



June 24, 2020

BOARD OF HEALTH MEETING

SSM Algoma Community Room - Webex Video / Teleconference

www.algomapublichealth.com

Meeting Book - June 24, 2020 Board of Health Meeting

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c. Letter to the Prime Minister of Canada, The Deputy Prime Minister and the Minister of Finance from The Timiskaming Board of Health regarding Basic Income for Income Security during Covid-19 Pandemic and Beyond dated June 9, 2020.	Page 53

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-

15. Adjournment

**Board of Health Meeting
AGENDA**

June 24, 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
Dr. Heather O'Brien
Brent Rankin
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

**** Proceedings are being recorded via Webex and will be available for public viewing.***

L. Mason

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 June 24, 2020** be approved as presented.

3.0 Delegations / Presentations

L. Mason

4.0 Adoption of Minutes of Previous Meeting

L. Mason

RESOLUTION

THAT the May 27, 2020 **Board of Health minutes and and June 3, 2020 Board of Health Special Meeting Minutes** 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, June 2020

ii. More to Public Health than Covid-19

iii. APH Covid-19 Response - Slide deck will be posted in Addendum

RESOLUTION

THAT the **report of the Medical Officer of Health and CEO for June 2020** be adopted as presented.

b. Finance and Audit

i. Finance and Audit Committee Chair Report

E. Pearce

ii. Financial Statements

RESOLUTION

THAT the **unaudited Financial Statements for the period ending April 30, 2020** be approved as presented.

ii. Summary of Covid Costs as of April 2020

iii. Terms of Reference - Finance and Audit Committee

RESOLUTION

THAT the **Terms of Reference for the Finance and Audit Committee** be approved as presented.

c. Governance

i. Governance Committee Chair Report

D. Graystone

RESOLUTION

THAT the Governance Committee Chair report for June 2020 be accepted as presented.

ii. 02-05-060 Meetings and Access to Information - Policy

iii. 02-05-085 Orientation Board Members - Policy

iv. 02-05-015 Conflict of Interest - Policy

v. 02-05-045 Attendance at Meetings Using Electronic Means - Policy

vi. 06-02 Ontario Building Code Appointments - Bylaw

vii. 15-01 To Provide for the Management of Property - Bylaw

viii. Terms of Reference for the Governance Committee

RESOLUTION

THAT the Board of Health has reviewed and approves **Policy 02-05-060 Meetings and Access to Information** as presented, and;

THAT the Board of Health has reviewed and approves **Policy 02-05-085 Orientation Board Members** as presented, and;

THAT the Board of Health has reviewed and approves **Policy 02-05-015 Conflict of Interest** as presented, and;

THAT the Governance Committee has reviewed and approves **Policy 02-05-045 Attendance at Meetings Using Electronic Means** as presented, and;

THAT the Governance Committee has reviewed and approves **Bylaw 06-02 Ontario Building Code Appointments** as presented, and;

THAT the Governance Committee has reviewed and approves **Bylaw 15-01 To Provide for the Management of Property** as presented, and;

THAT the Governance Committee has reviewed and approves **the Terms of Reference for the Governance Committee** as presented.

- 7.0 New Business/General Business** *L. Mason*
- 8.0 Correspondence** *L. Mason*
- a. Memo from the Ministry of Health regarding **Pandemic Pay Eligibility** dated May 27, 2020.
 - b. Letter to the Transitional Regional Lead West, Ontario Health from Grey Bruce Health Unit regarding **Reporting Inaccuracy COVID-19 Enhanced Surveillance of Long-Term Care**, dated June 8, 2020.
 - c. Letter to the Prime Minister of Canada, The Deputy Prime Minister and the Minister of Finance from The Timiskaming Board of Health regarding **Basic Income for Income Security during Covid-19 Pandemic and Beyond** dated June 9, 2020.
- 9.0 Items for Information** *L. Mason*
- 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*
- Governance Committee Meeting**
September 9, 2020 @ 5:00 pm
Webex Audio / Video Conference | SSM Algoma Community Room
- Board of Health Meeting**
September 23, 2020 @ 5:00 pm
Webex Audio / Video Conference | SSM Algoma Community Room
- Finance & Audit Committee Meeting**
October 14, 2020 @ 5:00 pm
Webex Audio / Video Conference | SSM Algoma Community Room
- 14.0 Evaluation** *L. Mason*

RESOLUTION

THAT the Board of Health meeting adjourns.

**Board of Health Meeting
MINUTES**

May 27, 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:**

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
Brent Rankin
Matthew Scott

Tania Caputo - Board Secretary

Dr. Marlene Spruyt - Medical Officer of Health/CEO

Justin Pino - CFO /Director of Operations

Antoniette Tomie - Director of Human Resources

Laurie Zeppa - Director of Health Promotion & Prevention

Dr. Jennifer Loo - AMOH & Director of Health Protection

REGRETS :

Dr. Heather O'Brien

L. Mason advised the board that Provincial appointees Karen Raybould and Adrienne Kappes have not been reappointed to the Board.

1.0 Meeting Called to Order

a. Declaration of Conflict of Interest

None declared

2.0 Adoption of Agenda

RESOLUTION

2020-39

Moved: P. Avery

Seconded: D. Graystone

THAT the Board of Health agenda dated May 27, 2020 be approved as presented.

CARRIED

3.0 Delegations / Presentations

Not applicable

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION

2020-40

Moved: S. Hagman

Seconded: B. Rankin

THAT the Board of Health minutes dated April 22, 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, May 2020

M. Spruyt provided the report of the Medical Officer of Health noting that recent work at the North Regional Table includes reviewing hospitals with respect to their reopening plans. Public Health reviews and approves those plans based on a number of criteria. APH is also busy supporting business reopenings that are underway. Communication priorities are focused on reinforcing the advice about physical distancing, hygiene, to reduce the spread of the virus. M. Spruyt reported that testing in Algoma is above the provincial and Northern Ontario average. Board of Health members relayed concerns regarding testing and the interpretation and communication of results. Public response to communication is a concern and the Board discussed varying perspectives on how the community is reacting to the Provincial Emergency orders.

**RESOLUTION
2020-41**

Moved: M. Hatfield
Seconded: D. Graystone

THAT the report of the Medical Officer of Health and CEO for May 2020 be adopted as presented.

CARRIED

b. Finance and Audit

i. Financial Statements

J. Pino provided an overview of the financial statements. A question was asked about contributions from municipalities and noted that it may be an item of discussion in the future. L. Mason reiterated information provided at the April 2020 Board meeting about the schedule of levy payments from municipalities.

**RESOLUTION
2020-42**

Moved: P. Avery
Seconded: L. Caicco Tett

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

CARRIED

c. Governance

- i. Governance Committee Chair Report**
- 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**

D. Graystone presented the Governance chair report and overview of the newly created Stakeholder Communication policy. Discussion followed to question and clarify how this policy will shape the overall strategy of communication with the municipalities.

**RESOLUTION
2020-43**

Moved: B. Rankin
Seconded: P. Avery

THAT the Governance Committee has reviewed and approves the creation of **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, and;

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

CARRIED

7.0 New Business/General Business

Not Applicable

8.0 Correspondence

- 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.
Note that this was amended to include: A letter with the same content was also received from the Town of Blind River, Tarbutt Township, and Johnson Township.
- 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.

Item 8 c.

S. Hagman shared copies of the letters 10 municipalities drafted and sent to the CMOH with a notation that they were cc: to the Chair of the Board and the MOH regarding "inability to access appropriate information" in relation to Covid-19 testing results.

Discussion regarding the reporting concerns brought forward by members of the board and in relation to the letter sent to the CMOH by the municipalities followed and a vote was taken to proceed by resolution:

**RESOLUTION
2020-44**

Moved: L. Caicco Tett
Seconded: E. Pearce

THAT a special meeting of the Board of Health be held to address and identify the reporting concerns between APH leadership and a number of municipalities in the Algoma region and create a process to move forward.

CARRIED

9.0 Items for Information

- a. **alPHa - Association of Local Public Health Agencies - Information Break**

10.0 Addendum

Not applicable

11.0 In-Camera 6:48 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
2020-45**

Moved: P. Avery
Seconded: S. Hagman

THAT the Board of Health go in-camera.

CARRIED

12.0 Open Meeting - 7:03 pm

There were no resolutions resulting from the in-camera meeting.

13.0 Announcements / Next Committee Meetings:

Board of Health Special Meeting

June 3, 2020 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

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 reminded Board of Health members to complete the meeting evaluation.

15.0 Adjournment 7:15 pm

RESOLUTION

2020-48

Moved: M. Hatfield

Seconded: P. Avery

THAT the Board of Health meeting adjourns.

