



March 24, 2021

BOARD OF HEALTH MEETING

Algoma Community Room

www.algomapublichealth.com

Meeting Book - March 24, 2021, Board of Health Meeting

Table of Contents

1. Call to Order

- a. Declaration of Conflict of Interest

2. Adoption of Agenda

- a. March 24 2021, BOH Meeting Agenda Page 4

3. Delegation/Presentations

- a. March 2021 BOH Presentation - Impacts of Climate Change on Algoma Page 7

4. Adoption of Minutes

5. Business Arising

6. Reports to Board

- a. Medical Officer of Health and Chief Executive Officer Report

- i. Report of MOH CEO - March 2021 Page 40

- b. Finance and Audit

- c. Governance

- i. i. Governance Report March 10 2021 Page 47

- ii. ii. 02-05-001 - Composition and Accountability of the Board of Directors - blackline Page 49

- iii. iii. 02-05-030 - Board Member Code of Conduct - blackline Page 53

- iv. iv. 02-05-045 - Attendance at Meetings Using Electronic Means - blackline Page 55

- v. v. 02-05-075 - Election of Chair, Vice-Chair or Committee Members - blackline Page 56

- vi. vi. 02-05-087 - Board Member Terms of Office - blackline Page 59

- vii. vii. 02-05-089 Chair Roles and Responsibilities - blackline Page 61

- viii. viii. BOH Terms Page 63

7. New Business

- a. [Community Vaccination Plans - Vaccine Clinics in Algoma](#)

8. Correspondence

9. Items for Information

- a. [APH Employee Appreciation Day](#)

10. Addendum

11. In-Camera

12. Open Meeting

13. Resolutions Resulting From In Committees

14. Announcements

- a. Next Meeting Dates

15. Adjournment



Board of Health Meeting

AGENDA

March 24, 2021 at 5:00 pm

Video/Teleconference | Algoma Community Room

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

BOARD MEMBERS

Sally Hagman - Board Chair
Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Louise Caicco Tett
Lee Mason
Micheline Hatfield
Patricia Avery
Musa Onyuna
Brent Rankin
Matthew Scott

APH EXECUTIVE

Dr. Jennifer Loo - Acting Medical Officer of Health / CEO
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Programs
Joel Merrylees - Controller
Tania Caputo - Board Secretary

GUESTS: Kristy Harper and Liliana Bressan (presenting)

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

1.0 Meeting Called to Order *S. Hagman*

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda *S. Hagman*

RESOLUTION

THAT the Board of Health agenda dated March 24, 2021 be approved as presented.

3.0 Delegations / Presentations *K. Harper/
L. Bressan*

a. Impacts of Climate Change on Algoma

4.0 Adoption of Minutes of Previous Meeting *S. Hagman*

RESOLUTION

THAT the Board of Health meeting minutes dated February 24, 2021 be approved as presented.

5.0 Business Arising from Minutes *S. Hagman*

6.0 Reports to the Board

a. **Medical Officer of Health and Chief Executive Officer Reports** *J. Loo*

i. MOH Report - March 2021

RESOLUTION

THAT the report of the Medical Officer of Health/CEO for March 2021 be accepted as presented.

b. Finance and Audit

ii. Financial Statements - in Addendum

J. Merrylees

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending January 30, 2021, as presented.

c. Governance Committee

D. Graystone

i. Governance Committee Chair Report

ii. Policy #02-04-001 - Composition and Accountability of Board of Directors

iii. Policy #02-05-030 - Board Member Code of Conduct

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

v. Policy #02-05-075 - Election and Selection Process for Chair and Vice-Chairs

vi. Policy #02-05-087 - Terms of Office

vii. Policy #02-05-089 - APH Chair Roles and Responsibilities

viii. BOH Terms

RESOLUTION

THAT the Governance Committee Chair Report for March 2021 be accepted as presented, and;

THAT the Board of Health has reviewed and approves **Policy #02-04-001 - Composition and Accountability of Board of Directors**, as presented, and;

THAT the Board of Health has reviewed and approves **Policy #02-05-30 - Board Member Code of Conduct** as presented, and;

THAT the Board of Health has reviewed and approves **Policy #02-05-045 - Attendance at Meetings Using Electronic Means**, as presented, and;

THAT the Board of Health has reviewed and approves **Policy #02-05-075 - Election and Selection Process for Chair and Vice-Chairs** as presented, and;

THAT the Board of Health has reviewed and approves **Policy #02-05-087 - Terms of Office** as presented, and;

THAT the Board of Health has reviewed and approves **Policy #02-05-089 - APH Chair Roles and Responsibilities** as presented.

7.0 New Business/General Business

a. Chair of Boards of Health Meeting

S. Hagman

b. Algoma Vaccination Council Update

L. Caicco Tett

c. *Community vaccination plans*

J. Loo

8.0 Correspondence

S. Hagman

9.0 Items for Information

S. Hagman

a. *Employee Appreciation Day*

10.0 Addendum *S. Hagman*

a. Unaudited Financial Statements for the period ending January 30, 2021,

11.0 In-Camera *S. Hagman*

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

THAT the Board of Health go in-camera.

12.0 Open Meeting *S. Hagman*

Resolutions resulting from in camera meeting.

13.0 Announcements / Next Committee Meetings: *S. Hagman*

Finance and Audit Committee Meeting

Wednesday, April 14, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

Board of Health Meeting

Wednesday, April 28, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

Governance Committee Meeting

Wednesday, May 12, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

14.0 Evaluation *S. Hagman*

15.0 Adjournment *S. Hagman*

RESOLUTION

THAT the Board of Health meeting adjourns.

Impacts of Climate Change on Algoma: How will Algoma Public Health help us adapt?

Kristy Harper, Program Manager Community Wellness & Chief Nursing Officer
Liliana Bressan, Public Health Specialist – Environment & Health
March 2021



Land Acknowledgement

- We acknowledge that our Sault Ste. Marie office is located in **Robinson-Huron Treaty territory** and the land on which we are gathered is the traditional territory of the **Anishnaabeg**, specifically the Garden River and Batchewana First Nations, as well as Metis people.
- Meegwetch to our Indigenous peoples for taking care of this land from time immemorial.



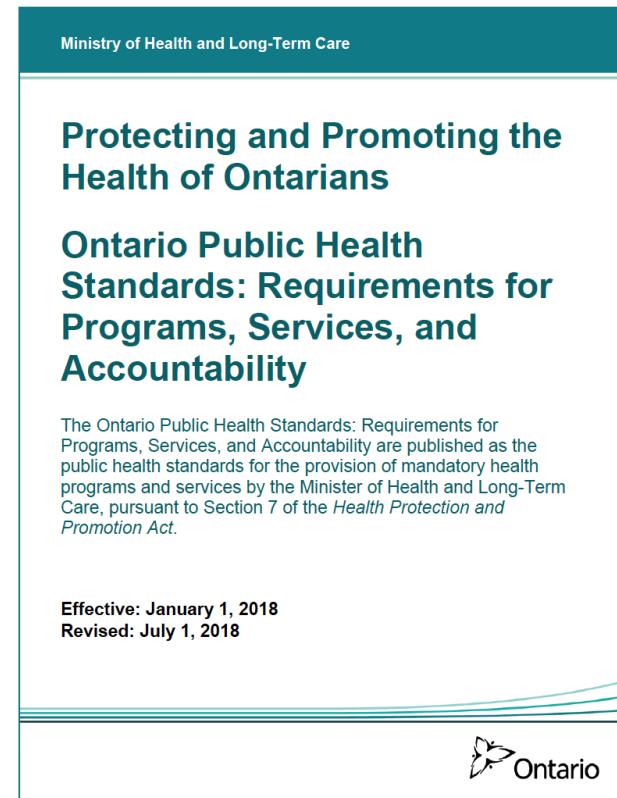
Overview

- Climate Change & Health
- Vulnerability & Adaptation Framework
- Northern Climate Change & Health Collaborative
- Vulnerability & Adaptation (V&A) Assessment Process & Findings
- Next Steps for Public Health
- Questions



Core Functions of Public Health

- Assessment and Surveillance
- Health Promotion and Policy Development
- Health Protection
- Disease Prevention
- Emergency Management



Sources:

- Ministry of Health and Long-Term Care. (2018). *Ontario public health standards: Requirements for programs, services, and accountability*. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf

Ontario Public Health Standards

Healthy Environment Standard

“To reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the **impacts of a changing climate**.”

Ministry of Health and Long-Term Care

Protecting and Promoting the Health of Ontarians

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

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

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



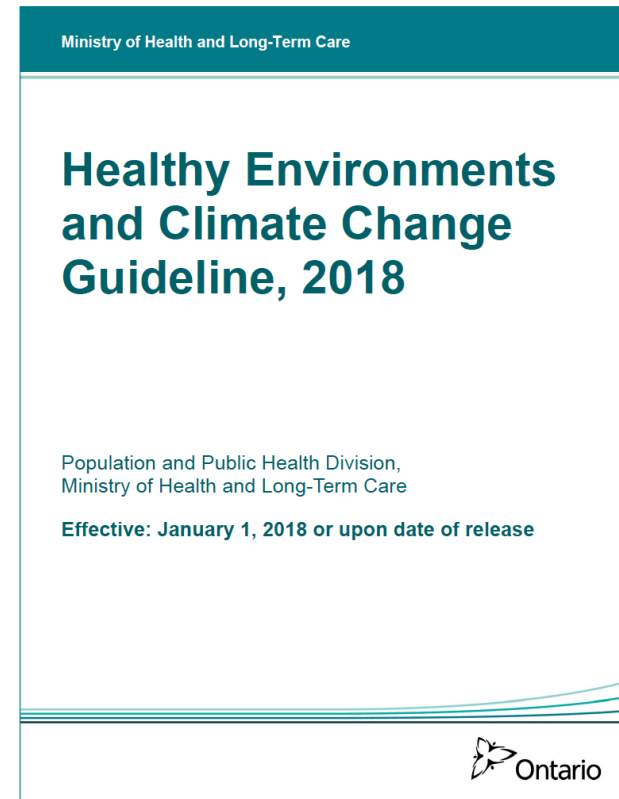
Algonquin
PUBLIC HEALTH
Santé publique Algonquin

