



March 22, 2023

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

Meeting Book - March 22, 2023, Board of Health Meeting

Table of Contents

1. Call to Order	
a. Declaration of Conflict of Interest	

2. Adoption of Agenda	
a. March 22, 2023, Board of Health Agenda	5

3. Adoption of Minutes	
a. February 22, 2023, Board of Health Meeting Minutes	9

4. Delegation/Presentations	
-----------------------------	--

5. Business Arising	
a. alPHa Winter Conference 2023 Summary	13

6. Reports to Board	
a. Medical Officer of Health and Chief Executive Officer Report	
i. Report of MOH CEO - March 2023	22
ii. Public Health Champion Awards	32
iii. Strategic Plan	33
b. Finance and Audit	
i. Finance and Audit Committee Chair Report - February 15, 2023 and March 8, 2023	34
ii. APH Unaudited Financial Statements ending January 31, 2023	35
c. Governance	
i. Governance Committee Chair Report - March 15 2023	41
ii. Policy 02-05-020 - Travel	43

iii. Policy 02-05-030 - Board Member Code of Conduct	50
iv. Policy 02-05-080 - Performance Evaluation for MOH CEO	52
v. Policy 02-05-085 - Orientation Board Members	64
vi. Policy 02-05-087 - Board Member Terms of Office	68
vii. Policy 02-05-089 - Chair Roles and Responsibilities	70
viii. By-Law 15-01 - To Provide for the Management of Property	73

7. New Business

8. Correspondence

a. Letter to the Minister of Health from Windsor-Essex County Health Unit regarding Physical Literacy for Healthy Children dated February 28, 2023.	76
b. Letter to the Prime Minister of Canada from Northwestern Health Unit regarding Alcohol Health Warning Labels dated March 3, 2023.	77
c. Letter to the Minister of Health and to the Minister of Intergovernmental Affairs, Infrastructure and Communities, from Peterborough Public Health Regarding Federal IAQ Advocacy dated March 3, 2023.	79
d. Letter to the Minister of Health and to the Minister of Labour, Immigration, Training and Skills Development, Ontario, from Peterborough Public Health Regarding Provincial IAQ Advocacy dated March 8, 2023.	82
e. Letter to the Minister of Health from alpHa regarding the 2022 Chief Medical Officer of Health Report dated March 9, 2023.	85

9. Items for Information

a. 2022 Chief Medical Officer of Health Annual	88
--	----

Report

b. March 2023 InfoBreak

89

c. 2023 alPHa Annual General Meeting

104

10. Addendum

11. In-Camera

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

a. Next Meeting Dates

15. Adjournment



**Board of Health Meeting
AGENDA
March 22, 2023 at 5:00 pm
Video/Teleconference**

BOARD MEMBERS

Sally Hagman - Chair
Luc Morrisette - 1st Vice-Chair
Deborah Graystone - 2nd Vice-Chair
Julila Hemphill
Loretta O'Neill
Sonia Tassone
Suzanne Trivers
Matthew Shoemaker
Jody Wildman

APH MEMBERS

Dr. Jennifer Loo - Medical Officer of Health & CEO
Dr. John Tuinema - Associate Medical Officer of Health
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Acting Director of Health Protection
Kristy Harper - Acting Director of Health Promotion & Chief Nursing Officer
Leo Vecchio - Manager of Communications
Leslie Dunseath - Manager of Accounting Services
Tania Caputo - Board Secretary

1.0 Meeting Called to Order

S. Hagman

- a. Land Acknowledgment
- b. Declaration of Conflict of Interest
- c. Roll Call

2.0 Adoption of Agenda

S. Hagman

RESOLUTION

THAT the Board of Health agenda dated March 22, 2023 be approved as presented.

3.0 Delegations / Presentations

4.0 Adoption of Minutes of Previous Meeting

S. Hagman

RESOLUTION

THAT the Board of Health minutes dated February 22, 2023, be approved as presented.

5.0 Business Arising from Minutes

S. Hagman

- a. alPHa Winter Symposium Report

6.0 Reports to the Board

J. Loo

a. Medical Officer of Health and Chief Executive Officer Reports

- i. MOH Report - March 2023
- ii. Public Health Champion Awards
- iii. Strategic Plan

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for March 2023 be accepted as presented.

- a. **Finance and Audit**
i. **Finance and Audit Committee Chair Report**

L. Morrisette

RESOLUTION

THAT the Finance and Audit Committee Chair Report for March 2023 be accepted as presented.

- ii. **Unaudited Financial Statements ending January 31, 2023**

L. Morrisette

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending January 31, 2023, as presented.

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

D. Graystone

RESOLUTION

THAT the Governance Committee Chair Report for March 2023 be accepted as presented.

- ii. **Policy 02-05-020 - Travel**

RESOLUTION

THAT the Board of Health has reviewed and approves **Policy 02-05-020 - Travel** as presented.

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

RESOLUTION

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

- iv. **02-05-080 Performance Evaluation for MOH CEO**

RESOLUTION

THAT the Board of Health has reviewed and approves **Policy 02-05-080 Performance Evaluation for MOH CEO** as presented.

- v. **Policy 02-05-085 Orientation Board Members**

RESOLUTION

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

- vi. **02-05-087 Board Member Terms of Office**

RESOLUTION

THAT the Board of Health has reviewed and approves **Policy 02-05-087 Board Member Terms of Office** as presented.

vii. 02-05-089 Chair Roles and Responsibilities

RESOLUTION

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

viii. By-Law 15-01 To Provide for the Management of Property

RESOLUTION

THAT the Board of Health has reviewed and approves **By-Law 15-01 To Provide for the Management of Property** as presented.

7.0 New Business/General Business

S. Hagman

8.0 Correspondence

S. Hagman

- a. Letter to the Minister of Health from Windsor-Essex County Health Unit regarding Physical Literacy for Healthy Children dated February 28, 2023.
- b. Letter to the Prime Minister of Canada from Northwestern Health Unit regarding Alcohol Health Warning Labels dated March 3, 2023.
- c. Letter to the Minister of Health and to the Minister of Intergovernmental Affairs, Infrastructure and Communities, from Peterborough Public Health Regarding Federal IAQ Advocacy dated March 3, 2023.
- d. Letter to the Minister of Health and to the Minister of Labour, Immigration, Training and Skills Development, Ontario, from Peterborough Public Health Regarding Provincial IAQ Advocacy dated March 8, 2023.
- e. Letter to the Minister of Health from alPHa regarding the 2022 Chief Medical Officer of Health Report dated March 9, 2023.

9.0 Items for Information

S. Hagman

- a. **2022 Chief Medical Officer of Health Annual Report**
- b. **alPHa Information Break - March 2023**
- c. **alPHa Annual General Meeting**

10.0 Addendum

S. Hagman

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 & Audit Committee

Wednesday, April 12, 2023 @ 5:00 pm

SSM Algoma Community Room | Video Conference

Board of Health

Wednesday, April 26, 2023 @ 5:00 pm

SSM Algoma Community Room | Video Conference

Board of Health Orientation & Governance PD

Saturday, April 29, 2023 @ 9:00 am

SSM Algoma Community Room | Video Conference

14.0 Evaluation

S. Hagman

15.0 Adjournment

S. Hagman

RESOLUTION

THAT the Board of Health meeting adjourns.

alPHa WORKSHOP ~ Thursday, February 23, 2023 ~ 1:00 p.m.

Trudi Sachowski – President Loretta Ryan – Executive Director

Road to Mental Health Readiness – Suzanne Bailey & Marty Lipcsey

When responding to a traumatic event – acknowledge and listen

- Public shaming when wearing a mask
- People have replaced social isolation with ranting/death threats
- Employees leaving their jobs and no one to take these jobs
- Conspiracy theories – lack of trust on what is being communicated
- Burnout from being in the COVID phase for a long time
- Families were torn about – the anti vacsers vs. the vacsers
- Home schooling– trying to maintain job and teaching children
- Fear of contacting COVID
- Milestones were missed such as graduation, funerals, weddings
- People questioned recommendations
- Situations beyond our control
- Four ingredients activate our stress response
 - Coping strategies had to be learned – crisis situations brought forward new support systems
 - Novelty
 - Non predictability
 - Destabilizations
- Members are facing things that they never thought they would see in their lifetime.
- “Not all super heroes wear capes”
- The pandemic raised the profile of Public Health
- There is an increase of sick leave due to burn out
- Working from home was an adjustment/coming back to work is a bigger adjustment

What was good about the past three years?

- Human nature to focus on the negative
- Family unit strengthened
- Partnerships with municipalities came about and relationships improved
- Connectivity has improved on many platforms – e.g. Zoom
- Being able to identify the factors that are at play in specific situations can help us be more effective in managing and resolving the situation. Being able to identify the factors gives a sense of control, which in and of itself can lower the stress response.

- The cost of virtual meetings allows Councils and Boards of Health to meet virtually. This has been a times saver and saves funds that can be diverted to different envelopes.
- Many lives have been saved due to public health rollout of vaccines!
- Our brains are wired to hang on to negative experiences so we need to deliberately seek out the positive situations
- Not knowing when COVID will end can lead to mental, physical and emotional fatigue – in times like this we might experience stronger emotions and this drains our energy
- “Oh sorry that wasn’t my best five minutes” a phrase that exemplifies when we aren’t in control of our emotions

Performance Cycle – preparation, performance and recovery

- Acknowledge that there are a lot of items coming at our senior leader who wear “the badge of honour”
- Mindset acceptance – to manage our stress is to apply the skill of acceptance as there will always be things that we don’t have control over. It’s normal to resist things that we don’t like. We might not always agree but we can agree to disagree.
- I want to show up each day – ensuring I have a positive mindset, which in turn may influence others around me if I am positive, engaged, energetic understanding etc.
- Gallows humour has saved the day in many cases. All to say that a sense of humour really helps.
- Gratitude – random acts of kindness, looking for positive experiences
- Its surprising have many people who wear a mask have smiling eyes and under our mask we smile back.

Challenged mindset – happens when we don’t have the resources. Does your work give you meaning and purpose?

Sleep and Physical Activity can give us super powers. Insufficient sleep can negatively impact our work like.

Attention is a commodity. Three minutes of negative news can affect our daily outcomes. We can shift our attention to positive outlooks – focus on what you have verses don’t have.

When problem solving – work on active coping strategies such as gathering information, asking for more time, look at it as a positive challenge.

Emotion focused strategies – include physical activities such as walking, cooking and cleaning – things that take you away from the emotional situation.

Goal Setting – can be used to plan our tasks, which helps feeling anxious about situations. By breaking situations into smaller pieces, it's easier to handle.

Visualization or mental rehearsal helps us manage the task at hand.

Deep Breathing – take deliberate control of inhaling or exhaling for 5 minutes.

Self Talk – there is a constant stream of dialogue in our mind. When we are discouraged ask – is this true, is this helpful?

We don't make our best decisions when we are stressed. Clear the mind so that you can see the situation through clear minds.

Celebrate every little thing!

