



May 27, 2020

BOARD OF HEALTH MEETING

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Meeting Book - May 27, 2020 Board of Health Meeting

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b. Letter to the Minister of Children, Community and	Page 35

Community and Social Services regarding
Consultation for a new Ontario Poverty Reduction
Strategy, dated April 30, 2020.

- c. Letter to the Chief Medical Officer of Health from the Corporation of the Township of St. Joseph regarding Transparency of Algoma Public Health dated May 1, 2020 Page 42

- d. Letter to the Prime Minister of Canada, Deputy Prime Minister, Minister of Finance regarding Basic Income for Income Security during Covid-19 Pandemic and Beyond, dated May 20, 2020. Page 45

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**Board of Health Meeting
AGENDA**

May 27, 2020 at 5:00 pm

Webex Audio and Videoconference | Algoma Community Room

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

BOARD MEMBERS

Lee Mason - BOH Chair
Ed Pearce - F&AC Chair
Deborah Graystone - Gov. Chair
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
Antionette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

- | | | |
|-----|--|-----------|
| 1.0 | Meeting Called to Order
a. Declaration of Conflict of Interest | L. Mason |
| 2.0 | Adoption of Agenda
<div style="background-color: #cccccc; padding: 5px; margin: 5px 0;">RESOLUTION</div> THAT the Board of Health agenda dated May 27, 2020 be approved as presented. | L. Mason |
| 3.0 | Delegations / Presentations | M. Spruyt |
| 4.0 | Adoption of Minutes of Previous Meeting
<div style="background-color: #cccccc; padding: 5px; margin: 5px 0;">RESOLUTION</div> THAT the Board of Health minutes dated April 22, 2020 be approved as presented. | L. Mason |
| 5.0 | Business Arising from Minutes | L. Mason |
| 6.0 | Reports to the Board
a. Medical Officer of Health and Chief Executive Officer Reports
i. MOH Report, May 2020
<div style="background-color: #cccccc; padding: 5px; margin: 5px 0;">RESOLUTION</div> THAT the report of the Medical Officer of Health and CEO for May 2020 be adopted as presented. | M. Spruyt |

b. Finance and Audit
i. Financial Statements

J. Pino

RESOLUTION

THAT the unaudited Financial Statements for the period ending March 31, 2020 be approved as presented.

c. Governance
i. Governance Committee Chair Report

D. Graystone

RESOLUTION

THAT the Governance Committee Chair report for the month of May 2020 be accepted as presented.

- ii. 02-05-088 Stakeholder Communication**
- iii. 02-05-001 Board of Directors**
- iv. 02-05-010 Board Minute posting**
- v. 02-05-030 Board Member Code of Conduct**

RESOLUTION

THAT the Governance Committee has reviewed and approves **02-05-088 Stakeholder Communication** as presented, and;

THAT the Governance Committee has reviewed and approves **02-05-001 Board of Directors** as presented, and;

THAT the Governance Committee has reviewed and approves **02-05-010 Board Minute Posting** as presented, and;

THAT the Governance Committee has reviewed and approves **02-05-030 Board Member Code of Conduct** as presented.

7.0 New Business/General Business

L. Mason

8.0 Correspondence

L. Mason

- a.** Letter to the Minister of Health from Peterborough Public Health regarding **Provincial Leadership in the Monitoring of Food Affordability and Food Insecurity** dated April 30, 2020.
- b.** Letter to the Minister of Children, Community and Social Services from Timiskaming Health Unit regarding **Consultation for a new Ontario Poverty Reduction Strategy**, dated April 30, 2020.
- c.** Letter to the Chief Medical Officer of Health from The Corporation of the Township of St. Joseph regarding **Transparency of Algoma Public Health** dated May 1, 2020. A letter with the same content was also received from the Municipality of Blind River.

- d. Letter to the Prime Minister of Canada, Deputy Prime Minister, Minister of Finance from Simcoe Muskoka District Health Unit regarding **Basic Income for Income Security during Covid-19 Pandemic and Beyond**, dated May 20, 2020.

- 9.0 Items for Information** *L. Mason*
a. **alPHa - Association of Local Public Health Agencies - Information Break**

- 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*

Finance & Audit Committee Meeting

June 10, 2020 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

Governance Committee Meeting

June 17, 2020 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

Board of Health Meeting

June 24, 2020 @ 5:00 pm

Webex Audio / Video Conference | 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

MINUTES

April 22, 2020 at 5:00 pm

Webex Audio and Videoconference | Algoma Community Room

** Meeting held during the provincially declared emergency*

BOARD MEMBERS

APH EXECUTIVE

PRESENT :

Audio and Video Conference:

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

Dr. Marlene Spruyt - Medical Officer of Health/CEO
Tania Caputo - Board Secretary

Justin Pino - CFO /Director of Operations
Antionette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Dr. Jennifer Loo - AMOH & Director of Health Protection

REGRETS : Micheline Hatfield

1.0 Meeting Called to Order

- a. Declaration of Conflict of Interest
None declared

2.0 Adoption of Agenda

RESOLUTION 2020-29

Moved: E. Pearce

Seconded: B. Rankin

THAT the Board of Health agenda dated April 22, 2020 be approved as presented.

CARRIED

3.0 Delegations / Presentations

Not applicable

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION 2020-30

Moved: S. Hagman

Seconded: K. Raybould

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

CARRIED

5.0 Business Arising from Minutes

Not applicable

6.0 Reports to the Board

- a. Medical Officer of Health and Chief Executive Officer Reports
i. MOH Report, April 2020

The report of the Medical officer of Health was provided by M. Spruyt with questions and discussion about availability of PPE, COVID-19 test reporting, availability of tests, and the time it takes for results. Positive test results in Algoma are low in relation to other regions in Ontario. The per capita number of tests done in Algoma is at the same ratio as the rest of the province. Even with the low numbers of positive cases the public is being advised to stay the course with physical distancing.

**RESOLUTION
2020-31**

Moved: A. Kappes
Seconded: B. Rankin

THAT the report of the Medical Officer of Health and CEO for April 2020 be adopted as amended.

CARRIED

b. Finance and Audit

i. Finance and Audit Committee Chair Report

E. Pearce provided the Chair Report for the Finance Committee included in the agenda package.

**RESOLUTION
2020-32**

Moved: E. Pearce
Seconded: P. Avery

THAT the Finance and Audit Committee Chair report for the month of April 2020 be accepted as presented.

CARRIED

ii. Financial Statements

J. Pino presented the financial statements providing commentary on each portion of the statement. It was noted that in the coming year there will be an impact due to the COVID-19 pandemic. A question was asked about the newly renovated Algoma Community room and issues with the installed microphones. Assurance was made that the vendor is involved in finding a solution to improve the sound quality.

**RESOLUTION
2020-33**

Moved: E. Pearce
Seconded: P. Avery

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.

CARRIED

7.0 New Business/General Business

a. Municipal request to Board Chair

L. Mason presented the letter from the Township of Johnson requesting a deferral of their levy payment until a time when the fiscal picture is more clear. Through discussion J. Pino explained the quarterly schedule of payments, pointing out the flexibility already in place. L. Mason will reply to letter and follow-up with Township as needed.

8.0 Correspondence

- 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

- 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

Two addendums were addressed in Item 6.a. and 7.

In relation to an in-camera agenda item about the report of positive cases of COVID-19 in Algoma, Board members E. Pearce and S. Hagman sought for the item to be discussed in open meeting.

11.0 In-Camera 5:57 pm

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.

RESOLUTION

2020-34

Moved: P. Avery

Seconded: A. Kappes

THAT the Board of Health go in-camera.

CARRIED

12.0 Open Meeting 7:10 pm

Resolutions resulting from in-camera meeting:

a. Communication with Municipalities

THAT the APH Board of Health directs the Governance Committee to hold a special meeting for the review and development of a strategy for timely communication appropriate to Algoma Public Health and involved municipalities to be presented at the May 2020 Board of Health Meeting.

RESOLUTION

2020-35

Moved: D. Graystone

Seconded: K. Raybould

THAT the Board of Health go in-camera.

CARRIED

13.0 Announcements / Next Committee Meetings:

Governance Committee Meeting

Date of Special Meeting in May to be determined

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 reminded the board to complete the meeting evaluation when it is posted.

15.0 Adjournment - 7:19 pm

RESOLUTION

Moved: B. Rankin

2020-36

Seconded: P. Avery

THAT the Board of Health meeting adjourns.