Source:

- Ministry of Health and Long-Term Care. (2018). *Ontario public health standards: Requirements for programs, services, and accountability*. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf

Healthy Environments and Climate Change Guideline

“Enhance public health capacity to address risk factors in the environment, including the impacts of a changing climate, using population-based activities (e.g., **Vulnerability Assessments**)”



Source:

- Ministry of Health and Long-Term Care. (2018). *Healthy environments and climate change guideline*. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Healthy_Environments_and_Climate_Change_Guideline_2018_en.pdf

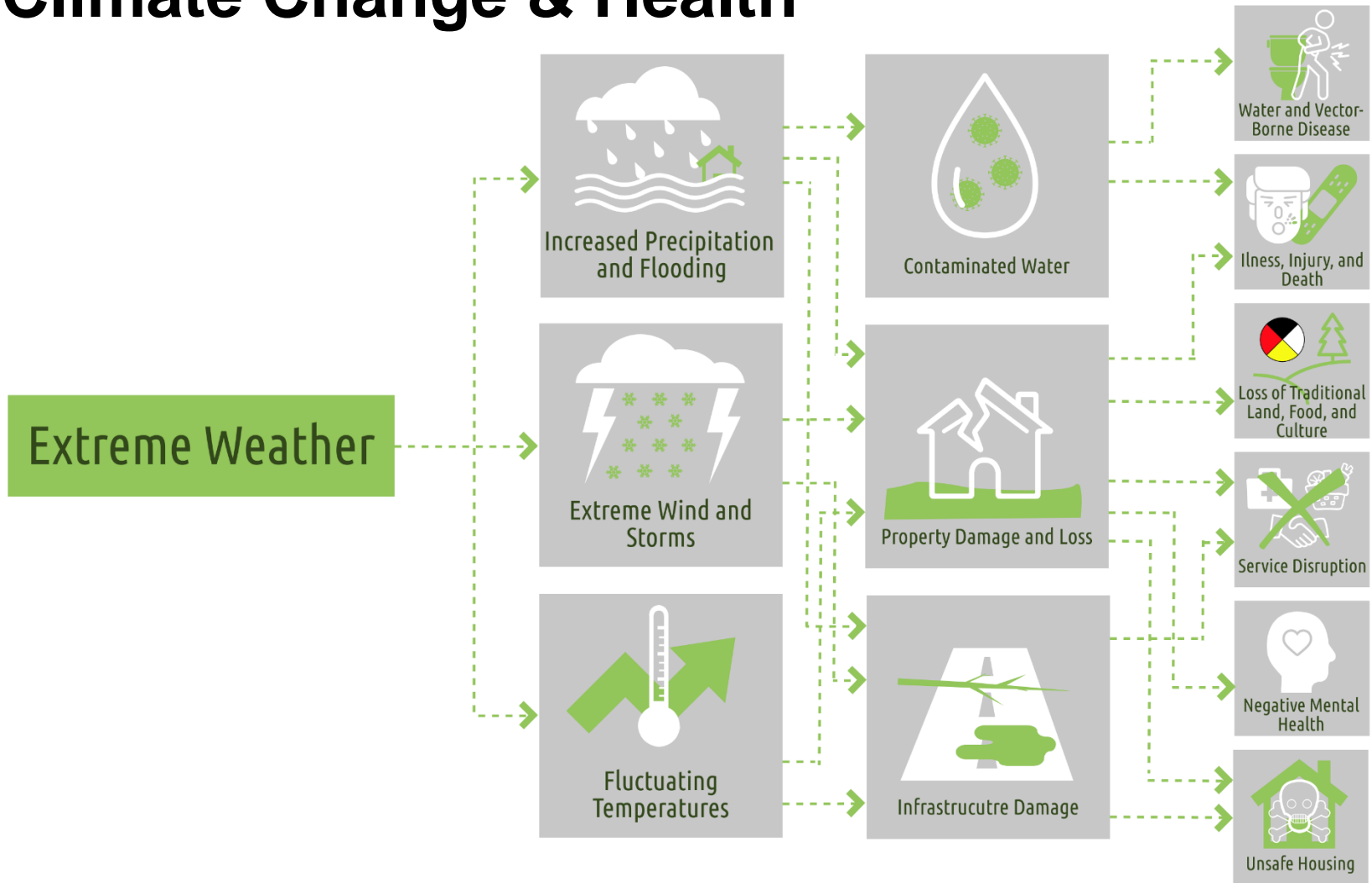
Public Health Specialist – Environment & Health

Healthy Environments Portfolio:

- Climate change mitigation and adaptation
- Evidence-informed support on healthy environments issues



Climate Change & Health



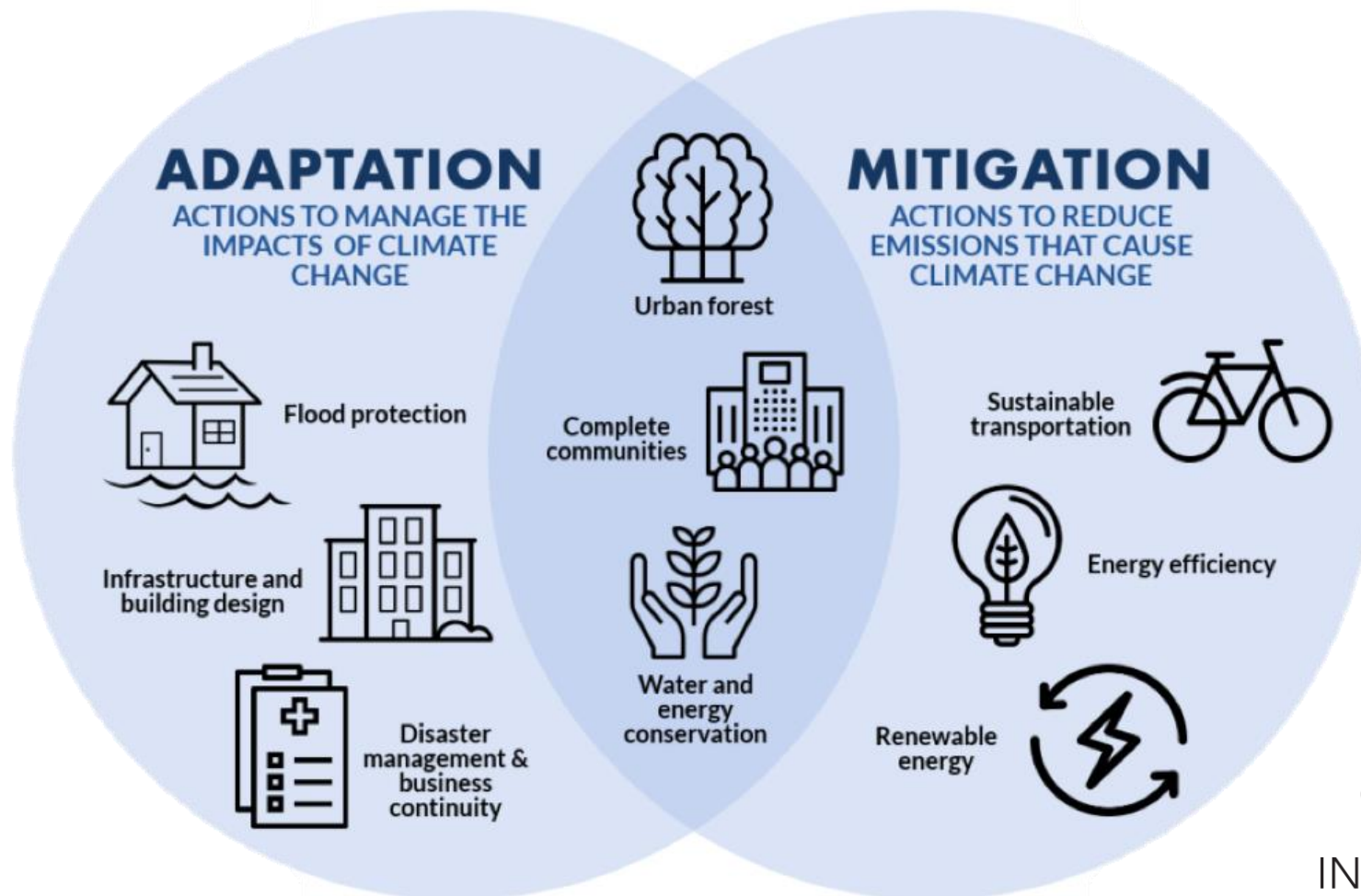
Sources:

- American Public Health Association [APHA]. (n.d.). How climate change affects your health. Retrieved from <https://www.apha.org/News-and-Media/Multimedia/Infographics/How-Climate-Change-Affects-Your-Health>
- Watts, R., et al. (2020). The 2020 report of The Lancet Countdown on health and climate change: Responding to converging crises. *The Lancet*, 397(10269), 129-170. doi:10.1016/S0140-6736(20)32290-X
- Yu, J., Castellani, K., Yao, A., Cawley, K., Zhao, X., & Brauer, M. (2020). Mapping spatial patterns in vulnerability to climate change-related hazards. University of British Columbia.