CARRIED

Board of Health Special Meeting

MINUTES

June 3, 2020 at 5:00 pm

Webex Audio and Videoconference | Algoma Community Room

** Meeting held during the provincially declared emergency*

PRESENT : BOARD MEMBERS

APH EXECUTIVE

Dr. Marlene Spruyt - Medical Officer of Health/CEO

Tania Caputo - Board Secretary

Audio and Video Conference: Lee Mason - BOH Chair
Ed Pearce - F&AC Chair
Deborah Graystone - Gov. Chair
Dr. Patricia Avery
Louise Caicco Tett
Sally Hagman
Micheline Hatfield
Dr. Heather O'Brien
Brent Rankin
Matthew Scott

1.0 Meeting Called to Order 5:02 pm

a. Declaration of Conflict of Interest

None declared

2.0 Adoption of Agenda

RESOLUTION

Moved: D. Graystone

Seconded: B. Rankin

THAT the Board of Health Special Meeting agenda dated June 3, 2020 be approved as presented.

3.0 Reporting Concerns

L. Mason read the resolution for the Special Meeting:

THAT a special meeting be held to address and identify the reporting concerns between APH leadership and a number of municipalities in the Algoma region and create a process to move forward.

There was discussion to recap the events leading up to this meeting and agreement about the concerns that would be addressed. Board members expressed opinions to improve the communication process that goes beyond the Stakeholder Communication Policy that was approved in the May 27, 2020 Board of Health meeting. There is recognition and support from the Board that APH should follow best practice guidelines while also having a clear process and route of communication when information is requested by APH stakeholders. It is important to note that APH staff continue to support municipalities and other community stakeholders on all Public Health issues and communication plays a vital role in that process.

There were letters sent to the Chief Medical Officer of Health regarding Transparency of Algoma Public Health by the Town of Blind River, St. Joseph Municipality, Tarbutt Township, Johnson Township, the City of Elliot Lake, The Corporation of the Township of Prince, The Township of Macdonald, Meredith & Aberdeen Add'l, Plummer Additional, The Corporation of the Town of Bruce Mines, and Laird Township. Four of the ten letters were received by the chair of the Board of Health and the MOH by carbon copy. The requests for information process was discussed with suggestions to clarify and improve visibility of these steps on the website and to communicate the process to the municipalities.

The grouping of the 4 areas in Algoma that were developed to report positive cases were discussed by M. Spruyt. Through consultation with the municipalities, the defined areas for data reporting will be reviewed. Also, the number of tests taken and results where available would be included in the reporting.

Three directives were decided to move forward with:

- 1) The APH Website will contain a post outlining the process for communicating with the Board of Health. A specific communication to the municipalities acknowledging there have been concerns and inviting them to reach the Board of Health by this means.
- 2) APH will review how the reporting areas are defined in consultation with the municipalities.
- 3) Include in the reporting data the tests that are done and results where available.

4.0 Announcements / Next Committee Meetings:

Finance & Audit Committee Meeting

June 10, 2020 @ 5:00 pm

Webex Video / Teleconference | SSM Algoma Community Room

Governance Committee Meeting

June 17, 2020 @ 5:00 pm

Webex Video / Teleconference | SSM Algoma Community Room

Board of Health Meeting

June 24, 2020 @ 5:00 pm

Webex Video / Teleconference | SSM Algoma Community Room

5.0 Adjournment 6:14 pm

RESOLUTION

Moved: E. Pearce

Seconded: D. Graystone

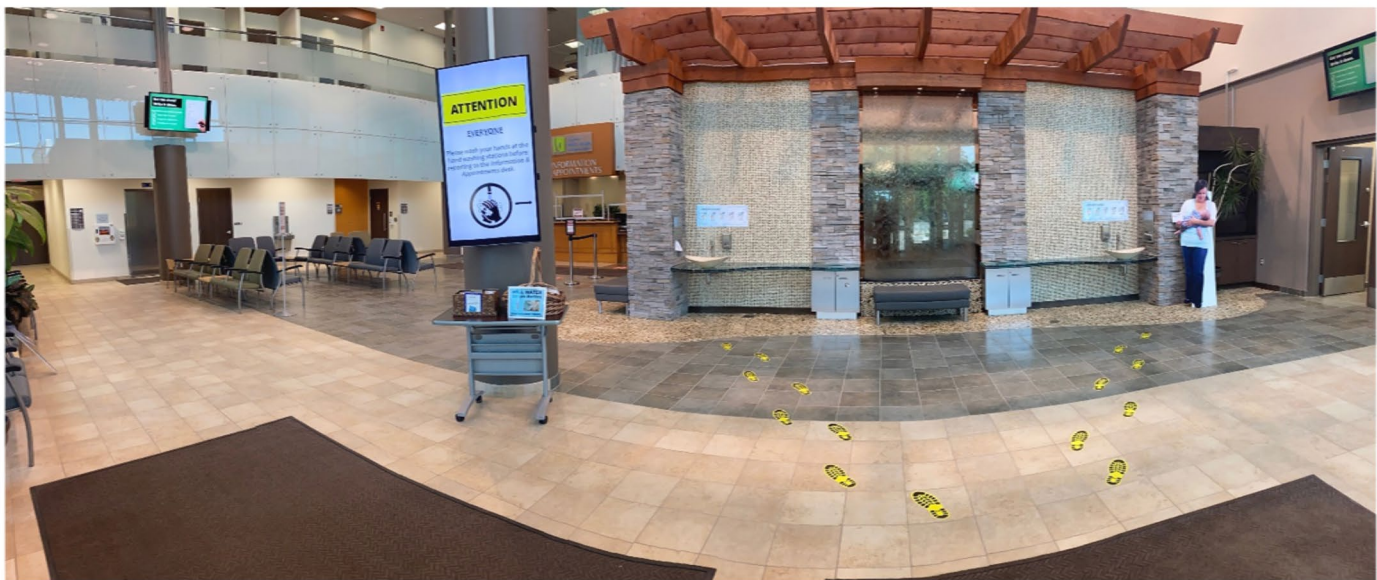
THAT the Board of Health meeting adjourns.



Algoma
PUBLIC HEALTH
Santé publique Algoma

June 2020

Medical Officer of Health / CEO



*Steps to Hand Hygiene Success at
Algoma Public Health SSM Office*

Prepared by:
Dr. Marlene Spruyt and the
Leadership Team

Presented to:
Algoma Public Health Board of Health
24/06/2020

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APH AT-A-GLANCE

How do we resume regular operations during a Pandemic?

As the number of new COVID-19 cases in the province stabilizes to a number below 200 per day, we are beginning to refocus on the other work of Public Health.

The massive lockdown of our economy and our social structure has and will continue to have major effects on the fabric of our society, particularly those that were already vulnerable. Those living in poverty, or who were marginally employed, single-parent families, the elderly, those with mental health conditions, those with substance use disorders, those that are living alone; these special populations and others have disproportionately been impacted by the societal changes and will require greater support when we move into the recovery phase.

At APH we are supporting other businesses and agencies in the community to resume their activities while continuing to protect their customers, clients and employees from a virus that we do not fully understand, and is still out there in the community. We are developing protocols for the resumption of operations to create a COVID-normal environment, with no road map and minimal evidence. As we support others in this activity we also have to look within our agency and determine how we can continue the COVID-19 outbreak management and continue providing regular programs and services.

Boards of Health are responsible for the assessment, planning, delivery, management and evaluation of a range of public health programs and services that address multiple health needs and respond to the contexts in which these needs occur. (Ontario Public Health Standards (OPHS), 2018). The Ministry has not yet provided clear expectations for the provision of and reporting of this work for the year 2020.

Our Continuity of Operations Team has been working through a somewhat compressed planning process. We have examined each program area to identify what services we have continued to deliver and what community needs still exist for paused services as well as attempting to identify what new needs may have emerged because of the Pandemic response. We are exploring how to ramp up those programs and services and still be nimble enough to respond to a potential second wave of COVID cases.

In some cases, we have developed new ways of delivering services and identified that the new method is actually as effective and may be more efficient. These new methodologies will become our COVID-normal way of operating for the foreseeable future and will likely never return to the “old way” of delivery. For other programs face to face interactions will need to resume and new processes worked out that will minimize close encounters.

We will continue to work from home wherever possible but for some employees, the technology or their home environment is not ideal and we wish to support their return to work while maintaining their safety. We are considering additional physical barriers, working in shifts or cohorts and of course ongoing use of additional cleaning and personal protective equipment.

PARTNERSHIPS

We have developed many new partnerships as we assist others in applying public health principles for dealing with this pandemic situation to the particular type of work they do. Overall this has strengthened our credibility and will assist us when we move forward in our work to create healthier communities.

There is much more to public health than COVID-19

Date: June 15, 2020

Authors: [Trevor Hancock](#), [Paul Kershaw](#), [Lindsay McLaren](#), [Marjorie MacDonald](#), [Shannon Turner](#), [Suzanne F. Jackson](#)

Ironically, the prominence that the COVID-19 pandemic has brought to public health may pose a threat if it leads people and politicians to believe public health is only about infectious disease.