Managing emotions – pay attention to your emotions

- Tune in to the signals – e.g. clenching your jaw, tensing your shoulders
- When the emotion is identified can deactivate the situation by 50%
- Consider how to respond to change the emotions
- Humans are wired for social connection – this can help with healthy coping strategies
- Don't be afraid to rely on the people around us. Sometimes we don't have all the tools to solve a problem – it's okay to call a friend/colleague

Mental Health Continuum
– Healthy – Reacting – Injured – Ill
– The movement goes both ways.

Recovery:

- Lead by example – mentally slow down from work – leave work at work doesn't look at emails in the evening or on weekends.
- Habits, activities, reading, knitting, playing with pets
- Needs to be built into the daily routine
- Look at your routines – those that get you into your work day and those that get you out of your work day e.g. Physically entering and leaving work
- Take advantage of vacation time to rebuild and re-energize

Leadership and Wellness:

- Share knowledge
- Be patient and encouraging
- Set expectations up early
- Having a feedback mechanism
- Set conditions for staff such as being transparent about the future based on what you know.
- The ability to have 24/7 contact with leadership
- Show and share a vision and plan so staff know where they are in the big picture and can own their hunk of the work
- Take a break and take care of yourself
- Leaders influence others through their personal attributes
- Recognize limits of everyone especially yourself
- Be honest when you don't have all the answers
- Give people permission to adapt at their own pace
- Express gratitude for the hard work that the team has given
- Be kind to yourself and your team
- Listen to your team members in a safe environment
- Have empathy – encourage inclusion and meaning

Friday, February 24, 2023 – alPHa Winter Symposium – 8:30 a.m.

Opening Remarks:

Premier Doug Ford and **Honourable Sylvia Jones**, Minister of Health provided opening remarks, giving thanks to Public Health and giving an overview of funding and strengthening public health.

Dr. Theresa Tam, Chief Medical Officer of Health, Government of Canada – also gave thanks to Public Health representatives reminding everyone to take care of their personal health. Dr. Tam encouraged more data modernization. Dr. Tam spoke of Climate Change and environmental harm. Public health is well positioned to work across sectors.

Colin Best – AMO President also gave thanks and support for public health.

Allan O'Dette - CEO – Ontario Medical Association

Dean - Dalla Lana School of Public Health

Public Health Matters Updates:

Trudy Sachowski – President alpha Board members are encouraged to look at alPHa website to see the activities and newsletters. There are 34 public health units in the province.

RRFSS is the Rapid Risk Factor Surveillance System –

Wellness Month is in May ~ many activities will be taking place. This will focus mental health and wellness

June will have the first in person alpha conference being held in Toronto.

Carmen McGregor, Chair, Boards of Health Section, alpha

The Board of Health Resources include:

- An Orientation Manual for Board Members
- A BOH governance tool kit - look at alpha web.org
- Supporting PH communities
- Alpha has strategic relationships with all providers of health services and municipal councils
- AMO relationship with public health has grown – health task force sends recommendations to the Minister of Health

Dr. Eileen de Villa, Chair, COMOH Section, alpha

- Public Health Matters is a publication that focuses on the challenges of public health and the successes
- Ontario Pre-Budget Consultations is on the alpha website
- There are several COMOH working Groups
- Congratulated public health employees on the huge strides in the past year in working towards the goals of public health

Loretta Ryan facilitated a question and answer to the three speakers.

Dr. Christopher Simpson – Executive Vice President and Chief Medical Officer, Ontario Health Ontario Health Update

- Slide deck in on the alpha website
- 200,000 on surgical waitlists – which is the same as pre- pandemic – trend of long waiters is coming down except in pediatric surgery
- Key approaches have been identified to facilitate ramping up pediatric access to surgical care and specialized care
- Clinical Leadership is key at all levels
- Questions were posed to Dr. Simpson such as the linkage between Ontario Health, Ontario Health Teams and Public Health

OPP Enhancing Safety, Strengthening our Communities – Constable Wendi Hughes

- Slide deck is on the alpha web
- Walking – don't walk alone, be aware of surroundings, carry a cell phone, plan the route, tell a friend where you are walking
- In a vehicle – keep maintained, have a call police sign in vehicle, cell phone, first aid kit, park in well lit area, back into parking spot, never pick up a hitchhiker, have your key ready when you reach the vehicle, visually check the car before you get in, lock doors and keep windows up, avoid traveling at night, know where you are, be aware of your surroundings
- Being followed – don't drive home, attempt to locate the closest police office and drive there, call police and provide a vehicle description
- Online – never give out personal information, make social media accounts private, nothing online is anonymous or private, consider using an abbreviated name, only add friends to friends lists, don't post your picture on line, adjust privacy settings, limit things online, don't share password
- In public – model calmness, speak softly, raise open hands, not fists, don't argue, consider remaining silent
- At home don't open the door to a stranger, install quality locks, use door viewers, keep doors and windows locked, always lock the door behind you, don't hide your keys outside, leave them with a trusted friend or relative, don't broadcast that you are away, draw shades or blinds after dark, consider security cameras, be firm and if they refuse to leave call police
- When reporting to police – do not put your safety at risk call 888-310-1122 or 911

Update from Public Health Ontario – Michael Sherar, President and CEO

- Big thank you to everyone who was involved with ensuring that people across the province remain healthy and safe
- PHO's role in supporting the Ministry of Health is fundamental in supporting and advancing public health
- There is extra work to be done to ensure that we get back on track now to do all the other facets of public health
- Strategic Planning is going to take place to have goals for the province as it relates to public health initiatives in place

Ontario Public Health Information Database Study (OPHID) – Brendan Smith, Scientist PHO, Roman Associate Professor University of Alberta, Naomi Schwartz, PHD, Epidemiologist Lead, PHO

- Slides are available on alPHA website

Update from the Minister of Education – on behalf of Honourable Stephen Lecce presenting – Nancy Naylor

- Appreciation extended to PH for the partnerships that assisted in supporting school boards
- Like to continue collaboration with PH and Ministry of Health
- Important for students to be back learning in person
- There is a plan to catch up for students as the impacts of the pandemic are known – reading strategy, math, attendance are being reviewed

Update from the Chief Medical Officer of Health – Dr. Kieran Moore

- Thank you to all colleagues for the incredible work you are doing!
- 1000 days of dealing with the pandemic
- Amazing resilience at the local level – COVID dominated our professional and personal lives and now we are in a state of recovery of programming although we are in an endemic
- There will be a spring rollout of vaccines
- We continue to monitor all viruses and activities globally

Afternoon Sessions:

Middlesex Health Unit – Dr. Alex Summers

- The works of public health is diverse!

Association of Local Public Health Agencies – Loretta Ryan Executive Director – what we're all about!

- Represent the leadership of the systems as a whole
- alPHA was established in 1986
- There are many stakeholders including 34 medical boards of health, OMA, 7 affiliate groups, COMO H
 - Association of Ontario Public Business Administrators, Epidemiologists, Inspectors, Health Promotion Ontario, Public Health Dentistry, Nursing Leaders and Dietitians
- alPHA does advocacy, communication, education and representation
- Partnerships with other groups such as AMO
- Information Break – gives an up to date communication
- Workplace Health and Wellness Month – May 2023
 - Mental health tips include time management, the right amount of sleep hours, exercise, hobbies, taking breaks from electronic devices, meditation, connect with your close ones (Family and friends), enjoy the little things and celebrate your accomplishments
- Digital e library is being developed for members to access
- June conference taking place in person – looking for representation from all boards of health
- There are Key Resources on the alPHA website

Update from Association Municipalities of Ontario (AMO) – Lindsay Jones & Michael Jacek, Daniela Spagnuolo

- Mandate role and interest in Health
- Current municipal context is the relationship with the province
- AMO's advocacy is housing and homelessness
- Current priority policy work that aligns with public health includes
 - Health human resources strategy
 - Homelessness, housing and health
 - Mental health and addictions
 - Community Para medicine and home care
 - Ontario Health and Ontario Health Teams – and how funded
 - Public health transformation + public health funding

Board of Health Liability and Governance – James LeNoury & Monika Turner – slide deck on aPHa website

- General Liabilities of Directors
 - Statutory liability – Ontario Corporations Act/Not for Profit Corporations Act: BOH exempt under s 52(2) HPPA, Employment Standards Act, ss81 and 80; Occupational Health & Safety s.32 and Human Rights Code, s.5
 - Determining liability happens when conduct fall short of the established standard of care and may be higher in some circumstances
 - Health Protections and Promotion Act (HPPA) – look at section 2 & 4 5,6,9, 12 & 13. As well as section 42,(1), 56 (2) 95 (1) and (2) (3) (4), 72 deals with the obligations regarding finances between a municipality and a board of health
 - “Reasonably prudent person”
 - Ministry Expectations include sections 5,7, and the Public Health Accountability Framework – submit all reports as requested by the Ministry, submit actions places to address any compliance or performance issues, have a formal risk management framework that identifies, assesses and addresses risk
 - Board Governance – have duty of care report submitted at each Board Meeting – everyone's responsibility to ensure the integrity of the public health system, especially its governors
- BOH Governance – on aPHa Website
 - BOH Orientation Manual
 - BOH Governance Toolkit – revised in November 2022
 - There are six elements that are necessary for a BOH to be effective:
 1. Commitment
 2. Acceptance
 3. Planning
 4. Communication
 5. Outcomes & impact in the community

6. Reporting – to community and the province

- Governance Policy Framework is in the toolkit
- Legislative Requirements are under the Municipal Act and HPPA
- Ensure your by laws are up to date

Thank you Algoma Public Health Board for permitting me to attend this symposium!

Respectfully submitted by

Sally Hagman

APH Board Chair



Algoma
PUBLIC HEALTH
Santé publique Algoma

March 22, 2023

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 Highlight - Communications	Page 3 - 5
Program Highlight - Food Affordability for Low-Income Households in Algoma	Page 5 - 9

APH AT-A-GLANCE

Spring 2023: Beginning Again

The theme of “beginning again” permeates much of APH life as we enter the spring of 2023. Our local public health unit, and public health units across the province, are once again attending to the full breadth of health and health equity issues that touch our communities, from alcohol and substance use to catch-up immunizations, to food insecurity. Teams are refreshing projects and partnerships put on hold due to the great disruption of COVID-19 more than three years ago. And the APH team itself is literally coming back together. By April 3, 2023, the full complement of APH staff will have fully transitioned back to the office in person. Our new approach will take advantage of the benefits of working primarily together in person and continue to provide programs and services to our clients, while allowing for some flexibility so as not to lose the opportunities that occasional work from home can offer.

At the organizational level, we are revitalizing our strategic plan and engaging all staff – from frontline to leadership team – in pandemic recovery. At APH, this means taking care of our team, acknowledging the tremendous stress and human toll of the pandemic response, finding and celebrating the stories of impact and resilience that have taken place over the past three years, and strengthening employee wellness and development in the months and years ahead.

One of APH’s strategic priorities is to **grow and celebrate an organizational culture of learning, innovation, and continuous improvement**. The human element of pandemic recovery fully aligns with this priority. In recent weeks, initial steps have been taken to lay the foundation for the organization’s work in this area.