CARRIED

Lee Mason, Chair

Tania Caputo, Secretary

Date

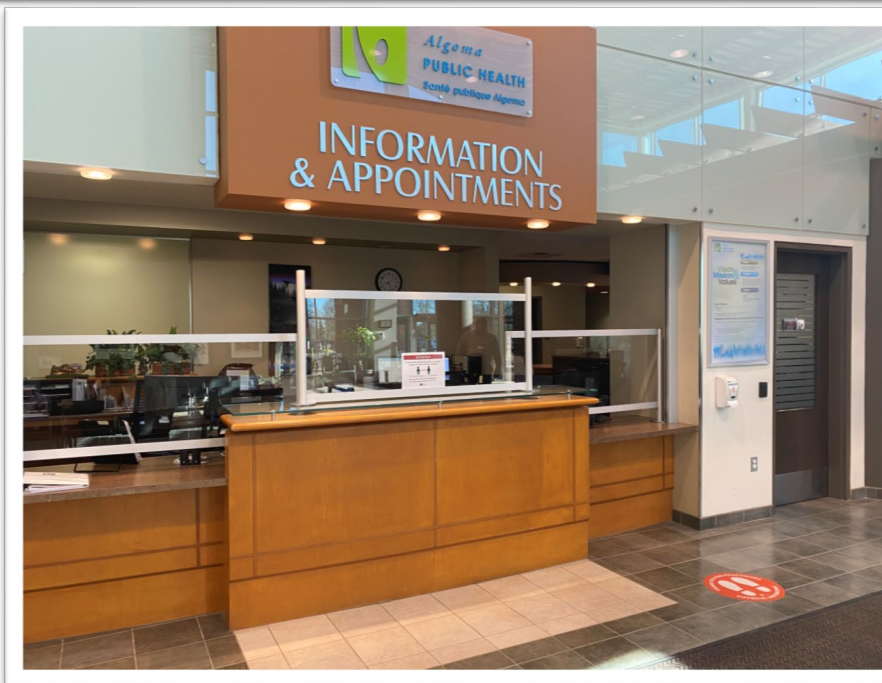
Date



Algoma
PUBLIC HEALTH
Santé publique Algoma

May 2020

Medical Officer of Health / CEO



Safety First in the lobby of APH in SSM – showing several of the protective measures in place.

Prepared by:
Dr. Marlene Spruyt and the
Leadership Team

Presented to:
Algoma Public Health Board of Health
27/05/2020

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APH AT-A-GLANCE

APH work continues in a Pandemic

Most of our buildings are empty as employees remain working from home and we continue to provide only essential services face to face. Although there continue to be some technical glitches our IT team has done an amazing job supporting this transition and in particular meeting the unique needs of different teams and programs.

COVID-19 continues to be our priority work. Our caseload remains manageable and we are able to meet the provincial target of reaching all positive cases and their contacts within 24 hours. Additional contact tracers have been training and we have some additional capacity to ramp up as the number of cases increases.

There was considerable energy directed to the surveillance swab project when the Ministry requested us to swab ALL residents and staff of Long Term Care Homes in the district. Across Algoma only 3 asymptomatic positive cases were identified. We do not actually have a good scientific understanding of what a positive test means from a clinical sense. It identifies that the individual had the presence of virus particles in their upper airway when the swab was taken. Without more detailed testing (not available) we do not know whether these are viable/active virus particles and whether that asymptomatic person is actually infective and capable of spreading the disease. They could be a true asymptomatic case; or a person about to have symptoms or a person recovering from a mild illness. We are obligated to enact Outbreak operations whenever a positive case is covered and consequently creates additional work and stress for the residents and staff.

As the Province begins to move towards re-opening our employer support phone lines have had increased inquiries. Every minor change in a guideline or a regulation results in a great number of requests for us to interpret how those changes impact their operations.

Our Communications Team has continued to be busy. As mentioned above communicating new information and reinforcing existing restrictions to the public and presenting that in a way that continues to engage the public is an ongoing challenge.

PARTNERSHIPS

Many members of the Algoma Leadership Table (ALT) provide services to vulnerable populations. There has been a concern that the community may not be accessing services and may not be aware that many of these services are still available despite the provincial “lockdown”. This may lead to worsening mental health and increasing exposure to domestic violence. APH Communications team has supported the development and co-ordination of social media messaging for any members of the ALT.

PROGRAM HIGHLIGHTS

Priority services 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.

As working in a Pandemic appears to be progressing to a new normal we are beginning to plan for resumption of additional services and explore how we would implement physical distancing and minimal contact concepts into our regular operations. In particular we will focus on how we will deliver the Universal Influenza Immunization Program (UIIP) and school-based immunizations this fall.

**Algoma Public Health
(Unaudited) Financial Statements March 31, 2020**

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Algoma Public Health
Statement of Operations
March 2020
(Unaudited)

	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	2,436,475	2,167,139	269,336	8,668,558	12%	112%
Provincial Grants - Public Health 100% Prov. Funded	349,106	374,446	(25,340)	1,497,786	-7%	93%
Provincial Grants - Mitigation Funding	0	202,134	(202,134)	808,535	-100%	0%
Fees, other grants and recovery of expenditures	93,693	140,579	(46,885)	620,814	-33%	67%
Total Public Health Revenue	\$ 3,826,399	\$ 3,831,422	\$ (5,023)	\$ 15,384,190	0%	100%
Expenditures						
Public Health Cost Shared	\$ 3,450,010	\$ 3,520,778	\$ 70,768	\$ 13,886,405	-2%	98%
Public Health 100% Prov. Funded Programs	301,745	398,210	96,464	1,497,786	-24%	76%
Total Public Health Programs Expenditures	\$ 3,751,755	\$ 3,918,987	\$ 167,232	\$ 15,384,190	-4%	96%
Total Rev. over Exp. Public Health	\$ 74,644	\$ (87,565)	\$ 162,209	\$ 0		

Healthy Babies Healthy Children

Provincial Grants and Recoveries	\$ 1,068,011	1,068,011	-	1,068,011	0%	100%
Expenditures	1,068,011	1,068,011	0	1,068,011	0%	100%
Excess of Rev. over Exp.	(0)	(0)	(0)	(0)		

Public Health Programs - Fiscal 19/20

Provincial Grants and Recoveries	\$ 81,299	214,500	133,201	214,500		
Expenditures	75,620	214,500	(138,880)	214,500		
Excess of Rev. over Fiscal Funded	5,679	-	5,679	-		

Community Health Programs (Non Public Health)

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	79,724	79,061	663	316,244	1%	101%
Total Community Health Revenue	\$ 79,724	\$ 79,061	\$ 663	\$ 316,244	1%	101%
Expenditures						
Child Benefits Ontario Works	5,554	6,125	571	24,500	-9%	91%
Algoma CADAP programs	72,427	72,936	509	291,744	-1%	99%
Total Calendar Community Health Programs	\$ 77,980	\$ 79,061	\$ 1,081	\$ 316,244	-1%	99%
Total Rev. over Exp. Calendar Community Health	\$ 1,744	\$ (0)	\$ 1,744	\$ 0		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 5,765,760	\$ 5,765,680	\$ 80	\$ 5,765,680	0%	100%
Municipal, Federal, and Other Funding	261,637	261,637	-	261,637	0%	100%
Other Bill for Service Programs	56,111		56,111			
Total Community Health Revenue	\$ 6,083,508	\$ 6,027,317	\$ 56,191	\$ 6,027,317	1%	101%
Expenditures						
Brighter Futures for Children	122,537	122,537	-	122,537	0%	100%
Infant Development	609,327	644,031	34,704	644,031	-5%	95%
Preschool Speech and Languages	640,256	640,256	-	640,256	0%	100%
Nurse Practitioner	153,756	153,752	(4)	153,752	0%	100%
Genetics Counseling	0	-	-	-	0%	0%
Community Mental Health	3,586,279	3,649,931	63,652	3,649,931	-2%	98%
Community Alcohol and Drug Assessment	720,918	737,898	16,980	737,898	-2%	98%
Stay on Your Feet	100,000	100,000	-	100,000	0%	100%
Bill for Service Programs	45,034	-	(45,034)	-		
Misc Fiscal	139	4,600	4,461	4,600	-97%	3%
Total Fiscal Community Health Programs	\$ 5,978,246	\$ 6,053,005	\$ 74,759	\$ 6,053,005	-1%	99%
Total Rev. over Exp. Fiscal Community Health	\$ 105,262	\$ (25,688)	\$ 130,950	\$ (25,688)		