In fact, public health is necessarily concerned with the entire range of diseases and injuries that afflict humanity and is ultimately rooted in the social, environmental and economic conditions into which we are born, grow, live, work and age. The risk arises if public health comes to be seen as “out of its lane” when addressing the deeper environmental, social and economic forces that create poor health and its scope of practice is narrowed to a focus on infectious disease.

Obviously, infectious diseases matter. In addition to the clear and dramatic impact of COVID-19, the [World Health Organization \(WHO\) reports](#) 1.5 million people, mainly children, die every year from vaccine-preventable disease such as diphtheria, tetanus, pertussis (whooping cough), influenza and measles. Other major infectious diseases are [tuberculosis \(1.5 million deaths\)](#), [HIV/AIDS \(770,000 deaths\)](#) and [malaria \(405,000 deaths\)](#). [Diarrhoeal disease killed about 1.4 million people in 2016](#), almost half of whom were children under 5.

Between them these [infectious diseases kill more than 5 million people, year in and year out](#). At the current rate, in the next decade they will kill more than the worst case projected for [COVID-19](#). Most of these deaths have occurred in low-income countries but are largely preventable through a combination of immunization, sanitation, hygiene and basic treatment and at a fraction of the cost we are incurring to fight COVID-19.

But infectious diseases are not the only public health challenge we face. [The WHO reports](#) the following annual death toll from non-infectious causes: [tobacco \(8 million\)](#), [outdoor air pollution \(4.2 million\)](#), [indoor air pollution \(3.8 million\)](#), [alcohol \(3 million\)](#) and [road traffic crashes \(1.35 million\)](#). [Interpersonal violence and armed conflict killed about 675,000 people in 2012](#). Between them, they cause more than 20 million deaths annually, as many as the worst-case scenario for COVID-19 every two years.



10 essential public health services and the activities all communities should be engaged in.

These sources of illness and death are in turn affected by the social and ecological determinants of health. Poverty, inequality, hunger, homelessness and unaffordable, poor quality housing all adversely affect health. This is why the [2008 WHO Commission](#) on the Social Determinants of Health found “social injustice is killing people on a grand scale.”

In addition, climate change and other massive and rapid global ecological changes – and the economic system that drives these changes – are a major threat to human health.

Thus, our health and wellbeing depends on public health engaging directly at multiple levels on all of these issues. It would be a tragic mistake – and one with serious consequences for the health of the population – if COVID-19 resulted in governments narrowing the scope of their investments in public health to focus primarily on infectious disease.

Yet there is evidence this was already happening before COVID-19, with public health nurses eased away from community-based prevention to more clinically oriented work.

But as the [Canadian Medical Association Journal recently noted](#), “health care workers are not the front line; they are our last line of defence” in the fight against COVID-19.

The CMAJ is right. The front line is made up of public health staff who work in every community in Canada every day, pandemic or not, to prevent illness and promote wellbeing, thus reducing the burden of disease the healthcare system faces.

While we can again expect to hear the call for public health to be strengthened, as was the case after SARS, we must ensure that any such strengthening is not focused solely on the capacity to fight infectious diseases but instead strengthens the entire field of public health. Anything less would result in harm to the health of Canadians.

CHAIR REPORT

June 11, 2020

At the June 11, 2020 meeting of the Finance and Audit Committee, the Committee reviewed the following items;

1. Financial Statement

The Committee reviewed the unaudited Financial Statements for the period ending April 30, 2020 and recommends their approval to the Board.

2. Terms of Reference

The Committee reviewed and accepted the Terms of reference with some minor modification to the language for clarification.

**Algoma Public Health
(Unaudited) Financial Statements April 30, 2020**

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Algoma Public Health
Statement of Operations
April 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	\$ 1,894,249	\$ 1,894,249	\$ -	\$ 3,788,497	0%	100%
Provincial Grants - Cost Shared Funding	3,248,637	2,889,519	359,118	8,668,558	12%	112%
Provincial Grants - Public Health 100% Prov. Funded	474,340	499,262	(24,922)	1,497,786	-5%	95%
Provincial Grants - Mitigation Funding	0	269,512	(269,512)	808,535	-100%	0%
Fees, other grants and recovery of expenditures	117,424	177,563	(60,139)	620,814	-34%	66%
Total Public Health Revenue	\$ 5,734,649	\$ 5,730,104	\$ 4,545	\$ 15,384,190	0%	100%
Expenditures						
Public Health Cost Shared	\$ 4,677,212	\$ 4,714,669	\$ 37,458	\$ 13,886,405	-1%	99%
Public Health 100% Prov. Funded Programs	408,770	472,746	63,976	1,497,786	-14%	86%
Total Public Health Programs Expenditures	\$ 5,085,982	\$ 5,187,416	\$ 101,434	\$ 15,384,190	-2%	98%
Total Rev. over Exp. Public Health	\$ 648,667	\$ 542,689	\$ 105,979	\$ 0		

Healthy Babies Healthy Children

Provincial Grants and Recoveries	\$ 89,011	89,001	(10)	1,068,011	0%	100%
Expenditures	66,134	89,001	(22,867)	1,068,011	-26%	74%
Excess of Rev. over Exp.	22,877	-	22,877	-		

Public Health Programs - Fiscal 19/20

Provincial Grants and Recoveries	\$ -	-	-	-		
Expenditures	-	-	-	-		
Excess of Rev. over Fiscal Funded	-	-	-	-		

Community Health Programs (Non Public Health)

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	103,677	103,373	304	316,244	0%	100%
Total Community Health Revenue	\$ 103,677	\$ 103,373	\$ 304	\$ 316,244	0%	100%
Expenditures						
Child Benefits Ontario Works	5,647	8,167	2,520	24,500	-31%	69%
Algoma CADAP programs	96,736	97,248	512	291,744	-1%	99%
Total Calendar Community Health Programs	\$ 102,383	\$ 105,415	\$ 3,032	\$ 316,244	-3%	97%
Total Rev. over Exp. Calendar Community Health	\$ 1,294	\$ (2,042)	\$ 3,336	\$ 0		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 482,433	\$ 482,433	\$ 0	\$ 5,699,196	0%	100%
Municipal, Federal, and Other Funding	47,684	47,684	-	123,847	0%	100%
Other Bill for Service Programs	0	-	-	-		
Total Community Health Revenue	\$ 530,117	\$ 530,117	\$ 0	\$ 5,823,043	0%	100%
Expenditures						
Brighter Futures for Children	3,694	9,537	5,843	114,447	-61%	39%
Infant Development	41,280	53,669	12,389	644,031	-23%	77%
Preschool Speech and Languages	43,647	51,188	7,541	614,256	-15%	85%
Nurse Practitioner	13,482	13,482	0	161,784	0%	100%
Community Mental Health	250,927	286,769	35,842	3,441,227	-12%	88%
Community Alcohol and Drug Assessment	49,073	59,830	10,757	737,898	-18%	82%
Stay on Your Feet	6,823	8,333	1,510	100,000	-18%	82%
Bill for Service Programs	0	-	-	-		
Misc Fiscal	-	-	-	9,400	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	\$ 408,926	\$ 482,808	\$ 73,882	\$ 5,823,043	-15%	85%
Total Rev. over Exp. Fiscal Community Health	\$ 121,191	\$ 47,309	\$ 73,882	\$ -		

