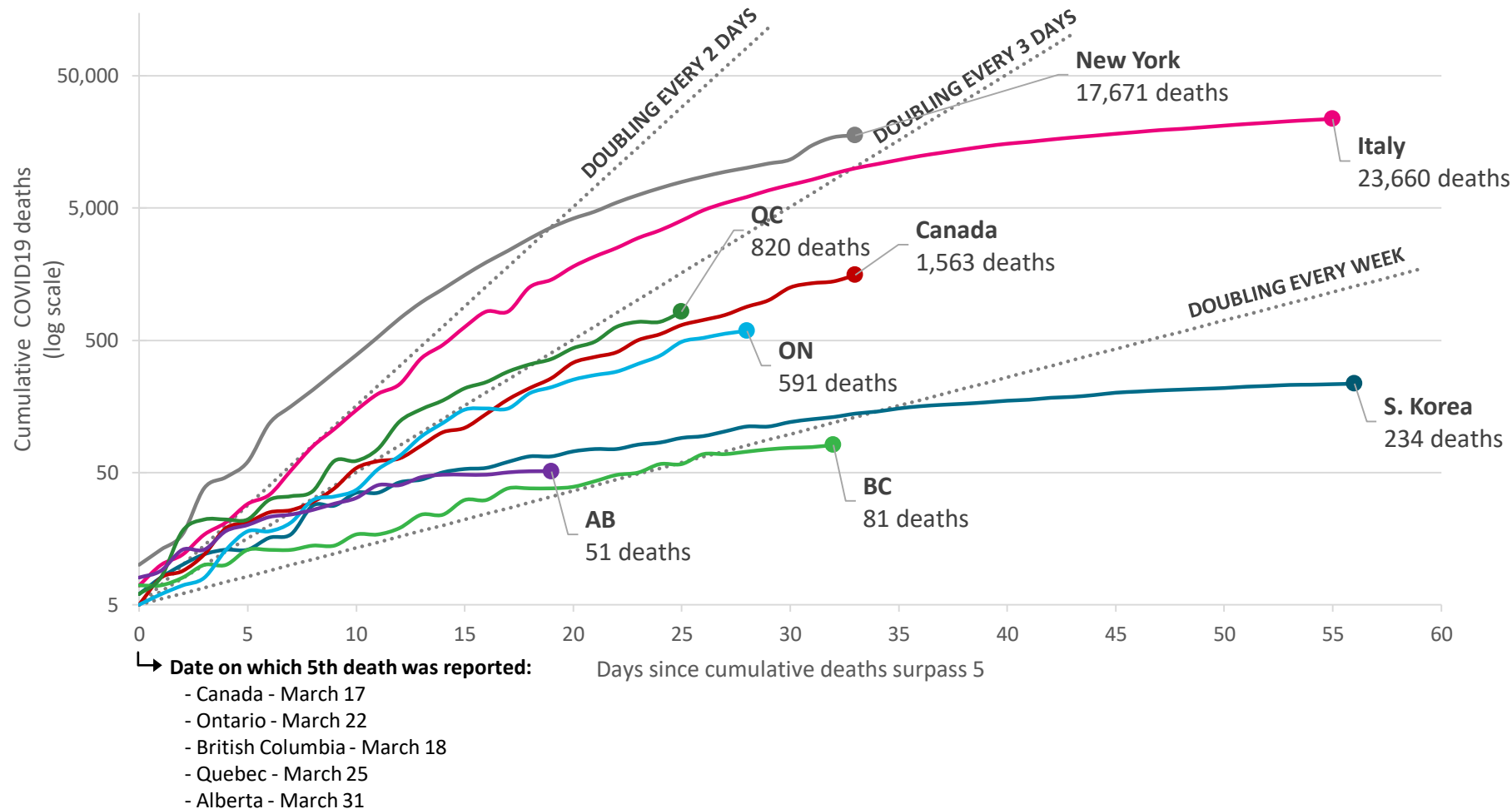


Data from: Dong, E., Du, H., & Gardner, L. (2020). An interactive web-based dashboard to track COVID-19 in real time. *The Lancet Infectious Diseases*, as of **April 19, 2020**.

Data compiled by Johns Hopkins University from the following sources: [WHO](#), [CDC](#), [ECDC](#), [NHC](#), [DXY](#), [1point3acres](#), [Worldometers.info](#), [BNO](#), state and national government health department, and local media reports.

Epidemic Curve: Cumulative COVID-19 deaths, number of days since the 5th death

By country, including the Canadian provinces of Ontario, Alberta, British Columbia and Quebec

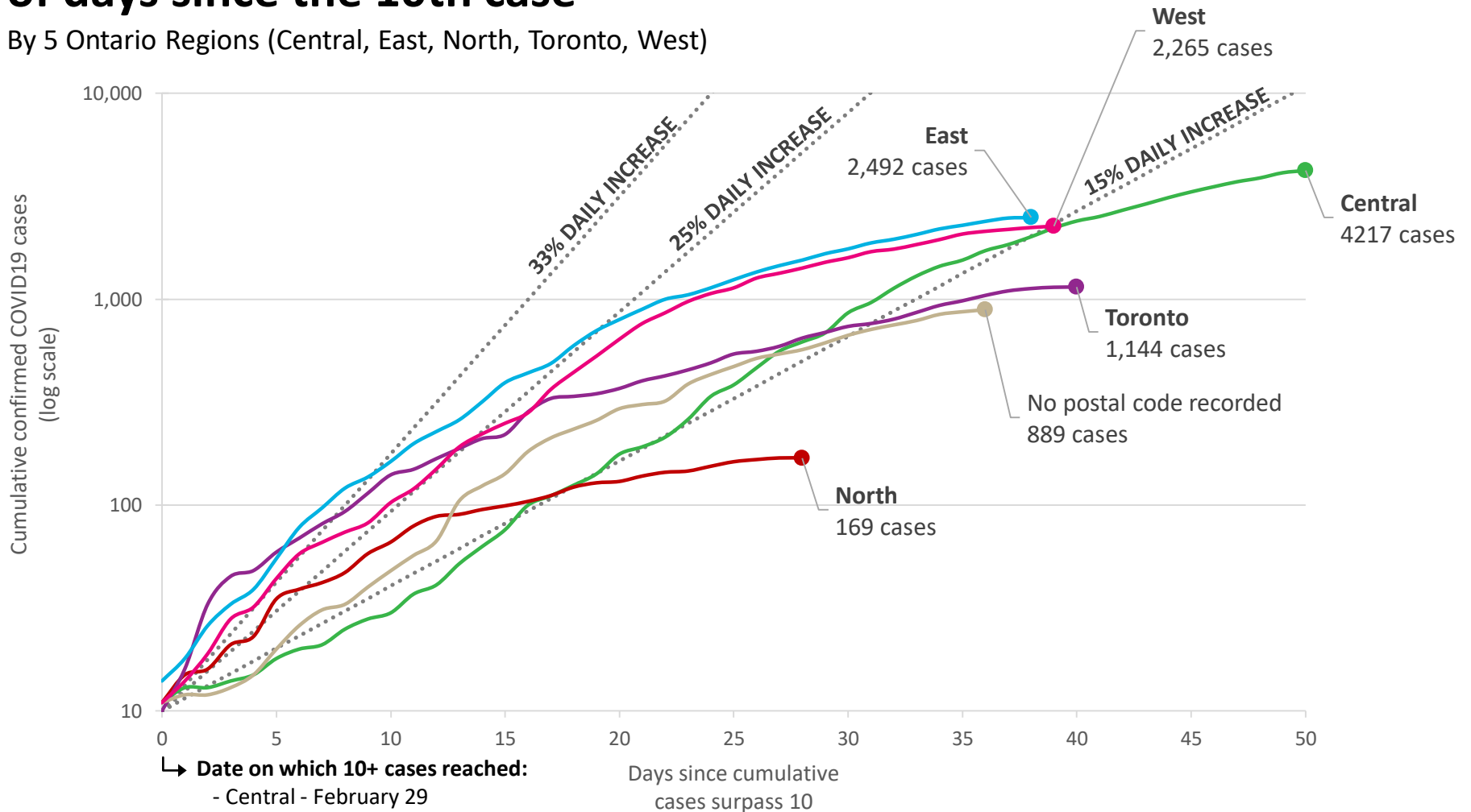


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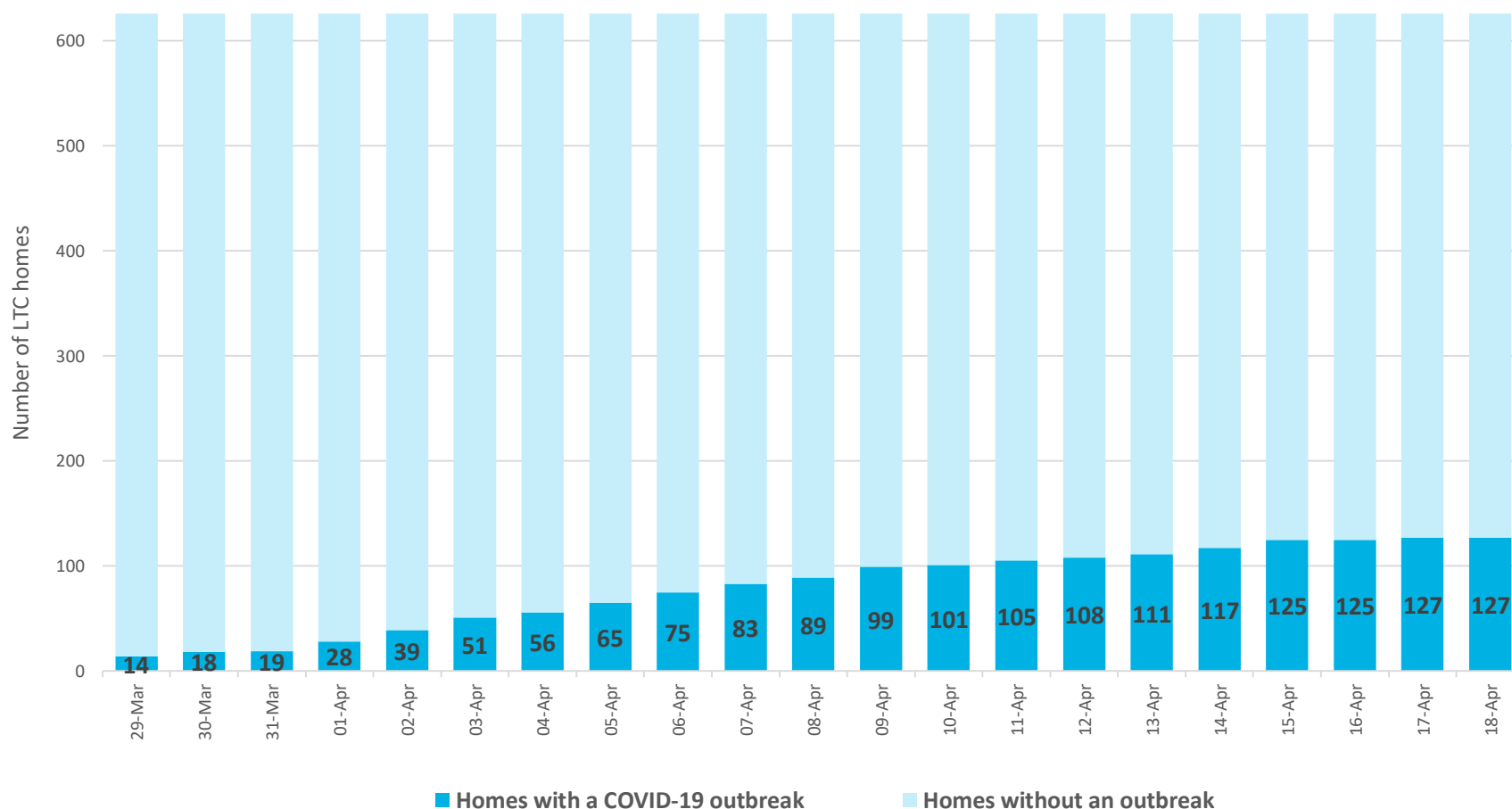
Epidemic Curve: Cumulative confirmed cases, number of days since the 10th case

By 5 Ontario Regions (Central, East, North, Toronto, West)