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 Three Months Ending March 31, 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	1,836,225	1,566,890	269,335	6,946,279	17%	26%	1,836,225	1,836,225	0
MOH Funding Needle Exchange	16,175	16,175	(0)	45,290	0%	36%	16,175	16,175	(0)
MOH Funding Haines Food Safety	6,150	6,150	0	17,220	0%	36%	6,150	6,150	0
MOH Funding Healthy Smiles	192,475	192,475	0	538,930	0%	36%	192,475	192,475	0
MOH Funding - Social Determinants of Health	45,125	45,120	5	126,350	0%	36%	45,125	45,125	0
MOH Funding Chief Nursing Officer	30,375	30,378	(3)	85,050	0%	36%	30,375	30,375	0
MOH Enhanced Funding Safe Water	3,875	3,875	(0)	10,850	0%	36%	3,875	3,875	0
MOH Funding Infection Control	78,100	78,102	(2)	218,680	0%	36%	78,100	78,100	0
MOH Funding Diabetes	37,500	37,500	0	105,000	0%	36%	37,500	37,500	0
Funding Ontario Tobacco Strategy	108,400	108,400	0	303,520	0%	36%	108,400	108,400	0
MOH Funding Harm Reduction	37,500	37,500	0	105,000	0%	36%	37,500	37,500	0
MOH Funding Vector Borne Disease	27,175	27,174	1	101,448	0%	27%	27,175	27,175	0
MOH Funding Small Drinking Water Systems	17,400	17,400	0	64,960	0%	27%	17,400	17,400	0
Total Public Health Cost Shared Funding	2,436,475	2,167,139	269,336	8,668,577	12%	28%	2,436,475	2,436,475	0
MOH Funding - MOH / AMOH Top Up	39,061	38,021	1,040	152,086	3%	26%	31,180	31,613	(433)
MOH Funding Northern Ontario Fruits & Veg.	29,350	29,350	0	117,400	0%	25%	29,350	29,350	0
MOH Funding Unorganized	132,600	132,600	0	530,400	0%	25%	132,600	132,600	0
MOH Senior Dental	148,095	174,475	(26,380)	697,900	-15%	21%	0	0	0
One Time Funding	0	0	0	0	0%	0%	0	0	0
Total Public Health 100% Prov. Funded	349,106	374,446	(25,340)	1,497,786	-7%	23%	193,130	193,563	(433)
Total Public Health Mitigation Funding	0	202,134	(202,134)	808,535	-100%	0%	0	0	0
Recoveries from Programs	2,510	6,883	(4,372)	27,511	-64%	9%	2,515	20,075	(17,560)
Program Fees	46,656	50,321	(3,665)	201,284	-7%	23%	54,367	59,648	(5,281)
Land Control Fees	7,261	15,000	(7,739)	160,000	-52%	5%	4,890	27,500	(22,610)
Program Fees Immunization	27,991	28,750	(759)	115,000	-3%	24%	24,002	38,750	(14,748)
HPV Vaccine Program	0	3,000	(3,000)	12,500	0%	0%	0	4,000	(4,000)
Influenza Program	0	1,500	(1,500)	25,000	0%	0%	0	0	0
Meningococcal C Program	0	625	(625)	7,500	0%	0%	0	0	0
Interest Revenue	10,645	10,000	645	40,000	6%	27%	11,146	8,000	3,146
Other Revenues	(1,370)	24,500	(25,870)	32,000	0%	-4%	1,500	9,250	(7,750)
Total Fees, Other Grants and Recoveries	93,693	140,579	(46,885)	620,795	-33%	15%	98,421	167,224	(68,803)
Total Public Health Revenue Annual	\$ 3,826,399	\$ 3,831,423	\$ (5,023)	\$ 15,384,190	0%	25%	\$ 3,645,071	\$ 3,677,184	\$ (32,113)

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 Three Months Ending March 31, 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	\$ 2,247,783	\$ 2,354,333	\$ 106,550	\$ 9,391,091	-5%	24%	\$ 2,067,863	\$ 2,257,855	\$ 189,992
Benefits	612,058	572,821	(39,238)	2,286,778	7%	27%	543,742	546,272	2,530
Travel	36,331	47,750	11,419	199,676	-24%	18%	41,361	47,767	6,406
Program	178,826	193,203	14,377	669,660	-7%	27%	80,645	157,858	77,214
Office	17,063	16,925	(138)	67,700	1%	25%	18,851	25,886	7,035
Computer Services	169,890	187,168	17,277	853,146	-9%	20%	191,938	238,486	46,548
Telecommunications	37,851	57,906	20,055	279,612	-35%	14%	80,715	96,921	16,206
Program Promotion	3,614	23,293	19,679	94,173	-84%	4%	4,873	15,732	10,859
Professional Development	5,565	33,875	28,310	135,500	-84%	4%	21,258	24,176	2,918
Facilities Expenses	185,721	193,604	7,883	774,417	-4%	24%	189,420	190,000	580
Fees & Insurance	175,942	143,470	(32,472)	253,880	23%	69%	132,155	133,020	865
Debt Management	115,225	115,225	0	460,900	0%	25%	115,225	115,225	0
Recoveries	(34,113)	(20,586)	13,527	(82,343)	66%	41%	(26,909)	(26,182)	727
	\$ 3,751,756	\$ 3,918,987	\$ 167,231	\$ 15,384,190	-4%	24%	\$ 3,461,136	\$ 3,823,016	\$ 361,880

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 – March 2020

Reporting Period

The March 2020 financial reports include three-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 twelve-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 March 31 2020, Public Health programs are reporting a \$162k positive variance.

Public Health Revenues are indicating a \$5k negative variance. 100% Provincially Funded Seniors Dental program funding was received in the month of March resulting in a reduction of the negative variance associated with 100% Provincial funded programs relative to February. 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 March 31 2020 Mitigation Funding associated with changes to the cost-sharing formula have not flowed to health units. The negative variance associated with mitigation funding is being offset with the positive variance associated with cost-shared Provincial Grants being greater than budgeted. Management has reached out to the Ministry regarding timing of this flow of funding however dates are unknown at this time.

There is a positive variance of \$167k 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 twelve-months into the fiscal year. Expenses associated with Non-Public Health programs were relatively aligned with budget for the fiscal year.

Notes Continued...

Public Health Revenue (see page 2)

Overall, Public Health funding revenues are within budget.

The municipal levies are within budget.

Provincial Cost-Shared funding is reflecting a \$269k 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 March 31 2020, Provincial Cost-Shared funding is flowing similar to 2019 ratios.

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 \$25k variance. Seniors Dental revenues started flowing in the month of March. The negative \$26k variance associated with the Ontario Seniors Dental revenue is related to timing of receipts associated with the program.

Public Health Mitigation funding has yet-to-flow with regards changes to the cost-sharing formula. The negative variance associated with mitigation funding is being offset with the positive variance associated with Provincial Cost-Shared Funding.

Fees, Other Grants & Recoveries are showing a negative variance of \$47k. 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)

Salary & Wages

There is a \$107k positive variance associated with Salary and Wages. \$58k of this is associated to Healthy Smiles and Sr. Dental programs. The remaining balance is for other unpaid leaves and staff gapping of maternity leaves.

Travel

There is an \$11k positive variance associated with Travel expenses. This is a result of APH employees working virtually as opposed to travelling within the District of Algoma. Management is anticipating Travel expenses to be less than budgeted for 2020 as a result of the impact of COVID-19 pandemic.

Telecommunications

Telecommunications expense is showing a positive variance of \$20k. This is a result of timing of expenses not-yet incurred.

Notes Continued...

Program Promotion

Program Promotion expense is indicating a positive \$20k variance. This is a result of timing of expenses not-yet-incurred.

Professional Development

There is a \$28k positive variance associated with Professional Development. This is a result of APH employees participating in less Professional Development opportunities to-date. Specially, the Ontario Public Health Convention (TOPHC), one of the major provincial Public Health conferences, which some APH staff typically attend, was cancelled in March as a result of COVID-19 pandemic.

Fees and Insurance

Fees and Insurance is showing a negative \$32k variance. Insurance expense is \$21k over budget due to unanticipated increases in insurance premiums not budgeted. Additionally legal fees are currently \$9k 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 March 31 2020. Cash includes \$1.15M in short-term investments.

Long-term debt of \$4.68 million is held by TD Bank @ 1.95% for a 60-month term (amortization period of 180 months) and matures on September 1, 2021. \$274k 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.

NOTE:

1. Management is tracking COVID-19 associated costs. Costs will be reported in the time-period in which they are incurred.

Algoma Public Health
Statement of Financial Position
(Unaudited)

	March 2020	December 2019
Date: As of March 2020		
Assets		
Current		
Cash & Investments	\$ 3,247,958	\$ 3,456,984
Accounts Receivable	190,394	433,414
Receivable from Municipalities	140,455	74,976
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	3,578,806	3,965,374
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,433,406	1,579,444
Payable to Gov't of Ont/Municipalities	78,259	514,362
Deferred Revenue	297,037	281,252
Employee Future Benefit Obligations	2,910,195	2,910,195
Term Loan	4,836,784	4,836,784
<i>Subtotal Current Liabilities</i>	9,555,681	10,122,037
Net Debt	(5,976,874)	(6,156,664)
Non-Financial Assets:		
Building	22,867,230	22,867,230
Furniture & Fixtures	1,998,117	1,998,117
Leasehold Improvements	1,572,807	1,572,807
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	(10,429,282)	(10,429,282)
<i>Subtotal Non-Financial Assets</i>	19,301,092	19,301,092
Accumulated Surplus	13,324,217	13,144,428

Governance Meeting
May 6 and 13, 2020

The Committee had a lengthy discussion regarding a communication strategy for Algoma Public Health and a communication strategy for municipalities. A consensus was made to have Lee and Karen develop a draft board policy for support of the APHU in their communication regarding public health issues comprehensively not specifically related to epidemics or pandemic. The intention of the policy is to follow best practice guidelines while adhering to our principle of transparency and building trusting relationship with all municipalities

We also reviewed and approved with amendments:

Policy 02-05-001 Composition and Accountability of the Board of Directors

Policy 02-050-010 Board Minutes/Packages-Posting/Circulation/Retention

Policy 02-05-030 Board Member Code of Conduct

Outstanding policies requiring more time and input have been deferred to our June Governance meeting.