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 Four Months Ending April 30, 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	1,334,689	1,334,689	0	2,669,377	0%	50%	1,219,050	1,219,050	0
Levies Vector Bourne Disease and Safe Water							29,716	29,716	0
Levies District	559,560	559,560	0	1,119,120	0%	50%	516,288	511,079	5,189
Total Levies	1,894,249	1,894,249	0	3,788,497	0%	50%	1,765,034	1,759,845	5,189
MOH Public Health Funding	2,463,159	2,089,187	373,972	6,946,279	18%	35%	2,448,301	2,448,300	1
MOH Funding Needle Exchange	21,567	21,567	0	45,290	0%	48%	21,567	21,567	0
MOH Funding Haines Food Safety	8,200	8,200	0	17,220	0%	48%	8,200	8,200	0
MOH Funding Healthy Smiles	256,633	256,633	(0)	538,930	0%	48%	256,633	256,633	(0)
MOH Funding - Social Determinants of Health	77,801	60,160	17,641	126,350	29%	62%	60,167	60,167	0
MOH Funding Chief Nursing Officer	30,375	40,504	(10,129)	85,050	-25%	36%	40,501	40,500	1
MOH Enhanced Funding Safe Water	5,167	5,167	0	10,850	0%	48%	5,167	5,167	0
MOH Funding Infection Control	96,626	104,136	(7,510)	218,680	-7%	44%	104,134	104,133	1
MOH Funding Diabetes	50,000	50,000	0	105,000	0%	48%	50,000	50,000	0
Funding Ontario Tobacco Strategy	144,534	144,533	1	303,520	0%	48%	144,534	144,533	1
MOH Funding Harm Reduction	50,000	50,000	0	105,000	0%	48%	50,000	50,000	0
MOH Funding Vector Borne Disease	27,175	36,232	(9,057)	101,448	-25%	27%	36,233	36,233	(0)
MOH Funding Small Drinking Water Systems	17,400	23,200	(5,800)	64,960	-25%	27%	23,200	23,200	0
Total Public Health Cost Shared Funding	3,248,637	2,889,519	359,118	8,668,577	12%	37%	3,248,637	3,248,633	4
MOH Funding - MOH / AMOH Top Up	52,153	50,695	1,458	152,086	3%	34%	41,718	42,150	(432)
MOH Funding Northern Ontario Fruits & Veg.	39,134	39,133	1	117,400	0%	33%	39,134	39,133	1
MOH Funding Unorganized	176,800	176,800	0	530,400	0%	33%	176,800	176,800	0
MOH Senior Dental	206,253	232,633	(26,380)	697,900	-11%	30%	0	0	0
One Time Funding	0	0	0	0	0%	0%	0	0	0
Total Public Health 100% Prov. Funded	474,340	499,262	(24,922)	1,497,786	-5%	32%	257,652	258,083	(431)
Total Public Health Mitigation Funding	0	269,512	(269,512)	808,535	-100%	0%	0	0	0
Recoveries from Programs	3,647	9,177	(5,529)	27,511	-60%	13%	13,414	20,914	(7,499)
Program Fees	63,173	67,095	(3,921)	201,284	-6%	31%	70,743	79,531	(8,788)
Land Control Fees	10,096	20,000	(9,904)	160,000	-50%	6%	12,115	45,000	(32,885)
Program Fees Immunization	28,675	38,333	(9,658)	115,000	-25%	25%	32,788	51,667	(18,878)
HPV Vaccine Program	0	3,000	(3,000)	12,500	0%	0%	442	4,000	(3,558)
Influenza Program	0	1,500	(1,500)	25,000	0%	0%	885	0	885
Meningococcal C Program	0	625	(625)	7,500	0%	0%	349	0	349
Interest Revenue	12,452	13,333	(881)	40,000	-7%	31%	15,064	10,667	4,397
Other Revenues	(620)	24,500	(25,120)	32,000	0%	-2%	2,618	12,333	(9,715)
Total Fees, Other Grants and Recoveries	117,424	177,563	(60,139)	620,795	-34%	19%	148,419	224,111	(75,693)
Total Public Health Revenue Annual	\$ 5,734,649	\$ 5,730,105	\$ 4,545	\$ 15,384,190	0%	37%	\$ 5,419,742	\$ 5,490,673	\$ (70,931)

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 Four Months Ending April 30, 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	\$ 3,072,470	\$ 3,139,111	\$ 66,641	\$ 9,391,091	-2%	33%	\$ 2,801,794	\$ 3,010,474	\$ 208,680
Benefits	806,398	763,761	(42,637)	2,286,778	6%	35%	732,837	728,363	(4,474)
Travel	46,859	63,667	16,807	199,676	-26%	23%	60,040	63,690	3,650
Program	243,285	246,371	3,086	669,660	-1%	36%	154,134	210,478	56,344
Office	19,399	22,567	3,168	67,700	-14%	29%	29,141	34,515	5,374
Computer Services	239,495	257,223	17,728	853,146	-7%	28%	249,010	301,646	52,636
Telecommunications	72,166	81,207	9,041	279,612	-11%	26%	97,663	115,895	18,232
Program Promotion	13,900	31,058	17,157	94,173	-55%	15%	6,579	20,977	14,398
Professional Development	5,939	45,167	39,227	135,500	-87%	4%	38,093	32,234	(5,859)
Facilities Expenses	251,559	258,139	6,580	774,417	-3%	32%	247,285	253,333	6,048
Fees & Insurance	201,089	152,960	(48,129)	253,880	31%	79%	149,253	142,360	(6,893)
Debt Management	153,633	153,633	0	460,900	0%	33%	153,633	153,633	0
Recoveries	(40,211)	(27,448)	12,764	(82,343)	47%	49%	(34,372)	(34,910)	(538)
	\$ 5,085,982	\$ 5,187,416	\$ 101,434	\$ 15,384,190	-2%	33%	\$ 4,685,090	\$ 5,032,688	\$ 347,598

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 – April 2020

Reporting Period

The April 2020 financial reports include four-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 one-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 April 30 2020, Public Health programs are reporting a \$106k positive variance.

Public Health Revenues are indicating a \$5k positive variance. 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 April 30 2020 Mitigation Funding associated with changes to the cost-sharing formula have not flowed to health units. Management has reached out to the Ministry regarding timing of this flow of funding however dates are unknown at this time. The negative variance associated with mitigation funding is being offset with the positive variance associated with cost-shared Provincial Grants being greater than budgeted. 100% Provincially Funded programs are showing a negative \$25k variance. This negative variance is associated with timing of receipts related to the Ontario Seniors Dental program. The negative variance associated with Fees, Other Grants and Recoveries is attributable to timing as the bulk of fees are typically received between the spring and fall months.

There is a positive variance of \$101k 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 one-month into 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 \$359k positive variance. As a result of the Ministry announcement to change the cost-sharing funding formula from 75% provincial funding to 70% provincial funding, management budgeted accordingly. As of April 30 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. 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 \$60k. 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 \$67k positive variance associated with Salary and Wages. This is primarily associated with the Healthy Smiles and the Ontario Seniors. Dental programs. The 2020 Operating Budget included a Data Analyst position to support these programs and other agency needs. Management has recently approved the position for posting.

Travel

There is a \$17k 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.

Program Promotion

Program Promotion expense is indicating a positive \$17k variance. This is a result of timing of expenses not-yet-incurred.

Notes Continued...

Professional Development

There is a \$39k positive variance associated with Professional Development. This is a result of APH employees participating in less Professional Development opportunities to-date as a result of the COVID-19 pandemic. 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.

Fees and Insurance

Fees and Insurance is showing a negative \$48k variance. Insurance expense is \$21k over budget due to unanticipated increases in insurance premiums not budgeted. Additionally legal fees are currently \$27k 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 April 30 2020. Cash includes \$1.15M in short-term investments.

Long-term debt of \$4.65 million is held by TD Bank @ 1.95% for a 60-month term (amortization period of 180 months) and matures on September 1, 2021. \$272k 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)

	April 2020	December 2019
Date: As of April 2020		
Assets		
Current		
Cash & Investments	\$ 3,326,008	\$ 3,456,984
Accounts Receivable	151,016	433,414
Receivable from Municipalities	201,770	74,976
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	3,678,794	3,965,374
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	806,693	1,579,444
Payable to Gov't of Ont/Municipalities	78,259	514,362
Deferred Revenue	297,436	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>	8,929,367	10,122,037
Net Debt	(5,250,573)	(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	14,050,519	13,144,428

Algoma Public Health**COVID 19 - 402****April 30, 2020**

Account Name	Curr YTD	BGT YTD	Variance	Annual BGT	Funds Remaining
Revenue					
Expenses					
Management Salaries and Wages	236,308	0	-236,308	0	-236,308
Non-Union Salaries and Wages	36,017	0	-36,017	0	-36,017
CUPE Salaries and Wages	118,908	0	-118,908	0	-118,908
ONA Salaries and Wages	385,118	0	-385,118	0	-385,118
Travel Food/Lodging/Other	190	0	-190	0	-190
Program Materials and Supplies	5,111	0	-5,111	0	-5,111
Office Equipment Purchased	2,254	0	-2,254	0	-2,254
Telecommunications	4,836	0	-4,836	0	-4,836
Media	8,018	0	-8,018	0	-8,018
Janitorial	1,364	0	-1,364	0	-1,364
Security	1,514	0	-1,514	0	-1,514
	799,638	0	-799,638	0	-799,638
Surplus/(Deficit)	-799,638	0	799,638	0	799,638

BOARD OF HEALTH FOR ALGOMA PUBLIC HEALTH

FINANCE AND AUDIT COMMITTEE

TERMS OF REFERENCE

Original: May 22, 2015
 Reviewed: Sep 28, 2016
 Reviewed: Nov 13, 2019

The following Terms of Reference are in accordance with By-Law No. 95-1. The Committee is advisory to the Board unless the Board expressly delegates authority to the Committee on a particular matter.