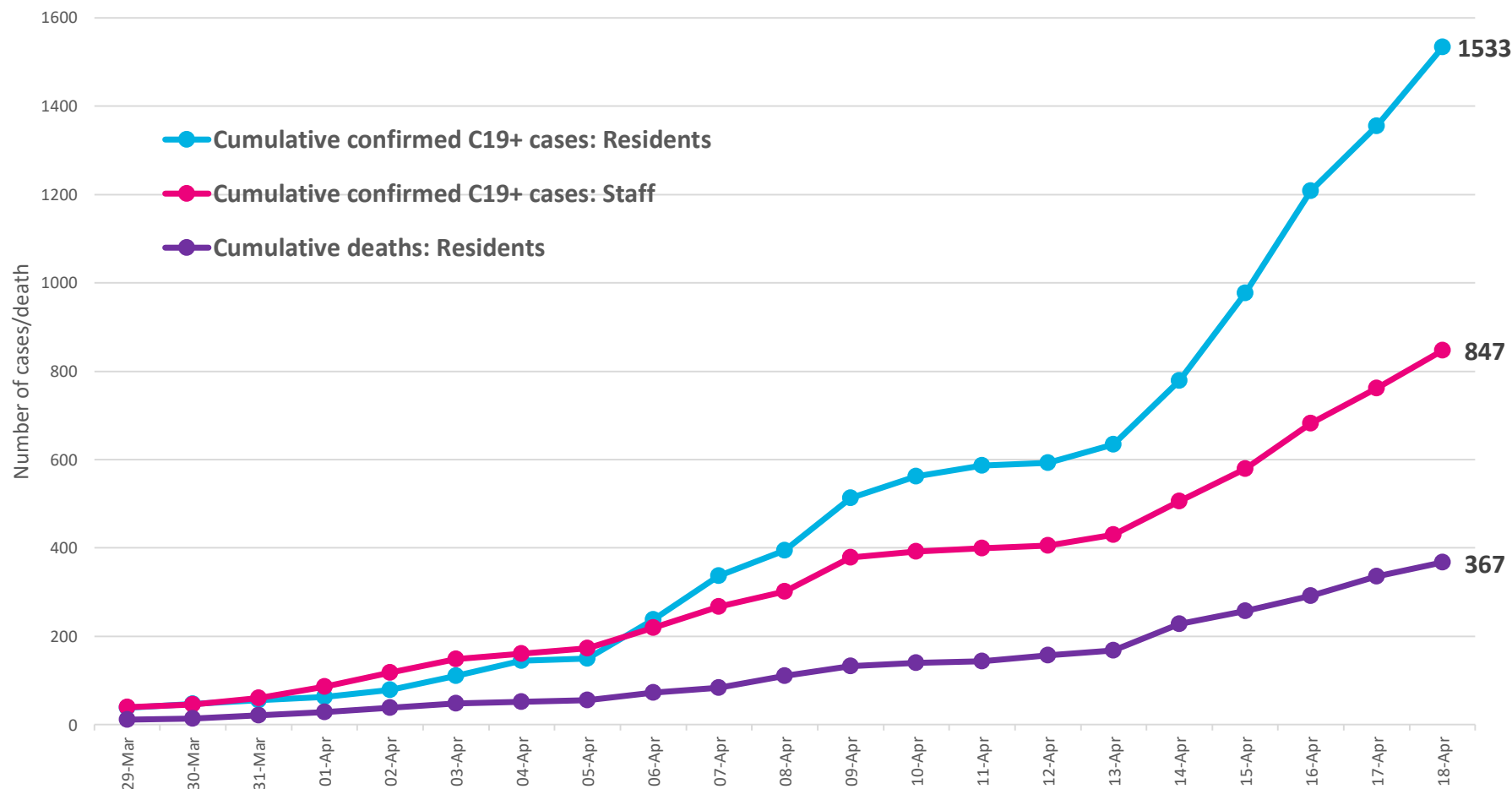
LTC Snapshot:

Cumulative long-term care homes with a COVID-19 outbreak



LTC Snapshot:

Cumulative resident COVID-19 cases, staff COVID-19 cases and resident deaths

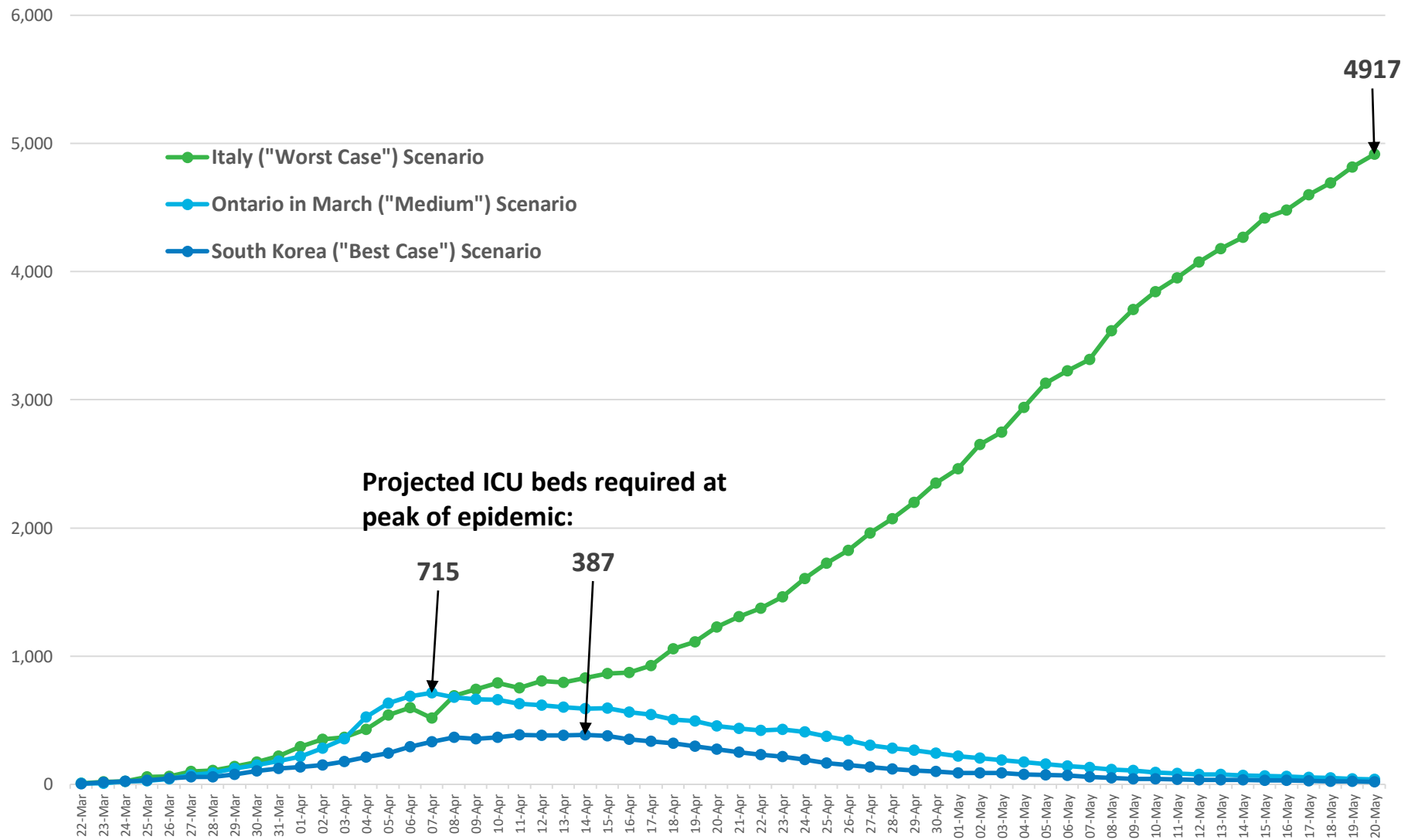


Modelling: Continuing to Inform Ontario's Planning

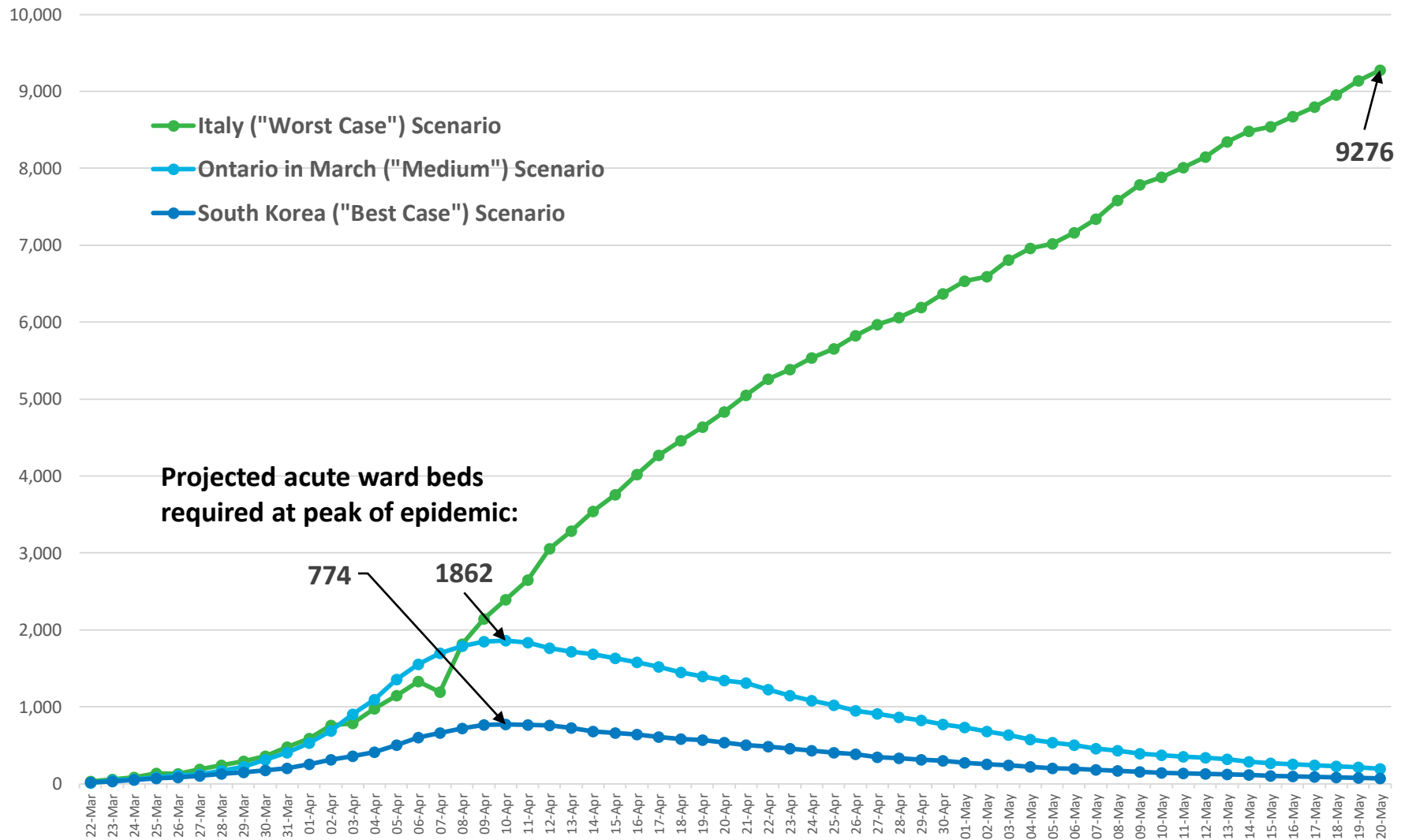
Hospital Demand Modeling Scenarios

- The projections presented here draw from COVID-19 health system impact models developed by a multidisciplinary collaborative of researchers and clinician scientists.
- Three scenarios were modeled:
 - **South Korea (“Best Case”)**: Restrained growth in infected cases slowed early through impact of public health measures.
 - **Ontario in March (“Medium Case”)**: Moderate growth in infected cases slowed later on through impact of public health measures.
 - **Italy (“Worst Case”)**: Moderate then rapid growth in COVID-19 cases that continue to climb at an exponential rate without public health measures.
- Based on recent data, if current measures restricting spread of the disease remain in place, **Ontario appears to be tracking toward the South Korea (“best case”) scenario.**
- The rate of growth in COVID-19 hospitalizations has slowed, while the number of COVID-19 patients in intensive care units has remained relatively constant over the past week.
- These models focus on predicting COVID-19 requirements for hospital intensive care unit and ward beds. They are not designed to predict impacts on community services such as long-term care and retirement homes.
- The recent experience in long-term care demonstrates that the disease multiplies rapidly in congregate settings, emphasizing the need for redoubled efforts to restrict spread of COVID-19.