Next Governance Meeting was scheduled for May 13 at 5 p.m.

At our May 13 Governance Meeting: the details of the policy were discussed and amendments were made to ensure compliance with all relevant legislation and guidelines.

Algoma Public Health – Policy and Procedure Manual – Board Policies and Bylaws

APPROVED BY:	Board of Health	REFERENCE #:	02-05-088
DATE:	Original: May 13, 2020	SECTION:	Policies
		SUBJECT:	Stakeholder Communication

PURPOSE:

Effective communication with all stakeholders is a key foundational activity of Algoma Public Health.

The Board of Health supports the staff of APH to share information with its stakeholders that complies with the Personal Health Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act, Health Protection and Promotion Act, Accessibility for Ontarians with Disabilities Act, French Language Services Act, and Emergency Management and Civil Protection Act. APH will also follow directives from the Ministry of Health and best practices identified by organizations such as Public Health Ontario, Public Health Agency of Canada and the World Health Organization.

The Board recognizes APH's duty to communicate accurate, honest, meaningful, and understandable information (or expert advice in the absence of sufficient evidence) in a timely manner to stakeholders, through various means, with the aim to protect the individuals and the public supported by APH while protecting the privacy of individuals.

The Board also recognizes that effective and ongoing communication by APH during public health emergencies is critical in order to be transparent and accountable and to foster trust in the health unit by stakeholders to optimize the success of public health interventions.

POLICY:

- 1) The Board of Health is accountable to ensure that a communication plan is developed and regularly reviewed for various scenarios related to interactions with municipalities and stakeholders or that can impact public health (e.g., environmental and human disasters, infectious disease outbreaks, etc.). Communication will be designed to meet the needs of stakeholders and will be made available in French when required. Communication will align with these principles:
 - a) Communication will occur with all appropriate stakeholder(s) should a public health related threat or event occur;
 - b) Information communicated will comply with freedom of information and privacy legislation and established best practices as determined by APH based on relevant sources to protect the health of residents served by APH;
 - c) Individuals with the authority to share information with stakeholders and the media are identified;

- d) Information is shared with the appropriate stakeholders and the public in a timely manner with the appropriate sequence of the release of information (i.e., individual stakeholders are informed prior to public posting and sharing with the media);
- e) APH will, to the best of their ability, communicate information or expert advice that is accurate, honest, meaningful, and understandable and will communicate as frequently as required and reasonable;
- f) Communication with municipal councils will occur after every municipal election cycle to ensure the orientation of newly elected council members on APH's role; and
- g) Communication with municipal councils will occur after the yearly budget has been established for APH; a meeting may be scheduled with the council if requested.

Algoma Public Health – Policy and Procedure Manual – Board Policies and Bylaws

APPROVED BY: Board of Health

REFERENCE: 02-05-001

DATE: Original: May 4, 1995
Revised: May 25, 2016
Revised: Apr 25, 2018
Reviewed: Nov 20, 2019
Revised: May 27, 2020

SECTION: Policies

SUBJECT: Composition and Accountability
of the Board of Directors

KNOWLEDGE:

The Board of Health for the District of Algoma Health Unit is the governing body of Algoma Public Health and is established by the provincial public health legislation, the Health Protection and Promotion Act, RSO 1990, (HPPA) and regulations.

Boards of Health are the governing ~~body~~bodies and policy makers of public health units. Boards of Health monitor all operations within their health unit and are accountable to the community and to the Ministry of Health ~~and Long Term Care~~.

All Boards of Health have a legislated duty to ensure that the public health programs and services required by the HPPA are provided to people who live in the health unit jurisdiction. Public health programs and services are intended to prevent the spread of disease and to promote and protect health.

The Ontario Public Health Standards: Requirements for Programs, Services and Accountability ~~Mandatory Health Programs and Services Guidelines (2008)~~ or its most current revision, published by the Ministry of Health, set out the minimum requirements for fundamental public health programs and services for boards of health.

Section 1 of Regulation 559 to the HPPA states that the Board of Health for the District of Algoma Health Unit shall have eight municipal members. Section 49 (3) of the HPPA states that the Lieutenant Governor in Council may appoint one or more persons as members of a board of health, but the number of members so appointed shall be less than the number of municipal members of the Board of Health. Therefore the maximum size of the Board may be 15 members (8 municipal members + 7 provincial members).

The distribution of board membership for the Board of Health for the District of Algoma Unit is as follows:

Zero (0) to Seven (7) Members:	appointed by the Lieutenant Governor to represent the Province of Ontario (currently 3 provincial members);
Three (3) Members:	appointed by the Council to represent the City of Sault Ste. Marie;
One (1) Member:	appointed by the Municipal Councils representing the Municipality of Wawa, Township of White River and Dubreuilville;
One (1) Member:	appointed by the Municipal Councils representing the Town of Blind River and the Townships of North Shore and Shedden;
One (1) Member:	appointed by the Municipal Councils representing the Town of Thessalon and Municipality of Huron Shores.

One (1) Member: appointed by the Municipal Councils representing the Town of Bruce Mines, Village of Hilton Beach and the Townships of Hilton, Jocelyn, Johnson, Laird, Macdonald, Meredith and Aberdeen Additional, Plummer Additional, Prince, St. Joseph and Tarbutt and Tarbutt Additional;

One (1) Member: appointed by the Municipal Council representing Elliot Lake.

Maximum membership: Fifteen (15) members

The appointment of members of municipal council(s) shall be for the term four year term of the council(s). Council(s) may have internal policies that further refine this term of appointment.

Provincial appointees are for a three year term that may be renewed.

Note: The City of Sault Ste. Marie has an internal policy that appointments of members by the municipal council representing the City of Sault Ste. Marie are for a two year term but may end sooner with the ending of the term of office of the council.

APPENDIX A

BOARD MEMBER PROFILE MATRIX (15 member Board – 8 Municipal Members and 7 Provincial Members)		
SKILL / EXPERIENCE	DESCRIPTION	NUMBER OF DIRECTORS REQUIRING SKILL
Core Skills		
Analytical and Critical Thinking	<ul style="list-style-type: none"> The ability to think analytically and critically, to evaluate different options, proposals and arguments and make sound independent decisions. 	All
Inter-personal Communications	<ul style="list-style-type: none"> The ability to effectively communicate their ideas, positions, and perspective to their peers, as well as understand the ideas, position, and perspective of their peers and facilitate resolutions of differences in the common interest. 	All
Creative and Strategic Vision/Planning	<ul style="list-style-type: none"> The ability to envision and define future goals and objectives that provide improved benefits for the groups and individuals on whose behalf the organization acts. (For example, experience with strategic planning, performance measurement, business planning, etc.) 	All
Understanding of the board's governance role	<ul style="list-style-type: none"> Understanding of the appropriate roles, group processes, protocols and policies that form the systems of board governance, including those related to the legal (fiduciary) obligations of directors and a requirement to work in the best interests of the APH and those it serves. Demonstrated judgment and integrity in an oversight role. Experience serving on a board of directors or governance committee and/or senior level experience working with other strategic or policy boards preferred. Determination to act in one's own independent deliberative judgment with confidence and persistence in order to ask appropriate, relevant and necessary questions. 	All
Financial Literacy	<ul style="list-style-type: none"> Able to read and have a layman's understanding of financial statements, including budgets, income statements, balance sheets and cash flow projections. 	All
Community Knowledge	<ul style="list-style-type: none"> Knowledge of the community (fabric; particular needs) and more broadly, knowledge of the needs of the Algoma District at large. 	
Commitment to Mandate	<ul style="list-style-type: none"> Demonstrates a strong understanding and commitment to the organization's mandate, including an awareness and commitment to working in the best interests of APH and those it serves to protect public health. 	All

APPENDIX A

Specific expertise with the 15 member Board (one or more)		
Financial	<ul style="list-style-type: none"> Expertise and experience (preferably with a designation) in financial accounting and reporting and corporate finance. Comprehensive knowledge of internal financial controls, financial operational planning and management in an organization that includes expertise in auditing, evaluating and analyzing financial statements. Knowledge of best practices in procurement and contract management an advantage. 	1 or more
Communications / Public Relations Practices	<ul style="list-style-type: none"> Expertise and experience (preferably with a designation) with the planning, design, implementation and evaluation of strategic communications, and/or stakeholder relations initiatives. 	1 or more
Risk Management	<ul style="list-style-type: none"> Expertise and experience or consulting in analyzing exposure to risk in the private, public or not-for-profit sector and successfully determining appropriate measures to manage such exposure. 	1 or more
Education	<ul style="list-style-type: none"> Expertise and experience in the education sector, particularly, as it relates to subjects of relevance to public health programs and services. 	1 or more
Legal	<ul style="list-style-type: none"> Expertise and experience in the law (preferably with a designation), particularly, as it relates to subjects of relevance to public health programs and services. 	1 or more
Health Service Delivery	<ul style="list-style-type: none"> Expertise and experience in one or more aspects of health service delivery. Knowledge and/or experience in aspects of public health service delivery an advantage. 	1 or more
Human Resources	<ul style="list-style-type: none"> Expertise and experience in human resources (preferably with a designation) particularly in the areas of compensation, labour relations, change management, organizational development and leadership. 	1 or more
Information Management / Information Technology	<ul style="list-style-type: none"> Expertise and experience in IT/IM, particularly as it relates to systems and policies for data security and protecting privacy. 	1 or more
OTHER REPRESENTATION CONSIDERATIONS		
Other	<ul style="list-style-type: none"> As much as possible, given the limitations of the current legislated appointment process, the board will aspire to support a Board of Health membership that represents the diversity of the communities it serves. 	