Name:	Finance and Audit Committee
Mandate:	<p>To assist the Board in meeting its responsibilities, the Finance and Audit Committee (the "Committee") shall:</p> <ul style="list-style-type: none"> • Act in an advisory capacity to the Board; and • Ensure the adequacy and effectiveness of financial reporting by reviewing and recommending approval to the Board of financial statements, accounting policies, internal and external audits, internal controls, management plans and information. <p>From time to time the Board may instruct the Committee to act on its behalf. In such cases, a motion by the Board must be passed stating the specifics of the assignment, the timeframe under which the Committee will carry out the assignment and a requirement to report back its actions and decisions to the board at its earliest possible convenience.</p>
Roles and Responsibilities	<p>These Finance and Audit Committee functions are fulfilled through the following roles and responsibilities: Review and make recommendations to the Board regarding monthly financial statements and other monthly/quarterly financial reporting being presented to the Board;</p> <ul style="list-style-type: none"> • Review and make recommendations to the Board regarding the annual Operating and Capital Plan; • Review and make recommendations to the Board regarding the annual audited financial statements; • Review and recommend the annual audit plan, audit fees, and scope of audit services (engagement letter); • Meet with external auditors to review the findings of the audit including but not limited to the auditor's Management Letter, any weaknesses in internal controls and the Executive Management's response to such letter; • Review and report to the Board any changes in accounting policies or significant transactions which impact the financial statements in a significant manner as per the annual financial statements; • Periodically review the need for an internal audit and if required make such recommendation to the Board; • Monitor the internal audit process, ensure all items from the internal auditor's reports are resolved and assess the internal audit performance;

	<ul style="list-style-type: none"> • Monitor the effectiveness of internal controls to ensure compliance with Board policies and standard accounting principles; • Review and ensure that all risk management is complete with respect to all insurance coverage for the Board; • Review and make recommendations to the Board regarding long-term financial goals and long-term revenue and expense projections; • Review and make recommendation to the Board concerning any material asset acquisitions; • Review and make recommendations to the Board regarding financial, investing and banking transactions, providers and signing officers; and • Review other projects or developments as directed by the Board. • Complete tasks as stated in the Board's Annual Activity Plan
Chair:	<p>The Chair of the Committee shall be elected annually by the Board and shall serve no longer than three terms. The Chair of the Finance and Audit Committee will also serve as the 1st Vice-Chair of the Board of Health.</p> <p>The Committee chair in consultation with the MOH/CEO/CAO is responsible for: establishing Committee agendas; conducting the meetings; liaison with the Board Chair, the Board and the MOH/CEO/CAO; reporting to the Board on the activities of the Committee and presenting Committee recommendations to the Board.</p> <p>The Committee may elect a vice-chair on an annual basis.</p>
Recorder:	The secretary to the Board will act as recorder for the Finance and Audit Committee.
Reporting and Accountability to the Board:	<p>The Committee will keep brief decision minutes of its meetings in which shall be recorded all matters considered at each meeting. These minutes will be circulated to the full Board once approved by the Committee.</p> <p>The Committee chair will report to the Board on recommendations from the Committee, including a brief outline of the issue, the options considered, the conclusions and recommendations arrived at and the implications and risks associated with the recommendations. In the absence of the Committee chair, this responsibility may be delegated to the Vice-Chair or another Director member of the Committee or to staff.</p>
Committee Performance:	The performance and effectiveness of the Committee shall be assessed annually as part of the Board's evaluation process. The evaluation will be based on the Committee fulfilling its Mandate.
Membership:	<p>The Finance and Audit Committee shall be comprised of:</p> <ul style="list-style-type: none"> • Up to six (6) members of the Board of Health plus the Board Chair and no less than three (3) voting members; • MOH/CEO/CAO of Algoma Public Health, resource • CFO or designate of Algoma Public Health, resource
Frequency:	<p>A minimum of four (4) meetings will be held annually as outlined in the Board's annual activity plan. Additional meetings can be held at the call of the Chair or at the request of the Board.</p> <p>The location of the meetings will be at APH's main office unless otherwise agreed upon by the Committee.</p>

Term:	The Committee shall be appointed annually by the Board.
Committee Operations:	<p>Quorum for Committee meetings is a majority of the voting members of the Committee.</p> <p>The Committee shall operate in accordance with the procedures for Board meetings as set out in By-Law No. 95-1</p> <p>The Committee may, with the approval of the Board, establish sub-committees.</p>
Amendments:	The Committee will review the Terms of Reference on an annual basis and make recommendations for any amendments to the Board for its review and decision re: approval.
Distribution of Minutes:	Minutes shall be made available to the committee members and the Board of Health via the electronic platform.

Governance Meeting

June 17, 2020

Attendees

APH Executive: Marlene Spruyt
Jennifer Loo
Tania Caputo

Committee Members: Deborah Graystone - Chair
Lee Mason
Heather O'Brien

The Governance Committee reviewed multiple policies and by-laws scheduled for review. An updated schedule for policy review was provided for information only.

The following policies were reviewed:

Policy #02-05-060 Meetings and Access to Information - This policy was discussed but no amendments were made. Reviewed and approved as is.

Policy #02-05-080 Performance Evaluation for MOH CEO Policy - This policy was deferred to our next meeting in September.

Policy #02-05-085 Orientation Board Member Policy - This policy was discussed and approved with no amendments

Policy # 02-05-015 Conflict of Interest Policy - This policy was discussed with some approved amendments along with potential additional amendments and will be reviewed again at our next Governance meeting.

Policy #02-05-045 Attendance at meetings Using Electronic Means - This policy was discussed, reviewed and approved as is. Note should be made that although during this pandemic electronic meetings are acceptable, this policy is intended for regular meeting times.

By-Law #06-02 Ontario Building Code Appointments - This policy was discussed, reviewed and approved as is. We ensured that trained alternates were available.

By-Law #15-01 To Provide the Management of Property of the Board of Health - This policy was discussed, reviewed and approved with no revisions.

Governance Committee Terms of Reference were reviewed -minor amendments made regarding having minutes available to board and committee members through electronic means. These amendments were approved by the committee.

Next Governance Meeting was scheduled for September 9, 2020.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-060

DATE: Original: Oct 28, 2015
Revised: Mar 28, 2018
Reviewed: Jun 24, 2020

SECTION: Policies

SUBJECT: Meetings and Access to Information

PREAMBLE:

As reflected in the Algoma Public Health Strategic Plan the Board of Health strongly supports the principles of accountability and transparency. This policy regarding Meetings and Access to Information instructs the Board and informs the public as to:

- i) how meetings of the Board will be held
- ii) how the public can access information from Board meetings
- iii) how information from Board meetings will be disseminated
- iv) the terms under which a meeting or part of a meeting may be closed to the public in accordance with Section 239 of the *Municipal Act*.

POLICY:

Board of Health meetings are open to the public and the Board will conduct its meetings subject to Section 239 of the *Municipal Act*.

Minutes of Board of Health, Finance Committee and Governance Committee meetings will be posted on Algoma Public Health's Website and emailed to each municipal clerk in Algoma Public Health's catchment area with the exception of the in-committee minutes.

Copies of Board records in the possession or under the control of the Secretary to the Board may also be made available to members of the public and shall be processed in accordance with the General Administrative Manual (GAM) policy for information requests. Payment of the costs of photocopying shall be in accordance with the Algoma Public Health fee schedule.

Municipal Freedom of Information and Protection of Privacy Act does not apply to a record of a meeting closed under subsection (3.1). 2006, c. 32, Sched. A, s. 103 (3) of the *Municipal Act*.

In the event that the APH receives a complaint relating to a closed Board of Health meeting, APH will utilize the services of the Ombudsman Ontario as the investigator when required in accordance with s.239 of the *Municipal Act*. (reference 03-08).

The Secretary to the Board of Health will ensure that members of the media covering Board meetings have access to relevant information.

In accordance with Section 239 of the *Municipal Act*, which also applies to local boards or committees of local boards, a meeting or part of a meeting may be **closed** to the public if the subject matter being considered is:

- the security of the property of the municipality or local board;
- personal matters about an identifiable individual, including municipal or local board employees;

- a proposed or pending acquisition or disposition of land by the municipality or local board;
- labour relations or employee negotiations;
- litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- a matter in respect of which a Council, board, committee or other body may hold a closed meeting under another Act;
- information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- a trade secret or scientific, technical, commercial or financial information that belongs to the municipal local board and has monetary value or potential monetary value; or
- a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.
- A meeting is held for the purpose of educating or training the members and at the meeting, no member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the council, local board or committee.
2006, c. 32, Sched. A, s. 103 (1).