Algonquin
PUBLIC HEALTH
Santé publique Algoma

Mitigation & Adaptation



CLIMATE
RISK
INSTITUTE

Sources:

- Buse, C. G. (2018). Why should public health agencies across Canada conduct climate change and health vulnerability Assessments? *Canadian Journal of Public Health*, 109(5-6), 782-785.
- Climate Risk Institute. (2020). Climate change risk assessment: City of Sault Ste. Marie. Retrieved from https://saultstemarie.ca/Cityweb/media/Community-Services/GHG/Final-Report-Climate-Change-Risk-Assessment_SSM.pdf
- Cobb, P. Climate Risk Institute presentation – adaptation vs. mitigation diagram. Retrieved from <https://saultstemarie.ca/Cityweb/media/Community-Services/GHG/ReductionPlan.pdf>
- Future SSM. (2020). Sault Ste. Marie community greenhouse gas reduction plan. Retrieved from <https://changingclimate.ca/CCCR2019/>
- Government of Canada. (2019). Canada's changing climate report. Retrieved from <https://changingclimate.ca/CCCR2019/>
- Ministry of Health and Long-Term Care. (2018). *Healthy environments and climate change guideline*. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Healthy_Environments_and_Climate_Change_Guideline_2018_en.pdf
- Watts, R., et al. (2020). The 2020 report of The Lancet Countdown on health and climate change: Responding to converging crises. *The Lancet*, 397(10269), 129-170. doi:10.1016/S0140-6736(20)32290-X



Algoma
PUBLIC HEALTH
Santé publique Algoma

Vulnerability & Adaptation Assessments

- **First step** to responding to the impacts of climate change on health
- Improve our understanding of the link between climate and health
- Identify those at greatest risk
- Identify opportunities to build capacity



Sources:

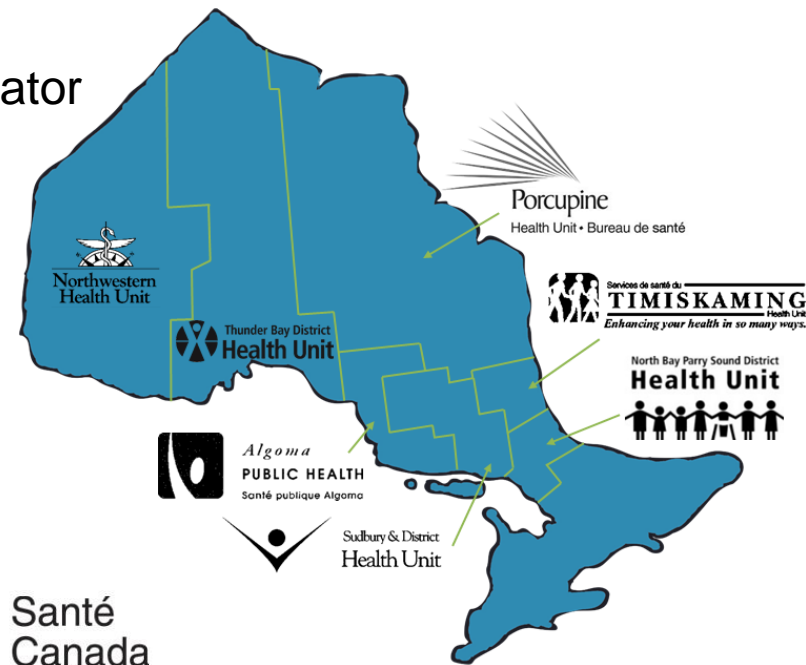
- Buse, C. G. (2018). Why should public health agencies across Canada conduct climate change and health vulnerability Assessments? *Canadian Journal of Public Health*, 109(5-6), 782-785.
- Ministry of Health and Long-Term Care. (2016). Ontario climate change and health toolkit. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/climate_change_toolkit/climate_change_toolkit.pdf
- Ministry of Health and Long-Term Care. (2016). Ontario climate change and health vulnerability and adaptation assessment guidelines. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/climate_change_toolkit/climate_change_health_va_workbook.pdf
- Yu, J., Castellani, K., Yao, A., Cawley, K., Zhao, X., & Brauer, M. (2020). Mapping spatial patterns in vulnerability to climate change-related hazards. University of British Columbia.



Algonia
PUBLIC HEALTH
Santé publique Algonia

Northern Climate Change & Health Collaborative

- 7 Public Health Units in Northern Ontario
- Northwestern Health Unit – Project Coordinator
- Funded by Health Canada
- HealthADAPT Program
- 2019 – 2021



Health
Canada

Santé
Canada

HealthADAPT



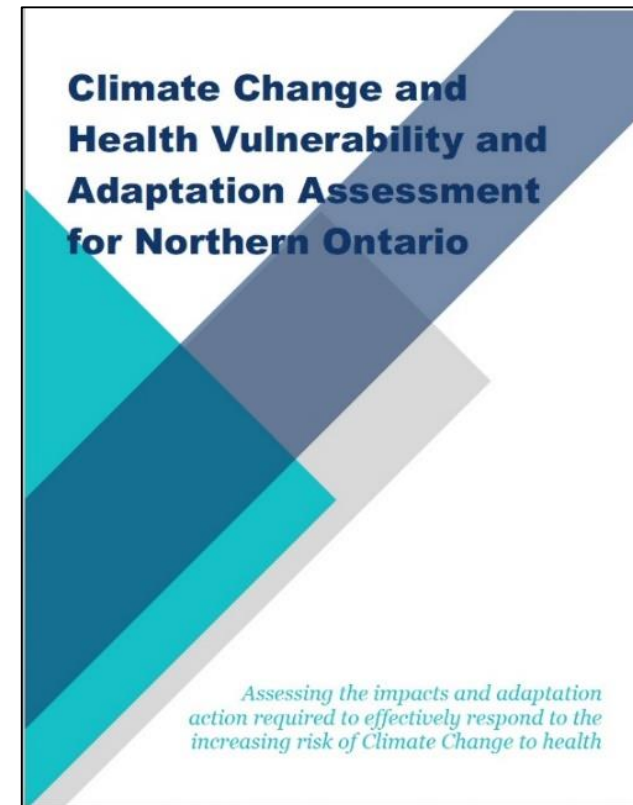
Algoma
PUBLIC HEALTH
Santé publique Algoma

Sources:

- Government of Canada. HealthADAPT program. Retrieved from <https://www.canada.ca/en/health-canada/programs/health-adapt.html>
- Northern Ontario Climate Change & Health Collaborative. (2020).

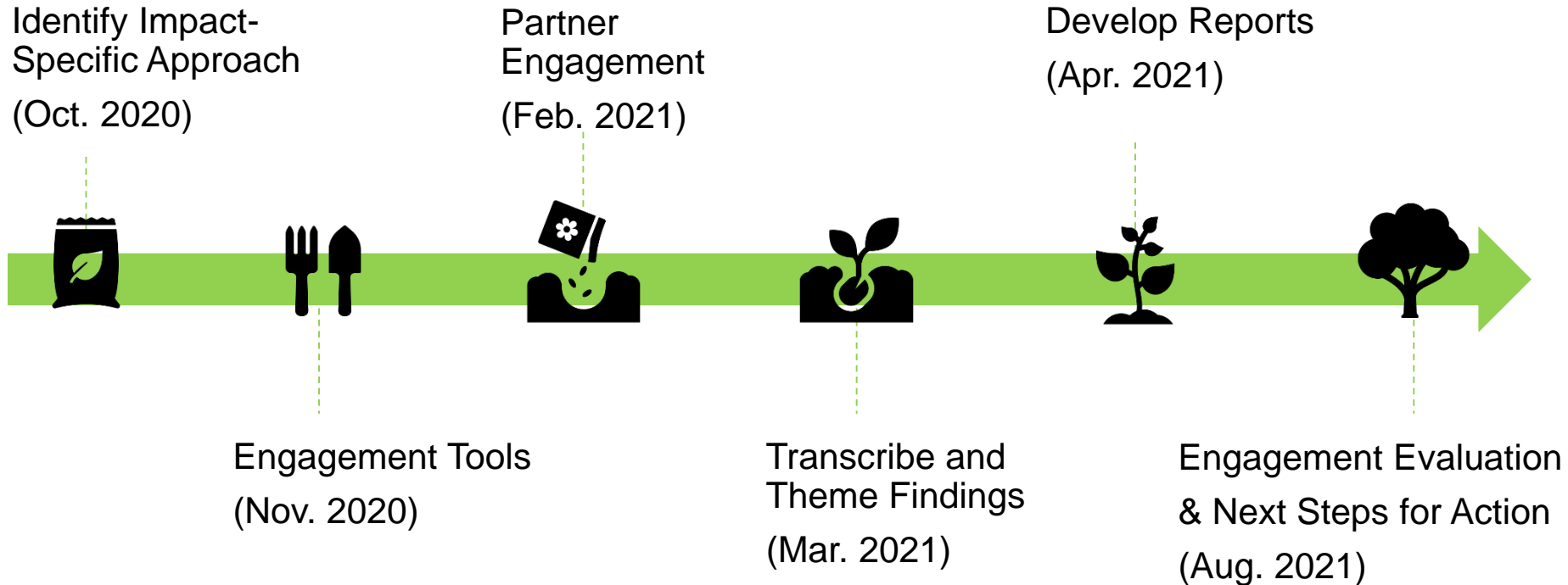
Collaborative Goal

Improve capacity to continue climate change work, by enhancing **partnerships and collaborative efforts** to increase internal and community capacity to **adapt to climate change**.