Algoma Public Health – Policies and Procedures Manual – Board Policies and Procedures

APPROVED BY: Board of Health

REFERENCE #: 02-05-010

DATE: Original: February 12, 1996
Revised: September 22, 2015
Revised: November 25, 2015
Revised: March 28, 2018
Revised: May 27, 2020

SECTION: Policies

SUBJECT: Board Minutes/Packages –
Posting/Circulation/Retention

POLICY:

Algoma Public Health utilizes electronic board management software for access to agenda packages for board members. Agenda packages will be posted to the platform on the Friday prior to the scheduled 1-week prior to the board meetings. The agenda package is also posted to the APH website for public access with the exception of unapproved minutes. Once the meeting minutes have been approved by the Algoma Public Health Board, the approved minutes will then be posted on the website.

Algoma Public Health Board “In-Camera” documentation will be posted to the platform along with the Board Meeting Package to allow Board Members time to become familiarized with information prior to meetings. Board members should not make copies, save to desktop, photograph, or download in any format any version of the in-committee documentation to save. Minutes of “In-Camera” sessions will be passed while in the next “In-Camera” session. Once the meeting is complete the “In-Camera” package will be removed from the platform.

Addendum packages will be posted to the platform and the APH website as soon as it is available.

Access, storage and retrieval of this information will be in accordance with general standards of APH and the Municipal Act section 239.2 and Section 239.3.

PROCEDURES:

- | | |
|-----------------------------------|--|
| Secretary to the Board of Health: | 1) Will upload the Board package and In-Camera package to the electronic board management platform <u>one week on the Friday</u> prior to the <u>scheduled</u> Board meeting. |
| | 2) Will post the Board package to the Algoma Public Health Website and email the link to municipalities <u>one week on the Friday</u> prior to the <u>scheduled</u> Board meeting. In-Camera documentation will not be included. |
| Board: | 3) Will access the meeting package(s) on an electronic board management platform prior to the board meeting. |
| Secretary to the Board of Health: | 4) Maintain a binder of the original signed approved Board minutes plus signed resolutions by the Board Chair for each Board meeting on a yearly basis. |
| | 5) Allow onsite access to Board of Health members to review the “In-Camera” binder as required with reasonable notice. |

Algoma Public Health –Policy and Procedure Manual - Board

APPROVED BY: Board of Health

REFERENCE #: 02-05-030

DATE: Original: June 20, 2007
Reviewed: June 17, 2014
Revised: October 28, 2015
Revised: March 28, 2018
Revised: May 27, 2020

SECTION: Board

SUBJECT: Board Member Code of Conduct

The Algoma Public Health Board believes that its members must adhere to a high standard of ethical behavior in all aspects of their conduct at all times and that all members shall fulfill their duties in a manner that maintains and enhances public confidence in the APH Board.

POLICY:

Each member of the Board of Health shall comply with the Code of Conduct for the District of Algoma Health Unit (operating as Algoma Public Health). **The Code of Conduct will be added to the agenda of the first Board of Health meeting each year for a review of expectations.**

CODE OF CONDUCT:

Board Members shall:

- 1) Adhere to all Board of Health bylaws, policies, and rules of procedure and perform their duties with integrity, transparency and accountability.
- 2) Represent the best interests of public and community health and the respective programs and services of Algoma Public Health.
- 3) Comply with conflict of interest policy and declare conflicts either perceived or actual on agenda matters as appropriate.
- 4) Keep in confidence any confidential information acquired by virtue of their position as a board member.
- 5) Attend both board and committee meetings as scheduled as it is an important accountability for all members. The expectation is that all members attend a minimum of 2/3 of all meetings within the year unless approved by the chair of the board or affected committee.
- 6) Preserve a state of neutrality by supporting and endorsing board and committee decisions regardless of the level of prior personal disagreement. Public inquiries regarding APH services shall be directed to the board chair or MOH/CEO or delegate
- 7) Review board package materials in advance of the meeting and participate productively in meetings.
- 8) Recognize that only the Board of Health Chair speaks for the board on public disclosures unless the chair delegates that responsibility on a specific topic.
- 9) Not publish or post on social media, a statement that could impair the public's confidence in the Algoma Public Health Unit and its ability to make transparent, objective, impartial and fair decisions that are in the public interest.

- 10) Interact with each other, staff and members of the public with respect, diplomacy and dignity. Respect the boundaries between the roles of staff and the roles of board and committee members.
- 11) Support one another and the MOH/CEO.

PROCEDURE

If a board member has a performance concern that violates the Code of Conduct, and is unable to resolve with informal communication with the member or regarding the MOH/CEO, the concern shall be brought to the Chair of the board or Vice Chair (*if issue is with Chair*).

The Board Chair in collaboration with the two Vice-Chairs (*if issue is with a Vice-Chair the remaining Vice Chair and Board Chair will be involved*) will mediate any disputes between Board members and/or the MOH/CEO in situations where the parties were unable to resolve the issue.

Where a Board or Committee member believes that another board or committee member has violated the Code of Conduct with respect to confidentiality or a conflict of interest that has not been declared despite any appropriate informal communications, the board or committee member shall advise an appropriate person such as the Chair of the Board or Chair of the affected committee. The Board Chair will in collaboration with the two Vice-Chairs investigate and try to resolve the issue informally.

Where there has been a failure on the part of a Chair and Vice-Chairs to resolve informally, the issue will be brought back to the entire Board for review. The Board may request that the Chair:

- i) Issue a verbal reprimand; or
- ii) Issue a written reprimand; or
- iii) Request that the Board member resign or
- iv) Seek dismissal of the Board member based on regulations relevant as to how the board member \ was appointed.

April 30, 2020

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4

Sent via e-mail: Christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: Provincial Leadership in the Monitoring of Food Affordability and Food Insecurity

Household food insecurity is a serious public health problem in Ontario. Household food insecurity is the inadequate or insecure access to food due to financial constraints, and is experienced by 13.3% of Ontario households (Tarasuk & Mitchell, 2020). Monitoring local food insecurity and food affordability is critical for Peterborough Public Health and local public health agencies (LPHAs) across Ontario to assess trends over time, identify community needs, and support access to safe healthy food. The Board of Peterborough Public Health is also required to monitor Food Affordability, as specified by the Ontario Public Health Standards.

Health Canada recently updated the [National Nutritious Food Basket](#) based on the 2019 Canada's Food Guide. A Reference Guide and spreadsheet were released in February 2020. In order for this to be used for data collection, protocols must be developed at the regional/territorial level. We ask that the Ontario Ministry of Health take leadership in developing a protocol in collaboration with Ontario's LPHAs and the Ontario Dietitians in Public Health.

Peterborough Public Health would also like to express the importance of availability of local Household Food Insecurity data from the Canadian Community Health Survey. We ask that Household Food Insecurity be included as a core module in Ontario, and that Ministry release 2018 Household Food Insecurity Data to Ontario LPHAs. This is critical for our board of health to conduct population health assessment and interventions to address local needs.

Thank you for your attention to supporting local boards of health in addressing the important issues of food insecurity and food affordability.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Dr. David Williams, Ontario, Ontario Chief Medical Officer of Health
Local MPPs
France Gélinas, MPP, Health Critic
John Fraser, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

Reference: Tarasuk V, Mitchell A. (2020) Household food insecurity in Canada, 2017-18. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>

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www.timiskaminghu.com

April 30, 2020

Hon. Todd Smith, Minister of Children, Community and Social Services
Ministry of Children, Community and Social Services, Hepburn Block, 6th Floor
80 Grosvenor St,
Toronto, ON M7A 1E9
Sent via e-mail: Todd.smithco@pc.ola.org

Dear Minister Smith,

Re: Consultation for a new Ontario Poverty Reduction Strategy

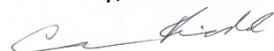
The Timiskaming Health Unit (THU) commends the Government of Ontario's interest in poverty reduction and applauds its public consultation to inform the development of a new provincial strategy.