A meeting shall be closed to the public if the subject matter relates to the consideration of a request under the *Municipal Freedom of Information and Protection of Privacy Act* if the council, board, commission or other body is the head of an institution for the purposes of that Act.
(1990, c. 25, s. 239 (3))

Before holding a meeting or part of a meeting that is to be closed to the public, a municipality or local board or committee of either of them shall state by resolution,

- (a) the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting; or
- (b) in the case of education or training sessions, the fact of the holding of the closed meeting, the general nature of its subject-matter and that it is to be closed under article 239 subsection 3.1 of the *Municipal Act*.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-085

DATE: Original: Mar 28, 2018
Reviewed: Jun 24, 2020

SECTION: Board

SUBJECT: Orientation – Board Members

POLICY:

The Board of Health (BOH) for Algoma Public Health (APH) shall ensure that BOH members are aware of their roles and responsibilities and emerging public health issues and trends by ensuring the development and annual implementation of a comprehensive orientation plan for new BOH members and a continuing education for continuing BOH members.

Orientation and continuing education activities shall occur on an on-going basis and shall include information on the following topics:

- The structure, vision, mission goals and objectives of the public health unit;
- Overview of the strategic plan, the planning process, its relationship to the operational plan, and performance monitoring;
- Community demographics overview, including information on social and cultural diversity;
- Program and service overview, including organizational emergency preparedness planning;
- Provincial government structure and the funding streams of the three ministries;
- The duties and responsibilities of board members, including requirement to attend board meetings, advanced review of meeting materials, understanding of board of health policies and procedures, and understanding of public health issues;
- Board members' fiduciary responsibilities in terms of trusteeship, due diligence, avoiding conflict of interest, maintaining confidentiality, strategic oversight, ethical and compliance oversight, stakeholder engagement, MOH (and executive officers, where applicable) compensation, risk management oversight and succession planning; and
- Opportunities for board members to participate in conferences or seminars that are sponsored or hosted by other organizations.

New members of the BOH for APH will be provided with an orientation process and access to the orientation materials (either an orientation binder or available electronically) when they become a member of the BOH. The purpose of the orientation process is to provide all BOH members with information relating to public health standards, finance, Legislation governing health units, BOH roles, responsibilities, by-laws, structure, relevant policies and procedures. The orientation process will take place as a separate in-person meeting apart from regularly scheduled BOH meetings and will include review of the orientation materials.

The orientation material is created by the office of the MOH/CEO and will be revised at a minimum once a year or as changes occur. BOH members will be provided with updated information for their orientation material as changes occur in order to ensure current information is available to all BOH members. BOH members are encouraged to attend alPHa seminars, workshops, and meetings as they arise.

SCOPE

This policy applies to new and continuing members of the BOH.

RESPONSIBILITIES

MOH/CEO and/or BOH Chair (or appropriate designate(s)) will:

- Set up an orientation meeting with each new BOH member prior to the first BOH meeting;
- Within three months of appointment review the orientation material with the BOH member to provide a clear understanding of relevant BOH and APH information;
- Provide ongoing orientation to all BOH members during their tenure on the BOH;
- Provide each BOH member with current and complete orientation material: and
- Ensure the orientation material is kept up to date and revised information is provided to each BOH member.

BOH Members will:

- Attend an initial orientation meeting with the BOH Chair and/or MOH/CEO upon becoming a member of the BOH;
- Ensure they have a working understanding of their role as a BOH member and all information as outline in the orientation material;
- Attend/participate in continuing education activities; and
- Use the orientation material as a BOH resource.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-015

DATE: Original: Jan 18, 1995
Revised: Oct 28, 2015
Revised: Jan 24, 2018
Revised: Jun 24, 2020

SECTION: Policies

SUBJECT: Conflict of Interest

POLICY:

Each member of the Board of Health has the obligation to avoid ethical, legal, financial or other conflicts of interest and to ensure that their activities and interests do not conflict with their obligations to the Board of Health of the Algoma District Health Unit (operating as Algoma Public Health) or its welfare.

It is the responsibility of the individual to disclose any conflicts of interest to the meeting

If there is any doubt as to a perception of conflict the member shall discuss with the chair and/or Board of Health for direction.

A board member should not use information that is not public knowledge, obtained as a result of his or her appointment, for personal benefit.

No board member should divulge confidential information obtained as a result of his or her appointment unless legally required to do so.

A Board member shall remove oneself from the Board of Health if Employment at APH is being sought.

The purpose of the Conflict of Interest Policy is to:

i) assist individual board members in determining when his or her participation on a board decision/discussion has the potential to be used for personal or private benefit, financial or otherwise;

ii) protect the integrity of the Board as a whole and its members by following the conflict of Interest Policy and Procedures

Definitions: A conflict of interest situation arises where a member either on his/her own behalf or while acting for, by, with or through another, has any direct or indirect non-pecuniary or pecuniary interest in any contract or transaction with the Board or in any contract or transaction that is reasonably likely to be affected by a decision of the Board.

Where the board member or their close relative or friend or affiliated entity uses the board member's position with the APHU to advance their personal or financial interests;

Actual conflict of interest: a situation where a board member has a private or personal interest that is sufficiently connected to his or her duties and responsibilities as a board member that it influences the exercise of these duties and responsibilities

Perceived conflict of interest: a situation where reasonably well-informed persons could have a reasonable belief that a board member may have an actual conflict even where that is not the case in fact

PROCEDURE:

- 1) At the beginning of every Board/Committee meeting, the ~~Board~~ Chair shall ask and have recorded in the minutes whether any board member has a conflict to declare in respect to any agenda item.
- 2) If a board member believes that he or she has an **actual conflict of interest** in a particular matter, he or she shall,
 - (a) prior to any consideration of the matter, declare to the Chair of the Board or the Chair of the relevant Committee that he or she has a conflict of interest that prevents him or her from participating;
 - (b) not take part in the discussion of or vote on any question in respect of the matter;
 - ~~(e) leave for the portion of the meeting related to the matter; and~~
 - ~~(d)~~(c) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence other councillors or committee members or the decision relating to that matter.
- 3) Should the Board be in an in-camera session the board member shall leave the room until the agenda item has been decided.
- 4) In situations where a board member declares a **perceived conflict of interest** the Board will determine by majority vote whether the member(s) participate in the discussion and vote on the item. The minutes should reflect the discussion and the Board decision on the matter. Alternately the board member may decide on his or her own accord to not participate in the discussion and to not vote on the agenda item in question.
- 5) Prior to seeking employment with programs administered by the Board the member shall provide a letter of resignation; however, the member may seek re-appointment if not successful in the job competition.

Where a conflict of interest is discovered during or after consideration of a matter it is to be declared to the Board at the earliest opportunity and recorded in the minutes. If the board determines that the involvement of the member declaring the conflict influenced the decision on the matter, the Board shall re-examine the matter and may rescind, vary, or confirm its decision. Any action taken by the Board shall be recorded in the minutes

Where there has been a failure on the part of a Board member to comply with this policy, unless the failure is the result of a bona fide error in judgement as determined by the Board, the Board shall request that the Chair, :

- i) Issue a verbal reprimand ; or
- ii) Issue a written reprimand; or
- iii) Request that the Board member resign or

Seek dismissal of the Board member based on regulations relevant as to how the board member \ was appointed.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-045

DATE: Original: Apr 17, 2013
Reviewed: Jun 17, 2014
Revised: May 25, 2016
Revised: Apr 25, 2018
Reviewed: Jun 24, 2020

SECTION: Policies

SUBJECT: Attendance at Meetings Using
Electronic Means

POLICY:

The Health Protection and Promotion Act allows Boards of Health any means to effectively manage a health unit.

Board of Health members are expected to attend Board of Health meetings and Board Committee meetings when they are members of a committee.

A Board member, when circumstances do not permit attendance in person, can fully participate (including voting) in open public portions of a Board of Health or Board committee meeting by means of conference call, video conference call or any other electronic communication facility.

Participation during a closed “In Camera” session of a Board of Health meeting or a Board Committee meeting will not be permitted.

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

APPROVED BY: Board of Health

BY-LAW #: 06-02

DATE: Original: Apr 19, 2006
Revised: Feb 18, 2015
Revised: May 23, 2018
Reviewed: Jun 24, 2020

SECTION: Bylaws

SUBJECT: Ontario Building Code Appointments

Being a By-law of the Board of Health of Algoma Public Health to appoint a Chief Building Official and Inspectors for the purposes of the enforcement of the Ontario Building Code Act respecting sewage systems.

WHEREAS the Building Code Act, S.O. 1992, Chapter 23, provides that a Board of Health appoints a Chief Building Official and such Inspectors as are necessary for the purpose of enforcement of the Act;

AND WHEREAS the Board of Health of Algoma Public Health deems it desirable to appoint a Chief Building Official and Inspectors for the enforcement of the Building Code Act for the purposes of sewage systems, in the jurisdiction of Algoma Public Health;

AND WHEREAS the Building Code Act, S.O. 1992, Chapter 23, Section 7.1. requires the establishment and the enforcement of a code of conduct for the Chief Building Officials and Inspectors;

NOW THEREFORE THE BOARD OF HEALTH OF ALGOMA PUBLIC HEALTH HEREBY ENACTS AS FOLLOWS:

1. (a) Christopher Spooner (Manager of Environmental Health) shall be appointed as the Chief Building Official (CBO),

(b) In the absence of the CBO, an Inspector designated by the CBO shall be appointed as their replacement (Acting CBO). Any dispute arising during the absence of the CBO must be heard by the CBO at the earliest return to work.