Algoma
PUBLIC HEALTH
Santé publique Algoma

Vulnerability & Adaptation Assessment Process



Impact-Specific Approach

- Extreme Weather Events
 - Rain – Flooding and Drought
 - Snowstorms and Dumping
 - Wind and Ice Storms
- Variability
 - Intensity, Duration, and Frequency



“We’ve seen a lot of different types of emergencies that are related to extreme weather, such as extreme, intense rainstorms and the bigger windstorms that do impact the community.”
– SSM Emergency Management

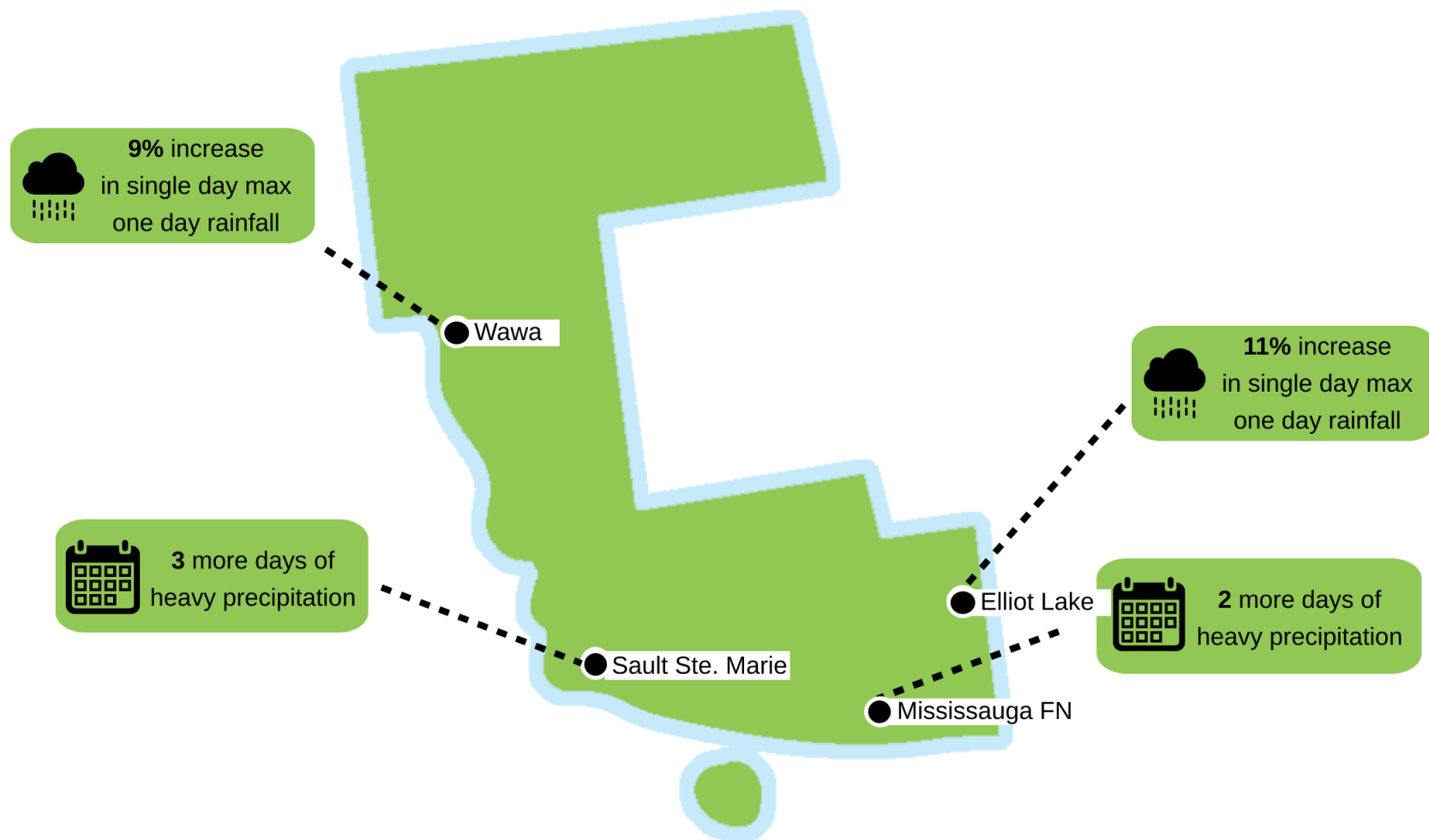
Sources:

- Health Canada. (2008). Human health in a changing climate: A Canadian assessment of vulnerabilities and adaptive capacity. Retrieved from http://publications.gc.ca/collections/collection_2008/hc-sc/H128-1-08-528E.pdf
- Ministry of Health and Long-Term Care. (2016). Ontario climate change and health vulnerability and adaptation assessment guidelines. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/climate_change_toolkit/climate_change_health_va_workbook.pdf
- Northern Ontario Climate Change & Health Collaborative. (2020). Algoma precipitation infographic.
- Watts, R., et al. (2020). The 2020 report of The Lancet Countdown on health and climate change: Responding to converging crises. *The Lancet*, 397(10269), 129-170. doi:10.1016/S0140-6736(20)32290-X



Algoma
PUBLIC HEALTH
Santé publique Algoma

Impact-Specific Approach



Engagement Tools

- Project Primer
- Consent Form
- Interview Guide

Northern Ontario Climate Change Vulnerability & Adaptation Assessment: Project Primer



Northern Ontario Climate Change and Health Collaborative

Who? Seven public health units in northern Ontario, including Algoma Public Health, are collaborating on a climate change and health vulnerability and adaptation assessment project.

What? This project aims to collect information on how climate is changing in Algoma, how these changes are posing health impacts to our community, and how local groups and organizations have adapted or are looking to adapt and protect against these changes. The goal is to develop a deeper, context-specific understanding of how a changing climate will impact health in northern Ontario.

We want to better understand how climate change is impacting our municipality and associated organizations, the population at large, and those more closely connected to our environment, such as our rural, farming, Amish, Mennonite, and Indigenous community members and partners. We want to highlight **YOUR** voice, expertise, and experience as representatives of Algoma.

Why? The result will include a joint report on vulnerabilities, adaptations, and recommendations for public health, to help prioritize programs and policies to address current and projected health risks associated with climate.



Extreme Weather in Northern Ontario and Health

The Problem: Climate projections for the Algoma District indicate increased frequency and intensity of extreme weather events. Increased precipitation will lead to a greater risk of flooding and snowstorms, posing challenges to infrastructure, emergency services, and population health, especially in more rural and remote Canadian communities.

Similarly, snow patterns have shifted to include later snow cover and earlier melt, with the overall snow water equivalent decreasing in northern Canada. However, heavier and more abrupt winter storms and snowfalls are also expected in northern communities, which can be compounded by the lake-effect along the shores of the Great Lakes. Moreover, the severity and frequency of wind gusts are changing under global warming and pose risks to infrastructure, power, agriculture, and health.

Algoma Public Health's Climate Change Chat

Interview Guide: Extreme Weather Impacts on Health

Part A - Perception of climate change impacts on health: What do you see?

1. Do you perceive extreme weather events (i.e. rain, snow, and wind) to be a significant impact of climate change in the Algoma District? If so, why or how has this been observed?
2. What do you consider to be the biggest impact(s) of extreme weather in the Algoma District? (Positive and Negative)
3. What impacts do you perceive extreme weather events are having and will have on health and safety in Algoma?
4. How concerned are you about extreme weather event impacts to health and what is most concerning to you?
5. Who (or what populations) do you consider to be most vulnerable to the impacts of climate change-related extreme weather events? Why?



Algoma
PUBLIC HEALTH
Santé publique Algoma

Partner Engagement



Climate Change Chat with
Metis Nation of Ontario (MNO)
Leaders from Algoma

- 19 Virtual Climate Change Chats
- 26 Participants
- Individual & Groups
- November 2020 to February 2021





Métis Nation of Ontario - North Channel Métis Council



Natural Resources Canada
Canadian Forest Service

Ressources naturelles Canada
Service canadien des forêts

Clean North

Working towards a cleaner, healthier Sault Ste. Marie and Algoma District



Preliminary Findings: Impacts

- Physical Health Impacts
 - Morbidity and Mortality
- Mental Health Impacts
 - Eco-Anxiety
 - Displacement and Loss



(NBC News, Eco-Anxiety)

“Residential units in more of a low-lying area are going to be more susceptible to flooding. With that, not only do you risk losing your belongings, but you also have the anxiety and mental health aspect.”

– City SSM, Climate Change

Impacts

- Financial Impacts
 - Emergency Kits and Plans
 - Property Damages
 - Crop or Livestock Loss
- Infrastructure Impacts
 - Housing
 - Roads
- Transportation Impacts
 - Service Access



(Highway 17 Closure, 2018, CBC News)



(Northland Trailer Park, SSM, 2019, SooToday)

“We’re seeing longer road closures whether it’s due to flooding or snowfall or storms...things like getting medications, even something as basic as food supply, becomes an issue.” – Wawa Municipality

Impacts

- Food Security
 - Local production, availability, practices, and cost
 - Wild game, gathering, and traditional food sources
- Ecological Impacts
 - Water, air, and soil quality
- Recreation Impacts
 - Ice, Trail, and Shore Safety



“Significant weather events, either drought or increased precipitation, leads to either crop loss or reduced yield. It causes mental stress.” - RAIN