Projecting COVID-19 Demand for Health Care Resources in Ontario: ICU Beds Required

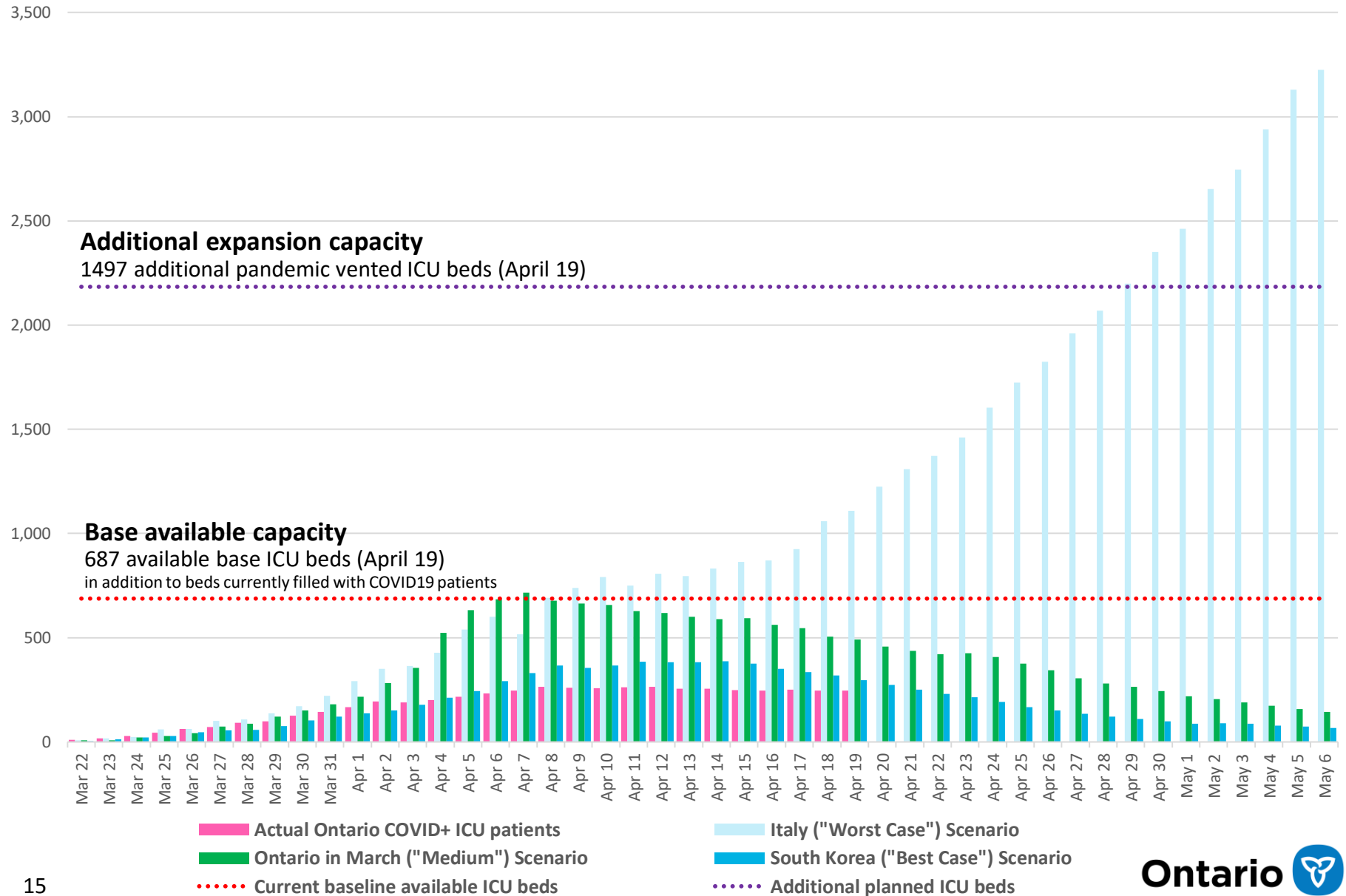


Projecting COVID-19 Demand for Health Care Resources in Ontario: Acute Ward Beds Required



How are we doing so far?

COVID-19 patients in Ontario ICU beds each day vs. predicted ICU bed demands in 3 model scenarios



Looking Ahead

Prevention and Disease Management in Long-Term Care Homes

- Ontario is urgently implementing the COVID-19 Action Plan for Protecting Long-Term Care Homes:
 - **Aggressive Testing, Screening, and Surveillance:** Enhancing testing for symptomatic residents and staff and those who have been in contact with persons confirmed to have COVID-19; expanding screening to include more asymptomatic contacts of confirmed cases; and leveraging surveillance tools to enable care providers to move proactively against the disease.
 - **Managing Outbreaks and Spread of the Disease:** Supporting long-term care homes with public health and infection control expertise to contain and prevent outbreaks; providing additional training and support for current staff working in outbreak conditions.
 - **Growing our Heroic Long-Term Care Workforce:** Redeploying staff from hospitals and home and community care to support the long-term care home workforce and respond to outbreaks, alongside intensive on-going recruitment initiatives.
- Issued an emergency order directing long-term care employers to ensure their employees, including registered nurses, registered practical nurses, personal support workers, kitchen and cleaning staff only work in one long-term care home.
- Enhanced guidance on personal protective equipment requiring staff to always wear appropriate protection, supporting by priority distribution to homes.

Continued Adherence to Public Health Measures

- Continued implementation of enhanced public health measures to stop the spread of COVID-19 and flatten the curve:
 - Extended the declaration of emergency to at least May 12 to support existing public health measures in place, including restricting social gatherings to five people and the closure of all non-essential workplaces, outdoor recreational amenities, public places and bars and restaurants, except those that provide takeout and delivery.
 - Implementing the next phase of the testing strategy to expand testing to include several priority groups to identify and contain new cases, especially among vulnerable populations.
 - Extending actions taken in long-term care homes to retirement homes and other congregate settings, including group homes and homeless shelters, to further protect vulnerable populations.
- Public should continue to stay home and maintain physical distancing to ensure the province continues to stop the spread of COVID-19 and flatten the curve. These actions are making a difference and people need to stay the course and stay strong in order to save lives.

Audit and Finance Committee

Chair's Report

April 8, 2020

The Audit and Finance Committee held a virtual meeting on April 20th and the following were discussed;

- Unaudited Financial Statements for the period ending February 29th
- Draft Audited Financial Statement for the period ending December 31, 2019
- The Audit Report from KPMG for the fiscal year 2019

Financial Statements as of February 29:

- Public Health programs are reporting a \$48k negative variance
- Public Health revenues indicating a \$88k negative variance
- Public Health expenses reported a positive variance of \$40k due to lower than budgeted salaries and wages\
- Financial Position
 - Liquidity is stable and the bank has been reconciled
 - Cash includes \$1.15M in short term investments

Draft Audited Statement as of December 31, 2019

- Mr. Pino to review

Audit Findings Report

- Mr. Pino to review

Financial Statements of

ALGOMA PUBLIC HEALTH

And Independent Auditors' Report thereon

Year ended December 31, 2019

DRAFT

ALGOMA PUBLIC HEALTH

Financial Statements

Year ended December 31, 2019

Independent Auditors' Report

Financial Statements

Statement of Financial Position	1
Statement of Operations and Accumulated Surplus	2
Statement of Change in Net Debt	3
Statement of Cash Flows	4
Notes to Financial Statements	5 - 14
Schedule 1 Statement of Revenue and Expenses - Public Health Programs	15
Schedule 2 Expenditures - Community Health Programs	16 - 17
Schedule 3 Summary of Public Health Programs	18



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INDEPENDENT AUDITORS' REPORT

Opinion

We have audited the accompanying financial statements of Algoma Public Health (the "Board"), which comprise:

- the statement of financial position as at December 31, 2019
- the statement of operations and accumulated surplus for the year then ended
- the statement of change in net debt for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Board as at December 31, 2019, and its results of operations, its changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "***Auditors' Responsibilities for the Audit of the Financial Statements***" section of our report.

We are independent of the Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.



In preparing the financial statements, management is responsible for assessing the Board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Board or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Board's financial reporting process.

Auditors' Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Board to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Sault Ste. Marie, Ontario

April 22, 2020

ALGOMA PUBLIC HEALTH

Statement of Financial Position

December 31, 2019, with comparative information for 2018

	2019	2018
Financial assets		
Cash	\$ 3,456,984	\$ 3,095,904
Accounts receivable	433,414	492,574
Receivable from participating municipalities	74,976	75,726
	3,965,374	3,664,204
Financial liabilities		
Accounts payable and accrued liabilities	1,579,445	1,345,385
Payable to the Province of Ontario	514,362	344,305
Deferred revenue (note 4)	281,252	428,341
Employee future benefit obligations (note 5)	2,910,195	2,811,714
Term loans (note 9)	4,836,784	5,199,815
	10,122,038	10,129,560
Net debt	(6,156,664)	(6,465,356)
Non-financial assets		
Tangible capital assets (note 6)	19,301,093	20,050,252
Prepaid expenses	-	20,790
Contingencies (note 10)		
Commitments (note 11)		
Subsequent event (note 13)		
Accumulated surplus (note 7)	\$ 13,144,429	\$ 13,605,686

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Operations and Accumulated Surplus

Year ended December 31, 2019, with comparative information for 2018

	2019	2018
Revenue:		
Municipal levy - public health	\$ 3,519,703	\$ 3,502,180
Provincial grants:		
Public health	10,796,234	10,718,847
Community health	6,996,929	6,850,289
Fees, other grants and recovery of expenditures	1,267,644	1,704,593
	22,580,510	22,775,909
Expenses (note 12):		
Public Health Programs (Schedule 1)	14,258,074	13,830,512
Community Health Programs (Schedule 2)		
Healthy Babies and Children	1,060,788	1,070,636
Child Benefits Ontario Works	24,500	24,500
Nurse Practitioner	154,598	143,379
CMH Transformational Supportive Housing	135,733	123,563
CMH/ASH Supportive Housing	40,883	55,655
Healthy Kids Community Challenge	-	147,507
Genetics Counseling	118,193	446,686
Bill 148 MCYS	-	8,174
Stay on Your Feet	104,887	98,217
Tobacco Cessation	-	12,129
Community Alcohol and Drug Assessment	718,792	715,834
Remedial Measures	7,760	1,023
Community Alcohol and Drug Assessment		
- Ontario Works	71,166	91,874
AOPHBA Conference	-	20,905
CHPI	214	-
Community Mental Health Housing	131,506	109,595
Community Mental Health	3,350,379	3,153,450
Garden River CADAP Program	267,452	185,999
Infant Development	629,893	645,022
CMH 1150 Units	37,713	11,426
Brighter Futures for Children	129,237	109,455
Preschool Speech and Languages Initiative	152,335	427,072
PSL Communication Development	488,449	225,085
Employee future benefits	98,481	107,440
Interest on long-term debt	97,867	105,722
Amortization on tangible capital assets	962,867	913,514
	23,041,767	22,784,374
Operating deficit	(461,257)	(8,465)
Accumulated surplus, beginning of year	13,605,686	13,614,151
Accumulated surplus, end of year	\$ 13,144,429	\$ 13,605,686

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Change in Net Debt

Year ended December 31, 2019, with comparative information for 2018

	2019	2018
Operating deficit	\$ (461,257)	\$ (8,465)
Additions to tangible capital assets	(216,131)	(49,895)
Loss on disposal of tangible capital assets	2,423	-
Amortization of tangible capital assets	962,867	913,514
	287,902	855,154
Change in prepaid expenses	20,790	(20,790)
Net debt, beginning of year	(6,465,356)	(7,299,720)
Net debt, end of year	\$ (6,156,664)	\$ (6,465,356)

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Statement of Cash Flows

Year ended December 31, 2019, with comparative information for 2018

	2019	2018
Cash provided by (used in):		
Operating activities:		
Operating deficit	\$ (461,257)	\$ (8,465)
Items not involving cash:		
Amortization of tangible capital assets	962,867	913,514
Loss on disposal of tangible capital assets	2,423	-
Increase in employee future benefit obligations	98,481	107,440
	602,514	1,012,489
Change in non-cash working capital:		
Decrease (increase) in accounts receivable	59,160	(2,943)
Decrease (increase) in receivable from participating municipalities	750	(44,957)
Increase (decrease) in accounts payable and accrued liabilities	234,061	(91,337)
Increase (decrease) in payable to the Province of Ontario	170,057	(198,778)
Decrease in deferred revenue	(147,089)	(84,406)
Decrease (increase) in prepaid expenses	20,790	(20,790)
	940,243	569,278
Financing activities:		
Repayment of term loan	(363,032)	(355,178)
Capital activities:		
Additions to tangible capital assets	(216,131)	(49,895)
Increase in cash	361,080	164,205
Cash, beginning of year	3,095,904	2,931,699
Cash, end of year	\$ 3,456,984	\$ 3,095,904

See accompanying notes to financial statements.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2019

The Board of Health for the District of Algoma operating as Algoma Public Health (the "Board") is governed by a public health board as mandated by the Health Protection and Promotion Act for the purpose of promoting and protecting public health.