- APH has reconstituted our **Employee Wellness Committee**, with representatives from across our geography and teams, and at both staff and management levels.
- On **Employee Appreciation Day** on March 10, 2023, APH leadership and representatives from the Board of Health expressed heartfelt gratitude and appreciation to APH’s 167 employees for their tremendous work and dedication. In addition to a selection of treats to mark the occasion, APH staff also enjoyed presentations from fellow colleagues, which highlighted and celebrated the unique and diverse work of public health.
- APH staff have also recently updated and created new **organizational policies to reflect the requirements and realities of the post pandemic world**, including the Remote Work Policy, Flextime program policy and the Disconnecting From Work Policy.
- At the middle and senior management level, APH has embarked on a program of **leadership training and development**. APH senior management recognizes that many new leadership team members entered their roles during the intensity of the pandemic response when opportunities for orientation and formal training were scarce. During the past several months, all of APH leadership have benefitted from a series of external leadership coaching sessions, both at the team and individual level.

Throughout the pandemic, APH staff have demonstrated their above-and-beyond commitment to their clients, communities, and fellow colleagues. Our internal activities of the recent months, and the work ahead, reflect APH’s ongoing priority to invest in our people and nurture a culture of learning, innovation, and continuous improvement.

PROGRAM HIGHLIGHT - Communications

From: Leo Vecchio, Manager, Communications

Ontario Public Health Standard (OPHS) requirements⁽¹⁾ addressed in this report:

- The **Foundational Standard: Effective Public Health Practice Foundational Standard** includes research, knowledge exchange, and communication, and acknowledges that promotion and protection of the public's health requires effective communication. Requirement 7 outlines that "the board of health shall use a variety of communication modalities, including social media, taking advantage of existing resources where possible, and complementing national/provincial health communications strategies".⁽¹⁾

2021-2025 Strategic Priorities addressed in this report⁽²⁾:

[x] Advance the priority public health needs of Algoma's diverse communities.

[x] Improve the impact and effectiveness of Algoma Public Health programs.

[X] Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

Key Messages

- Health communication is foundational to the work of public health; it helps translate and connect evidence-based information on health promotion and protection to individuals, organizations, communities, and the broader population in Algoma to inform policy, programming, decision-making and behaviours that support health and wellbeing.
- An effective health communication strategy is comprehensive and mindful of its audience's needs.
- APH uses online and traditional platforms to communicate with target audiences to help improve program delivery and the reach of our messages.
- Throughout the COVID-19 pandemic, communication efforts increased to meet public demand and relay pertinent information to protect oneself and others, as pandemic guidance was constantly being updated at federal, provincial, and local levels, necessitating education for community action.
- Communication is a critical element of pandemic recovery and the revitalization of APH's strategic plan.

Understanding Health Communication: What is it? How do we do it?

Health communication is the study and use of communication strategies to inform and influence individual and community decisions that enhance health⁽³⁾ It is a dynamic process, where health communication and health promotion theories and concepts (e.g., Nudge Theory, Theory of Planned Behaviour) are used to underpin communication, both the content and delivery of messages, to move individuals or groups towards a positive behaviour.

Public health practitioners are trained and continuously learning to communicate effectively with diverse groups, interpret information for professional and community audiences, mobilize communities by using appropriate media and social marketing techniques, and to use technology to communicate and support access to credible information.⁽⁴⁾ Currently, APH uses digital and social platforms (i.e., website, online advertising (i.e., Google), Facebook, Instagram, and Twitter, traditional media including radio and print, as well as e-blasts to sector-specific audiences to share messaging.

Health communication is central to health promotion because it can influence change among individuals, organizations, communities, and society. Health communication can increase demand for a service, provide education, counter myths and misconceptions, and help drive healthy public policy development and reform at the local, provincial, or federal level.

Health communication does this by:

- Prompting an individual to take action to improve their health (e.g., testing for sexually transmitted infections, steps and supports to reduce or stop smoking).
- Communicating the benefits of a behavior change (e.g., benefits of home radon testing or benefits to staying up to date with routine vaccinations).
- Advocating for healthy public policy (e.g., adding healthy menu options at recreation centres, adding health warning labels to purchased alcohol to inform consumers).

At Algoma Public Health (APH), communication plans are comprehensive and consider many factors, as communication is a dynamic process.⁽⁵⁾ To create a communication plan, public health programs work in consultation with the communications team to gather data, analyze audiences, establish goals and objectives, develop evidence-informed messages, implement the communication plan, and evaluate the outcomes.

Two current examples of this process in action include:

- Communications plan driving the food safety campaign launched in January 2023 that will provide information on important decisions that need to be made when you are prepping, cooking, or even eating meals at home to avoid food-borne illness.
- Communications plan being developed for the Community Health Profile, that will provide guidance on how we will share, make accessible, and help the public and community partners digest our population health data, including information on social determinants of health and health inequities, that is presented in the final report and/or webpage.

When the end-user receives, understands, and/or acts upon the public health message being communicated, we can say that our health communications are effective.

Snapshot of Communication during the COVID-19 Pandemic

Risk communication is essential in managing any public health crisis and was at the core of the work of public health during the COVID-19 pandemic.⁽⁶⁾ Providing timely, clear, and consistent information to the public, key stakeholders and partners that was supported by reliable evidence on the risks, uncertainties, and consequences of the pandemic was fundamental to our role.⁽⁶⁾ Effective risk communication helped to increase awareness, build trust, and encourage people to take appropriate actions to protect themselves and their communities.

During the COVID-19 pandemic, risk communication was used to educate the public about the transmission of the virus, symptoms for screening, prevention measures (e.g., masking, distancing), and the safety, effectiveness, and availability of vaccines. It also helped to address concerns and fears related to the pandemic and provided updates on the evolving situation.

The snapshot below emphasizes the pivotal role of communications by APH during the pandemic. Communities were looking for local information, and the use of media and social media by the public speaks to the volume of use of the information shared. From March 2020 to December 2022, APH:

- Responded to 766 media requests.
- Continually updated the APH website and relevant pages (e.g., Case and contact management, COVID-19 vaccines, workplace policy toolkit, healthy workplaces, etc.), which had 7.1 million unique page view with an average time of 1:51 minutes per view.
- Maintained the APH Facebook page (main social media account) which had 9.5 million impressions with over 230, 000 engagement on posts.

This was in addition to media releases, community bulletins, sector-specific e-blasts (group emails), information primers and print (e.g., bus ads, bulletin boards, digital advertising, signage, etc.) that were circulated through Algoma.

Next Steps

The communications team intends to leverage insights gained from communication during the pandemic to inform and enhance future communications related to public health services and programs, especially as we work to restore and rebuild public health as part of recovery.

Over the next year, the communications team plans to continue consulting with programs to share evidence-informed health messages and information with the communities we serve and promote available services and supports, to increase awareness of the role and work of local public health outside of emergency response. In addition, the communications team will continue building capacity internally and with community partners for health communication (e.g., plain language, including writing for the web, working with media, effective presentation skills and using social media as a listening tool, etc.).

Communications is also supporting the revitalization and implementation of APH's strategic plan and vision and mission. For example, to help our staff and our community know our vision and mission we have developed wall art that displays our vision and mission. This plays a crucial role in reinforcing this message to staff and our community.

References

1. Ontario Ministry of Health. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021.
2. Strategic plan. Algoma Public Health, 2022.<https://www.algomapublichealth.com/about-us/strategic-plan/>
3. Communications NCIOOC. Making health communication programs work: a planner's guide: Diane Publishing; 1992.
4. Core competencies for public health in Canada, 1.0. Public Health Agency of Canada, 2008.<https://www.phac-aspc.gc.ca/php-psp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>
5. 12 Steps for Developing a Health Communication Campaign. Public Health Ontario, 2008.<https://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/health-communications-aag.aspx>
6. Lowe M, Harmon SH, Kholina K, Parker R, Graham JE. Public health communication in Canada during the COVID-19 pandemic. Canadian Journal of Public Health. 2022;113(1):34-45.

PROGRAM HIGHLIGHT - Food Affordability for Low-Income Households in Algoma

From: Hilary Cutler, Manager, Community Wellness

Program Standard requirements⁽¹⁾ addressed in this report:

- The board of health shall conduct surveillance, including the **ongoing collection, collation, analysis, and periodic reporting of population health information**, as required by the Health Protection and Promotion Act and in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
- The board of health shall **assess and report on the health of local populations describing the existence and impact of health inequities** and identifying effective local strategies that decrease health inequities in accordance with the *Health Equity Guideline, 2018* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
- The board of health shall **lead, support, and participate with other stakeholders in health equity analysis, policy development, and advancing healthy public policies that decrease health inequities** in accordance with the *Health Equity Guideline, 2018* (or as current).

2021-2025 Strategic Priorities addressed in this report:

[X] Advance the priority public health needs of Algoma's diverse communities.

[] Improve the impact and effectiveness of Algoma Public Health programs.

[] Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

Key Messages

- March is National Nutrition Month, a time to recognize the important role nutrition plays in overall health and wellness, while also bringing awareness to the fact that healthy eating is unattainable for many people in Algoma, especially those experiencing low-income.
- Algoma Public Health's (APH) Nutritious Food Basket survey is used to monitor local food affordability and has shown that low-income households in Algoma experience some level of food insecurity.⁽²⁾
- Household food insecurity is the inadequate or insecure access to food due to financial constraints, meaning a household does not have enough money for food.⁽³⁾
- According to the Canadian Income Survey, 17.3% of households in Algoma were food insecure, compared to 16.7% of households in Ontario, between 2018-2020.⁽⁴⁾
- Food insecurity is a serious public health concern that negatively impacts physical, mental, and social well-being, as well as life expectancy, and poses a burden to the health care system.^(3, 5)
- Upstream policy interventions are required to effectively reduce household food insecurity.

The Process of Monitoring Food Affordability in the District of Algoma

Boards of Health are required to monitor food affordability at the local level according to the *Population Health Assessment and Surveillance Protocol, 2018*⁽⁶⁾ within the Ontario Public Health Standards. The *Monitoring Food Affordability Reference Document, 2018*⁽⁷⁾ provides guidance to Boards of Health for fulfilling this requirement. The purpose of monitoring food affordability is to understand the cost of foods that reflect healthy eating recommendations and to support access to nutritious, safe, and preferred foods.

Since 1998, Ontario Public Health Units have monitored food affordability using the Nutritious Food Basket (NFB) survey. After release of the *2019 Canada's Food Guide*⁽⁸⁾ and a corresponding update to the *National Nutritious Food Basket*, the Ontario Dietitians in Public Health (ODPH) Food Insecurity Workgroup (FIWG) (of which APH is a member), adapted the survey tool to be reflective of current healthy eating recommendations.

In June 2022, APH was one of 27 health units that participated in piloting the new survey tool and a hybrid model of in-store and online costing. Public health dietitians collected food prices from eight grocery stores across Algoma (5 in Sault Ste. Marie, 1 in Wawa, 1 in Elliot Lake and 1 in Blind River). Costing was conducted online for 6

stores and in-person for 2 stores. Pricing data from all stores was pooled together and used to calculate the average cost of food for 22 different age and gender groups. **In 2022, the cost to feed a family of 4 in Algoma was \$254 a week, or \$1,100 a month.**⁽²⁾

Since a new survey tool and costing methodology was used in 2022, the results cannot be compared to previous years. Furthermore, according to the *Monitoring Food Affordability Reference Document*, comparisons should not be made between health units, as the mix of stores and the approach to store selection may be different.⁽⁷⁾

A few limitations of this tool are that it assumes people have the time, skills, and equipment needed to cook the food items and it does not include prepared convenience foods, baby foods, infant formula, foods purchased for religious, cultural reasons or special diets or household non-food items, such as toiletries or cleaning supplies, items that many families purchase alongside groceries.