Priority Populations



**Socioeconomic
Challenges**



**First Nations & Metis
Communities**



**Agriculture
Sector**



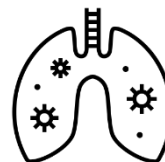
Isolated & Remote



Children



Older Adults



**Pre-Existing Health
Conditions**

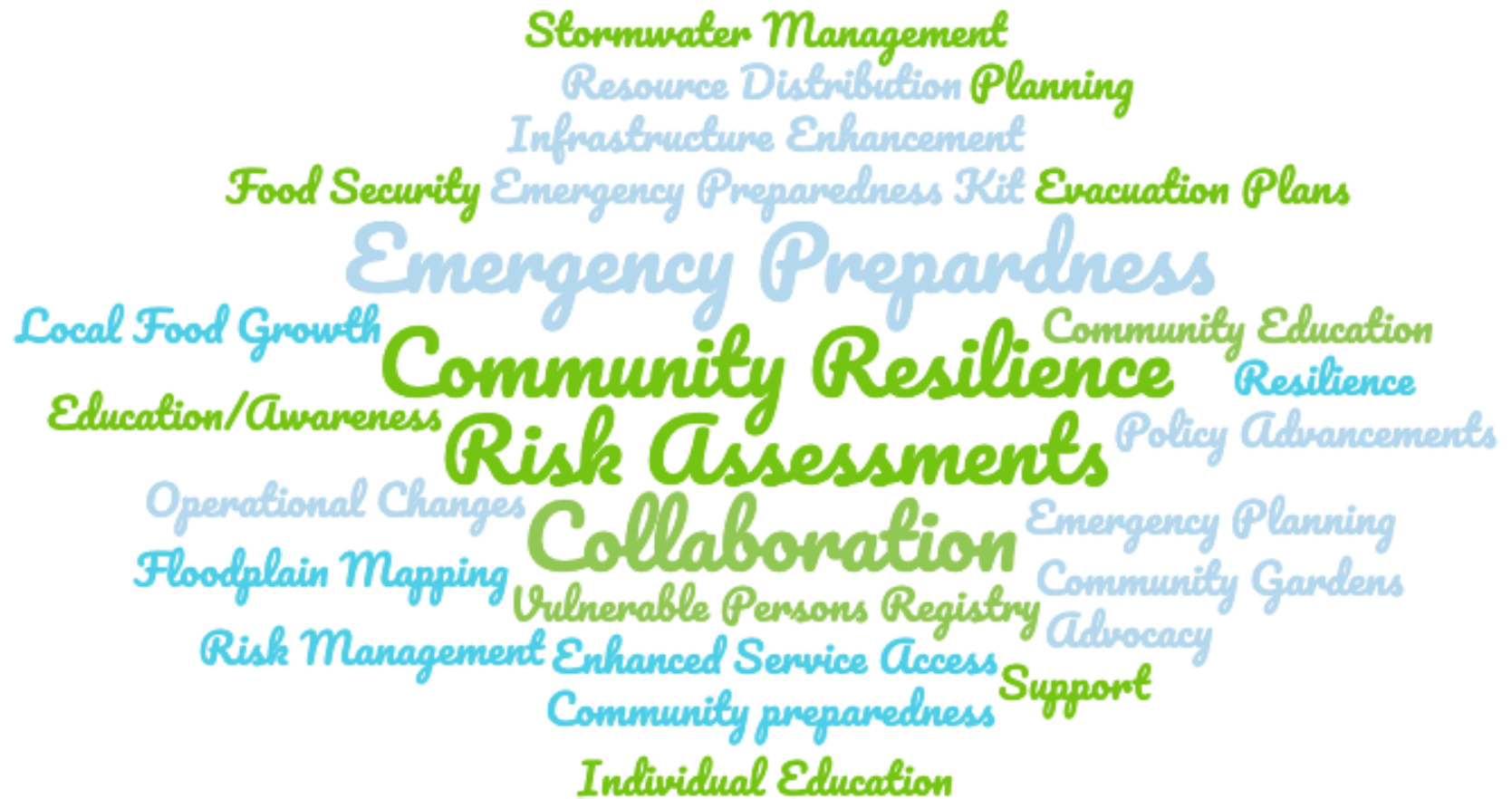


Outdoor Workers

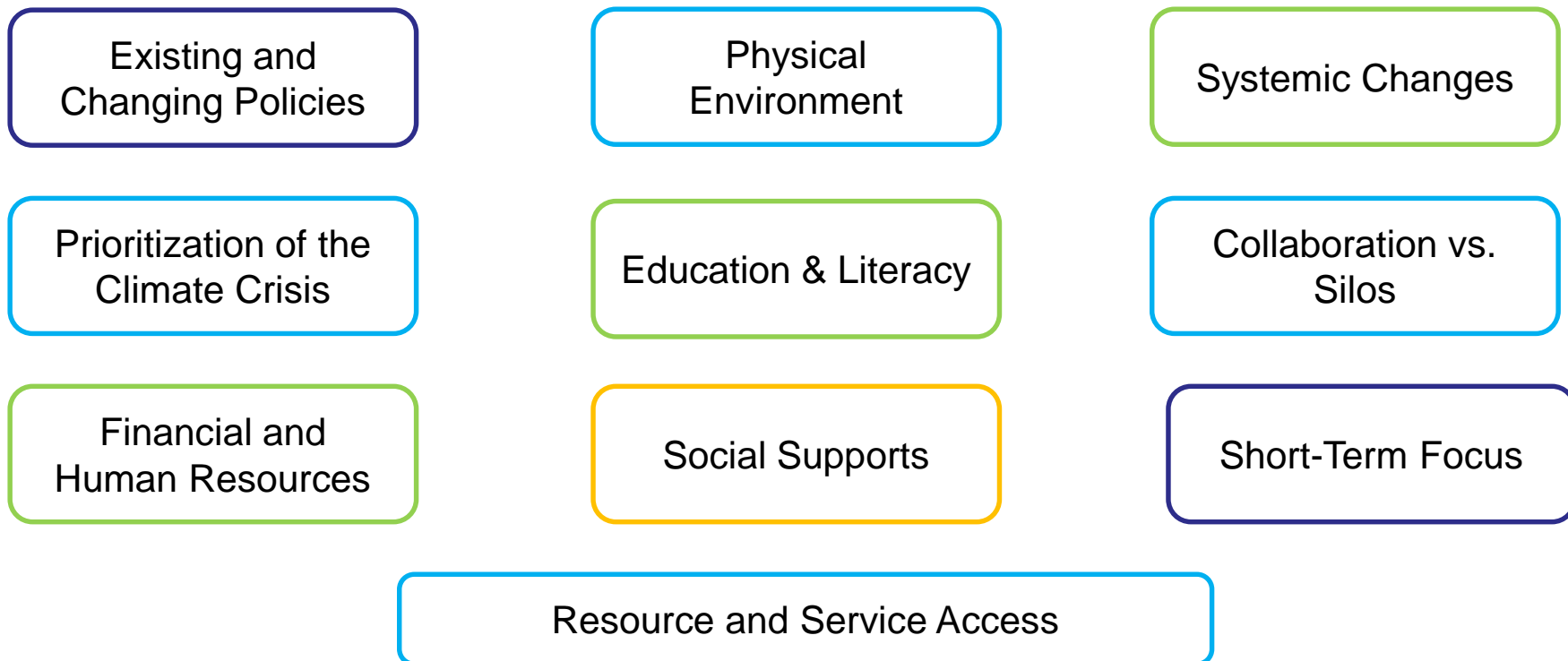


Algonia
PUBLIC HEALTH
Santé publique Algonia

Adaptation Strategies



Barriers and Facilitators to Adaptation



“Municipalities don't have the budget to spend hundreds of thousand of dollars on a might happen in the future type scenario.” – Phoenix Emergency Management

Next Steps for Public Health



Advocate – Be a Voice!

- Advocate for adaptation funding, incentives, and supports
- Make healthy public policy recommendations for climate change
- Engage decision-makers
- Assist with planning comprehensive adaptation strategies

“A lot of what we are going to need to do is going to have to be based on provincial and federal policy change. I think we can advocate for that. We’ve built some strong relationships with municipalities.” – APH, Emergency Management

Next Steps for Public Health



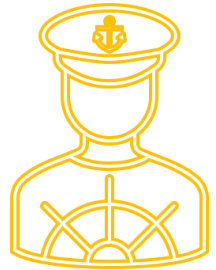
Communicate – Be an Educator!

- Educate on the impacts of climate change on health using a tailored approach
- Harness the role of public health – a trusted, credible voice
- Facilitate resource sharing
- Collect and share climate-related data
- Use media platforms

*“It really all boils down to communication and the need to communicate well and appropriately.”
– MNO Representative*

“Quantify things people have been hospitalized for. If we can show the actual change, we might be able to really help get the word out about things that are affecting people in Algoma.” – City SSM

Next Steps for Public Health



Pillar Climate Action – Be a Leader!

- Liaise between science, health, traditional knowledge, and community needs
- Continue emergency management coordination and support
- Champion climate-related mental health resources and supports
- Prioritize and consider climate change in all decision-making

“Education comes with reasonable and attainable action.” – Great Lakes Forestry

“Can we set up an advisory committee and have you chair it and feed information? That would be a grassroots up and novel idea.” – Metis Nation of Ontario Leader

Next Steps for Public Health



Collaborate – Be an Active Partner!

- Work with partners and residents within and outside of the health sector
- Continuously collaborate with First Nations and Metis
- Support efforts by local-level groups and organizations
- Avoid duplication of efforts – **population health is the “common thread”**

“If you work together, then you can leverage, you can combine resources, and you can also set priorities effectively.” – Clean North

*“We want to be part of this all along the way and every step you take, cause it is very important to us and it means a lot, spiritually, physically, everything that we do has to do with the earth.”
– Metis Nation of Ontario Leader*

Next Steps for Public Health



Balance Mitigation & Adaptation – Be an Upstream Change Agent!

- Continue collaborating with City SSM
- Lead active transportation initiatives
- Support parks and recreation initiatives
- Advocate for local cycling initiatives
- Act as an advisor for effective public transit

“The most important thing that we can do to is to move to a clean economic growth model. Otherwise, the problem is just going to keep getting worse and worse.” – Clean North

Sources:

- Cormier, E., & Future SSM. (2020). City of Sault Ste. Marie greenhouse gas reduction plan 2020-2030. [Presentation]. Retrieved from <https://saultstemarie.ca/Cityweb/media/Community-Services/GHG/CityCouncilPresentation.pdf>
- Future SSM. (2020). Sault Ste. Marie community greenhouse gas reduction plan. Retrieved from <https://saultstemarie.ca/Cityweb/media/Community-Services/GHG/ReductionPlan.pdf>

Next Steps for Public Health



Support – Be a Healthy Environments Champion!