(c) The CBO or Acting CBO shall have all the powers and duties as set out in Section 1. 1(6) of the Act for CBO.

(d) The CBO shall meet the qualifications and registration as required in Section 3.1.2, Division C, Part 3 of the Ontario Building Code and register annually on the Ministry of Housing and Municipal Affairs Quarts website.
2. The Public Health Inspector(s) that meet the qualifications and registration as required in Section 3.1.4, Division C, Part 3 of the Ontario Building Code shall be appointed as Inspectors for purposes of Part 8 under the Code.
3. The CBO and Inspectors shall act in accordance with the policies and procedures governing employees at APH including the Code of Conduct.

READ AND PASSED IN OPEN MEETING THIS 23rd DAY OF MAY, 2018.

I. Frazier, Chair

S. Saccucci, 1st Vice-Chair

Enacted and passed by the Algoma Health Unit Board on this 16th day of April 2006

Original signed by
G. Caputo, Chair
A. Northan, MOH

Revised and passed by the Algoma Public Health Board on this 17th day of March 2010

Revised and passed by the Algoma Public Health Board on this 18th day of February 2015

Revised and passed by the Algoma Public Health Board on this 28th day of June 2017

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

APPROVED BY: Board of Health

BY-LAW #: 15-01

DATE: Original: Jun 17, 2015
Reviewed: Jun 28, 2017
Revised: Apr 25, 2018
Reviewed: Jun 24, 2020

SECTION: Bylaws

SUBJECT: To Provide the Management of
Property of the Board of Health

The Board of Health for the District of Algoma Health Unit enacts as follows:

1. The Board shall acquire and hold title to any real property acquired by the by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it in accordance with the Act [Health Protection and Promotion Act R.S.O. 1990, c.H.7, s.52(3)].
2. Clause 1 is subject to the requirement that the Board of Health first obtain the consent of the councils of the majority of the municipalities within the Health Unit served by the Board of Health [Health Protection and Promotion Act R.S.O. 1990, c.H.7,s 52(4);2002, c. 18, Sched I.s.9(8)].
3. Prior to the sale of any real property owned by the Board of Health, the Board shall,
 - a. By by-law or resolution passed at a meeting open to the public, declare the real property to be surplus;
 - b. Obtain not more than one (1) year before the date of sale at least one appraisal of the fair market value of the real property from such person as the Medical Officer of Health/Chief Executive Office considers qualified
4. Notice to the public of a proposed sale of real property owned by the Board of Health shall be given prior to the date of the sale by publication in a newspaper that is of sufficiently general paid or unpaid circulation within the Health Unit area to give the public reasonable notice of the proposed sale.
5. Despite the requirement of clause 3(b) of the by-law, and subject to the requirements of clause 2, the Board of Health may sell any real property owned by it to any one of the following classes of public bodies without first obtaining an appraisal:
 - a. Any municipality within the Health Unit served by the Board of Health;
 - b. A local board as defined in the Health Protection and Promotion Act.
 - c. The Crown In Right of Ontario or of Canada and their agencies.
6. The Medical Officer of Health/Chief Executive Officer shall establish and maintain a public register listing and describing all real property owned or leased by the Board and which should, to the extent that is reasonable possible, include the following information:

- a. A brief legal description of the property
 - b. The assessment roll number of the property;
 - c. The municipal address or the real property, if available;
 - d. The date of purchase;
 - e. The name of the person to whom the property was purchased;
 - f. The instrument number of the transfer or deed by which title was transferred to the municipality;
 - g. The purchase price of the real property;
 - h. A brief description of improvements, if any, on the real property;
 - i. The date of the sale of the property;
 - j. The name of the person to whom the property was sold;
 - k. The sale price of the real property.
7. The CFO/Director of Operations through the Medical Officer of Health/Chief Executive Officer shall be responsible for the care and maintenance of all properties required by the Board
8. Such responsibility shall include, but shall not be limited to, the following:
- a. The replacement of, or major repairs to, capital items such as heating, cooling and ventilation systems; roof and structural work; plumbing; lighting and wiring;
 - b. The maintenance and repair of the parking areas and the exterior of the building;
 - c. The care and upkeep of the grounds of the property;
 - d. The cleaning, maintaining, decorating and repairing the interior of the building;
 - e. The maintenance of up-to-date fire and liability insurance coverage.
9. The Board of Health will establish and maintain reserve funds which may be used for properties in which it has an ownership interest in land and/or buildings (the "Property") the purpose of which shall be for the repair and replacement on and for the Property in order to maintain the Property in good repair and condition. Contributions to the Reserve Funds will be determined by the Board's Reserve Fund Plan. The Reserve Fund Plan shall be updated from time to time at the discretion of the medical Officer of Health and the Chief Financial Officer.

10. The Board shall ensure that all such properties comply with applicable statutory requirements contained in either local, provincial or federal legislation (e.g. building and fire code).

Read a first and second time this 17th day of June 2015.

Originally signed by
L. Mason, Chair
I. Frazier, Vice-Chair

Reviewed and passed by the Algoma Public Health Board on this 28th day of June 2017
Revised and passed by the Algoma Public Health Board on this 25th day of April 2018

BOARD OF HEALTH FOR ALGOMA PUBLIC HEALTH GOVERNANCE COMMITTEE TERMS OF REFERENCE

Original: Sep 22, 2015
Reviewed: Sep 28, 2016
Revised: Jun 26, 2019

The following Terms of Reference are in accordance with By-Law No. 95-1. The Committee is advisory to the Board unless the Board expressly delegates authority to the Committee on a particular matter.

Name:	Board of Health Governance Committee
Mandate:	<p>To assist the Board in meeting its responsibilities, The Governance Committee (the "Committee") shall:</p> <ul style="list-style-type: none"> • Act in an advisory capacity to the Board; and • Support the Board in fulfilling its commitment to and responsibility for sound and effective governance of Algoma Public Health (subject to the requirements of the Health Protection and Promotion Act and Provincial Public Appointments Process) • From time to time the Board may instruct the Committee to act on its behalf. In such cases, a motion by the Board must be passed stating the specifics of the assignment, the timeframe under which the Committee will carry out the assignment and a requirement to report back its actions and decisions to the board at its earliest possible convenience. • Ensure the adequacy and effectiveness of the Board policies and procedures. Support the Board in overseeing key elements required to ensure accountability, transparency and effective performance.
Roles & Responsibilities:	<p>These Governance functions are fulfilled through the following roles and responsibilities:</p> <ul style="list-style-type: none"> • Enable the Board to meet its fiduciary obligations by defining APH's approach to governance and supporting processes and practices that promote a leading-edge governance culture; • Recommend, where appropriate, changes to the mandate of the Board of Directors and each of its Committees based on the needs of APH and evolving governance standards (subject to requirements of the HPPA and Municipal Acts) • Recommend, where appropriate, the development and oversee the implementation of new governance structures, processes and protocols that enable the Board to fulfill its governance role effectively; • Support the Board of Directors in fostering a positive relationship with its key stakeholders; • Support a high standard of Board conduct and performance • Review Board policies on a regular basis, and at a minimum of every two years, and make recommendations to the Board to ensure currency and relevancy • Recommend and oversee the implementation of a governance review/evaluation process regarding the performance of the Board, the Board Chair, committee chairs, committees and individual Directors; • Recommend procedures for the ongoing assessment of Board and Committee meeting effectiveness; • Recommend changes to address effectiveness issues arising out of these evaluations;