2022 Income Scenarios

To monitor food affordability, the cost of food is related to individual and household incomes. The ODPH FIWG supports this work by developing various income scenarios. Public health units input local food costs using their NFB data and local rental costs from the Canadian Mortgage and Housing Corporation (CMHC) to determine the percentage of a household's income that would be used to pay for rent and food. According to the CMHC, housing is considered "affordable" if it costs less than 30% of a household's income before-tax.⁽⁶⁾ The money leftover is what is available to put towards all other necessities, such as food, medication, clothing, school supplies, transportation, and activities.

Results in Table 1.0 below show that low-income households experience some level of food insecurity. Food insecurity is the inadequate or insecure access to food due to financial constraints and ranges in severity from worrying about food running out, to buying lower quality foods, to eating less food, and in extreme cases, going an entire day or more without eating.⁽³⁾ When households do not have enough money to meet the rising cost of basic needs, their food budget is often used to pay for other fixed costs, like rent and utilities.

Table 1.0: Income, Rent, and Food Expenses for Families in Algoma

	Family of Four Minimum Wage	Family of Four Ontario Works	Single Male Ontario Works	Single Male Ontario Disability Support Program	Senior Old Age Security/ Guaranteed Income Supplement
Monthly Income*	\$3,993	\$2,780	\$876	\$1,322	\$1,898
Rent** (% income)	\$1,144 (29%)	\$1,144 (41%)	\$671 (77%)	\$871 (66%)	\$871 (46%)
Food (% income)	\$1,100 (28%)	\$1,100 (40%)	\$396 (45%)	\$396 (30%)	\$284 (15%)
Money Leftover	\$1,749	\$536	-\$191	\$55	\$743

*This amount that assumes all eligible tax credits and entitlements are received. Actual income may be lower if the household does not file their income tax or does not apply for all available tax credits.

**Amounts are from the CMHC's 2021 Rental Market Survey Data Tables for Sault Ste. Marie.⁽⁹⁾

People who experience food insecurity are more likely to be diagnosed with chronic diseases, mental health disorders, infections, and communicable diseases.^(3, 5) Food insecurity also makes it more difficult to manage chronic diseases, leading to poorer health outcomes. This makes food insecurity a serious public health concern and poses a burden to the health care system from preventable illness and disease.

Income-Based Policy Solutions

Food charity, such as free meal programs and food banks, have been the primary response to food insecurity by governments and communities. These are downstream interventions that try to alleviate the effects of food insecurity at the individual level. Food charity provides temporary relief to people who access these programs and research has shown that only 20% of people who are food insecure will use a food bank.⁽⁵⁾

To effectively reduce food insecurity, upstream interventions at the policy level are required. Policies that improve the income of low-income households address the root of the problem. Federal and provincial governments are responsible for implementing high-level policies that can reduce household food insecurity, such as increasing minimum wage, raising social assistance benefits to reflect costs of living, providing a basic income, and reducing income tax rates for the lowest income households.⁽³⁾ These policy conversations are not new to public health, as local Boards of Health, with support from the Association of Local Public Health Agencies (aLPHA), have been calling for federal and provincial policy reform on income security and its direct link to negative health outcomes, since 2005.⁽¹⁰⁾

Municipalities can take action to improve the financial circumstances of low-income households by advocating to provincial and federal governments for income-related policies, supporting free income-tax filing programs for low-income households, providing a living wage, and investing in local programs and services that make life more affordable (e.g. affordable housing, transit and recreation programs, and subsidized childcare).

Income solutions ensure the basic right to food, and everyone should be able to achieve their most basic human needs.

Next Steps: 2023 and Beyond

- Utilize the NFB survey results to raise awareness that food insecurity is a serious public health concern caused by inadequate income.
- Continue to monitor food affordability by conducting NFB costing in May-June 2023.
- Continue working with the internal Food Insecurity Committee to coordinate agency-wide messaging and initiatives.
- Collaborate with municipalities and community partners to support evidence-based activities to address food insecurity at the local level (e.g. health equity awareness and education, such as “Bridges out of Poverty” workshops).
- Consider policy windows and opportunities to support advocacy regarding income-based policy solutions for addressing food insecurity at the population level (e.g. timely motions and resolutions that support local public health action across Ontario).

References

1. Ontario Ministry of Health. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021.
2. Food affordability in Algoma infographic. 2023.
3. Tarasuk V, Li T, Fafard St-Germain A-A. Household food insecurity in Canada, 2011. 2016.
4. RESPONSE TO SCIENTIFIC/TECHNICAL REQUEST Household Food Insecurity Estimates from the Canadian Income Survey: Ontario 2018-2020. 2023.
5. ODPH Position Statement on Responses to Food Insecurity: Ontario Dietitians in Public Health; 2023. Available from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>.

6. About Affordable Housing in Canada: Canada Mortgage and Housing Corporation; 2018. Available from: <https://www.cmhc-schl.gc.ca/en/professionals/industry-innovation-and-leadership/industry-expertise/affordable-housing/about-affordable-housing/affordable-housing-in-canada>.
7. Monitoring Food Affordability Reference Document. Population and Public Health Division, Ministry of Health and Long-Term Care, 2018. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/monitoring_food_affordability_2018_en.pdf
8. Canada.ca. Canada's Food Guide 2023. Available from: <https://food-guide.canada.ca/en/>.
9. Ontario — Rental Market Statistics Summary by Metropolitan Areas, Census Agglomerations and Cities [Internet]. Canada Mortgage and Housing Corporation. 2021. Available from: <https://www03.cmhc-schl.gc.ca/hmip-pimh/en/TableMapChart/Table?TableId=2.1.31.2&GeographyId=35&GeographyTypeId=2&DisplayAs=Table&GeographyName=Ontario#1%20Bedroom>.
10. Resolution A05-18, Adequate Nutrition for works and Ontario Disability Support Program Participants and Low Wage Earners; Resolution A15- 4, Public Health Support for a Basic Income Guarantee; Resolution A18-2, Public Health Support for a Minimum Wage that is a Living Wage. . Association of Local Public Health Agencies, alpha Resolutions: determinants of health. https://www.alphaweb.org/page/Resolutions_SDOH

Vision

Health for all. Together.

Mission

We promote and protect community health and advance health equity in Algoma.

Advance the priority public health needs of Algoma's diverse communities.

- A.** Strengthen population health assessment to improve understanding of the distribution and determinants of health and disease, including local health disparities, and identify priority populations for public health and health equity action.
- B.** Work with partners to exchange knowledge and align our shared data to have more impact on population health.
- C.** Work with priority populations to develop a shared, holistic understanding of community health needs.



Improve the impact and effectiveness of Algoma Public Health programs.

- A.** Align programs to population health priorities and to the unique role of public health.
- B.** Use evidence and data to plan and evaluate for program effectiveness and impact.
- C.** Support agency-wide, integrated strategies for health.
- D.** Meaningfully engage clients, partners, and communities based on shared goals and accountabilities.



Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

- A.** Invest in our people and develop organizational capacity to use evidence and data and build effective partnerships.
- B.** Engage staff and external partners in the evolution of our public health role in Algoma communities.
- C.** Recognize and share the stories of our people and partners.



Finance and Audit Committee Meeting - Chair Report for February 15, 2023

The Finance and Audit committee met for the first time this February 15, 2023. First, KPMG will do the financial audit for the year ending December 2022. They will be working with the staff in preparing the required documents and will bring back their findings and draft audited financial statements for review by the Finance and Audit committee in April. Also, the renewal of insurance policies was discussed and recommended changes will be brought to the board for approval. We also reviewed the unaudited financial statements ending December 2022 and recommend for approval by the board.

Finance and Audit Committee Meeting - Chair Report for March 8, 2023

The Finance and Audit committee reviewed the unaudited financial statements ending January 2023 as presented and recommend for approval by the board. We also received and reviewed the full insurance policy renewal from our insurance company and recommend that the proposed insurance renewal be approved by the board. KPMG has commenced the audited financial statements for the period ending December 2022.

**Algoma Public Health
(Unaudited) Financial Statements January 31, 2023**

<u>Index</u>	<u>Page</u>
Statement of Operations	1
Statement of Revenues - Public Health	2
Statement of Expenses - Public Health	3
Notes to the Financial Statements	4-5

	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ YTD Budget 2023
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	\$ 1,047,304	\$ 1,047,304	\$ 0	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	732,934	732,933	1	8,795,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	181,768	182,333	(565)	3,266,089	0%	100%
Provincial Grants - Mitigation Funding	0	86,483	(86,483)	1,037,800	-100%	0%
Fees, other grants and recovery of expenditures	28,544	25,615	2,928	452,384	11%	111%
Total Public Health Revenue	\$ 1,990,550	\$ 2,074,669	\$ (84,119)	\$ 17,740,689	-4%	96%
Expenditures						
Public Health Cost Shared	\$ 1,361,219	\$ 1,276,141	\$ (85,078)	\$ 15,542,525	7%	107%
Public Health 100% Prov. Funded Programs	179,921	182,333	2,412	2,198,164	-1%	99%
Total Public Health Programs Expenditures	\$ 1,541,140	\$ 1,458,474	\$ (82,666)	\$ 17,740,689	6%	106%
Total Rev. over Exp. Public Health	\$ 449,410	\$ 616,195	\$ (166,785)	\$ 1		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 890,011	890,009	(2)	1,068,011	0%	100%
Expenditures	886,177	890,376	(4,198)	1,068,011	0%	100%
Excess of Rev. over Exp.	3,834	(367)	4,200	0		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 1,952,832	1,984,367	31,534	2,176,700	-2%	98%
Expenditures	1,052,026	1,794,362	(742,336)	2,176,700	-41%	59%
Excess of Rev. over Fiscal Funded	900,807	190,005	710,802	-		

Community Health Programs (Non Public Health)

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	0	0	-	0	#DIV/0!	#DIV/0!
Total Community Health Revenue	\$ -	\$ -	\$ -	\$ -	#DIV/0!	#DIV/0!
Expenditures						
Child Benefits Ontario Works	0	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	0	0	-	-	#DIV/0!	#DIV/0!
Total Calendar Community Health Programs	\$ -	\$ -	\$ -	\$ -	#DIV/0!	#DIV/0!
Total Rev. over Exp. Calendar Community Health	\$ -	\$ -	\$ -	\$ -		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 247,388	\$ 273,283	\$ (25,895)	\$ 325,308	-9%	91%
Municipal, Federal, and Other Funding	114,447	114,447	-	114,447	0%	100%
Other Bill for Service Programs	0	0	-	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	\$ 361,835	\$ 387,730	\$ (25,895)	\$ 439,755	-7%	93%
Expenditures						
Brighter Futures for Children	75,675	95,373	19,698	114,447	-21%	79%
Infant Development	23,481	0	(23,481)	0	#DIV/0!	#DIV/0!
Preschool Speech and Languages	7,411	58,155	50,744	58,155	-87%	13%
Nurse Practitioner	138,150	140,461	2,311	167,153	-2%	98%
Stay on Your Feet	63,419	83,333	19,914	100,000	-24%	76%
Rent Supplements CMH	32,258	0	(32,258)	0	#DIV/0!	#DIV/0!
Bill for Service Programs	0	0	-	0	#DIV/0!	#DIV/0!
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	\$ 340,393	\$ 377,322	\$ 36,929	\$ 439,755	-10%	90%
Total Rev. over Exp. Fiscal Community Health	\$ 21,441	\$ 10,408	\$ 11,034	\$ (0)		