- Focus on community cohesion and connectedness
- Build community resilience to change
- Encourage **connections to the environment**
- Partake in community gardening and local food growth – sustainability
- Understand the impacts of climate change on traditional ways of living

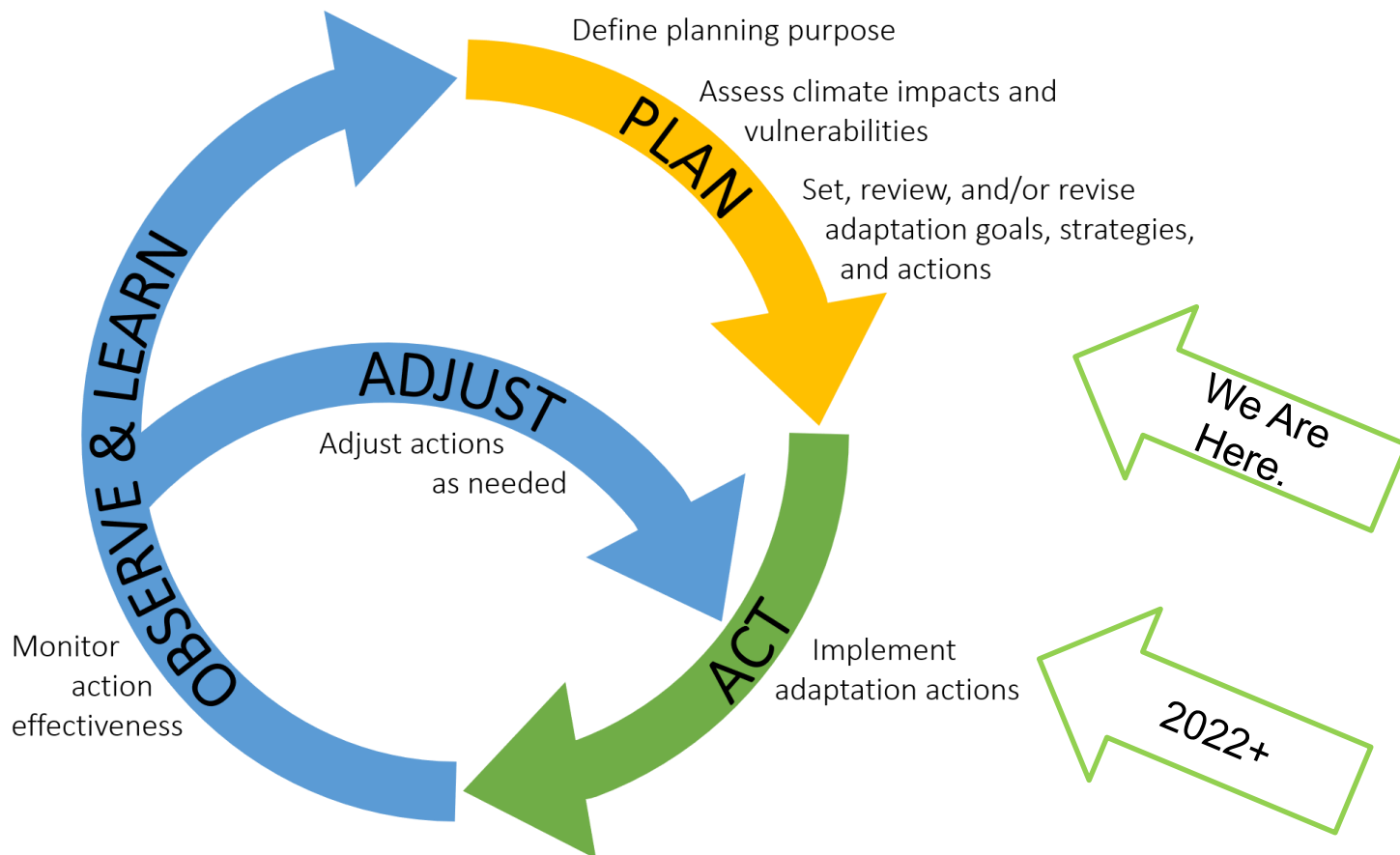
“We’ve grown up in nature and we have to make sure nature survives.” – Great Lakes Forestry

“Focus on outdoor living and trying to get people outside as much as possible. I think that really puts climate change to the forefront as they start to get out more and understand the natural environment.” – Wawa Municipality



Algoma
PUBLIC HEALTH
Santé publique Algoma

Upcoming Stages of the Project



Algoma
PUBLIC HEALTH
Santé publique Algoma

Sources:

- Blackfeet Nation. (2018). Climate change adaptation cycle. Retrieved from https://bcapwebsite.files.wordpress.com/2018/04/bcap_final_4-11.pdf
- Buse, C. G. (2018). Why should public health agencies across Canada conduct climate change and health vulnerability assessments? *Canadian Journal of Public Health*, 109(5-6), 782-785.

Key Messages

- Population health is intrinsically linked to our environment and impacted by climate change.
- The impacts of climate change are unevenly distributed – **inequities exist**.
- A **multi-sector, collaborative approach** is needed to support wellbeing and resilience as we navigate the climate crisis.
- Public health is well positioned to be a **leader** in climate **adaptation** efforts.
- Adaptation supports are needed **now** to reduce adverse health impacts in Algoma.



The V&A Assessment is a living document that should be updated regularly.

Thank You. Questions?

Kristy Harper

Program Manager, Community Wellness & Chief Nursing Officer

E: kharp@algotapublichealth.com

Liliana Bressan

Public Health Specialist – Environment & Health

E: lbressan@algotapublichealth.com



Algotapublichealth
PUBLIC HEALTH
Santé publique Algotapublichealth



Algoma
PUBLIC HEALTH
Santé publique Algoma

March 24, 2021

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

TABLE OF CONTENTS

APH At-a-Glance	Page 2
Program Highlights	Pages 3 - 6

APH AT-A-GLANCE

COVID-19 Response

As of March 17, 2021, Algoma remains in the Yellow – Protect zone of the provincial COVID-19 response framework, with active cases across a number of communities in the district and an active school outbreak. Ongoing communication efforts are underway with local partners to emphasize the importance of maintaining public health preventive measures, including avoiding non-essential travel, staying home when anyone in the household is ill, and avoiding close contact with anyone you do not live with.

COVID-19 immunization continues to progress. At the time of writing, over 11,500 Algoma residents have received their first dose of immunization, and just over 1,000 people have been fully immunized with the two-dose series of the COVID-19 vaccine.

*Total doses administered as of March 18, 2021: **13,254***

	# of Algoma residents who have received immunization	% eligible Algoma residents who have received immunization (adults 16+)	% all Algoma residents who have received immunization (any age)
People partially immunized with first dose only	11,134	11.5%	9.7%
People fully immunized with first and second dose	1,060	1.1%	0.9%
Total people immunized (first dose and/or fully vaccinated):	12,194	12.6%	10.6%

Across the district, about 20 immunization clinic sites are being operated in partnership with Algoma's hospitals, primary care teams, congregate living settings for seniors, pharmacy partners, Indigenous health partners, paramedics, community-based health partners, and local municipal partners.

Phase 1 priority groups continue to be immunized, including adults aged 80 and over, health care workers in the highest and very high priority groups, residents, staff and essential caregivers of long term care homes and retirement homes, Indigenous adults 55+ and their household members, and adult recipients of chronic home care.

Community Mental Health and Community Alcohol/Drug Assessment Programs

As of April 1, 2021, the above-mentioned programs will be transitioned to the Canadian Mental Health Association Algoma- Mental Health and Addictions Services (CMHA), which will allow individuals across Algoma will be able to access a range of mental health and addictions support services through one organization. Over the last several months, a joint transition committee comprised of staff and leadership from both organizations worked on a plan to ensure a smooth transition for clients and staff to CMHA.

We thank all transitioning staff for their dedication to their programs and wish them success as they continue to serve their clients at CMHA.

PROGRAM HIGHLIGHTS

Topic: Infection Prevention and Control (IPAC) in Algoma

From: Jon Bouma, Manager, Infectious Diseases

Infectious and Communicable Diseases Prevention and Control Goal: To reduce the burden of communicable diseases and other infectious diseases of public health significance.

Key Messages

- Prior to COVID-19, APH worked closely with community partners in Infection Prevention and Control (IPAC) practices and procedures to protect the health of the population.
- Throughout the pandemic, APH has collaborated extensively with high-risk, priority populations such as long-term care homes, retirement homes, daycares, and other congregate living facilities to curb the spread of COVID-19.
- APH is the designate Algoma hub for recent provincial IPAC funding intended to build IPAC capacity across institutional and congregate living settings.

The Importance of IPAC

Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that can prevent and/or reduce the risk of transmission of microorganisms that potentially make individuals ill.¹

¹ Provincial Infectious Diseases Advisory Committee (PIDAC) for Public Health Ontario (May 2012). Best Practices for Infection Prevention and Control Programs in Ontario In All Health Care Settings, 3rd edition. Retrieved from <https://www.publichealthontario.ca/-/media/documents/b/2012/bp-ipac-hc-settings.pdf?la=en>

IPAC practices can include (but are not limited to) hand hygiene, cleaning and disinfection practices, immunizations, isolation/quarantine of ill individuals, and the proper use of personal protective equipment (PPE). IPAC practices that include education, inspections, and implementation of evidence-based knowledge can help break the chain of transmission of germs to reduce illness.

The Infectious Diseases program at APH includes Public Health Inspectors (PHIs) and Public Health Nurses (PHNs) who conduct inspections and provide support in long-term care homes (LTCHs), retirement homes (RHs), school and child care settings, congregate living settings, and personal service settings (e.g. hairdressers, nail salons and tattoo parlours). APH has strong, pre-existing relationships with these professional communities and provides education, regulated health setting complaint investigations including IPAC lapse considerations, complaint follow-ups from the public, and enforcement of laws and regulations in these settings.

A prominent and foundational public health practice, IPAC has been intertwined with public health and its community partners long before COVID-19. The introduction of COVID-19 has heightened the need for IPAC practices and procedures, as well as close working relationships with community partners who implement IPAC across various settings.

IPAC in Algoma

Prior to COVID-19, APH helped coordinate outbreak response with gastrointestinal origins, antibiotic-resistant organisms such as MRSA and respiratory-driven issues such as influenza outbreaks in institutions such as hospitals and long-term care facilities.² APH also coordinated immunizations for children in schools; prior to the pandemic, most Algoma children and youth were up-to-date with their immunizations and protected against serious vaccine-preventable diseases such as diphtheria, measles, mumps, poliomyelitis, rubella, and tetanus.²

COVID-19 has presented a tremendous IPAC challenge. Prior to the World Health Organization's announcement of COVID-19 as an official pandemic on March 11, 2020, APH was in discussions with partners in primary care and congregate living settings as early as February 2020, in an effort to mobilize the community with IPAC supports as this emerging disease made the news.

In the fall of 2020, APH conducted a COVID-19 Response Evaluation survey, asking members of the public and community partners to reflect on the pandemic response and APH supports. APH is in constant communication with a variety of settings; the majority of interactions are central to IPAC practices and procedures. To illustrate the magnitude of IPAC-related interactions at APH, the table below presents indicators such as number of emails, number of inspections, and number of IPAC plans

² Algoma Public Health (2018). Community Health Profile. Sault Ste. Marie, ON. Retrieved from <http://www.algomapublichealth.com/media/2787/2018-community-health-profile-full-release-digital.pdf>

reviewed by APH between the months of March and October 2020 for high-risk, priority settings.³ The pandemic response is extensive and multi-dimensional, requiring constant IPAC communication with these groups and others via email, phone, and on-site visits when required.