1. Significant accounting policies:

The financial statements are prepared in accordance with the Canadian generally accepted accounting principles for government organizations as recommended by the Public Sector Accounting Board ("PSAB") of the Chartered Professional Accountants of Canada. Significant aspects of the accounting policies adopted by the Board are as follows:

(a) Basis of accounting:

Revenue and expenses are reported on the accrual basis of accounting.

The accrual basis of accounting recognizes revenue as they are earned and measurable. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Revenue recognition:

The operations of the Board are funded by the Province of Ontario, levies to participating municipalities and user fees. Funding amounts not received at year end are recorded as receivable. Funding amounts in excess of actual expenditures incurred during the year are repayable and are reflected as liabilities.

Certain programs of the Board operate on a March 31 fiscal year. Revenues received in excess of expenditures incurred at December 31 are deferred on the statement of financial position until related expenditures are incurred or upon final settlement.

(c) Prior years' funding adjustments:

The Ministry of Health and Long-Term Care undertakes financial reviews of the Board's operations from time to time, based on the Board's submissions of annual settlement forms. Adjustments to the financial statements, if any, a result of these reviews are accounted for in the period when notification is received from the Ministry.

(d) Non-financial assets:

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2019

1. Significant accounting policies (continued):

(e) Tangible capital assets:

Tangible capital assets are recorded at cost which includes amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over the following number of years:

Asset	Years
Building	40
Leasehold improvements	10
Furniture and equipment	10
Vehicle	4
Computer equipment	3

Annual amortization is charged in the year of acquisition and in the year of disposal. Assets under construction are not amortized until the asset is available for productive use.

(f) Employee future benefit obligations:

The Board sponsors a defined benefit life and health care plan for all employees who retire from active service with an unreduced OMERS pension. The Board accrues its obligations under the defined benefit plan as the employees render the services necessary to earn these retirement benefits. The cost of future benefits earned by employees is actuarially determined using the projected benefit method prorated on service and incorporates management's best estimates with respect to mortality and termination rates, retirement age and expected inflation rate with respect to employee benefit costs.

Actuarial gains (losses) on the accrued benefit obligation arise from the differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation.

(g) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Significant items subject to estimates and assumptions include the carrying amount of tangible capital assets, valuation allowances for accounts receivables and obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2019

2. Participating municipalities:

The participating municipalities are as follows:

City of Sault Ste. Marie
City of Elliot Lake
Town of Blind River
Town of Bruce Mines
Town of Thessalon
Town of Spanish
Municipality of Wawa
Municipality of Huron Shores
Village of Hilton Beach
Township of Dubreuilville
Township of Hilton
Township of Jocelyn
Township of Johnson
Township of Laird
Township of MacDonald, Meredith & Aberdeen Additional
Township of North Shore
Township of Plummer and Plummer Additional
Township of Prince
Township of St. Joseph
Township of Tarbutt & Tarbutt Additional
Township of White River
Certain unincorporated areas in the District of Algoma

3. Credit facility:

The Board has an authorized line of credit available in the amount of \$500,000. The credit facility bears interest at prime + 0.75% and is unsecured. At December 31, 2019, \$Nil (2018 - \$Nil) was outstanding under the facility.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2019

4. Deferred revenue:

The Board operates several additional programs funded by the Ministry of Health and Long-Term Care. Excess funding received for these programs or programs funded for a program year which differs from the Health Unit's fiscal year is deferred in the accounts until the related costs and final settlements are determined.

A summary of the year's activity relating to those programs is as follows:

	2019	2018
Deferred revenue, beginning of year	\$ 428,341	\$ 512,747
Funds received during the year	40,511	66,334
Expenses incurred in the year	(187,600)	(150,740)
Deferred revenue, end of year	\$ 281,252	\$ 428,341

5. Employee future benefits:

(a) Pension agreements:

The Board makes contributions to the Ontario Municipal Employees Retirement Fund ("OMERS"), which is a multi-employer plan, on behalf of 193 (2018 - 193) members of its staff. The plan is a multi-employer, defined-benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. The multi-employer plan is valued on a current market basis for all plan assets.

The Board's contributions to OMERS equal those made by the employees. The amount contributed was \$1,343,134 (2018 - \$1,314,684) for current service and is included as an expense on the Statement of Operations and Accumulated Surplus. No pension liability for this type of plan is included in the Board's financial statements.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2019

5. Employee future benefits (continued):

(b) Employee future benefit obligations:

Employee future benefit obligations are future liabilities of the Board to its employees and retirees for benefits earned but not taken as at December 31, 2019. The liabilities will be recovered from future revenues and consist of the following:

	2019	2018
Post-retirement benefits (i)	\$ 1,194,626	\$ 1,177,620
Non-vested sick leave (ii)	424,835	343,585
Accrued vacation pay (iii)	1,290,734	1,290,509
	<u>\$ 2,910,195</u>	<u>\$ 2,811,714</u>

(i) Post-retirement benefits:

The post-retirement benefit liability is based on an actuarial valuation performed by the Board's actuaries. The date of the most recent actuarial valuation of the post-retirement benefit plan is December 31, 2019. The significant actuarial assumptions adopted in estimating the Board's liability are as follows:

- Discount Rate 3.10%
- Health Care Trend Rate 4.0% to 6.5%

Information about the Board's future obligations with respect to these costs is as follows:

	2019	2018
Accrued benefit obligations, beginning of year	\$ 1,177,620	\$ 1,134,752
Current service cost	47,604	62,920
Interest cost	35,234	33,207
Benefits paid	(40,588)	(40,588)
Amortization of actuarial gains	(25,244)	(12,671)
Accrued benefit obligations, end of year	<u>\$ 1,194,626</u>	<u>\$ 1,177,620</u>

(ii) Non-vested sick leave:

Accumulated sick leave credits refers to the balance of unused sick leave credits which accrue to employees each month. Unused sick days are banked and may be used in the future if sick leave is beyond their yearly entitlement. No cash payments are made for unused sick time upon leaving the Board's employment.

(iii) Accrued vacation pay:

Accrued vacation pay represents the liability for vacation entitlements earned by employees but not taken as at December 31.

ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements

Year ended December 31, 2019

6. Tangible capital assets:

Cost	Balance at December 31, 2018	Additions	Transfers & (Disposals)	Balance at December 31, 2019
Building	\$ 22,732,421	134,809	-	22,867,230
Leasehold improvements	1,572,805	-	-	1,572,805
Furniture and equipment	1,936,987	73,245	(12,113)	1,998,119
Vehicle	40,113	-	-	40,113
Computer equipment	3,244,030	8,077	-	3,252,107
Total	\$ 29,526,356	216,131	(12,113)	29,730,374
Accumulated Amortization	Balance at December 31, 2018	Disposals	Amortization expense	Balance at December 31, 2019
Building	\$ 3,986,288	-	582,536	4,568,824
Leasehold improvements	684,004	-	105,939	789,943
Furniture and equipment	1,603,362	(9,690)	191,354	1,785,026
Vehicle	30,084	-	10,028	40,112
Computer equipment	3,172,366	-	73,010	3,245,376
Total	\$ 9,476,104	(9,690)	962,867	10,429,281
	Net book value, December 31, 2018			Net book value, December 31, 2019
Building	\$ 18,746,133			18,298,406
Leasehold improvements	888,801			782,862
Furniture and equipment	333,625			213,093
Vehicle	10,029			1
Computer equipment	71,664			6,731
Total	\$ 20,050,252			19,301,093

ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements

Year ended December 31, 2019

6. Tangible capital assets (continued):

Cost	Balance at December 31, 2017	Additions	Transfers & (Disposals)	Balance at December 31, 2018
Building	\$ 22,732,421	-	-	22,732,421
Leasehold improvements	1,572,805	-	-	1,572,805
Furniture and equipment	1,911,325	49,895	(24,233)	1,936,987
Vehicle	40,113	-	-	40,113
Computer equipment	3,244,030	-	-	3,244,030
Total	\$ 29,500,694	49,895	(24,233)	29,526,356
Accumulated Amortization	Balance at December 31, 2017	Disposals	Amortization expense	Balance at December 31, 2018
Building	\$ 3,449,790	-	536,498	3,986,288
Leasehold improvements	578,065	-	105,939	684,004
Furniture and equipment	1,438,209	(24,233)	189,386	1,603,362
Vehicle	20,056	-	10,028	30,084
Computer equipment	3,100,703	-	71,663	3,172,366
Total	\$ 8,586,823	(24,233)	913,514	9,476,104
	Net book value, December 31, 2017			Net book value, December 31, 2018
Building	\$ 19,282,631			18,746,133
Leasehold improvements	994,740			888,801
Furniture and equipment	473,116			333,625
Vehicle	20,057			10,029
Computer equipment	143,327			71,664
Total	\$ 20,913,871			20,050,252

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2019

7. Accumulated surplus:

Accumulated surplus is comprised of:

	2019	2018
Invested in tangible capital assets	\$ 19,301,092	\$ 20,050,252
Reserve (note 8)	1,145,116	831,407
Operating	445,200	735,556
Unfunded:		
Employee future benefits	(2,910,195)	(2,811,714)
Term loans	(4,836,784)	(5,199,815)
	\$ 13,144,429	\$ 13,605,686

8. Reserves:

The Board has set aside reserves for specific purposes to be approved by the Board.

	2019	2018
Balance, beginning of year	\$ 831,407	\$ 525,343
Additions to reserves	300,000	300,000
Investment Income	13,709	6,064
Balance, end of year	\$ 1,145,116	\$ 831,407

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2019

9. Term loans:

	2019	2018
Term loan #1	\$ 4,554,157	\$ 4,895,975
Term loan #2	282,627	303,840
	<u>\$ 4,836,784</u>	<u>\$ 5,199,815</u>

Principal payment due on the term loans is as follows:

Year	Annual payments
2020	\$ 369,886
2021	377,164
2022	384,585
2023	392,152
2024	399,867
Thereafter	2,913,130

Term loan #1 is a non-revolving loan bearing interest of 1.95%. The loan is repayable in blended monthly interest and principal payments of \$36,164 and matures on September 1, 2031.

Term loan #2 bears interest of 1.95%. The loan is repayable in monthly interest and principal payments of \$2,244. The loan is due on September 1, 2031.

Interest paid in the year is \$97,867 (2018 - \$105,722).

10. Contingencies:

The Board is periodically subject to legal claims or employee grievances. In the opinion of management, the ultimate resolution of any current claims or grievances would not have a material effect on the financial position (or results of operations) of the Board and any claims would not exceed the current insurance coverage. Accordingly, no provisions for losses has been reflected in the accounts of the Board for these amounts. Settlements, if any, resulting in a cost to the Board will be accounted for in the period the amounts can be determined.

ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2019

11. Commitments:

The Board is committed to minimum annual lease payments under various operating leases as follows:

Year	Annual payments
2020	\$ 174,635
2021	139,221
2022	128,416
2023	133,265
2024	133,706

The annual lease payments are exclusive of maintenance and other operating costs.

12. Expenses by object:

	2019	2018
Salaries and benefits	\$ 17,392,789	\$ 17,082,531
Materials and supplies	4,686,111	4,788,328
Capital	962,867	913,515
	\$ 23,041,767	\$ 22,784,374

13. Subsequent event:

Subsequent to December 31, 2019 the COVID-19 outbreak was declared a pandemic by the World Health Organization. This has resulted in governments worldwide, including the Canadian and Ontario governments, enacting emergency measures to combat the spread of the virus. These measures, which include the implementation of travel bans, self-imposed quarantine periods and social distancing, have caused material disruption to businesses and organizations globally resulting in an economic slowdown. Governments and central banks have reacted with significant monetary and fiscal interventions designed to stabilize economic conditions however the success of these interventions is not currently determinable. The current challenging economic climate may lead to adverse changes in cash flows, working capital levels and/or debt balances, which may also have a direct impact on the Board's revenue, expenditures, and financial position in the future. The situation is dynamic and the ultimate duration and magnitude of the impact on the economy and our business are not known at this time.