	<ul style="list-style-type: none"> Assess the adequacy of the quality and timeliness of information provided to the Board of Directors and its Committees and make recommendations to the Board of Directors for change where appropriate. Approve and monitor various measures of performance accountability on a regular basis. Support the Chair of the Board of Health with MOH/CEO/CAO review as requested; Oversee succession planning for the MOH/CEO/CAO, including development of a clear and transparent process to recruit and select a future MOH/CEO/CAO. Ensure that there is an appropriate orientation and education program for new Directors and continuing education for all Directors including making recommendations on methods to improve Directors' knowledge of Algoma Public Health and their responsibilities as Directors; Oversee the implementation of orientation and education programs for Directors to ensure these are undertaken effectively. The Committee shall study and make recommendations to the Board on any matter as directed by the Board. Complete tasks as stated in the Board's Annual Activity Plan
Chair:	<p>The Chair of the Committee shall be elected annually by the Board and shall serve no longer than three terms. The Chair of the Governance Standing Committee will also serve as the 2nd Vice-Chair of the Board of Health.</p> <p>The Committee chair is responsible in consultation with MOH/CEO/CAO for: establishing Committee agendas; conducting the meetings; liaison with the Board Chair, the Board and the MOH/CEO/CAO; reporting to the Board on the activities of the Committee and presenting Committee recommendations to the Board.</p> <p>The committee may elect a vice-chair on an annual basis.</p>
Recorder:	The secretary to the Board will act as recorder for the Governance Committee.
Reporting and Accountability to the Board:	<p>The Committee will keep brief decision minutes of its meetings in which shall be recorded all matters considered at each meeting. These minutes will be made available electronically to the full Board once approved by the Committee.</p> <p>The Committee chair will report to the Board on recommendations from the Committee, including a brief outline of the issue, the options considered, the conclusions and recommendations arrived at and the implications and risks associated with the recommendations. In the absence of the Committee chair, this responsibility may be delegated to the Vice-chair or another Director member of the Committee or to staff.</p>
Committee Performance:	The performance and effectiveness of the Committee shall be assessed annually as part of the Board's evaluation process. The evaluation will be based on the Committee fulfilling its Mandate.
Membership:	<p>The Governance Committee shall be comprised of:</p> <ul style="list-style-type: none"> Up to six (6) members of the Board of Health plus the Board Chair and no less than three (3) voting members; MOH/CEO/CAO of Algoma Public Health, resource Director of HR and Corporate Services – resource Director of Promotion and Prevention – resource Director of Protection and Prevention – resource member <p>Board Committee members will be appointed annually by the Board.</p>

Frequency:	<p>A minimum of four (4) meetings will be held annually as outlined in the Board's annual activity plan. Additional meetings can be held at the call of the Chair or at the request of the Board.</p> <p>The location of the meetings will be at APH's main office unless otherwise agreed upon by the Committee.</p>
Term:	<p>The Committee shall be appointed annually by the Board.</p>
Committee Operations:	<p>Quorum for Committee meetings is a majority of the voting members of the Committee.</p> <p>The Committee shall operate in accordance with the procedures for Board meetings as set out in By-Law No. 95-1</p> <p>The Committee may, with the approval of the Board, establish sub-committees.</p>
Amendments:	<p>The Committee will review the Terms of Reference on an annual basis and make recommendations for any amendments to the Board for its review and decision re: approval.</p>
Distribution of Minutes:	<p>Minutes shall be made available to the committee members and the Board of Health via the electronic platform.</p>

Signature of Board of Health Chair

Date

Office of the Deputy Minister

Bureau du sous-ministre

777 Bay Street, 5th Floor777, rue Bay, 5^e étage

Toronto ON M7A 1N3

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Tel.: 416 327-4300

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Télec. : 416 326-1570

May 27, 2020

Subject: Pandemic Pay Eligibility**From:** Helen Angus, Deputy Minister**CC:** AssocDM Fraser, ADMs Hillmer, Heenan, Graham, Blair, Sabaratnam, Kaftarian, Dicerni, Dr Williams; President and CEO, Ontario Health, Matthew Anderson

As you know, on April 25, the government announced it is providing eligible frontline and support workers with temporary pandemic pay.

Since that time, we have received inquiries about whether the list of eligible workers or workplaces would be expanded. There is a limit to the amount of funding provided by the federal government through our agreement and after careful consideration, the government will not be expanding the pandemic pay beyond those already deemed eligible.

Pandemic pay will be in effect for eligible workers from April 24, 2020 until August 13, 2020, and consists of:

1. **A temporary top-up on hourly wages:** Eligible workers will receive \$4 per hour worked on top of existing hourly wages, regardless of how much they already make; and
2. **Monthly lump sum payments:** Eligible workers who work at least 100 hours in a designated 4-week period will also be eligible to receive an additional lump sum payment of \$250 for that period, up to a total of \$1,000 in lump sum payments. The designated 4-week periods are:
 - April 24, 2020 to May 21, 2020
 - May 22, 2020 to June 18, 2020
 - June 19, 2020 to July 16, 2020
 - July 17, 2020 to August 13, 2020

In the first week of June 2020 ministries will start providing written funding commitments to employer partners that receive direct government funding, as well as to service delivery managers, followed quickly by the flow of money.

.../2

We expect some employers will begin receiving pandemic pay in early June, however exact timing will vary.

The Pandemic Pay website at [Ontario.ca/pandemicpay](https://ontario.ca/pandemicpay) will be updated in the coming days with more specific timelines.

Our ministry will continue to work with eligible employers to move the funding forward as quickly as possible, always recognizing the due diligence that is required for government funding.

If you have any questions about pandemic pay, please contact the Ministry at MOH.PPInquiries@ontario.ca

Thank you,



Helen Angus
Deputy Minister

June 8, 2020

Bruce Lauckner
Transitional Regional Lead West, Ontario Health
CEO for Erie St. Clair, Hamilton Niagara Haldimand Brant, South West and Waterloo Wellington LHINs

Dear Mr. Lauckner,

Re: Ontario Health reporting inaccuracy COVID-19 Enhanced Surveillance of Long-Term Care

On the May 7, 2020, Bruce-Grey COVID-19 Update Call you debriefed myself as the Board of Health Chair and Warden of Bruce County, and Paul McQueen, Warden of Grey County among others on the status of the Grey Bruce Health Unit (GBHU) with regards to the Enhanced Surveillance of COVID-19 testing in Long-Term Care, as directed by the Ministry of Health, and the data reporting inaccuracy that took place.

In your debrief, you spoke very highly of Dr. Ian Arra as the Medical Officer of Health (MOH) for the Grey and Bruce Counties, and of the GBHU performance. You attested that the GBHU has met and exceeded the Ministry of Health's expectation by reaching testing targets before the required deadlines.

You also explained what led to presenting inaccurate testing data to the Premier erroneously reflecting suboptimal performance of a number of the health unit in the South West Ontario Health Region. The reported number of swabs completed was substantially lower than actual number by a wide margin. For the GBHU, the inaccuracy showed 5% completion rate instead of the actual 45% at the time.

You explained that data from the Ontario Laboratory Information System (about 2 week old data) was possibility used instead of the diligently reported data by these health units on a daily basis.

The inaccurate data resulted in the Premier's statement in the media on May 5, 2020 describing the less than optimal performance of these health units and their MOHs. The Premier's statement was appropriately proportionate to the data that was presented.

You indicated in the meeting, what you had confirmed with the MOH on May 6, 2020, that the data inaccuracy was immediately communicated to the Premier's Office and that correction of the data was to follow.

No further communication has been forth coming from yourself as the CEO or your office representatives regarding this data inaccuracy, nor if the issue has been reported to the Premier's Office for knowledge and correction.

We respectfully request a written response confirming and outlining the following points. First, that the data inaccuracy was appropriately reported to the Premier's Office and the correction was completed. Second, and equally important, that mitigation measures have been implemented to prevent such inaccuracy from occurring in the future.

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca

Yours truly,

A handwritten signature in black ink, appearing to read 'Mitch Towlan', with a long horizontal stroke followed by a loop and a short vertical stroke.

Mitch Towlan

Chair of the Board of Health
Grey Bruce Health Unit
101 17th Street East
Owen Sound ON N4K 0A5
Phone: (519)376-9420, Ext. 1241

CC

Office of the Premier
Minister of Health
Minster of Long-Term Care
MPP Lisa Thompson
MPP Bill Walker
Chief Medical Officer of Health, Dr. David Williams
Boards of Health – Ontario



Services de santé du

TIMISKAMING

Health Unit

Enhancing your health in so many ways.

June 9, 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 June 3, 2020, at a regular meeting of the Board for the Timiskaming Health Unit, the Board supported the enclosed correspondence of Simcoe Muskoka District Health Unit, dated May 20, 2020 and passed the following motion:

MOTION #26R-2020

Moved by: Kim Gauthier

Seconded by: Patrick Kiely

BE IT RESOLVED that the Board of Health endorses the Simcoe Muskoka District Health Unit (SMDHU) call for the federal government to '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'; AND

FURTHER THAT Prime Minister Trudeau, Deputy Prime Minister Freeland and Minister Morneau, Timiskaming's MPs, MPPs and Chief Medical Officer of Health, and all Ontario boards of health are so advised.

CARRIED

Sincerely,

Carman Kidd, Board of Health Chair

Head Office:

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PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:

Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

Enclosure

cc Mr. John Vanthof, MPP - Timiskaming-Cochrane
 Mr. Anthony Rota, MP – Timiskaming-Nipissing
 Dr. David Williams, Chief Medical Officer of Health
 Mrs. Loretta Ryan, Association of Local Public Health Agencies
 Ontario Boards of Health
 Ms. Pegeen Walsh, Executive Director, Ontario Public Health Association
 Mr. Doug Jelly, Chairman of District of Timiskaming Social Services Administration Board

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](#)).