THU recognizes that the prolonged stress of continually struggling to satisfy basic needs negatively impacts the physical and mental health of entire families; however, poverty doesn't just affect those experiencing it. Poverty costs the Ontario economy over \$27 billion annually, with the cost of maintaining poverty far outweighing the cost of addressing it.¹ Currently, there are 1.57 million Ontarians, including 382,000 children living in poverty.¹ Despite previous declines in childhood poverty, much work remains. In the district of Timiskaming, 18% of people continue to live in low-income households, including 20% of children under the age of 18 years.³

Poverty persists in the presence of low unemployment rates. While a strong economy and job creation are essential combatants of poverty, low educational attainment, precarious employment, low wages, disability, as well as a lack of affordable housing and child care contribute to its maintenance. A comprehensive poverty reduction strategy must address an entire gamut of issues - from a lack of individual resources and supports to political and economic structures.⁴

Poverty is a multi-dimensional phenomenon and requires a multi-dimensional approach. Based on this premise, we have included our recommendations for Ontario's new poverty reduction strategy in Schedule A. We are confident that implementation of these recommendations will have a positive impact on reducing poverty in Ontario. Thank you for providing us with the opportunity to contribute to this worthwhile endeavour.

Sincerely,



Carman Kidd
Board of Health Chair

Enclosure

c.c. Mr. John Vanthof, MPP, Timiskaming-Cochrane
Ontario Boards of Health

ISSUE	RATIONALE	RECOMMENDATIONS
INCOME	<p>Jobs that pay a living wage are essential. Income is a significant determinant of health as it influences overall living conditions, including psychological functioning, health-related behaviours, food security, housing, and other prerequisites of health.⁵ Poor health is both the cause and the result of poverty. At present, poverty costs the Ontario health care system \$3.9 billion annually.¹ In the district of Timiskaming, 18% of people continue to live in low-income households, including 20% of children under the age of 18 years.³ Chronic stress resulting from the struggles to satisfy basic needs such as food, and shelter impacts the physical and mental health of low-income families. Increasing incomes for those living in poverty results in a reduction of stress, mental illness, and chronic disease resulting in overall health care spending⁶</p>	<p>THU recommends that the province of Ontario reinstate the guaranteed basic income pilot projects and an increase in the minimum wage for Ontario workers. We endorse Bill 60 and call for increases to income assistance rates for Ontario Works (OW), as well as Ontario Disability Supports Program (ODSP) recipients to sufficiently cover basic needs (i.e., shelter, food, clothing, and transportation). THU further recommends that future adjustments to minimum wages and social assistance rates align with inflation.</p>
EDUCATION	<p>Education invariably leads to better health as it is associated with higher incomes, increased civic engagement, and healthier lifestyles.⁵ Post-secondary education is protective against poverty. Compared to the rest of Ontario, residents in Timiskaming are less likely to complete high school or university.³ The Ontario Student Assistant Program (OSAP) financially assists students in obtaining a post-secondary education through loans and grants. While we commend the Government of Ontario's 10 percent decrease in tuition fees, the elimination of free tuition for low-income students is troublesome. Recent changes to the OSAP program may deter low-income students from pursuing post-secondary education and thus limiting their socioeconomic mobility.</p>	<p>THU recommends increasing access to post-secondary programs for low-income students through free tuition, a return to previous grant/loan amounts, and reinstatement of the six-month interest-free grace period following graduation.</p>

ISSUE	RATIONALE	RECOMMENDATIONS
ASSET & CAPACITY BUILDING	<p>Generational poverty is more than the mere absence of monetary resources and often includes insufficient support systems, role models, and coping strategies. A lack of resources hinders socioeconomic mobility while increasing the likelihood of remaining in poverty.⁴ Asset building programs have the potential to assist individuals to transition out of poverty through the use of mentors and peer support. These programs can save Ontarians a substantial amount of money but more research is required.⁷ It is essential for the Government of Ontario to continue to build capacity within Public Health Ontario and local public health that will facilitate the data collection, assessment and evaluation of unique initiatives such as the Bridges Out of Poverty – Circles program to assist and support individuals leaving poverty.</p>	<p>THU recommends that the Government of Ontario invest in the creation, expansion, and evaluation of asset building programs (e.g., Bridges Out of Poverty- Circles). It is also recommended that the Province of Ontario continue to invest in Public Health Ontario and local public health initiatives to permit the necessary data collection, and evidence gathering to understand, prevent, and mitigate poverty.</p>
CHILD CARE & EARLY CHILDHOOD EDUCATION	<p>Early childhood experiences influence later physical, social, emotional, and cognitive development, which impacts future learning, educational achievement, employment, and health. In 2018/19, throughout Ontario there were 446,596 spaces in licensed child care facilities – enough for 22.4% of Ontario’s children age 0-12 years.⁸ Ontario has the highest median full-time child care infant fees in the country at \$1,758 per month or \$21,096 annually.⁹ In rural northern Ontario, pre-school child care fees are approximately \$825 per month or \$9,900 per year.⁹ In 2019, approximately 29% of children in licensed child care centres qualified for subsidies compared to 68% of children in licensed home child care.⁸ Child care must be affordable, accessible, and of high-quality to permit parents to engage in paid work, ensure the attainment of developmental milestones, and address child & family poverty in Ontario.¹⁰</p>	<p>THU recommends the creation of a universal, high-quality, accessible, and affordable child care system provided by a well-trained and well-paid workforce.</p>
HOUSING	<p>Adequate housing is vital to one’s dignity, safety, and ability to contribute to society. Without proper shelter, people are not able to maintain employment, recover from mental illness, be part of their community, maintain custody of their children, leave abusive relationships, or escape situations involving human trafficking.¹¹ Rates of public assistance and minimum wage have not kept pace with rising rents in Ontario, which excludes vulnerable individuals from the rental market. In Timiskaming, 21% of households live in unaffordable housing, spending 30% or more of their income on shelter cost.¹²</p>	<p>THU recommends the province work with municipalities to develop a strategy to address affordable housing shortages and chronic homelessness, which includes the creation of new affordable housing. Further recommendations include an increase in provincial funding for the repair and maintenance of social housing units.</p>

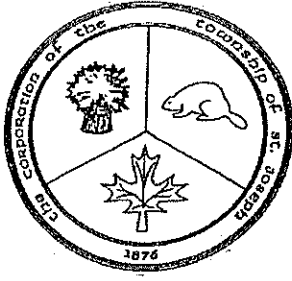
ISSUE	RATIONALE	RECOMMENDATIONS
DISABILITIES	<p>One in seven Ontarians (15%) live with a disability.¹³ People with disabilities continue to face barriers to education and employment opportunities. They are more likely to have low-income status, and less likely to live in adequate, affordable housing than people without disabilities.¹³ The Ontario government has proposed changing the definition of disability to align with the Federal government's much more stringent definition used to determine eligibility for Canada Pension Plan Disability Benefits.¹⁴ The change in definition would lead to a large number of Ontarians being ineligible for ODSP benefits. This change would lead to a greater dependence on OW, which pays much less and does not provide disability supports.</p>	<p>THU recommends the Ontario government maintain its current definition of disability to determine eligibility for ODSP benefits.</p>
PHARMACARE	<p>Approximately 2.2 million Ontarians have no prescription drug coverage.¹⁵ Too frequently, cost restrictions force Ontarians to fail to fill or renew their prescriptions, skip doses, or split pills to make their medications last longer.¹⁶ In 2015, 24% of Ontarians reported that they or someone in their household failed to take their medication as prescribed due to cost.¹⁶ Women are particularly disadvantaged as they are more likely to be prescribed medication than men, but are less likely to have medication coverage through paid work.¹⁷ Illness and disability prevent people from working, force many to live in poverty, and increase health care expenses.</p>	<p>THU recommends the Ontario government work with the Government of Canada to create and implement a universal and comprehensive Pharmacare program for all Ontarians.</p>
ORAL HEALTH	<p>Poor oral health negatively impacts general health and is associated with various health risks ranging from poor nutritional intake¹⁸ to coronary heart disease.¹⁹ Individuals in the lowest income group are less likely to receive preventive treatment and more likely to decline dental services due to costs compared to those with higher incomes.²⁰ In Timiskaming, only 56.7% of residents reported having insurance coverage for dental expenses,²¹ and a mere 54.9% of residents reported visiting the dentist in the past year.²² While THU recognizes the value of the Healthy Smiles Ontario program and commends the Government of Ontario for the implementation of the Ontario Seniors Dental Care Program, the dental needs of low-income workers age 18 to 64 years remain unmet. Facial pain, infection, and illness are barriers to employment and cost our health care system.</p>	<p>THU recommends the Government of Ontario create a publicly funded system for oral health care that is accessible to all individuals living in low-income households regardless of age.</p>

ISSUE	RATIONALE	RECOMMENDATIONS
<p>PAID SICK LEAVE</p>	<p>When employees go to work sick, they not only risk their health, but they risk the health of their co-workers as well as the general public through the spread of infectious diseases (e.g., COVID-19). However, most low-income earners have a minimal choice due to a lack of paid sick days and financial obligations. Low-income earners such as those working in the food and hospitality industry are of particular importance because illnesses such as Norovirus, Samonella Typhi, Hepatitis A, etc., are transmittable to the general public during the food production and handling process.²³ Currently, in Ontario, employers are only required to provide three “<u>unpaid</u>” sick days per year. The average number of sick days taken in Canada by workers in the private sector is nine days per year.²⁴</p>	<p>THU recommends the Government of Ontario amend the Employment Standards Act to include a minimum of Seven (7) “paid” sick days per year for employees regularly scheduled to work 30 hours or more per week. Part-time and seasonal workers to receive paid sick days based on a pro-rata basis.</p>

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THE CORPORATION OF THE TOWNSHIP OF ST. JOSEPH

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May 1, 2020

The Chief Medical Officer of Health
21st Floor
393 University Ave,
Toronto, ON
M5G 2M2

Attention: Dr. David Williams – Chief Medical Officer of Health

Dear Dr. Williams:

Re: Transparency of Algoma Public Health

I am writing today on some critical issues respecting the COVID-19 pandemic and our inability to access appropriate information from Algoma Public Health.