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months
and variances of 10% and \$10,000 occurring in the final 6 months

Algoma Public Health
Revenue Statement

For One Month Ending January 31, 2023

(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Bgt. to Act. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Annual Budget 2023	Comparison Prior Year:		
							YTD Actual 2022	YTD BGT 2022	Variance 2022
Levies Sault Ste Marie	728,414	728,414	(0)	2,951,725	0%	25%	737,931	737,931	(0)
Levies District	318,891	318,891	(1)	1,237,491	0%	26%	309,373	309,373	0
Total Levies	1,047,304	1,047,305	(1)	4,189,216	0%	25%	1,047,304	1,047,304	(0)
MOH Public Health Funding	732,934	732,933	1	8,795,200	0%	8%	725,676	725,676	0
MOH Funding Needle Exchange	0	0	0	0	0%	0%	0	0	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	0	0	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	0	0	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	0	0	0
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	0	0	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	0	0	0
MOH Funding Infection Control	0	0	0	0	0%	0%	0	0	0
MOH Funding Diabetes	0	0	0	0	0%	0%	0	0	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	0	0	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	0	0	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	0	0	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	0	0	0
Total Public Health Cost Shared Funding	732,934	732,933	1	8,795,200	0%	8%	725,676	725,676	0
MOH Funding - MOH / AMOH Top Up	15,210	15,775	(565)	189,300	-4%	8%	15,276	15,775	(499)
MOH Funding Northern Ontario Fruits & Veg.	9,784	9,783	1	117,400	0%	8%	9,784	9,783	1
MOH Funding Unorganized	44,200	44,200	0	530,400	0%	8%	44,200	44,200	0
MOH Senior Dental	104,408	104,408	(0)	1,252,900	0%	8%	58,158	81,492	(23,334)
MOH Funding Indigenous Communities	8,166	8,167	(1)	98,000	0%	8%	8,166	8,167	(1)
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%	0	0	0
OTF COVID-19 Extraordinary Costs	0	0	0	1,078,089	#DIV/0!	0%	0	0	0
Total Public Health 100% Prov. Funded	181,768	182,333	(565)	3,266,089	0%	6%	135,584	159,417	(23,833)
Total Public Health Mitigation Funding	0	86,483	(86,483)	1,037,800	-100%	0%	0	0	0
Recoveries from Programs	898	2,500	(1,602)	10,000	-64%	9%	880	833	47
Program Fees	3,145	4,967	(1,822)	79,600	-37%	4%	7,269	4,884	2,385
Land Control Fees	3,275	10,000	(6,725)	225,000	-67%	1%	3,000	5,000	(2,000)
Program Fees Immunization	3,403	4,167	(763)	50,000	-18%	7%	780	4,166	(3,386)
HPV Vaccine Program	0	0	0	9,500	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	23,500	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	7,000	#DIV/0!	0%	0	0	0
Interest Revenue	17,822	2,732	15,090	32,784	552%	54%	1,793	1,667	126
Other Revenues	0	1,250	(1,250)	15,000	-100%	0%	0	0	0
Total Fees and Recoveries	28,544	25,615	2,928	452,384	11%	6%	13,722	16,551	(2,829)
Total Public Health Revenue Annual	1,990,550	2,074,670	(84,120)	17,740,689	-4%	11%	1,922,286	1,948,947	(26,661)
Public Health Fiscal April 2022 - March 2023									
Needle Exchange Supplies	26,257	26,250	7	31,500	0%	83%			
Infection Prevention and Control Hub	1,114,474	1,116,667	(2,193)	1,240,000	0%	90%			
Practicum	25,000	25,000	0	30,000	0%	83%			
School Nurses Initiative	522,700	522,700	0	522,700	0%	100%			
Fire System Upgrade	73,252	73,250	2	87,900	0%	83%			
Smoke Free Ontario Tablets	9,838	9,833	5	11,800	0%	83%			
Temporary Retention Incentive for Nurses	130,406	159,750	(29,344)	191,700	-18%	68%			
Upgrade Network Switches	50,905	50,917	(12)	61,100	0%	83%			
Total Provincial Grants Fiscal	1,952,832	1,984,367	(31,535)	2,176,700	-2%	90%	0	0	0

Algoma Public Health
Expense Statement- Public Health

For One Month Ending January 31, 2023

(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Budget 2023	Comparison Prior Year:		
							YTD Actual 2022	YTD BGT 2022	Variance 2022
Salaries & Wages	868,326	891,590	23,264	10,699,084	-3%	8%	\$ 942,633	\$ 996,423	\$ 53,790
Benefits	233,278	209,334	(23,945)	2,512,002	11%	9%	213,270	230,792	17,522
Travel	3,460	13,233	9,773	158,800	-74%	2%	6,131	17,066	10,936
Program	131,737	103,097	(28,640)	1,237,163	28%	11%	59,259	106,476	47,217
Office	8,303	6,867	(1,436)	82,400	21%	10%	3,952	5,617	1,665
Computer Services	119,954	74,658	(45,296)	895,895	61%	13%	50,949	72,216	21,268
Telecommunications	23,328	22,083	(1,245)	265,000	6%	9%	26,521	28,333	1,812
Program Promotion	0	3,885	3,885	46,625	-100%	0%	3,859	8,117	4,258
Professional Development	5,946	6,567	621	78,799	-9%	8%	407	7,178	6,771
Facilities Expenses	101,265	76,250	(25,015)	924,000	33%	11%	123,755	99,820	(23,935)
Fees & Insurance	7,424	12,792	5,368	383,500	-42%	2%	3,139	12,025	8,886
Debt Management	38,118	38,118	0	457,421	0%	8%	38,118	38,118	0
Recoveries	0	0	0	0	#DIV/0!	0%	(2,250)	(2,250)	0
	\$ 1,541,139	\$ 1,458,474	\$ (82,665)	\$ 17,740,689	6%	9%	\$ 1,469,743	\$ 1,619,932	\$ 150,190

Notes to Financial Statements – January 2023

Reporting Period

The January 2023 financial reports include one month of financial results for Public Health. All other non-funded public health programs are reporting ten months of results from the operating year ending March 31, 2023.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

APH has not yet received the 2023 Amending Agreement from the province identifying the approved funding allocations from the province for public health programs. The annual budget for public health programs has been updated to reflect the Board approved budget as presented at the October 2022 Board of Health meeting.

As of January 31, 2023, Public Health calendar programs are reporting a \$167K negative variance driven by a \$83K negative variance in expenditures and a \$84K negative variance in revenues.

Public Health Revenue (see page 2)

Our Public Health calendar revenues are within 4% of budget for 2023. The variance is driven by nil payments received year to date related to our annual allocation of mitigation funding. The Ministry has confirmed that mitigation funding will continue for the 2023-2024 calendar year, and it is typical for the payments related to some one-time initiatives to be delayed in the early months of the year while the Ministry updates their payment schedule to reflect payment installments representative of the current year's allocations. We would expect a catch-up payment related to this in March/April 2023.

The province has confirmed that one-time extraordinary cost reimbursement for the COVID 19 programs will continue through 2023, with approval and on-going funding to be based off of our Annual Service Plan and quarterly submissions to the province. Our Annual Service plan is due to the Ministry on April 3, 2023.

Fiscal funding has been approved totaling \$2.2M for one-time projects and initiatives. This includes \$191,700 to support the Temporary Retention Incentive for Nurses for the 2022-23 fiscal year. This funding is to support the second installment of two bonus payments which was due and paid to eligible nurses in September 2022. IPAC Hub funding of \$1.2M including \$500K carryover from the previous fiscal year continues to drive a surplus related to our Public Health fiscal programs – any potential for additional carryover of these funds into the 2023-2024 fiscal year is not yet known.

No funding has been approved to date for COVID Recovery initiatives (\$650K was requested in 2022).

The COVID-19: School-Focused Nurses Initiative has been extended for the remainder of the 2022-2023 school year (i.e. through June 2023).

Public Health Expenses (see page 3)

Travel

There is a \$10K positive variance associated with travel expenses. This is a result of staff continuing to take advantage of virtual platforms and generally lower levels of travel associated with a large portion of our work currently being tied to program recovery.

Programs

There is a \$29K negative variance associated with programs. This is driven by ongoing COVID recovery initiatives (leadership and workforce development programs).

Computer Services

There is a \$45K negative variance associated with computer services. This is driven by identified needs associated with our staff returning to the workplace – including conference room upgrades and miscellaneous computer equipment.

Facilities Expense

There is a \$25K negative variance associated with facilities expenses driven by one-time repair/maintenance & janitorial costs completed in January. We expect to see this variance level out in the coming months.

COVID-19 Expenses

COVID-19 Response

This program includes case and contact management as well as supporting the information phone lines. January year to date expenses were \$27K (versus \$566K this time last year). The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances would be working in their assigned public health programs.

COVID-19 Mass Immunization

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. January year to date expenses were \$20K (versus \$349K this time last year).

Financial Position - Balance Sheet

APH's liquidity position continues to be stable and the bank has been reconciled as of January 31, 2023. Cash includes \$2.0M in short-term investments.

Long-term debt of \$4.1 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. \$239k 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.

Please note that similar to previous years, the Balance Sheet as of January 31, 2023 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2022 annual audited financial statements are completed, the comparative balance sheet will be updated and provided.

Governance Committee Meeting

March 15, 2023

Attendees In Person:

Deborah Graystone - Chair

Loretta O'Neill

Sonia Tassone

Attendance Electronically

Matthew Shoemaker

Jody Wildman

Tanya Caputo – Executive Assistant - electronically

Regrets: Dr. Jennifer Loo – Medical Officer of Health/CEO

APHU Members In-Person:

Dr. John Tuinema – Associate Medical Officer of Health

Antoinette Tomie – Director of Corporate Services

Minutes for Governance Meeting of September 13, 2022 were approved.

Policy #02-05-085 – Orientation of Board Members- This policy was approved with amendments – no new amendments were added.

By-Law 15-01 - To Provide for the Management for the Management of Property was approved with amendments lines # 7 and 9 with clarification of “Medical Officer of Health/Chief Executive Officer or their designate” to minimize need for further title changes.

Governance Committee Terms of reference was reviewed and approved with no amendments.

Policy #02-05-020 - Travel policy was approved with amendments and clarification of Tips/Gratuities not being included in the maximum meal allowance.

Policy #02-05-030 – Board Member Code of Conduct – was approved with amendments removing reference to the COVID 19 pandemic and using “Board members will abide by Algoma Public Health - Health and Safety policies or requirements of appropriate public health jurisdictions”.