Indicator ^a	Total	Monthly Average
# of emails sent to LTCH/RH group email list (Mar-Oct)	55	7
# of inspections of daycares (Mar-Oct)	65	8
# of daycare plans reviewed (Apr-Oct)	94	14
# of & plans reviewed for congregate living settings (Apr-Oct)	12	1-2

^a estimated values based on available program data, subject to change

IPAC is a community effort

Working under schedules outlined in the Ontario Public Health Standards (OPHS), APH has traditionally conducted outbreak management (e.g. chickenpox in school and daycare settings; food safety in daycares), inspections (e.g. LTCH; RHs), and disease investigations and contact management (e.g. influenza; norovirus). With the emergence of COVID-19, the approach to managing IPAC across these settings has shifted to include heightened measures to protect the community against rapid transmission of the virus. For example, at this time, it is required that any child/employee in school or child care must remain home if they are experiencing one symptom of COVID-19. In addition, with an abundance of caution due to COVID-19 variants of concern (VOCs), there is a requirement for all household members to stay home if anyone in the household is experiencing COVID-19 symptoms. There is no longer the ability to go to these settings with mild symptoms.

The application of guidance documents such as the *Best Practices for Infection Prevention and Control Programs in Ontario, 3rd Edition* and the *Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition* regarding IPAC practices and procedures cannot occur without strong partnerships across all sectors. APH has worked very closely with municipalities, workplaces, First Nations communities, primary care providers, and a variety of living and work settings to implement IPAC measures in Algoma.

³ Algoma Public Health (Feb.24 2021). Algoma Public Health COVID-19 Pandemic Response Evaluation. In Board of Health Meeting package. Retrieved from <http://www.algomapublichealth.com/media/4239/meeting-book-february-24-2021-board-of-health-meeting-public.pdf>

IPAC hub funding- Capacity building in Algoma

The provincial government has recognized the need for IPAC capacity building across the province. As a result, one-time funding was announced in the fall of 2020 to support IPAC hubs in Ontario. The funding is earmarked to assist congregate living facilities, including long-term care homes, retirement homes, and other types of congregate living settings with their IPAC programs (e.g. residential facilities for adults & children, shelters, supportive housing, women escaping violence shelters, etc.).

APH is the designate IPAC hub for Algoma. The hub concept is not new to Algoma as there have been longstanding interagency relationships between APH and community partners, where opportunities to share IPAC knowledge and education has been a central focus. The IPAC hub funding will enhance existing community partner knowledge, support ongoing IPAC measures, as well as additional measures that COVID-19 will continue to present.

A future with IPAC

COVID-19 has emerged as the biggest global infectious disease threat of our time, with IPAC practices being one of the best things we can all do to keep others and ourselves safe and healthy as the pandemic continues. APH will continue its COVID-19 response with community partners as new provincial guidance documents and/or protocols emerge for protecting the health of the population across a variety of settings. In addition, the newly announced IPAC hub funding will help strengthen pre-existing relationships and IPAC knowledge-sharing practices between APH and community partners.

Governance Committee Meeting

March 10, 2020

Attendees:

Deborah Graystone - Chair

Tania Caputo - Board Secretary

Attended Virtually:

Lee Mason

Sally Hagman

Musa Onyuna

APHU Executive Attended Virtually:

Jennifer Loo - AMOH

Regrets:

Brent Rankin

A table including a list of current board members with dates and terms of membership was provided for review and information. This information will help the committee ensure skills and adequate board membership is maintained. At our next meeting, we will review the board's needs and identify skills and experience necessary for upcoming member appointments

The following Board Policies were discussed, amended and approved by the Governance Committee:

Policy #02-04-001 - Composition and Accountability of Board of Directors - *one line was added to ensure communication regarding board member vacancies; we will also attach the "skills Matrix" to this policy*

Policy #02-05-30 - Board Member Code of Conduct - *paragraph was added to address changes in board membership code of conduct during the COVID 19 pandemic*

Policy #02-05-045 - Attendance at Meetings Using Electronic Means - *three lines were added to ensure electronic meeting confidentiality during "in camera" sessions*

Policy #02-05-065 - Algoma Board Reserve Fund - *will be forwarded to the Finance Committee for review*

Policy #02-05-075 - Election and Selection Process for Chair and Vice-Chairs - *under "Nominations," it was added to have the callout for expressions of interest sent by email*

Policy #02-05-087 - Terms of Office - *changes include amending the "Algoma Public Board of Health to "The Algoma Public Health Board"; also two bullets with tasks charged to the leadership to ensure communication to municipalities and the Public Appointments Secretariat regarding vacancies and board needs reflected by the skills matrix*

Policy #02-05-089 - APH Chair Roles and Responsibilities - *this is a new policy clarifying duties and responsibilities of all Chair positions*

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

APPROVED BY: Board of Health

REFERENCE: 02-05-001

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

SECTION: Policies

SUBJECT: Composition and Accountability
of the Board of Directors

KNOWLEDGE:

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

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

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

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

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

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

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

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

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

Maximum membership: Fifteen (15) members

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

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

It is the accountability of the Chair of the Board of Health to communicate vacancies, resignations or changes to the Board when they occur.

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

APPENDIX A

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

APPENDIX A

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

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-030

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

SECTION: Policies

SUBJECT: Board Member Code of Conduct

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

POLICY:

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

CODE OF CONDUCT:

Board Members shall:

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

PAGE: 1 of 2

REFERENCE #: 02-05-030

- 10.0 Interact with each other, staff and members of the public with respect, diplomacy and dignity. Respect the boundaries between the roles of staff and the roles of Board and committee members.
- 11.0 Support one another and the MOH/CEO.

During the COVID-19 pandemic and during the implementation of the Emergency Measures Act, Board Members will:

- 1.0 Complete the COVID-19 daily self-assessment questionnaire before attending meetings within the APHU building.
- 2.0 Practice physical distancing by staying two metres apart from others, e.g., in elevators, stairwells, hallways.
- 3.0 Wash hands, use proper cough, sneeze etiquette, and avoid touching my eyes, nose or mouth.
- 4.0 Wear the proper personal protective equipment (PPE) when required.
- 5.0 When attending meetings electronically/virtually, will maintain a designated workspace; the video is maintained and during confidential portions of meeting will be ensure the discussion is protected at all times and conducted in a manner that does not compromise confidentiality.

PROCEDURE

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

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

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

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

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

Algoma Public Health – Policy and Procedure Manual – 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 be permitted in specific circumstances such as has occurred with the pandemic during the implementation of the emergency measures act. ~~not be permitted~~

It will be the accountability of each participating member to ensure they are participating in confidential portions of any meeting in a private and secure environment using the separate confidential link.

It will be the expectation of the board that the video portion of each member will remain on during any electronic/virtual meeting.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-075

DATE: Original: September 27, 2017
Reviewed: March 27, 2019

SECTION: Policies

SUBJECT: Election of Chair, Vice-Chairs
or Committee Members

POLICY:

The purpose of this policy is:

- a) To ensure that the Board of Health for the District of Algoma Health Unit (the Board) utilizes fair, reasonable and efficient methods to elect its Chair, Vice-Chair and appoint committee members.
- b) To promote the involvement of all Board members by encouraging participation on standing committees.
- c) To ensure for representation from across entire district on each committee to allow for an authentic voice in discussions.
- d) To detail the process to elect the Chair of the Board, the First Vice-Chair of the Board (Chair of the Finance and Audit Committee), the Second Vice-Chair of the Board (Chair of the Governance Committee) and to appoint the two Standing Committee members -Governance Committee and Finance and Audit Committee at the first meeting of the Board each year.
- e) To hold the election/selection process at the first meeting of every year.
- f) It is the policy of Algoma Public Health to follow all applicable regulations as set out in the Municipal Act and the Health Promotion and Prevention Act when conducting elections in at APH.

Reference Bylaw 95-1

Nominations

The Secretary to the Board will send a call out for expressions of interest **by email** for nominations prior to the first Board meeting of the new year.

A candidate may nominate themselves or another Board member for any position. Seconders are not required. If the number nominated is equal to the number of positions available at hand, then the member(s) will be considered acclaimed. If the number nominated is more than the number of positions available at hand, then a formal election process will be held. A call for nominations will occur three times.

PROCEDURES:

Call for Nominations

Board Chair/MOH/CEO or
Delegate:

- 1) Call for nomination to the seat at hand.
“*Nominations* are now open for the position of _____. This is the first call.” Any names are written down. “This is the second call for nominations for the position of _____. New names are noted. “This is the third and final call for nominations for the position of _____. Final names are recorded. “Nominations are closed for the position of _____.”

- 2) Once nomination call is completed, nominees will be asked if they accept the nomination.
 “ _____, you have been nominated for the position of _____ . Do you accept the nomination to stand?” Any nominee that does not accept will have their name removed from the nomination call list.
- 3) If only one is received, that person is acclaimed for the position. If more than one nomination is received, a formal election process will take place. See Election of Board Chair or Board Vice-Chair.

Election of Board Chair

MOH/CEO or Delegate:

- 1) Read out the names of the candidates in the order they were nominated.
- 2) Each member will have up to two minutes to explain their candidacy platform
- 3) Vote will be conducted by secret ballot. Each board member will write the candidate they are voting for on a piece of paper.

 The candidate with the most votes will be ordered, and the seat will be filled.
- 4) In the event of a tie, the other nominees will be dropped from the vote, and a re-ballot will occur with remaining nominees.
- 5) In the event of tie for the seat still exists after a second ballot, the tied members' names will be put into a container and a name drawn out.
- 6) Successful candidate of the election process will be considered appointed to the seat at hand.
- 7) Should no-one be nominated for the position of Board Chair, the process will continue for the remaining positions of the Vice-Chairs.

The First Vice-Chair would then become the acting Chair until that position is filled formally.