On April 23, 2020, the communities of the East Algoma District met electronically to discuss the above noted issue. There was a collective concern with both the timing and level of detail on COVID-19 issues that our community leaders and Community Emergency Management Coordinators (CEMCs) are receiving from Algoma Public Health (APH).

As municipal leaders we have a moral and legislated responsibility to protect the property, health, safety and welfare of our residents during times of emergencies – such as the current COVID-19 pandemic.

Municipal leaders and CEMCs in the East Algoma District have repeatedly reached out to the APH Medical Officer of Health and Chief Executive Officer, Dr. Marlene Spruyt and/or members of her team to request that our communities be provided with the specific number of residents tested, test results as well as cases that have been resolved. We have also requested information on whether positive results were due to travel or community spread. Dr. Spruyt and her leadership team have consistently refused, at times in an antagonistic fashion, to provide the information as requested even though other regions in the province have statistics provided in the format we have requested.

Reporting practices by the Northwestern Health Unit (shown below) are of the format that we are seeking. Such formats and information have been refused by APH.

Northwestern Public Health Unit regional COVID – 19 Results

District	Area^	Positive	Negative	Pending	Resolved
Kenora	Kenora	2	237	102	2
	Dryden	4	147	44	4
	Red Lake	2	61	13	2
	Sioux Lookout	1	117	38	1
Rainy River	Rainy River	1	11	25	1
	Emo	0	7	0	0
	Fort Frances	1	124	76	1
	Atikokan	4	57	31	3
Other	Other	1*	0	0	1
Totals		16	761	329	15

Unfortunately, APH has only provided information across large geographic areas or within larger centres, and have set geographic boundaries without consulting municipalities on what would make the most sense. For instance, the "Central & East Algoma" zone, which my municipality is located in, is 150 kms wide, contains at least 16 municipalities and First Nations, and a number of large unorganized areas. In addition, two municipalities in what we consider "central" Algoma have been included instead in APH's "Sault Ste. Marie & Area" zone. To compound the problem, APH has decided that it will not confirm the number of positive cases in one of its zones unless there are five or more cases in a zone. This has meant that APH has provided public notice that there are "less than five" cases across Central & East Algoma, leaving municipal leaders and CEMCs floundering with the possibility that there could be one to four cases in their community, close to their community, or, on the other hand, possibly in a community 150 kms away.

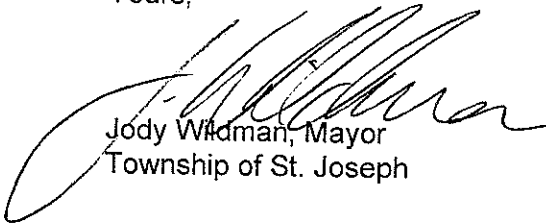
The response we have received from APH to our requests for more useful information is that it feels that individuals in smaller communities may be more easily identified and possibly criticized. We would be willing to discuss how this concern could be addressed, but there seems to be no willingness on the part of APH to include us in such a discussion. Municipalities are a responsible level of government that routinely deals with confidential information. None of our communities have sought the personal details, such as specific travel history, or gender of any COVID-19 cases. We fail to understand why this information, which is not personal in nature, is being refused.

Having the information in a format similar to that shown above is critical for our municipal governments to carry out our responsibilities effectively. We have done all we can to be effective, proactive and supportive partners to health care experts and senior levels of government throughout the current crisis, but require a more respectful partnership with APH and better information to allow us to fulfill our responsibilities in provide effective community emergency management. The position taken to date by leadership at APH does not allow for this.

My request to you Dr. Williams is to direct APH, Dr. Spruyt and her leadership team to immediately begin to report to our CEMCs and municipal leaders, statistical information on COVID-19 cases in line with the same practices as other health units such as the Northwestern Health Unit.

We hope that you will understand the situation from our perspective and provide the direction we have requested.

Yours,



Jody Wildman, Mayor
Township of St. Joseph

cc. The Honourable Doug Ford – Premier, Province of Ontario
Dr. Marlene Spruyt, Algoma Public Health
Mr. Lee Mason, Chair of Algoma Public Health
The Honourable Steve Clark, Minister of Municipal Affairs and Housing
The Honourable Christine Elliot, Deputy Premier and Minister of Health
Mike Mantha – MPP
Carol Hughes - MP
Municipalities and First Nations of the East Algoma District
Council Members – Township of Johnson
C. Wray – CAO / Clerk
AMO
ROMA
FONOM

May 20, 2020

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister
Privy Council Office
Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5

Dear Prime Minister Trudeau, Deputy Prime Minister Freeland and Minister Morneau:

Re: Basic Income for Income Security during Covid-19 Pandemic and Beyond

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to convey our strong support for the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.

While we commend the federal government for the economic measures that have been put into place to support Canadians during this unprecedented time of the COVID-19 pandemic, we also know that many are falling through the cracks. Measures such as the CERB, the Canada Emergency Student Benefit (CESB) and the Canada Emergency Wage Subsidy (CEWS), though necessary and very important, have left many Canadians, who do not qualify for or not able to access these programs, vulnerable to household food insecurity and the negative consequences of income insecurity and poverty such as inadequate or unstable housing, and poorer mental and physical health, including chronic diseases. A basic income would address these gaps, offering support to the most vulnerable Canadians.

Before the COVID-19 pandemic, many Canadians were already experiencing household food insecurity. In 2017-18 approximately 4.4-million (1 in 8) Canadians reported being food insecure, including 1.2 million children under the age of 18.¹ As a result of COVID-19, this number is predicted to increase as many individuals are facing precarious employment, have had their hours reduced or have lost their jobs altogether. Many are relying on food banks and other charitable programs, however, this only meets the need on a temporary basis and is not a long term solution.

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

Examples of key Canadian initiatives that demonstrate the positive impact of basic income-like programs on health and well-being include the Old Age Security and Guaranteed Income Supplement through Canada's public pension system, the Canada Child Benefit, and the Newfoundland Poverty Reduction Strategy.

Basic income pilots for working-age adults in Canada have also led to promising findings, including the Mincome pilot in Manitoba and the recent Ontario Basic Income Pilot. The research study, [Southern Ontario's Basic Income Experience](#) released in March 2020, is based on Ontario's pilot. This pilot was implemented in three Ontario cities in 2018 by the provincial government, and the project was terminated in 2019 following a change in government. While the formal pilot evaluation was cancelled, this research study made use of surveys of individuals from Hamilton, Brantford and Brant County who had been enrolled in the pilot (217 individuals participated out of 1000 enrolled households), and interviews with 40 participants. Some of the key findings cited by participants in this report include improvements in physical and mental health; increased labour market participation; moving to higher paying and more secure jobs; reduced household food insecurity; housing stability; improved financial status and social relationships; less frequent visits to health practitioners and hospital emergency rooms; improved living standards; and an improved sense of self-worth and hope for a better future.

Additional evidence supporting the potential of a basic income for reducing the prevalence and severity of household food insecurity is presented in: [Implications of a Basic Income Guarantee for Household Food Insecurity](#), a research paper prepared for the Northern Policy Institute based on the Ontario Basic Income Pilot.

Moving forward during and following the COVID-19 pandemic is an opportune time for the federal government to take action to evolve the CERB into a basic income. This would provide income security to all Canadians during the economic challenges of the pandemic itself, the post-pandemic recovery, and into the future. This is particularly pertinent given the dramatic shifts in the labour market in recent decades, such that full-time permanent employment is no longer the norm. The current CERB has helped demonstrate the logistical feasibility of delivering a basic income, and it could be readily evolved into an ongoing basic income for anyone who falls below a certain income floor. There is evidence of growing support for this concept, as outlined in Appendix A. The Basic Income Canada Network has outlined [key features](#) of basic income design for Canada, which we support.