Policy #02-05-045 – Attendance at Meetings Using Electronic Means – was deferred for review of any legislative or regulatory changes that may impact this policy. It will be reviewed at our next Governance meeting.

Policy #02-05-080 - Performance Evaluation for MOH CEO was approved with no amendments.

Policy #02-05-087 – Board Members Terms of Office was approved with no amendments.

Policy #02-05-089 - Chair Roles and Responsibilities was approved with no amendments.

By-Laws #95-2 – To Provide Banking and Finance; By-Law #95-3 To Provide Duties of the Auditor of the Board will be forwarded to the Finance Committee for review before coming to the Governance Committee.

Policies #04-030 – Procurement Policy; and Policy #02-05-086 Sponsorship of Charitable Donations will be forwarded to the Leadership Team for review before coming to the Governance Committee.

In-Camera minutes from September 2022 were reviewed and approved.

Next Meeting date was changed to May 17, 2023.

No new business.

Meeting adjourned at 1745 hrs.

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

APPROVED BY: Medical Officer of Health

REFERENCE #: 02-05-020

DATE: Original: Mar 1991
Revised: Jul 8, 2015
Revised: Jan 13, 2017
Revised: Nov 27, 2019
Revised:

SECTION: Policies

SUBJECT: Travel Policy

PURPOSE:

The purpose of this document is to ensure that employees and board members have a clear understanding of the policy and procedures for Algoma Public Health (APH) business travel.

APH will reimburse employees and board members for all reasonable and necessary expenses while travelling on authorized APH business. APH assumes no responsibility to reimburse employees and board members for expenses that are not in compliance with this policy.

TRAVEL POLICY:

APH's Travel Policy must be followed, and the Travel Expense Report completed if any of the following conditions are true:

- An employee or board member is travelling outside the district of Algoma
- An employee or board member requires accommodations within the district for at least one night
- An employee or board member is travelling more than 250 km within one day

Travel that does not meet the above criteria may be eligible for compensation through the Kilometer and Incidental Claim Expense Claim Policy (Reference# 01-03-002).

The below scenarios will serve as a guide:

Scenario One

Employee/board member travelling between Sault Ste. Marie and Elliot Lake and will spend ~~the~~ one night in the destination location

- Departure time is 1:00 p.m. Return to Sault Ste. Marie 3:00 pm the next day. Admissible meal expenses would include:
 - Dinner the night of travel
 - Breakfast the next day (assuming not provided at the hotel)
 - Lunch the next day~~:-~~

Scenario Two

Employee/board member travelling between Elliot Lake and Blind River and will return to origin the same day (114 total km).

- No admissible meal expenses permitted~~:-~~

Scenario Three

Employee/board member travelling from Sault Ste. Marie to Toronto for a conference or seminar and will spend two nights in Toronto~~:-~~

- Departure time is 5:30 p.m. on Monday. Return home Wednesday at 5:00pm. Admissible meal expense would include:
 - Dinner the night of travel

- Breakfast the next day (assuming not provided by the hotel/conference/seminar)
- Lunch the next day (assuming not provided by the conference/seminar)
- Dinner the next day (assuming not provided by the conference or seminar)
- Breakfast the second day (assuming not provided by the hotel/conference/seminar)
- Lunch the second day (assuming not provided by the conference/seminar)

Scenario Four

Employee/board member travelling between Blind River and Sault Ste. Marie and will return to the original location the same day (284 total km). Admissible meal expenses would include:

- Lunch for that day
- Dinner for that day only if the employee arrives home after 6:30 p.m.

Scenario Five

Employee/board member travelling more than 250 km within one day while conducting APH Business.

- Departure time is 8:30 a.m. Return home by 4:30 p.m. the same day. Admissible meal expense would include:
 - Lunch for that day

Scenario Six

Employee travelling from Sault Ste. Marie to Toronto for a meeting and will return the same day.

- Departure time is before 7:00 a.m. Return home after 6:30 p.m. the same day. Admissible meal expense would include:
 - Breakfast for that day
 - Lunch for that day
 - Dinner for that day (if return flight is after 6:30 p.m.)

TRAVEL AUTHORIZATION:

All employee/board member travel outside the district of Algoma must be pre-approved. Employee travel must be pre-approved by their respective Manager. Manager travel outside the district of Algoma must be pre-approved by their respective Director. Director travel outside the district of Algoma must be pre-approved by the MOH/CEO or designate from the Executive team. For employees, a travel authorization form must be completed when travelling outside of the district of Algoma.

Board member travel must be pre-approved by the Board Chair or designate. Board Chair travel must be pre-approved by the Vice-Chair or designate.

Given the level of responsibility, MOH/CEO travel does not require prior authorization; however, any expenses related to travel must be approved by the Chair of the Board or Vice-Chair of the Board or designate.

METHOD OF TRAVEL:

~~Employees/board members will travel to places outside the health unit area by the most practical and economical method. In some cases, travel by air is the most economical giving consideration to out of office time. In other cases, vehicle travel is the better alternative.~~

Employees/board members are responsible for making travel arrangements that account for safety and convenience, and should take the most economical method of transportation. If an employee chooses to take a more expensive mode of travel based on personal preference, APH will cover the cost of the most economical rate to that location and the employee will be required to pay any additional costs. If the employee chooses this option, it must be preapproved by the employee's manager.

Air Travel

When booking air travel, the employee must engage an APH Clerical/Administrative Assistant to book the flight on the employee's behalf. Air Travel must be booked through *Maritime Travel* at (705) 942-2800 or 1 (800) 461-7261. Reservations should be made several weeks in advance to ensure flight availability and acquire reasonable pricing. Economy flights are to be booked. Board members will work with the Secretary of the Board to book travel via air.

Once booked, an itinerary will be e-mailed to the employee/board member. It is advisable to carry the itinerary at the time of travel. ~~Travellers~~Travelers must carry government-issued photo identification to receive their boarding pass.

APH will pay Maritime Travel directly. When completing the Travel Expense Report, populate Section (B) CHARGED TO COMPANY as it relates to the respective flight.

APH will reimburse employees/board members for 1st checked baggage fee charged by certain airlines. APH will not reimburse employees/board members for additional checked baggage fees. APH will not reimburse employees/board members for fees associated with overweight bags.

APH will reimburse employees/board members for airport parking or taxi services to and from the airport if it is more economical or practical.

Personal Automobiles

Per ~~kilometre~~kilometer reimbursement for employees is provided at Canada Revenue Agency rate and updated annually on April 01

If requested, employees/board members should be able to provide verification of ~~kilometres~~kilometers travelled.

For reference, the following is provided:

Algoma Public Health
Round Trip Kilometers (as per Google Maps)

From/To	294 Willow Avenue, Sault Ste. Marie	9 Lawton Street, Blind River	302-31 Nova Scotia Walk, Elliot Lake	18 Ganley Street, Wawa
294 Willow Avenue, Sault Ste. Marie	N/A	284	396	450
9 Lawton Street, Blind River	284	N/A	114	734
302-31 Nova Scotia Walk, Elliot Lake	396	114	N/A	844

18 Ganley Street, Wawa	450	734	844	N/A
---------------------------	-----	-----	-----	-----

Car Rental

If required and economically prudent, employees/board members may rent vehicles while on APH business with Management approval. Mid-sized vehicles must be reserved unless a larger vehicle is required to accommodate the number of ~~traveller~~travelers sharing the vehicle.

APH has special rates for car rentals in Sault Ste. Marie with Enterprise Rent-A-Car. Reservations may be made directly with *Enterprise Rent-A-Car* at 705-254-3227 and billed to APH directly.

Note: Employees/board members will NOT be reimbursed for any traffic or parking tickets resulting from business travel

ACCOMMODATIONS:

Employees/board members are expected to stay in a Standard-type room in a good standing hotel. The employee/board member is entitled to an individual room.

Hotel reservations will be made by the travelling employee. For board members, the Secretary to the Board will make hotel reservations. Where possible, the accommodations chosen should be a government-approved hotel offering government rates or the host hotel of the conference or seminar.

Employees/Board Secretary should inquire about the possibility of obtaining a government rate. Once a confirmation number for the reservation is provided, the employee/board member should carry it with them during their travels.

Algoma Public Health has secured corporate rates with the following hotels within the District of Algoma based on price and proximity to APH offices:

Sault Ste. Marie, ON

Quattro Hotel & Conference Centre
229 Great Northern Road,
Sault Ste. Marie, ON, P6B 4Z2
Tel: 705-942-2500

Algoma's Water Tower Inn & Suites
360 Great Northern Rd
Sault Ste. Marie, ON, P6B 4Z7
Tel: 705-949-8111

~~**Quality Inn and Suites Bay Front**~~
~~180 Bay Street~~
~~Sault Ste. Marie, ON~~
~~Tel: 705-945-9264~~

Wawa, ON

Algoma Motel & Cabins
164 Mission Rd
Wawa, On, P0S 1K0
Tel: 705-856-7010

~~**Best Northern Motel**~~
~~150 Hwy 17 South~~
~~Wawa, On, P0S 1K0~~
~~Tel: 705-856-7302~~

Wawa Motor Inn
118 Mission Rd

~~**Long Beach Bed & Breakfast**~~
~~55 Long Beach Road, Site 9, Box 6~~

Wawa, On, P06 1K0
Tel: 705-856-2278

~~Wawa, On, P0S 1K0~~
~~Tel: 705-856-4286~~

Elliot Lake, ON

Hampton Inn
279 Highway 108 North
Elliot Lake, ~~ON P0N~~ P5A 2S9
Tel: 705-848-4004

Blind River

Lakeview Inn

143 Causley St
Blind River, ON P0R 1B0
Tel: 705-356-0800

Pier 17 Hotel

1 Causley St
Blind River, ON P0R1B0
Tel: 705-356-1717

When travelling for APH business and the employee/board member will be spending the night in ~~Elliot Lake, Sault Ste. Marie or Wawa~~ the above communities, employees/Board Secretary, must attempt to book the accommodations at one of the hotels listed above. This is the only scenario where APH will be billed directly for accommodations. The travelling employee/Board Secretary must secure a signed Purchase Order with the associated hotel prior to booking accommodations. The travelling employee or a clerical employee may prepare the Purchase Order on behalf of the travelling employee. When completing the Travel Expense Report, employees are required to populate Section (B) CHARGED TO COMPANY as it relates to their respective hotel stay.

When travelling to all other locations, employees/board members (excluding those employees with a corporate credit card), must pay for hotel expenses using a personal credit card. The employee/board member will subsequently be reimbursed by APH when submitting their expense form by populating Section (A) REIMBURSABLE EXPENSES as it relates to their respective hotel stay.

If an employee has been issued a corporate credit card, it may be used to pay for hotel expenses. When completing the Travel Expense Report, populate Section (B) CHARGED TO COMPANY as it relates to the respective hotel stay.

Cancellations

It is the responsibility of the employee/Secretary to the Board to cancel a hotel reservation in the event of a change. To avoid charges, the employee/Secretary to the Board should be familiar with the hotel's cancellation policy. The employee/Secretary to the Board should record the cancellation number in case of a billing dispute.

MEALS & OTHER EXPENSES:

Alcohol is NOT a reimbursable expense.