Election of Board Vice-Chairs

Elected Board Chair

- 1) Takes charge of the meeting and proceeds with the election of the Vice-Chairs.
- 2) Follow same procedure for electing chair.

Selection Procedure for Committee Members

Board Chair

- 1) Call for names to be submitted of Board members interested in sitting on a specific committee.

Board Members

- 2) Submit a form with their name and any information they believe is pertinent to being selected for a committee.

Board Chair and Vice-Chairs

- 3) Collect completed forms of interested board members and discuss who will be placed on which committee.

Members will be placed on one committee to allow for the most possible people to take part.

- 4) Should there remain any vacancies on the committees, they will be filled by appointment through application to the Chair and Vice-Chairs and serve the remainder of the term of the committee.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-087

DATE: June 26, 2019

SECTION: Policies

SUBJECT: Board Member Terms of Office

The Algoma Public Health Board believes that its members, to be effective, should be appointed according to skills and attributes. Terms of Members should comply with Municipal and Provincial legislative requirements.

PURPOSE:

To ensure skill and experience is maintained with staggering of appropriate terms of office and regular turnover while maintaining experience and expertise.

BOARD MEMBERSHIP:

The Algoma Public ~~Board of Health Board Health~~ may have a maximum of 15 members to represent the various jurisdictions with the Algoma catchment area. A skills and attributes matrix will facilitate a qualified and effective Board Membership. [The Board of Health, through the Chair, Governance Chair- and the Medical Officer of Health/CEO, will review the Board of Health Membership annually and complete the following tasks:](#)

- [request municipalities to submit the name of the new member when a current board member's term of office expires and send a letter of recommendation](#)
- [notify the Public Appointment Secretariat, Ministry of Health, regarding provincial appointee: due to a resignation, vacancy or reappointment application and send a letter of recommendation](#)

All Boards of Health have a legislative duty to comply with the Health Protection and Promotion Act (HPPA) as per below articles:

The Lieutenant Governor in Council may appoint one or more persons as members of a board of health, but the number of members so appointed shall be less than the number of municipal members of the board of health. R.S.O. 1990, c. H.7, s. 49 (3).

The term of office of a municipal member of a board of health continues during the pleasure of the council that appointed the municipal member but, unless ended sooner, ends with the ending of the term of office of the council. R.S.O. 1990, c. H.7, s. 49 (7).

The Algoma Public Board of Health Policy #02-05-000 describes the geographic jurisdiction and subsequent representation required for the Algoma Public Health Unit.

Provincial Board Members shall:

1. Apply through the appropriate provincial process for Provincial Appointees; skills and attributes required by the Algoma Board of Health will ensure the best quality of Board Membership
2. According to the Policy #, 02-05-000, Provincial appointees are appointed for a three-year term and may be renewed for one additional term not to exceed six years.

Municipal Board Members shall:

1. Be appointed by each appropriate Municipality with consideration of APHU's skills and attributes matrix at the beginning of each term of office of the Municipal council.

2. The term of office of appointed Municipal members should extend for the duration of their 4-year term with an option of one additional term not to exceed eight years.

Prior to municipal or provincial appointments, the chair of APH Board of Health will recommend reappointment of members.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-089

DATE:

SECTION: Policies

SUBJECT: Chair Roles and Responsibilities

Duties and ~~Powers~~Responsibilities of the Chair of the Algoma Board of Health

The Chair of the Algoma Board of Health is elected at the first meeting of the year and has the following role:

- Provide leadership to the Board of Health.
- Represent the Algoma Board of Health as required at public or official functions or designate another Board member to do so.
- Ensure the Algoma Board of Health fulfills its governance responsibilities, and that Board of Health by-laws and policies are followed.
- Ensure the integrity of the Board of Health processes.
- Ensure all matters relevant to the Board of Health mandate are brought to the attention of the Board of Health for discussion.
- Preside at all meetings of the Board of Health and ensure meetings are efficient and effective
- Serve as an ex-officio member on all Board of Health Committees. The Chair has the same rights as the other Committee members and is counted in determining if a quorum is present but is not obligated to attend meetings.
- Serve as the Algoma Board of Health central point of official communication with the Medical Officer of Health/Executive Officer and counsel the Medical Officer of Health/Executive Officer regarding Board of Health's expectations and concerns.
- Serve as the Board of Health's exclusive contact with the media or designate another Board member to do so.
- Serve as a mentor to other Board of Health members and ensure that all Board of Health members contribute fully to the work of the Board of Health.
- Set a high standard for Board of Health conduct and enforce by-laws and policies regarding Board of Health member conduct
- Act on and communicate changes in Board Membership by identifying vacancies, communicate and collaborate with the Governance Chair and Medical Officer of Health/CEO in ensuring vacancies/changes are communicated to the Board and relevant governments to facilitate timely replacement
- Act on non-attendance at Board of Health or Board Committee meetings, Election, Terms of Office, Duties and ~~Powers~~Responsibilities of the Chairperson and Vice-Chairperson of the Board of Health
- Facilitate co-operative relationships and foster a collaborative work environment for Board of Health members and the Medical Officer of Health/Executive Officer.
- Lead in monitoring and evaluating the performance of the Medical Officer of Health/Executive Officer.
- ~~Other~~ duties and ~~powers~~responsibilities as are from time to time determined by the Board of Health.

Duties and PowersResponsibilities of the First Vice-Chairperson of the Algoma Board of Health

The First Vice-Chair is elected at the first meeting of the year and has the following prescribed duties and vested ~~powersresponsibilities~~:

- Assume the role of the Chair of the Finance Committee and all duties and responsibilities of ensuring the committee fulfills its responsibilities to the Board of Health
- Provide regular reports to the Board following Finance Committee meetings
- Work collaboratively with the Board of Health Chair and support the Board of Health Chair in fulfilling their role.
- Assume the role and duties of the Chair of the Board of Health in their absence or as requested by the Chair
- Set a high standard for Board of Health conduct and uphold policies and by-laws regarding Board of Health member conduct
- Serve as a mentor to other Board of Health members.
- Serve as a member of Committees to which he/she has been assigned.
- Other duties and ~~powersresponsibilities~~ as are from time to time determined by the Board of Health.

Duties and PowersResponsibilities of the Second Vice-Chairperson of the Board of Health

The Second Vice-Chair is elected at the first meeting of the year and has the following prescribed duties and vested ~~powersresponsibilities~~:

- Assume the role of the Chair of the Governance Committee and all duties and responsibilities of ensuring the committee fulfills its responsibilities to the Board of Health
- Provide regular reports to the Board following Governance Committee meetings
- Work collaboratively with the Board of Health Chair and support the Board of Health Chair in fulfilling their role.
- Assume the role and duties of the Chair of the Board of Health in their absence or as requested by the Chair
- Set a high standard for Board of Health conduct and uphold policies and by-laws regarding Board of Health member conduct
- Serve as a mentor to other Board of Health members.
- Serve as a member of Committees to which he/she has been assigned.
- Other duties and ~~powersresponsibilities~~ as are from time to time determined by the Board of Health
- Ensure an annual review of the Board of Health Membership through the Chair of the Board and the Medical Officer of Health/Executive Officer; and will bring this information to the Governance Committee to review and recommend appointees with consideration of the Skills Matrix
- Ensure that notification of the Public Appointment Secretariat and Ministry of Health, regarding Provincial appointees and Municipal Governments regarding Municipal appointees:
- In support of the PAS process, the Second Vice-Chair in collaboration through the Medical Officer of Health/CEO and the Board Chair will ensure that vacancies will be advertised on the Public Appointments secretariat website and both municipal and provincial public appointment vacancies on the Algoma Public Health website or as deemed appropriate throughout the catchment area.
- In support of the PAS process, the Board will be informed of and will advertise the public appointment vacancies on the Algoma Public Health website or as deemed appropriate throughout the catchment area.

Terms - Board Of Health Members

1 YR

2 YR

3 YR

4 YR

LAST NAME	FIRST NAME	APPOINTED BY	YEARS SERVED AT END OF CURRENT TERM	CURRENT TERM	PREVIOUS TERM
Avery	Patricia	<ul style="list-style-type: none"> Province of Ontario 	5 YRS	Apr 2020 - Mar 2021	Jan 2017 - Mar 2020
Caicco Tett	Louise	<ul style="list-style-type: none"> City of Sault Ste. Marie 	4 YRS	Jan 2021 - Dec 2023	Jan 2019 - Dec 2020
Graystone	Deborah	<ul style="list-style-type: none"> Province of Ontario 	5 YRS	Apr 2020 - Mar 2021	Aug 2016 - Mar 2020
Hagman	Sally	<ul style="list-style-type: none"> Town of Blind River Town of Spanish Township of the North Shore 	3 YRS	Jan 2021 - Dec 2022 (Replaced member 1 yr into term)	
Hatfield	Micheline	<ul style="list-style-type: none"> Municipality of Wawa Township of White River Township of Dubreuilville 	4 YRS	Jan 2019 - Dec 2022	
Mason	Lee	<ul style="list-style-type: none"> Town of Bruce Mines Village of Hilton Beach Township of Hilton Township of Jocelyn Township of Johnson Township of Laird Township of MacDonald, Meredith & Aberdeen Additional Township of Plummer Additional Township of Prince Township of St. Joseph Township of Tarbutt & Tarbutt Additional 	8 YRS	Jan 2019 - Dec 2022	Jan 2015 - Dec 2018
Onyuna	Musa	<ul style="list-style-type: none"> City of Sault Ste. Marie 	2 YRS	Jan 2021 - Dec 2023	
Pearce	Ed	<ul style="list-style-type: none"> City of Elliot Lake 	5 YRS	Jan 2019 - Dec 2022	May 2018 - Dec 2018 (Replaced member 3 years into term)
Rankin	Brent	<ul style="list-style-type: none"> Town of Thessalon Municipality of Huron Shores 	4 YRS	Feb 2019 - Dec 2022	
Scott	Matthew	<ul style="list-style-type: none"> City of Sault Ste. Marie 	4 YRS	Jan 2021 - Dec 2023	Jan 2019 - Dec 2020