ALGOMA PUBLIC HEALTH

Statement of Revenue and Expenses – Public Health Programs

Schedule 1

Year ended December 31, 2019, with comparative information for 2018

	2019 Budget	2019 Total	2018 Total
Revenue:			
Provincial grant	\$ 10,520,151	\$ 10,796,234	\$ 10,718,847
Levies	3,519,690	3,519,703	3,502,180
Recoveries	695,214	698,343	626,921
	14,735,055	15,014,280	14,847,948
Expenses:			
Salaries and wages	9,031,428	8,850,883	8,493,648
Benefits	2,185,087	2,132,488	2,005,382
Accounting and audit	25,000	23,513	20,361
Equipment	124,591	258,544	286,196
Insurance	105,000	122,971	104,262
Occupancy and renovations	760,000	874,985	857,210
Office supplies	75,544	66,621	73,054
Other	42,500	40,681	39,706
Professional development	96,702	139,999	110,689
Program promotion	62,930	40,530	25,992
Program supplies	631,433	448,451	583,879
Program administration (recovery)	(104,730)	(109,670)	(103,968)
Purchase professional services	779,916	892,621	819,992
Telephone and telecommunications	267,685	260,123	248,526
Travel	191,069	215,334	220,672
Special projects	-	-	44,911
	14,274,155	14,258,074	13,830,512
Excess of revenue over expenses before the undernoted	460,900	756,206	1,017,436
Interest on long-term debt	-	97,867	105,722
Amortization	-	962,867	913,514
Excess (deficiency) of revenue over expenses	\$ 460,900	\$ (304,528)	\$ (1,800)

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs

Year ended December 31, 2019, with comparative information for 2018

	Healthy Babies and Children	Child Benefits Ontario Works	Nurse Practitioner	Genetics Counselling	Stay on Your Feet	Remedial Measures	Community Alcohol and Drug Assessment Ontario Works	Community Mental Health Housing	Garden River CADAP Program	Infant Development	CHPI
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Salaries and employee benefits:											
Salaries	797,206	16,677	106,116	64,294	64,898	6,976	49,907	97,360	206,484	410,345	-
Employee benefits	210,486	4,253	24,162	18,341	15,921	698	12,991	22,456	49,963	109,122	-
	1,007,692	20,930	130,278	82,635	80,819	7,674	62,898	119,816	256,447	519,467	-
Supplies and services:											
Equipment	4,700	-	-	-	-	-	-	-	-	4,000	-
Occupancy and renovations	-	-	6,000	4,600	-	-	-	-	-	50,854	-
Office supplies	4,623	-	3,325	1,374	-	-	-	-	-	1,125	-
Insurance	-	-	1,200	-	-	-	-	-	-	-	-
Audit fees	2,188	-	2,035	-	-	-	-	-	-	2,035	-
Professional development	2,981	-	8,228	-	1,269	-	2,083	-	-	2,239	-
Program administration	-	-	-	4,644	-	-	5,602	8,914	9,647	16,160	-
Program promotion	-	-	-	-	-	-	-	-	-	-	-
Program supplies	1,637	3,570	(18)	2,507	21,388	86	-	229	30	5,853	214
Purchased professional services	10,000	-	-	20,118	-	-	-	-	-	-	-
Telephone and telecommunications	6,391	-	3,300	890	-	-	-	516	645	8,126	-
Travel	20,576	-	250	1,425	1,411	-	583	2,031	683	20,034	-
	53,096	3,570	24,320	35,558	24,068	86	8,268	11,690	11,005	110,426	214
Total expenditures	1,060,788	24,500	154,598	118,193	104,887	7,760	71,166	131,506	267,452	629,893	214

ALGOMA PUBLIC HEALTH

Schedule 2

Expenditures - Community Health Programs (continued)

Year ended December 31, 2019, with comparative information for 2018

	Brighter Futures for Children	Preschool Speech and Languages Initiative	PSL Communication Development	Community Alcohol and Drug Assessment	Community Mental Health	CMH Transformational Supportive Housing	CMH/ASH Supportive Housing	CMH 1150 Units	2019 Total	2018 Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Salaries and employee benefits:										
Salaries	53,550	128,419	408,995	516,411	2,143,992	121,920	-	-	5,193,550	5,357,952
Employee benefits	16,173	14,453	59,797	113,332	543,720	-	-	-	1,215,868	1,210,880
	69,723	142,872	468,792	629,743	2,687,712	121,920	-	-	6,409,418	6,568,832
Supplies and services:										
Equipment	-	-	3,000	4,673	10,902	-	-	-	27,275	14,501
Occupancy and renovations	1,900	188	1,538	44,815	328,838	(16,825)	31,796	35,228	488,932	491,094
Office supplies	-	-	2,123	3,624	3,660	-	-	-	19,854	28,859
Insurance	-	-	-	-	-	-	-	-	1,200	500
Audit fees	-	-	2,430	-	15,207	-	-	-	23,895	36,129
Professional development	-	-	553	1,919	9,179	-	-	-	28,451	22,777
Program administration	-	-	-	10,353	34,535	7,815	-	-	97,670	103,635
Program promotion	-	-	-	-	2,000	-	-	-	2,000	14,539
Program supplies	55,849	-	4,557	1,933	43,546	22,823	9,087	2,485	175,776	217,459
Purchased professional services	-	-	1,600	7,096	58,510	-	-	-	97,324	73,552
Telephone and telecommunications	51	300	1,874	5,961	66,025	-	-	-	94,079	71,108
Travel	1,714	8,975	1,982	8,675	90,265	-	-	-	158,604	184,201
	59,514	9,463	19,657	89,049	662,667	13,813	40,883	37,713	1,215,060	1,258,354
Total expenditures	129,237	152,335	488,449	718,792	3,350,379	135,733	40,883	37,713	7,624,478	7,827,186

ALGOMA PUBLIC HEALTH

Summary of Public Health Programs

Schedule 3

Year ended December 31, 2019, with comparative information for 2018

	2019	2018
	Total	Total
Revenue:		
MOH Public Health Funding	\$ 7,344,900	\$ 7,344,900
Levies	3,519,703	3,502,180
MOH Funding Healthy Smiles	649,483	730,384
Recoveries from Programs	409,052	399,433
MOH Funding Unorganized	530,400	530,400
MOH Funding Smoke Free Ontario	320,600	320,600
Senior Dental	229,227	-
MOH Funding Infection Control	222,300	222,300
Social Determinants of Health	180,500	180,500
Land Control	157,920	157,135
Medical Officer of Health Compensation	155,563	126,451
Diabetes Strategy	150,000	150,000
MOH Funding Harm Reduction	150,000	150,000
Funding - Chief Nursing Officer	121,500	121,500
Northern Ontario Fruit and Vegetables	117,400	117,394
MOH Funding Vector Bourne Disease	108,700	108,700
One Time Funding North East Collaborative	93,158	60,049
MOH Funding Infection Control Nurse	90,100	90,100
MOH Funding SFO Youth Engagement	80,000	80,000
Other	73,251	26,127
MOH Funding Safe Water	69,600	69,600
Needle Exchange Program Initiative	64,700	64,700
Interest	60,543	44,225
MOH Funding Haines Food Safety	24,600	24,600
MOH Funding SFO Prosecution	17,000	-
MOH Funding SFO E - Cigarettes	16,000	16,000
MOH One Time Funding Safe Water Enhanced Safe Water	15,500	15,500
New Purpose Built Vaccine Refrigerators	14,500	13,100
One Time Funding Legal Fees	14,002	49,300
MOH Funding PHI Practicum Student	10,000	10,000
One Time Funding School Vision	6,500	-
Panorama	-	71,908
One Time Funding Needle Exchange Supplies	-	26,281
One Time Funding Smoking Cessation Program	-	24,581
	15,016,703	14,847,948
Expenditures:		
Public Health	10,768,673	10,403,765
Healthy Smiles	649,483	730,384
Unorganized	530,400	530,400
Smoke Free Ontario	419,200	320,600
Senior Dental	229,227	-
Infection Control	222,300	222,300
Social Determinants of Health	180,500	180,500
Land Control	157,920	156,684
Medical Officer of Health Compensation	155,563	126,451
Diabetes strategy	150,000	150,000
Harm Reduction	150,000	150,000
Vector Bourne Disease	144,933	144,933
Chief Nursing Officer	121,500	121,500
Northern Ontario Fruit and Vegetables	117,400	117,394
Safe Water	92,800	85,100
North East Collaborative	92,566	60,049
Infection Control Nurse	90,100	90,100
Needle Exchange Program Initiative	64,700	64,700
Haines Food Safety	24,600	24,600
Safe Water Enhanced	15,500	15,500
New Purpose Built Vaccine Refrigerators	14,500	13,100
Legal fees	14,002	49,300
PHI Practicum Student	10,000	10,000
School Vision	6,500	-
SFO Youth Engagement	-	80,000
MOH Funding SFO E - Cigarettes	-	16,000
Panorama	-	71,908
Needle Exchange Supplies	-	26,281
Smoking Cessation Program	-	24,581
	14,422,368	13,986,130
Excess of revenue over expenses	\$ 594,335	\$ 861,818

**Algoma Public Health
(Unaudited) Financial Statements February 29, 2020**

<u>Index</u>	<u>Page</u>
Statement of Operations	1
Statement of Revenues	2
Statement of Expenses - Public Health	3
Notes to the Financial Statements	4-6
Statement of Financial Position	N/A

	Actual YTD 2020	Budget YTD 2020	Variance Act. to Bgt. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ YTD Budget 2020
Public Health Programs						
Revenue						
Municipal Levy - Public Health	\$ 947,125	\$ 947,124	\$ 0	\$ 3,788,497	0%	100%
Provincial Grants - Cost Shared Funding	1,624,324	1,444,760	179,564	8,668,558	12%	112%
Provincial Grants - Public Health 100% Prov. Funded	134,009	249,631	(115,622)	1,497,786	-46%	54%
Provincial Grants - Mitigation Funding	0	134,756	(134,756)	808,535	-100%	0%
Fees, other grants and recovery of expenditures	64,041	81,469	(17,428)	620,814	-21%	79%
Total Public Health Revenue	\$ 2,769,499	\$ 2,857,740	\$ (88,241)	\$ 15,384,190	-3%	97%
Expenditures						
Public Health Cost Shared	\$ 2,305,278	\$ 2,305,586	\$ 308	\$ 13,886,405	0%	100%
Public Health 100% Prov. Funded Programs	165,823	205,273	39,450	1,497,786	-19%	81%
Total Public Health Programs Expenditures	\$ 2,471,101	\$ 2,510,859	\$ 39,758	\$ 15,384,190	-2%	98%
Total Rev. over Exp. Public Health	\$ 298,397	\$ 346,880	\$ (48,483)	\$ 0		

Healthy Babies Healthy Children

Provincial Grants and Recoveries	\$ 979,011	979,011	-	1,068,011	0%	100%
Expenditures	996,818	979,193	17,624	1,068,011	2%	102%
Excess of Rev. over Exp.	(17,807)	(182)	(17,624)	(0)		

Public Health Programs - Fiscal 19/20

Provincial Grants and Recoveries	\$ 74,136	136,128	61,992	214,500		
Expenditures	75,620	152,500	(76,880)	214,500		
Excess of Rev. over Fiscal Funded	(1,484)	(16,372)	14,888	-		

Community Health Programs (Non Public Health)

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	55,772	48,624	7,148	316,244	15%	115%
Total Community Health Revenue	\$ 55,772	\$ 48,624	\$ 7,148	\$ 316,244	15%	115%
Expenditures						
Child Benefits Ontario Works	1,068	4,083	3,015	24,500	-74%	26%
Algoma CADAP programs	52,201	48,624	(3,577)	291,744	7%	107%
Total Calendar Community Health Programs	\$ 53,269	\$ 52,707	\$ (562)	\$ 316,244	1%	101%
Total Rev. over Exp. Calendar Community Health	\$ 2,503	\$ (4,083)	\$ 6,586	\$ 0		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 5,358,108	\$ 5,348,116	\$ 9,992	\$ 5,870,253	0%	100%
Municipal, Federal, and Other Funding	253,677	219,922	33,755	253,547	15%	115%
Other Bill for Service Programs	42,128	-	42,128	-		
Total Community Health Revenue	\$ 5,653,913	\$ 5,568,038	\$ 85,875	\$ 6,123,800	2%	102%
Expenditures						
Brighter Futures for Children	89,818	104,910	15,092	114,447	-14%	86%
Infant Development	560,972	590,528	29,556	644,031	-5%	95%
Preschool Speech and Languages	567,518	576,235	8,716	640,256	-2%	98%
Nurse Practitioner	140,648	141,106	459	153,752	0%	100%
Genetics Counseling	0	-	-	-	0%	0%
Community Mental Health	3,319,362	3,414,017	94,655	3,729,308	-3%	97%
Community Alcohol and Drug Assessment	661,094	675,955	14,862	737,406	-2%	98%
Stay on Your Feet	84,708	91,667	6,958	100,000	-8%	92%
Bill for Service Programs	32,041	-	(32,041)	-		
Misc Fiscal	139	4,217	4,078	4,600	-97%	3%
Total Fiscal Community Health Programs	\$ 5,456,299	\$ 5,598,635	\$ 142,336	\$ 6,123,800	-3%	97%
Total Rev. over Exp. Fiscal Community Health	\$ 197,614	\$ (30,597)	\$ 228,211	\$ (0)		