Original itemized receipts are required for meals and other allowable expenses such as parking, taxis, buses, in order to be eligible for reimbursement. Original itemized receipts must state date, place and cost (credit card receipts that do not identify the items will **NOT** be accepted). If an itemized receipt cannot be provided (i.e. Itemized receipt is misplaced), a written explanation must be submitted to explain why the receipt is unavailable, and a description itemizing and confirming the expenses must be provided;

Reimbursement for meal expenses will be based on actual expenses incurred up to the rates set out in the chart below. These rates include gratuities.

<u>Meals</u>	<u>Maximum Amount</u>
Breakfast	\$ 15 2.00
Lunch	\$ 25 48.00
Dinner	\$ 35 0.00

APH will not provide a per diem to employees. These rates are not an allowance. They are for individual meals – you must have eaten the meal to be able to submit a claim for reimbursement.

Reimbursement is for restaurant or prepared food only.

Reimbursement for groceries must have prior approval, and a written rationale must be submitted with the claim. If prior approval is provided, the itemized receipt must clearly indicate which items (s) relate to each particular meal, up to the maximum amounts noted above.

If meals are provided at the event or part of the hotel booking, the employee will not be eligible for reimbursement (i.e. if breakfast is provided at the hotel or conference, the employee will not be eligible to submit expenses for breakfast on the date of the conference).

When more than one meal is claimed for any day, you may allocate the combined maximum rates between the meals. For example, if you will be eating breakfast and lunch, the combined rate is \$~~43~~0.00. This now becomes the maximum rate for the two meals, regardless of what you spend on each meal.

APH will be responsible for the expenses incurred by an APH employee/board member only.

One receipt, per meal, per employee/board member, is required. However, if an employee has been issued a corporate credit card, it may be used to pay for meal expenses for themselves and other APH employees/board members. All names of the APH employees/board members whose meals were charged on the corporate credit card must be noted on the back of the original itemized receipt. When completing the Travel Expense Report, the employee whose corporate credit card has been used is required to populate Section (B) CHARGED TO COMPANY as it relates to the respective meals charged to the corporate credit card. The maximum reimbursable rates, as set out in this policy, will apply to all employees when using a corporate credit card for meals.

TIPS/GRATUITIES

You may be reimbursed for reasonable gratuities for meals and taxis. Keep a record of gratuities paid.

- 15%-18% on a meal and a taxi fare (not included in maximum amount)

TRAVEL ADVANCES

APH will NOT provide travel advances.

EXPENSE REPORTS:

Employees/board members must submit an expense report within 15 business days of the completion of each trip. Any expenses submitted after that time will may NOT be reimbursed by APH. Expense reports must be approved by the employee's Manager. Managers have their expense report approved by their Director. Directors have their expense report approved by the MOH/CEO. The MOH/CEO must have

expenses approved by the Chair of the Board or Vice-Chair of the Board. Board members must have expense approved by the Chair of the Board/ Vice-Chair of the Board. The Chair of the Board must have expenses approved by the Vice-Chair .

Original itemized receipts should be attached to the expense report. Expense reports are to be submitted to Clerical in Accounts Payable. Employees/board members will be reimbursed for expenses via the cheque run to ensure prompt reimbursement of expenses.

TRAVEL REIMBURSEMENT THROUGH MINISTRY/THIRD PARTY:

APH recognizes there are times when an employee/board member will be travelling, and the expenses incurred are to be submitted to the Ministry/Third Party for reimbursement. When such a situation arises, the employee/board member is expected to follow the rules outlined in the Ministry/Third Party Travel Policy. The Ministry/Third Party travel policy will supersede APH's travel policy with regards to allowable reimbursable expenses and dollar amounts. Any travel that is considered reimbursable through the Ministry/Third Party must be approved at the Director level or above.

In order to keep track of costs and ensure no duplication of employee/board member reimbursement, APH should be reimbursed by the Ministry/Third Party directly. Under no circumstance should an employee/board member receive a cheque from the Ministry/Third Party directly.

In situations where the employee/board member is travelling, and the Ministry/Third Party will reimburse APH, the following must be adhered to:

- The Ministry/Third Party expense report is to be completed with a copy submitted to the APH's clerical in Accounts Payable (Director to ensure both the original expense report and the copy are identical prior to any report being submitted to the Ministry/Third Party and APH Accounts Payable).
- The Ministry/Third Party expense report and original itemized receipts will be submitted to the Ministry/Third for APH to be reimbursed (this expense report must include expenses incurred by both the employee/board member and APH)
- The Ministry/Third Party expense report and copies of itemized receipts will be submitted to APH for employee/board member to be reimbursed. This is the only circumstance where copies of itemized receipts will be accepted by APH. Expense reports must be submitted within 15 business days after each trip.
- APH will reimburse the employee/board member
- APH will be reimbursed by the Ministry

NOTE: Flights are to be booked through Maritime Travel. Hotels are to be paid using the employee's personal credit card.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-030

DATE: Original: Jun 20, 2007
Revised: Mar 28, 2018
Revised: May 27, 2020
Revised: Mar 24, 2021
Revised:

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.
- 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—12.0—Board members will abide by Algoma Public Health - Health and Safety policies or requirements of appropriate public health jurisdictions, 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.~~

~~4.01.0 Wear the proper personal protective equipment (PPE) when required.~~

~~5.0~~ **13.0** 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 –Policies and Procedure Manual – Board Policies and Bylaws

APPROVED BY:	Board of Health	REFERENCE #:	02-05-080
DATE:	Original: Mar 28, 2018 Revised: Sep 23, 2020 <u>Reviewed:</u>	SECTION:	Policies
		SUBJECT:	Performance Evaluation for Medical Officer Of Health/Chief Executive Officer (MOH/CEO)

POLICY:

A written performance evaluation system will be used to provide an objective and uniform way to evaluate the Medical Officer of Health/Chief Executive Officer (MOH/CEO's) performance. It is a constructive process to build on strengths, correct weaknesses, and maximize performance.

The MOH/CEO's performance is to be evaluated before the end of the probationary period, in order to recommend to the Board of Health (BOH) appointment to regular appointment status, extension of the probationary period, or termination of employment.

At the beginning of each year, the Board Chair (Chair) will meet with the MOH/CEO to set and review professional development goals.

The MOH/CEO Performance Evaluation Committee (MOHPEC) is made up of the current Chair and Vice-Chairs. The MOHPEC will conduct the performance evaluation of the MOH/CEO. The Director of Human Resources will assist with the evaluation process. The performance evaluation will be conducted by MOHPEC chaired by the Chair annually for two (2) years and every two (2) years thereafter. MOHPEC will incorporate feedback from internal stakeholders such as Board of health members, staff and, where appropriate external stakeholders, as part of the 360° component of the evaluation.

As part of the performance evaluation, the MOH/CEO is responsible for completing a self-assessment.

Formal performance evaluations do not take the place of ongoing evaluation and feedback. If the MOH/CEO's work is not adequate, the matter is to be dealt with while details and facts are fresh and will not wait for the formal review. The MOH/CEO's performance must return to the required standard within a specified time period, or further action may be taken by the Board.

PROCEDURES

1. Annually, the Chair of the BOH will meet with the MOH/CEO to review the professional development goals/objectives.
2. The Chair will schedule the performance evaluation before the end of the probationary period and then annually for two (2) years and every two (2) years thereafter.
3. The Director of Human Resources will send out the evaluation form to MOHPEC, and they will complete and return to the Director of Human Resources for collation. MOHPEC can consult with any other persons they feel could provide relevant input to the performance evaluation, review the job description, operational plans, significant events and any other pertinent items from the period under review.

4. The Director of Human Resources will send the MOH/CEO a self-evaluation form to be completed before the meeting with the Chair. The self-evaluation is not to be submitted.
5. The Chair will work with the Director of Human Resources to organize the 360° component of the evaluation. This would include a list of staff and external stakeholders, when warranted, who could be approached for potential feedback.
6. The Director of Human Resources will schedule a meeting with the Chair and Vice-Chairs to review responses obtained and prepares the draft form. The information collected from the various sources will be used to grade each factor to complete the evaluation form, using the definitions included in the performance evaluation form and support the decision with comments and examples wherever possible. The evaluation should also include an assessment of performance relative to any learning or performance objectives set in the previous performance evaluation. In the BOH's comments clearly indicate whether the overall performance is satisfactory or not. For probationary, MOH/CEOs indicate if probation has been completed satisfactorily.
7. The Chair will present the performance evaluation to the BOH at the next BOH meeting in-camera session. The MOH/CEO is not present for this part of the meeting. BOH members may provide input to the draft evaluation.
8. The Director of Human Resources schedules a meeting(s) with the Chair and the MOH/CEO to discuss the evaluation. This part may require more than one meeting. When weighing all of the feedback, consideration should be given to the MOH/CEO's input and make changes/additions to the factor comments, examples and even grading where warranted.
9. The Chair will forward the draft evaluation form to the Director of Human Resources to update the form with changes. The Director of Human Resources will send the final copy to the Chair.
10. The Chair and MOH/CEO meet to sign and date the performance evaluation form. The MOH/CEO's signature means that they have read and understood the review.
11. The Chair will provide the MOH/CEO with a copy of the completed performance evaluation form. The Director of Human Resources is to retain the original in the MOH/CEO's personnel file.
12. A follow up meeting(s) may be scheduled should the Chair deem it necessary.

Algoma Public Health- Medical Officer of Health/Chief Executive Officer(MOH/CEO)

Performance Evaluation Form

Name:

This performance evaluation is due on:

It reviews the performance for the period from: to:

And sets objectives for the period from: to:

The following rating scale is used in this performance evaluation:

Exceeds Expectations	Performance consistently exceeds all expectations/standards
Meets Expectations	Accomplishments are clearly obvious. Solid reliable performance that substantially meets expectations. In some instances, expectations are exceeded. In some instances, expectations are still being developed.
Progressing	Fulfilled some requirements of expectations/standards however expectation/standard is not fully or consistently met.
Requires Improvement	Fulfillment of requirements of expectations/standards was less than adequate and must improve.
Not applicable (n/a)	The Board of Health is not able to rate this area at this time.