The SMDHU has been a strong proponent of basic income repeatedly since 2015. This includes having sponsored a resolution at the Association of Local Public Health Agencies (aLPHA) general meeting endorsing the concept of basic income and requesting the federal and provincial governments jointly consider and investigate a basic income policy option for reducing poverty and income insecurity (2015), and expressing support and input into the Ontario Basic Income Pilot (2017). SMDHU has also been encouraging advocacy for income solutions to household food insecurity through our [No Money for Food is Cent\\$less](#) initiative since 2017.

In keeping with this, we strongly recommend your government take swift and immediate action on the evolution of the CERB Benefit into legislation for a basic income as an effective long-term

response to the problems of income insecurity, persistent poverty and household food insecurity, as well as a response to the economic impact of the COVID-19 pandemic.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CS:cm

Encl. (1)

cc. Hon. Doug Ford, Premier of Ontario
Simcoe and Muskoka MPs and MPPs
Simcoe Muskoka Municipal Councils
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health

Appendix A: Examples of Support for Basic Income in Response to COVID-19 and Beyond

On April 21, 2020, 50 members of Canada's Senate wrote a [letter](#) to the federal government calling for a restructuring of the CERB into a minimum basic income to "ensure greater social and economic equity", especially for those who are most vulnerable. In support of this letter, Senator McPhedran's Youth Advisory Council, the Canadian Council of Young Feminists, in collaboration with the Basic Income Canada Youth Network, sent their own [letter](#) to the federal government.

In our region, Simcoe North MP Bruce Stanton has expressed agreement that it's time to consider basic income. He is quoted as saying "Based on my reading of this, like Senator Boniface, I am persuaded that it could be very good public policy" ([News Story](#)).

The Ontario Dietitians' of Public Health (ODPH) have also written a [letter](#) to the federal government stating "We ask that you take immediate action to enact legislation for a basic income guarantee as an effective long-term response to the problem of persistent poverty and household food insecurity as well as shorter-term consequences of the economic fallout of the COVID-19 pandemic".

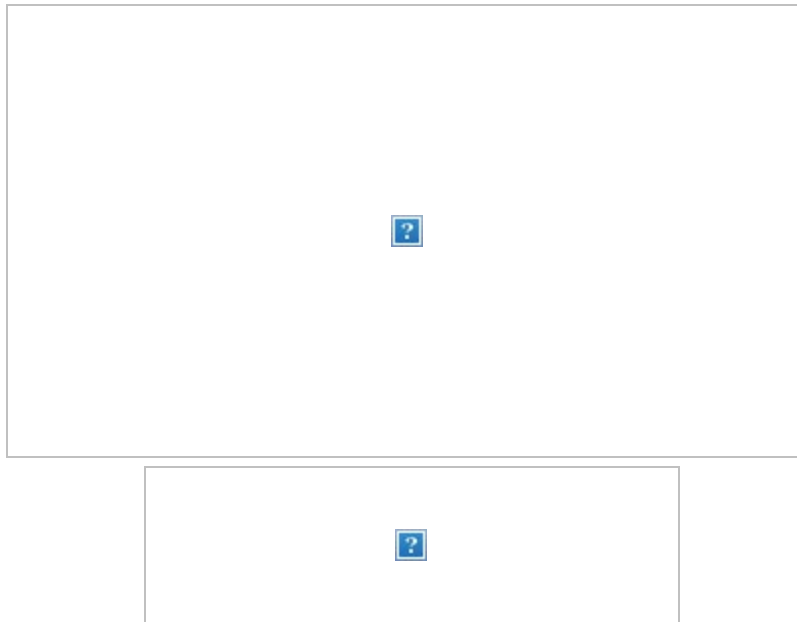
The Board of Health of the Kingston, Frontenac, Lennox and Addington Health Unit in Ontario also passed a motion requesting the federal government to provide a basic income support to all Canadians ([News Story](#)).

From: [Susan Lee](#)
To: [All Health Units](#)
Subject: alPHa Information Break - May 20, 2020
Date: Wednesday, May 20, 2020 12:19:10 PM

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.

PLEASE ROUTE TO:

All Board of Health Members / Members of Health & Social Services Committees



May 20, 2020

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

National Health Day Celebrations

In honour of National Health Day (May 12), alPHa released a statement and infographic in recognition of the vital role public health workers have played in the COVID-19 response. The statement and infographic highlight how public health protects and improves health by preventing illness and promoting well-being. alPHa followed up with a [letter to the Minister of Health](#) and a series of [Twitter posts](#) which resulted in our most successful tweets to date. Members are encouraged to help spread the word and distribute these materials broadly within their local communities. Special thanks to Toronto Public Health and Eastern Ontario Health Unit for partnering on the campaign materials.

[View the statement and infographic here](#)

[Download the English version infographic here](#)

[Download the French version infographic here](#)

COVID-19

On May 15, alPHA wrote the Premier of Ontario on the role of local boards of health and their legislated responsibilities and duty to govern with accountability during the pandemic. The letter notes that Boards of Health across the province are continuing to meet and engage with their health units and stakeholders as the public health system fights COVID-19.

[Read the letter to the Premier on boards of health's role](#)

At its meeting in April, the alPHA Board of Directors met with Dr. David Williams, Chief Medical Officer of Health, and Dr. David McKeown who gave an update on pandemic-related issues. The Board is currently considering public health approaches to the reopening of Ontario and the lifting of current pandemic measures, while continuing to protect communities' health and preserving system capacity. On behalf of the public health system, alPHA will continue to provide leadership, input and feedback to the province.

[Visit the Ministry of Health's page on guidance for the health sector](#)

[View the Ministry's website on the status of Ontario COVID-19 cases](#)

[Go to Public Health Ontario's COVID-19 website](#)

[Visit the Public Health Agency of Canada's COVID-19 website](#)

alPHA's Twitter: @PHAgencies

With almost 1,000 followers, alPHA's Twitter feed, [@PHAgencies](#), is your trusted source of the latest public health news and information. Connect with other health units, the public health community and the general public to get quick access to news, advice, and share ideas. Join the community and [follow us here](#). alPHA also has a [LinkedIn](#) page that members are encouraged to follow.

Public Health News Roundup

[Province cancels remainder of school year](#) - 2020/05/19

[Government of Ontario extends all emergency orders until May 29](#) - 2020/05/19

[Province announces independent commission into long-term care beginning in September](#) - 2020/05/19

[OMA releases paper on public health measures needed before reopening province](#) - 2020/05/15

[Ontario allows additional seasonal, retail and household businesses, health and community providers to reopen](#) - 2020/05/14

[Canada and Ontario support farm workers with \\$2.25M in funding](#) - 2020/05/14

[Minister Elliott reports on inflammatory illness in children with COVID-19](#) - 2020/05/13

[Province initiates voluntary redeployment of education sector workers](#)

[to congregate care settings](#) - 2020/05/13

[Health Canada authorizes first COVID-19 serological test for use in Canada](#) - 2020/05/12

[Ontario extends state of emergency until June 2 and passes *COVID-19 Response and Reforms to Modernize Ontario Act, 2020*](#) - 2020/05/12

[ICES releases up-to-date COVID-19 testing dashboards to public](#) - 2020/05/11

[Smoke-Free Ontario Act, 2017 regulatory changes to O. Reg 268/18 to come into effect July 1, 2020](#) - 2020/05/11

[Ontario retail stores open for curbside pickup and delivery](#) - 2020/05/11

[FAO forecasts record \\$41B provincial deficit in 2020-21](#) - 2020/05/11

[Province gives update on restarting economy](#) - 2020/05/08

[Provincial government releases plans to resume scheduled surgeries](#) - 2020/05/07

[Ontario eases restrictions on retail outlets and essential construction](#) - 2020/05/06

[Province expands virtual mental health services](#) - 2020/05/05

[Ontario increases daily lab testing and contact tracing capacity](#) - 2020/05/04

[Province issues new temporary order to increase flexibility for operational resourcing and frontline staffing](#) - 2020/05/01

[Ontario allows garden centres, car washes, some essential construction projects to re-open on May 4](#) - 2020/05/01

[Province makes more frontline workers eligible for emergency childcare](#) - 2020/04/29

[Ontario releases *A Framework for Reopening our Province*](#) - 2020/04/27

[Provincial government provides frontline staff with pandemic pay](#) - 2020/04/25

[Ontario parks to remain closed until May 31](#) - 2020/04/25

[Province allows redeployment of staff to long-term care homes and services for deafblind community](#) - 2020/04/25

[Ontario unveils *COVID-19 Action Plan for Vulnerable People*](#) - 2020/04/23

[Premier introduces more testing, screening and surveillance for long-term care homes](#) - 2020/04/22

Upcoming Events - Mark your calendars!

*****POSTPONED*** June 2020 Annual General Meeting & Conference** - Date and time to be determined. Please visit the [conference page](#) for updates.

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