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 29, 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Bgt. to Act. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ Annual Budget 2020	Comparison Prior Year:		
							YTD Actual 2019	YTD BGT 2019	Variance 2019
Levies Sault Ste Marie	667,344	667,344	0	2,669,377	0%	25%	609,525	609,525	0
Levies Vector Borne Disease and Safe Water							14,858	14,858	0
Levies District	279,780	279,780	0	1,119,120	0%	25%	292,662	255,539	37,123
Total Levies	947,125	947,124	0	3,788,497	0%	25%	917,045	879,922	37,123
MOH Public Health Funding	1,224,152	1,044,594	179,558	6,946,279	17%	18%	1,224,152	1,224,150	2
MOH Funding Needle Exchange	10,784	10,783	1	45,290	0%	24%	10,784	10,783	1
MOH Funding Haines Food Safety	4,100	4,100	0	17,220	0%	24%	4,100	4,100	0
MOH Funding Healthy Smiles	128,316	128,317	(1)	538,930	0%	24%	128,316	128,317	(1)
MOH Funding - Social Determinants of Health	30,084	30,080	4	126,350	0%	24%	30,084	30,083	1
MOH Funding Chief Nursing Officer	20,252	20,252	0	85,050	0%	24%	20,252	20,250	2
MOH Enhanced Funding Safe Water	2,584	2,583	1	10,850	0%	24%	2,584	2,583	1
MOH Funding Infection Control	52,068	52,068	0	218,680	0%	24%	52,068	52,067	1
MOH Funding Diabetes	25,000	25,000	0	105,000	0%	24%	25,000	25,000	0
Funding Ontario Tobacco Strategy	72,268	72,267	1	303,520	0%	24%	72,268	72,267	1
MOH Funding Harm Reduction	25,000	25,000	0	105,000	0%	24%	25,000	25,000	0
MOH Funding Vector Borne Disease	18,116	18,116	0	101,448	0%	18%	18,116	18,117	(1)
MOH Funding Small Drinking Water Systems	11,600	11,600	0	64,960	0%	18%	11,600	11,600	0
Total Public Health Cost Shared Funding	1,624,324	1,444,760	179,564	8,668,577	12%	19%	1,624,324	1,624,317	7
MOH Funding - MOH / AMOH Top Up	26,041	25,348	693	152,086	3%	17%	21,076	21,075	1
MOH Funding Northern Ontario Fruits & Veg.	19,568	19,567	1	117,400	0%	17%	19,564	19,567	(3)
MOH Funding Unorganized	88,400	88,400	0	530,400	0%	17%	88,400	88,400	0
MOH Senior Dental	0	116,317	(116,317)	697,900	-100%	0%	0	0	0
One Time Funding	0	0	0	0	0%	0%	0	0	0
Total Public Health 100% Prov. Funded	134,009	249,631	(115,622)	1,497,786	-46%	9%	129,040	129,042	(2)
Total Public Health Mitigation Funding	0	134,756	(134,756)	808,535	-100%	0%	0	0	0
Recoveries from Programs	1,672	4,588	(2,916)	27,511	-64%	6%	1,677	1,677	0
Program Fees	31,275	33,547	(2,272)	201,284	-7%	16%	34,107	39,766	(5,658)
Land Control Fees	6,436	10,000	(3,564)	160,000	-36%	4%	3,240	10,000	(6,760)
Program Fees Immunization	19,442	19,167	275	115,000	1%	17%	16,957	25,833	(8,876)
HPV Vaccine Program	0	0	0	12,500	0%	0%	0	0	0
Influenza Program	0	0	0	25,000	0%	0%	0	0	0
Meningococcal C Program	0	0	0	7,500	0%	0%	0	0	0
Interest Revenue	7,336	6,667	669	40,000	10%	18%	7,669	5,333	2,336
Other Revenues	(2,120)	7,500	(9,620)	32,000	0%	-7%	1,500	6,167	(4,667)
Total Fees, Other Grants and Recoveries	64,041	81,469	(17,428)	620,795	-21%	10%	65,150	88,776	(23,626)
Total Public Health Revenue Annual	\$ 2,769,499	\$ 2,857,740	\$ (88,241)	\$ 15,384,190	-3%	18%	\$ 2,735,559	\$ 2,722,056	\$ 13,503

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
Expense Statement- Public Health
For Two Months Ending February 29, 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Act. to Bgt. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ Budget 2020	Comparison Prior Year:		
							YTD Actual 2019	YTD BGT 2019	Variance 2019
Salaries & Wages	\$ 1,497,117	\$ 1,569,555	\$ 72,438	\$ 9,391,091	-5%	16%	\$ 1,388,546	\$ 1,505,236	\$ 116,690
Benefits	412,591	381,881	(30,711)	2,286,778	8%	18%	374,700	364,181	(10,519)
Travel	30,885	31,833	948	199,676	-3%	15%	85,929	137,084	51,155
Program	118,166	112,336	(5,830)	669,660	5%	18%	11,929	17,257	5,328
Office	11,542	11,283	(259)	67,700	2%	17%	126,709	131,823	5,114
Computer Services	123,107	120,112	(2,995)	853,146	2%	14%	44,401	37,948	(6,454)
Telecommunications	33,105	34,605	1,500	279,612	-4%	12%	4,410	10,488	6,079
Program Promotion	2,293	15,529	13,236	94,173	-85%	2%	(62,480)	(78,166)	(15,686)
Professional Development	11,686	22,583	10,897	135,500	-48%	9%	76,747	94,283	17,536
Facilities Expenses	133,516	129,069	(4,446)	774,417	3%	17%	118,786	126,667	7,881
Fees & Insurance	34,001	18,980	(15,021)	253,880	79%	13%	10,173	18,680	8,507
Debt Management	76,816	76,817	0	460,900	0%	17%	76,816	76,817	0
Recoveries	(13,724)	(13,724)	(0)	(82,343)	0%	17%	(17,455)	(17,455)	0
	\$ 2,471,101	\$ 2,510,859	\$ 39,758	\$ 15,384,190	-2%	16%	\$ 2,239,212	\$ 2,424,843	\$ 185,631

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

Notes to Financial Statements – February 2020

Reporting Period

The February 2020 financial reports include two-months of financial results for Public Health and the following calendar programs: Child Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting eleven-month result from operations year ended March 31 2020.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of February 29 2020, Public Health programs are reporting a \$48k negative variance.

Public Health Revenues are indicating an \$88k negative variance. Timing of receipts associated with the 100% Provincially Funded Seniors Dental program is contributing to this negative variance. APH did receive funds in March (149K). Additionally, the provincial government had indicated that they would be providing one-time mitigation funding in 2020 to assist all public health units and municipalities in managing funding formula changes. As of February 29 2020 Mitigation Funding associated with changes to the cost-sharing formula have not flowed to health units. As a result, this is also contributing to the negative variance associated with Public Health Revenues. Management has reached out to the Ministry regarding timing of this flow of funding however dates are unknown at this time.

APH's Public Health programs are early in the calendar year and as such, actual expenses are relatively aligned with budgeted expenses.

There is a positive variance of \$40k related to Total Public Health expenses being less than budgeted. Salary and Wages expense is driving this positive variance.

APH's Community Health (Non-Public Health) Fiscal Programs are eleven-months into the fiscal year.

Brighter Futures for Children Program is indicating a positive \$15k variance. This is a result of timing of expenses not yet incurred.

Notes Continued...

Public Health Revenue (see page 2)

Overall, Public Health funding revenues are indicating a negative \$88k variance.

The municipal levies are within budget.

Cost-Shared Funding is reflecting a \$180k positive variance. Because of the Ministry announcement to change the cost-sharing funding formula from 75% provincial funding to 70% provincial funding, management budgeted accordingly. As of February 29 2020, funding is flowing similar to 2019 ratios causing the positive variance noted.

Offsetting the positive variance noted with Cost-Shared Funding is the negative variances associated with 100% Provincially Funded programs, Public Health Provincial Mitigation Funding, and Fees Other Grants and Recoveries.

100% Provincially Funded programs are showing a negative \$116k variance. This is a result of timing of receipts related to the Ontario Seniors Dental program.

Public Health Mitigation Funding has yet-to-flow with regards changes to the cost-sharing formula further contributing to the overall negative variance associated with Public Health revenues.

Fees, Other Grants & Recoveries are showing a negative variance of \$17k. This is a result of timing of receipts of Fees, Other Grants & Recoveries. APH typically captures the bulk of its fees between the spring and fall months.

Public Health Expenses (see page 3)

As Public Health programs are only two-months into their operating year, variances noted are a result of timing of expenses not-yet incurred.

Salary & Wages

There is a \$72k positive variance associated with Salary and Wages. \$40k of this is associated to Healthy Smiles and Sr. Dental. The remaining balance is for other unpaid leaves and staff gapping of maternity leaves.

Benefits

Benefits expense is indicating a negative \$30k variance because of a WSIB payment reconciliation (\$15k).

Program Promotion

Program Promotion expense is indicating a positive \$13k variance. This is a result of timing of expenses not-yet-incurred.

Notes Continued...

Fees and Insurance

Fees and Insurance is showing a negative \$15k variance. This is a result of timing of expenses. Legal Fees and Subscriptions are currently over budget.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of February 29 2020. Cash includes \$1.15M in short-term investments.

Long-term debt of \$4.71 million is held by TD Bank @ 1.95% for a 60-month term (amortization period of 180 months) and matures on September 1, 2021. \$275k 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.

NOTES:

1. Similar to previous years, the Balance Sheet as of February 29 2020 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2019 annual audited Financial Statements are completed, the Balance Sheet will be provided.
2. COVID-19 costs were not incurred during the month of February. Management is tracking associated costs related to this significant event and will report during the time period in which costs are incurred.



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Algoma Public Health
294 Willow Avenue
Sault Ste. Marie, ON
P6B 0A9

Via Email

April 1, 2020

Attention: Mr. Lee Mason – Chairperson

Dear Chair Mason:

Re: Municipal Levy 2020 and COVID-19

I hope that this letter finds you, your board and staff well given the current crisis that is upon us all. Today, I write to you about two items.

Like all municipalities, the Township of Johnson is very concerned with respect to its cash flow. While we continue to provide the services that are so important to our residents, we will also be providing relief of the immediate burden of property tax payments. This is in the form of a deferral and not a cancellation.

In order to assist us with our cash flow and to make things easier on our residents, we would formally ask the APH Board of Directors consider a deferral of the payment of municipal levies until such time as the municipal fiscal picture is much clearer.

If APH needs a further discussion on this matter, I can be reached by email at mayormersereau@johnsontownship.ca or by phone at 403-819-2080.

Best Regards,

**Blaine Mersereau, Mayor
Township of Johnson**

Cc: Municipalities in the Algoma District
Council Members – Township of Johnson
C. Wray – CAO / Clerk
P. Spurway – Treasurer
MMAH – S. MacGillivray – Municipal Advisor
AMO
FONOM
ROMA

Dear alPHa Members,

Recognizing the rapidly evolving COVID19 situation, we are taking this opportunity to reach out to our members to assure you that we continue to play our role within Ontario's enviable public health system and are adapting that role as circumstances dictate. Our relationships with our communities, institutions and other partners are more important than ever to keep the public informed and as safe as can be. alPHa will continue to keep vital information flowing to and among its members.

As always, we direct members, stakeholders and the public to consult official government resources for the most up-to-date information on COVID-19. These include:

[Ontario Ministry of Health \(Public\)](#)
[Ontario Ministry of Health \(Health Care Providers\)](#)
[Public Health Ontario](#)
[Public Health Agency of Canada](#)

alPHa's Executive Director continues to participate in the daily COVID-19 teleconferences for associations as well as the COVID-19 Public Health Coordination teleconferences with Emergency Management Ontario. She has also been sharing the daily Situation Reports, press releases and information from AMO via the allhealthunits distribution list. We remind the recipients of these reports to distribute these within their health units.

The Chair of the Council of Ontario Medical Officers of Health (COMOH) has been serving as a point of contact to compile issues identified in communications and response strategies for consideration by the provincial leadership during the Public Health Coordination teleconferences. The COMOH chair also sits on the Provincial Stakeholders table, chaired by the Deputy Minister, informing the Command Table, and maintains direct regular contact with the Director of the Health System Emergency Management Branch. COMOH members have also been very active in discussions to coordinate local responses and messaging via their dedicated e-mail discussion list.

The Chair of alPHa's Boards of Health Section [wrote to the Premier on March 17th](#) requesting a suspension of the Municipal Act rules that prohibited virtual attendance at board meetings for the purposes of quorum. The government announced the requested suspension the following day, which will allow municipalities and their various boards to continue to conduct important business while practicing social distancing. [Information sheet is available here.](#)

alPHa Staff and the volunteers to its Board of Directors and Executive Committee have been and will remain hard at work to ensure that information continues to flow and questions and concerns are addressed as quickly and completely as possible. Please note, as is the case of many of you, alPHa staff are working remotely.

In closing, I would like to express my sincere appreciation and admiration for all of Ontario's Medical Officers of Health, Associate Medical Officers of Health, and Affiliate members in Public Health Units along with other program staff, support and administrative workers, members of our Boards of Health and everyone else who is working so hard to respond to this unprecedented public health crisis. I believe that Ontario's public health system is showing incredible dedication and leadership in this challenging and evolving time and I am confident that it will continue to do so as demands increase in the coming weeks.

Sincerely,

A handwritten signature in blue ink that reads "Carmen McGregor". The signature is fluid and cursive, with the first name "Carmen" and last name "McGregor" clearly distinguishable.

Carmen McGregor,
alPHa President

Solicitor General

Office of the Solicitor General

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**Ministry of Municipal Affairs
and Housing**

Office of the Minister

777 Bay Street, 17th Floor
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Tel.: 416 585-7000

**Ministère des Affaires municipales
et du Logement**

Bureau du ministre

777, rue Bay, 17^e étage
Toronto ON M7A 2J3
Tél.: 416 585-7000

March 27, 2020

Dear Head of Council:

On March 17, 2020, our government declared a provincial emergency through the authority granted under the *Emergency Management and Civil Protection Act* (EMCPA). Since this declaration, several emergency orders have been made under the Act to contain the spread of COVID-19 and to ensure that essential services continue to be provided and Ontarians are supported. To view Emergency Orders made by the government in response to COVID-19, please visit our ministry's Emergency Information webpage at: ontario.ca/alert.

Previously, only police officers and constables who have been appointed under an Act have the ability to enforce orders made under the EMCPA. Due to COVID-19, police resources are being stretched and police services have made requests to have other enforcement personnel assist with enforcing the emergency orders being made by the province.

As a result, our government signed a ministerial designation under the *Provincial Offences Act* to authorize the following personnel to enforce EMCPA orders:

- All persons or classes of persons designated in writing by a minister of the Crown as provincial offences officers, notwithstanding the offence or class of offences of that designation;
- All municipal law enforcement officers referred to in subsection 101 (4) of the *Municipal Act, 2001*, or in subsection 79 (1) of the *City of Toronto Act, 2006*;
- All by-law enforcement officers of any municipality, or of any local board of any municipality; and
- All officers, employees or agents of any municipality or of any local board of any municipality whose responsibilities include the enforcement of a by-law, an Act or a regulation under an Act.

.../2

No further provincial approvals or authorizations are needed for municipal law enforcement officers to enforce orders under the EMCPA. Municipalities are not required to, but may wish to consider whether, and how, to provide direction to their municipal law enforcement officers about the exercise of these powers (e.g., policies or by-laws regarding which officers are best positioned to exercise these powers given their existing training, knowledge and resources).

Municipalities should continue to consider the severity of each infraction in relation to the potential risk to public health and the spread of COVID-19 when taking enforcement action. Consistent with existing enforcement approaches, consideration should continue to be given to taking a graduated approach to compliance. This could include providing educational messaging or warnings to members of the public around the emergency orders and, if compliance is not obtained, the issuance of a ticket under the *Provincial Offences Act* or a summons under Part 3 of the Act.

To assist enforcement personnel, we are also establishing a dedicated 1-800 line to respond to questions related to enforcing these orders. This telephone number will be available to enforcement personnel and will not be for the general public. We will follow up with more information once the dedicated line is established.

Finally, to further support the implementation of this change, please see enclosed Frequently Asked Questions that can be shared with your enforcement staff. As specific operational questions arise please contact Zinzi De Silva, Standards Research Analyst with the Public Safety Division of the Ministry of the Solicitor General at 416-314-3079 or Zinzi.DeSilva@ontario.ca for guidance as necessary.

Thank you for your continued cooperation on this matter.

Sincerely,



Sylvia Jones
Solicitor General



Steve Clark
Minister of Municipal Affairs and Housing

Enclosure

c: Chief Administrative Officers

Municipal Clerks

alPHa's members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

March 27, 2020

Hon. Doug Ford
Premier of Ontario
Legislative Bldg Rm 281,
Queen's Park, Toronto,
ON M7A 1A1

Dear Premier,

Re: COVID-19 Action Plan and Public Health

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to thank you and the Minister of Finance for tabling *Ontario's Action Plan: Responding to COVID-19* in lieu of a traditional annual provincial budget.

Every Ontarian is deeply affected by the COVID-19 pandemic and we believe that the Action Plan and its swift passage in the legislature sends a clear signal that "business as usual" will be on hold for the foreseeable future, and that protecting people from the far-reaching impacts of this global health emergency is the first priority.

We were very pleased to hear Minister Phillips' words of support for Ontario's public health sector in the legislature yesterday, particularly regarding the expertise of our public health officials, both at the provincial and local levels, and the difference they are making to ensure that we are all well informed and taking appropriate actions in a constantly evolving situation.

Indeed, as representatives of the front-line public health professionals who are leading the response to COVID-19 in Ontario's communities, we would be remiss in not expressing sincere and immense gratitude of our own to our provincial colleagues. Dr. David Williams and the staff of the Office of the Chief Medical Officer of Health, Dr. Peter Donnelly and the staff of Public Health Ontario, and Clint Shingler and the staff of the Health System Emergency Management Branch have been and will continue to be instrumental to the effectiveness of our work.

We are also grateful that the COVID-19 Action Plan includes a commitment to providing further financial certainty to public health units as we weather this storm. As you are aware, the past year has been a period of extreme uncertainty for our members and we look forward to learning more about how the additional \$160M that is being reserved for urgent public health needs will be accessed and allocated. We also look forward to resuming discussions to ensure that the financial certainty required by our public health system to carry out its duties, both routine and extraordinary, is permanent.

We remain dedicated to our central duty to protect the health of the people in all of Ontario's communities in partnership with our provincial colleagues and we are very appreciative your government's clear demonstration of support.

We would be pleased to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,

A handwritten signature in blue ink, reading "Carmen McGregor".

Carmen McGregor
alPHA President

COPY: Hon. Christine Elliott, Minister of Health & Deputy Premier
Hon. Rod Phillips, Minister of Finance
Dr. David Williams, Chief Medical Officer of Health
Dr. Peter Donnelly, President and CEO, Public Health Ontario
Clint Shingler, Director, Health System Emergency Management Branch

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

March 30, 2020

Alexander Bishop, Director
Legalization of Cannabis Branch
Policy Division, Ministry of the Attorney General
720 Bay Street, 11th Floor
Toronto ON M7A 2S9

Dear Director Bishop:

Re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits

On behalf of the Board of Health at the Simcoe Muskoka District Health Unit (SMDHU), I am writing in support of alPHA's letter dated February 27, 2020 and the concerns expressed re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits.

Currently there is a lack of research to support the opening cannabis consumption establishments or issuing special event permits. Also lacking is evidence to outline the long-term impacts of normalizing cannabis use.

Presently, individuals in Ontario are permitted to possess and consume cannabis in many public and private spaces; therefore, cannabis cafes, lounges and special event permits are not required at this time. Allowing cannabis consumption establishments and special occasion permits would contribute to the normalization of cannabis use and has been demonstrated with alcohol use in our society, normalization results in proliferation of usage which increases health and social harms.

Potential harms from use and normalization of cannabis could include risks of public/over-intoxication, increased impaired driving, potential for falls and other injuries, issues of liability, enforcement issues and ultimately potential for increased hospital ER visits and hospitalizations. Any of these harms would result in increased societal and health costs.

The SMDHU Board of Health also supports alPHA's request for assurance that there will be no changes to the Smoke-Free Ontario Act regime as part of this consultation.

❑ **Barrie:**
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

❑ **Collingwood:**
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

❑ **Cookstown:**
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

❑ **Gravenhurst:**
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

❑ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

❑ **Midland:**
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

❑ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

Since legalization of cannabis is very recent and the retail market is still expanding, it would be prudent for the government to monitor and assess the impact of these regulatory changes before considering or allowing any further expansion.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:CS:cm

Encl. (1)

cc. Association of Local Public Health Agencies
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health
Hon. Christine Elliott, Minister of Health
Ontario Public Health Association
Local Members of Provincial Parliament in Simcoe Muskoka
Municipal Councils in Simcoe Muskoka

alPHA's members are
the public health units
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Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

February 27, 2020

Alexander Bishop, Director
Legalization of Cannabis Branch
Policy Division, Ministry of the Attorney General
720 Bay Street, 11th Floor
Toronto ON M7A 2S9

Re: 20-MAG001, Cannabis Consumption Establishments / Special Occasion Permits

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to express our concerns about the consideration of permitting cannabis consumption establishments and issuing special occasion permits analogous to those issued for alcohol in Ontario.

We appreciate the note on the Regulatory Registry that changes to the Smoke-Free Ontario Act (SFOA) 2017 are not being considered as part of this consultation, but would appreciate assurances that there will be no loosening of any of the regulatory restrictions that protect Ontarians from second-hand smoke in public places in any circumstance.

The SFOA's added protections from exposure to cannabis smoke in enclosed spaces are based on the known and significant health risks of inhaling smoke of any kind. We would view any motion towards considering exemptions for combustible or vapourized cannabis in any enclosed public place as an unacceptable step backwards.

Irrespective of whether this proposal is intended to exclude combustible or vapourized cannabis, it also amplifies our concerns about the ongoing liberalization and normalization of the use of harmful substances without proper consideration of their health consequences. Retail expansion of alcohol sales, unrestricted promotion of e-cigarettes and proposals such as this one are concrete examples of the government's willingness to expand the markets for these substances without developing offsetting health promotion policies to mitigate their measurable negative health and social impacts.

We look forward to providing further input to this process as it develops to ensure that these impacts are carefully considered alongside the economic drivers. In the meantime, we are again asking for assurances that there will be no reversal of any of the SFOA prohibitions on smoking or vaping in public places at any time in the future. We are also asking that provincial strategies be considered to clearly communicate the health hazards associated with cannabis consumption in general and implement measures to mitigate them.

We hope that you will take these requests into careful consideration and we would be pleased to discuss them with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,



Carmen McGregor,
alPHA President

COPY: Hon. Christine Elliott, Minister of Health
Dr. David Williams, Chief Medical Officer of Health

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

**Ministry of Municipal Affairs
and Housing**

Office of the Minister

777 Bay Street, 17th Floor
Toronto ON M7A 2J3
Tel.: 416 585-7000

Solicitor General

Office of the Solicitor General

25 Grosvenor Street, 18th Floor
Toronto ON M7A 1Y6
Tel.: 416 325-0408
MCSCS.Feedback@Ontario.ca

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et du Logement**

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Toronto ON M7A 2J3
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Solliciteur général

Bureau de la sollicitrice générale

25, rue Grosvenor, 18^e étage
Toronto ON M7A 1Y6
Tél.: 416 325-0408
MCSCS.Feedback@Ontario.ca



April 4, 2020

Dear Head of Council:

**Subject: Operation of Seasonal Trailer Parks and Recreational Campgrounds –
Amended Essential Business Order as of April 3, 2020**

Nothing is more important than protecting the health and well-being of Ontarians. Since first learning of COVID-19, Ontario has taken decisive action to contain the spread of this new virus.

Based on the advice of the Chief Medical Officer of Health, the province has declared an emergency so that we can take immediate action to stop the spread of COVID-19 and protect the public. On Tuesday, March 24th, the province ordered the mandatory closure of all non-essential workplaces pursuant to Ontario Regulation 82/20 under the *Emergency Management and Civil Protection Act*. On April 3, 2020 the province released an amended list of essential workplaces and ordered all businesses not covered by the amended emergency order to close their physical locations effective as of Saturday, April 4, 2020 at 11:59 p.m.

Seasonal trailer parks and recreational campgrounds are not listed as essential businesses and, as such, are required to be closed as of 11:59 p.m. today.

We recognize Ontario “snowbirds” are returning to Canada earlier than they normally would. In some instances, seasonal trailer parks and campgrounds may have been opened earlier than usual to permit individuals to take up temporary accommodation in their mobile homes, recreational vehicles or trailers. For Ontarians whose only Canadian residence is at one of these seasonal trailer parks or campgrounds, they are permitted to continue their occupancy and complete their mandatory self-isolation as required by the mandatory isolation order made by the federal government under the *Quarantine Act* which took effect on March 25, 2020.

.../2

Everyone has a role to play in stopping the spread of COVID-19 and we are asking that our enforcement partners assist in this effort. We encourage you to assist in enforcement efforts to ensure that seasonal trailer parks and/or campgrounds are not being used for recreational purposes. We encourage you to work with park operators and local public health officials in this regard, including to take into consideration the continued need for accommodation of those individuals outlined above.

Officers are encouraged to undertake a graduated approach to enforcement of the emergency orders, which may include educational messaging to businesses around the emergency order, specific warnings, the issuance of a ticket under Part I of the Provincial Offences Act (POA) or a summons under Part III of the POA. Officers are also encouraged to review the applicable provincial and federal emergency orders, and to continue to monitor ontario.ca/alert for any updates or changes to provincial orders.

By staying home and avoiding contact with others we can stop the spread of COVID-19.

Thank you for your continued cooperation on this matter.

Sincerely,



Steve Clark
Minister of Municipal Affairs
and Housing



Sylvia Jones
Solicitor General

From: [Gordon Fleming](#)
To: [All Health Units](#)
Subject: FW: Ontario Regulation 268/18 under the Smoke-Free Ontario Act
Date: Tuesday, April 7, 2020 10:31:04 AM

This email originated outside of Algoma Public Health. Do not open attachments or click links unless you recognize the sender and know the content is safe.

ATTENTION

SENIOR MANAGERS, SFOA PROGRAMS

Please see below for an update to the [proposed regulatory amendments](#) to O.Reg 268/18 under the Smoke-Free Ontario Act. Changes have been made to the proposed implementation dates as a result of COVID-19.

Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
480 University Avenue, Suite 300
Toronto ON M5G 1V2
416-595-0006 ext. 223



From: Patel, Vijay (MOH) <Vijay.Patel@ontario.ca> **On Behalf Of** Alexander, Dianne (MOH)
Sent: April 6, 2020 5:32 PM
Subject: Ontario Regulation 268/18 under the Smoke-Free Ontario Act

Greetings,

I am writing to provide you with an update on the proposed regulatory amendments under the *Smoke-Free Ontario Act, 2017*.

As you know, a summary of the proposed regulation under SFOA, 2017 was posted to Ontario's Regulatory Registry for 30 days from February 28, 2020 to March 29, 2020 for public comment. The summary of the proposed regulation stated that the government would be proposing the following implementation dates:

- That the following amendments come into force on May 1, 2020:
 - Restrict the retail sale of flavoured vapour products to Specialty Vape Stores and Cannabis Retail Stores, except for menthol, mint

and tobacco flavours.

- Require Specialty Vape Stores to ensure that indoor vapour product displays and promotions are not visible from outside their stores.
- Exempt Cannabis Retail Stores from the prohibition on displaying vapour products.
- To align with regulations under the *Tobacco and Vaping Products Act* (Canada), set to come into force on July 1, 2020, that the following amendment come into force on July 1, 2020:
 - Restrict the retail sale of high nicotine vapour products (>20mg/ml) to Specialty Vape Stores.

As a result of the COVID-19 pandemic, however, the government is now proposing changes to the implementation of the proposed regulatory amendments to Ontario Regulation 268/18. The government understands that some of the proposed amendments would require certain businesses to remove inventory from their stores, which may involve contact with others. Providing more time to implement would allow owners and employees of affected businesses to practice physical distancing.

The proposed effective dates for the regulatory amendments (if approved) are as follows:

- In order to reduce regulatory burden, it is proposed that the following amendment come into force on the day the regulation is filed with the Registrar of Regulations, if approved:
 - Exempt Cannabis Retail Stores from the prohibition on displaying vapour products.
- In order to address youth vaping, it is proposed that the following amendments come into force on July 1, 2020, if approved:
 - Restrict the retail sale of flavoured vapour products to Specialty Vape Stores and Cannabis Retail Stores, except for menthol, mint and tobacco flavours.
 - Require Specialty Vape Stores to ensure that indoor vapour product displays and promotions are not visible from outside their stores.
 - Restrict the retail sale of high nicotine vapour products (>20mg/ml) to Specialty Vape Stores.

The government will provide more information on these proposed amendments as it comes available. Please share this information accordingly.

Thank you for your continued input and involvement in the implementation of the Smoke-Free Ontario Act, 2017.

Dianne Alexander
Director
Health Promotion and Prevention Policy and Programs Branch

Office of the Chief Medical Officer of Health, Public Health
Ministry of Health

SENT ON BEHALF OF DIANNE ALEXANDER FROM VIJAY PATEL'S ACCOUNT

Meetings Guidance for Heads of Council COVID-19

Your Role as Leader

Life has become more complex.

As the Head of Council you are required to lead. You are expected to provide leadership to Council and your community every day. This is even more true in times of crisis. Members of Council and those in your community are looking to you for thoughtful and effective leadership in this time of crisis. You lead by example; you lead by decisive action to protect your residents; you lead by getting people working together.

Brief Summary of the Legislation

This week the Province has enacted Bill 187, *Municipal Emergency Act, 2020*. This legislation makes changes to the quorum requirements in the *Municipal Act*. It authorizes every municipal council to amend its Procedure By-law after an emergency has been declared under the authority of the *Emergency Management and Civil Protection Act*. The changes permitted will allow members to electronically attend council, committee and local board meetings and be counted in quorum.

This quorum provision will remain in effect for the duration of the declared emergency. Council has the discretion as to whether it intends to amend its Procedure By-law. Once amended, members may attend meetings electronically and be counted in quorum as your amended by-law permits. This applies to both open and closed meetings.

Your role as Chair of the meeting will change in some significant ways. Meetings will feel very

different. Keep in mind that these changes will apply to council, its committees and some local boards.

What is an “emergency”?

The definition is in the *Emergency Management and Civil Protection Act*. It reads,

“emergency” means a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise;”

What other rules change?

Bill 187 impacts the quorum requirements. Rules in the *Municipal Act* and the Procedure By-law continue. The expectation is the council will continue to be transparent in its decision-making.

Technological and Location Challenges with Electronic Participation

There is wide variation in technological capacity in Council Chambers, or other public locations where a meeting may be held.

Please note, the *Municipal Emergency Act, 2020* does not change the location of your meetings nor the ability of the public to attend. It primarily provides for local discretion to deal with quorum provisions for the duration of the declared Emergency.

The Procedure By-law still governs the location of the meeting, and the *Municipal Act 2001* the ability of the public to attend and observe. You can change the location by amending your procedure by-law, but the Act still prevails with respect to public attendance and notice of all meetings, open or closed.

Some Council Chambers, or other locations, will have the capacity for audio and video conferencing already. On the other hand, some may be limited to a single speakerphone. Most municipalities will be somewhere in between.

Practically, the meeting will at least have the Chair and the Clerk present in the Council Chambers.

All members of Council need to be able to participate equally, and the public in attendance (practicing appropriate distancing in accordance with local Board of Health guidelines) needs to be able to observe all that Council members can hear and see at the meeting. This Act does not change transparency requirements.

Any technology should be tested prior to a meeting and simplicity of operations for members is essential. The best advice is to start simple and as time passes, add sophistication if you can be sure the technology is reliable.

While audio recordings of meetings may not be a current practice, consider creating them and making them available on the municipal webpage in the spirit of transparency.

Your First Meeting with an Electronically Achieved Quorum

This meeting will require all of the formality provided by your procedure by-law if it is to be effective.

Members need to be recognized by the chair, speak within time limits and Council should not be debating or discussing matters without a motion duly moved and seconded before them. Your Clerk will be able to provide you with the relevant sections of your by-law.

Staff recommendations, crafted in the form of motions, should be presented for every issue that Council needs to consider and circulated in advance.

The Chair and the Clerk should rehearse as to how it is going to work. In a crisis, leaders need to be prepared and seen to be prepared.

**Prepared for AMO by
Nigel Bellchamber and Fred Dean
March 21, 2020**

*We would appreciate your feedback as to what worked and didn't work in your first meeting(s) under the new rules so that we can reference them in future materials that we might send out. Email us at **covid19@amo.on.ca**.*

Council's Role in Communicating COVID-19

Communication with the public and municipal employees is important right now. Good communication keeps people safe and healthy, it keeps your municipality functioning well, and it keeps your community calm and confident in your abilities.

Stay focused on the main problem.

There are two of them. The first problem is the need to keep people safe and healthy. That includes the public and your employees. The second problem is managing the economic challenges that COVID-19 presents. There will be many discussions about the many aspects of those two challenges. The more you stay focused on how all discussions relate to those core challenges, the more successful you will be.

Respond quickly. Last week, the World Health Organization's leading Ebola outbreak manager gave this advice on COVID-19, "Be fast. Have no regrets... Perfection is the enemy of the good when it comes to emergency management." If your communication is getting held up over debates about precise wording, or you're struggling to create infographics, you're wasting precious time. Two rookie communicators used Twitter to evacuate Fort McMurray safely, when everything around them was on fire. Use the tools you have, and the tools you know. A 60-second video can be shot and posted on social media in minutes. Facebook Live can deliver a virtual town hall from your desk, using a phone. Internally, you may need to look at ways to streamline approvals.

Frame and contain the crisis. In Canada, leaders are doing a great job of explaining what needs to be done and why: 'Practice social distancing. Just stay home. Wash your hands. Flatten the curve. We need to help our health care system manage the demand. Grocery stores will be open

and stocked.' When people are self-isolating in their homes, the crisis is contained. When they are panic shopping for toilet paper, it is not. Don't let side issues become the story. Frame and contain.

Provide clear and reliable information.

Municipal leaders have significant local networks. They should be using them to amplify and share messages from your municipality and other official sources. Retweet or share messages from your local health unit, your municipality, from the Ontario Government's official social media feeds, and from the Federal Government. Rumours, news reports, and public debates are unhelpful distractions. When Facebook pages get messy, sharing the latest quality information is far better than engaging in debate.

Demonstrate leadership and compassion.

The cooperation that we are seeing across Canada is actually amazing – and it is inspiring public confidence. Councils should take care to maintain that sense of teamwork. When you disagree, disagree well. When someone is yelling at you on Facebook, ask yourself what they are afraid of. Bad behaviour is often rooted in fear. Listen for it. Be helpful if you can. Find a way to be inspiring when disagreements arise.

Speak to what you know. Resist the urge to be all-knowing. There is a lot that we do not know. Share the information that you have confidence in. Direct people to the right experts. Make promises that you can keep (or beat).

Actions speak louder than words. Be consistent, to be credible. If the message is, 'remain calm, follow expert advice, and check in on neighbours,' your actions should include remaining calm, endorsing the advice of public health officials, and being good to your Council colleagues.

Expand your communications team. Your regular communications team was not made for this. They will be overwhelmed. Pull other resources to divide the load. If the library is closed and a librarian is great on Facebook, deputize that employee to monitor Facebook. Someone has to tackle Twitter, and Instagram, and media inquiries, content creation, and questions like 'what do we do next?' Depending on the size of your municipality, a properly resourced communications team requires about 3-10 people – times two or three shifts. Lots of services are shut down. Pull from that pool of available employees. No one will ever regret the communications skills they pick up and refine while helping to manage COVID-19.

Provide a clear spokesperson. The Head of Council has the role of being the voice of Council. They need to be listening carefully to make sure they are representing their Council well. Councillors should be sharing, supporting and amplifying those clear messages.

Plain language works best. Complicated, precise or technical language may give municipal managers comfort, but comfort usually comes at the expense of speed, clarity and effectiveness. You want messages that will easily ripple through family chats and Facebook groups.

Use positive language. Instead of, "I know you are scared. You are out of work and you are worried about how to pay rent." Say, "Stability is good right now. We want to help you if we can. Home is a good place for you right now and we are working to make staying at home easy for you."

Tend to internal needs and pressures.

There is a risk in believing your staff are awesome. They may be awesome at their jobs, but they are human. They have their own things to worry about right now. Tend to their needs, and they will do a better job of looking after others. Make a priority of communicating with them on a regular basis. That means talking, listening and taking good care of the team.

Avoid a defensive, "bunker" mentality.

People will lash out at you and be critical. They will expect you to deliver more than you possibly can. You will be second guessed and challenged. There will be long hours and frayed nerves. You must resist the temptation to be defensive, or to point fingers at others. Hunkering down and squabbling are terrible places to be.

Think about how you want to be remembered.

Someday COVID-19 and your leadership will be a faint memory. Most people will want to be remembered for being calm, helpful, caring, responsive, effective, decent, and well-coordinated. How do you want to be remembered? Write those words down and post them beside your phone. With respect to COVID-19, you will add 'kept people safe and healthy,' and 'helped our economy recover.' Those words should guide what you say and do today.

Prepared for AMO by
Redbrick Communications
March 21, 2020

We welcome feedback. Let us know what assistance we can provide, and let us know what communications approaches have worked well for you, so that we can share best practices and helpful approaches. Email us at covid19@amo.on.ca.