Append additional sheets / documentation where required/appropriate.**Once completed, discussed and all signatures obtained, the original of this form is to be retained in the MOH/CEO's personnel file.**

Program Excellence- <i>This area reflects on how the MOH/CEO has influenced the impact APH has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed community and public health services</i>	Exceeds Expectations	Meets Expectations	Progressing	Requires Improvement	n/a
<ul style="list-style-type: none"> Responds effectively to health hazards and provides effective control of communicable diseases under the Health Protection and Promotion Act. 					
<ul style="list-style-type: none"> Champions coordinated approaches and engagement of clients and community partners in planning and evaluation of programs and services. 					
<ul style="list-style-type: none"> Maintains statutory obligations through the delivery of mandated and locally needed community and public health services. 					
<ul style="list-style-type: none"> Anticipates and plans for major trends in needs and services. 					
<ul style="list-style-type: none"> Uses evidence-informed decision making in developing programs and services to meet community needs. 					
<ul style="list-style-type: none"> Considers Health Equity in all program work. 					
<ul style="list-style-type: none"> Ensures processes in place to regularly evaluate public health programs and services, seeking ways to improve efficiency and effectiveness. 					
Comments: (include major strengths in this area of focus and any areas that may need future development)					

<i>Client and Community Impact</i> – This area reflects on the MOH/CEO's representation of APH in the community	Exceeds Expectations	Meets Expectations	Progressing	Requires Improvement	n/a
<ul style="list-style-type: none"> Contributes to increasing community awareness about public health. 					
<ul style="list-style-type: none"> Promotes productive relationships with the media and acts as a resource to the media regarding public health issues. 					
<ul style="list-style-type: none"> Promotes productive relationships, maintains regular communication and strong working partnerships with external stakeholders including Boards of Education, labour, government and media, health care providers, community organizations, citizen groups and the Ministry of Health. 					
<ul style="list-style-type: none"> Seeks new and innovative ways to work with partners to advance mutual goals in the community. 					
<ul style="list-style-type: none"> Promotes excellence in customer service within APH. Responds quickly and efficiently to enquiries/complaints/issues from citizens/community groups. Exhibits tact and diplomacy in dealing with citizen/group complaints. Resolves complaints to citizen/ groups' satisfaction whenever feasible. Provides helpful explanation where legislatively or otherwise constrained. Researches/facilitates appropriate contact when referral is necessary. 					
Comments: (include major strengths in this area of focus and any areas that may need future development)					

Employee Engagement and Learning – This area reflects on how the MOH/CEO has influenced APH's organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning	Exceeds Expectations	Meets Expectations	Progressing	Requires Improvement	n/a
<ul style="list-style-type: none"> Promotes a positive working environment. Advocates integrity, empowerment, collaboration and striving for excellence among staff. Sets a professional example for staff. 					
<ul style="list-style-type: none"> Allocates resources to maximize departmental and program effectiveness. Proposes revision to staff structure and numbers as necessary. Collaborates with the executive team on opportunities for sharing/reallocating existing staff/resources wherever possible. Explores alternatives such as cost-sharing/joint services with other agencies and/or contract services. 					
<ul style="list-style-type: none"> Provides adequate supervision and direction of direct-reporting staff. Includes working with them to identify and prioritize short and longer-term goals. Conducts meaningful performance evaluations in a timely manner, and identifies their strengths and areas for development. Identifies and takes actions necessary to obtain improved performance where necessary. Recognizes and commends staff for outstanding work. Identifies and deals with performance concerns quickly and effectively by dealing with performance / communication / disciplinary issues in an appropriate manner. 					

<ul style="list-style-type: none"> • Maintains effective communication with staff. Fosters a workplace climate conducive to open communication. Holds regular executive and leadership team meetings. Institutes feedback mechanisms to gauge leadership effectiveness. 					
<ul style="list-style-type: none"> • Identifies areas where staff training and development would be of benefit to the leadership team and/or agency as a whole. Encourages staff commitment and ownership to upgrading and maintaining job related effectiveness. Promotes the view of training as a shared responsibility between staff and the organization. Supports planning of short and long term departmental training and development initiatives. 					
<ul style="list-style-type: none"> • Regularly evaluates corporate operations, seeking ways to improve efficiency and effectiveness. 					
<ul style="list-style-type: none"> • Exhibits excellent time management skills. Systematically organizes own time. Commits to and meets deadlines. Respects others' time. Is punctual for meetings. 					
<ul style="list-style-type: none"> • Sets and achieves personal and professional development objectives. 					
Comments: (include major strengths in this area of focus and any areas that may need future development)					

Governance- <i>This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve APH's mission and vision. This area also reflects on the MOH/CEO's responsibility for actions, decision and policies that impact APH's ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Standards (OPHS), other funder requirements and direction provided by the Board of Health</i>	Exceeds Expectations	Meets Expectations	Progressing	Requires Improvement	n/a
<ul style="list-style-type: none"> Monitors overall APH financial situation demonstrating effective management of financial resources. Ensures transparency and understanding of financial processes and procedures. 					
<ul style="list-style-type: none"> Develops innovative approaches to financing and revenue generation. Devises strategies to protect APH assets. 					
<ul style="list-style-type: none"> Ensures agency compliance with the Ontario Public Health Standards. 					
<ul style="list-style-type: none"> Abides by employment and other relevant legislation including Employment Standards Act, Labour Relations Act, Occupational Health and Safety Act, Accessibility for Ontarians with Disabilities Act and the Human Rights Code. Adheres to terms of union and other contracts. 					
<ul style="list-style-type: none"> Develops and maintains APH bylaws, policies and procedures and ensures adherence within the organization. Advises and consults with the BOH on significant matters. 					

<ul style="list-style-type: none"> Communicates regularly with the Chair of the Board and provides support in identifying agenda items for the BOH and Committee meetings. 					
<ul style="list-style-type: none"> Ensures adequate orientation and on-going education of BOH members. 					
<ul style="list-style-type: none"> Informs BOH of important developments affecting public health and APH (e.g. legislative changes, public health emergencies, organizational issues, system development, and environmental trends.) Makes recommendations as appropriate and includes financial analysis for recommendations. 					
<ul style="list-style-type: none"> Provides appropriate and timely written reports to the BOH. Writes and speaks clearly. Reports are easily understood by the BOH members. 					
Comments: (include major strengths in this area of focus and any areas that may need future development)					

SUMMARY OF OVERALL PERFORMANCE

Area of Focus	Exceeds Expectations	Meets Expectations	Progressing	Requires Improvement	n/a
Program Excellence					
Community and Client Impact					
Employee Engagement and Learning					
Governance					
Comments – (Including comments with respect to the major strengths of the MOH/CEO and areas for future development.)					

GOALS FOR THE NEXT PERIOD – BY AREA OF FOCUS

Program Excellence	Possible Key Performance Indicator(s)

Community and Client Impact	Possible Key Performance Indicator(s)

Employee Engagement and Learning	Possible Key Performance Indicator(s)

Governance	Possible Key Performance Indicator(s)

SIGNATURES

Medical Officer of Health/CEO

I discussed this performance evaluation with the Chair of the Board of Health.

I have participated in the setting of goals and targets for the next performance period, have reviewed my job responsibilities with the Chair of the Board of Health, and agree to the goals, targets and measurement standards noted above for the next performance period.

Comments

Medical Officer of Health/CEO

Date

For the Board of Health

I have discussed the performance evaluation with the Medical Officer of Health/CEO. We have reviewed the past period's work performance and goals and objectives, and have discussed goals and objectives for the coming performance period. We have also discussed professional development and training needs. The goals and objectives for the coming year have been established, including job responsibilities and measurement methods.

Chair, Board of Health

Date

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

APPROVED BY: ~~Board of Health~~ Board of Health

REFERENCE #: 02-05-085

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

SECTION: ~~Board~~ Policies

SUBJECT: Orientation – Board Members

POLICY:

The ~~Board of Health~~ 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.

The Ontario Public Health Standards: Requirements for Programs, Services and Accountability ~~The Ontario Public Health Organizational Requirements~~ provide the following expectations for all ~~Boards of Health~~ Boards of Health:

Good Governance and Management Practices

~~Boards of health~~ Boards of Health are held accountable for executing good governance practices to ensure effective functioning of ~~B~~ boards of H ~~health and management of public health units~~

Objective of Requirements

The organizational requirements support the use of recommended best practices in governance and organizational processes. By adhering to these practices, ~~boards of health~~ Boards of Health are able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

Requirements

1. The ~~board of health~~ Board of Health shall submit a list of board members.
2. The ~~board of health~~ Board of Health shall operate in a transparent and accountable manner, and manner and provide accurate and complete information to the ministry.
3. The ~~board of health~~ Board of Health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.
4. The ~~board of health~~ Board of Health shall carry out its obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.
5. The ~~board of health~~ Board of Health shall comply with the governance requirements of the Health Protection and Promotion Act (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.
6. The ~~board of health~~ Board of Health shall comply with the ~~medical officer of health~~ Medical Officer of Health appointments requirements of the Health Protection and Promotion Act, and the ministry's policy framework on ~~medical officer of health~~ Medical Officer of Health appointments, reporting, and compensation.

7. The ~~board of health~~Board of Health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.

8. The ~~board of health~~Board of Health shall ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision.

9. The ~~board of health~~Board of Health shall engage in community and multi-sectoral collaboration relevant stakeholders in decreasing health inequities.

10. The ~~board of health~~Board of Health shall engage in relationships with Indigenous communities in a way that is meaningful for them.

11. The ~~board of health~~Board of Health shall provide population health information, including social determinants of health and health inequities, to the public, community partners, and health care providers in accordance with the Foundational and Program Standards.

12. The ~~board of health~~Board of Health shall develop and implement policies or by-laws regarding the functioning of the governing body, including:

- a) Use and establishment of sub-committees;
- b) Rules of order and frequency of meetings;
- c) Preparation of meeting agenda, materials, minutes, and other record keeping;
- d) Selection of officers;
- e) Selection of ~~board of health~~Board of Health members based on skills, knowledge, competencies and representatives of the community, where ~~boards of health~~Boards of Health are able to recommend the recruitment of members to the appointing body;
- f) Remuneration and allowable expenses for board members;
- g) Procurement of external advisors to the board such as lawyers and auditors (if applicable);
- h) Conflict of interest;
- i) Confidentiality;
- j) ~~Medical officer of health~~Medical Officer of Health and executive officers (where applicable) selection process, remuneration, and performance review; and
- k) Delegation of the ~~medical officer of health~~Medical Officer of Health duties during short absences such as during a vacation/coverage plan.

13. The ~~board of health~~Board of Health shall ensure that by-laws, policies and procedures are reviewed and revised as necessary, and at least every two years.

14. The ~~board of health~~Board of Health shall provide governance direction to the administration and ensure that the ~~board of health~~Board of Health remains informed about the activities of the organization on the following:

- a) Delivery of programs and services;
- b) Organizational effectiveness through evaluation of the organization and strategic planning;
- c) Stakeholder relations and partnership building;
- d) Research and evaluation;
- e) Compliance with all applicable legislation and regulations;
- f) Workforce issues, including recruitment of ~~medical officer of health~~Medical Officer of Health and any other senior executives;
- g) Financial management, including procurement policies and practices; and
- h) Risk management.

15. The ~~board of health~~Board of Health shall have a self-evaluation process of its governance practices and outcomes that is completed at least every other year. Completion includes an

analysis of the results, ~~board of health~~Board of Health discussion, and implementation of feasible recommendations for improvement, if any.

16. ~~The board of health~~Board of Health shall ensure the administration develops and implements a set of client service standards.

17. ~~The board of health~~Board of Health shall ensure that the ~~medical officer of health~~Medical Officer of Health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management

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~~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.

SCOPE

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

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:

- Provide a letter of welcome and an invitation to the orientation session to the ~~Board of Health~~Board of Health members (within the month following the appointment[s]).
- Set up an orientation meeting with each new BOH member ~~is~~ prior to the first BOH meeting;
 - At the start of an initial term following the appointment of municipal members (term four years).
 - Following an initial public appointment by the Lieutenant Governor in Council (term one, two or three years).
- Will establish a mutually agreeable date and location of the orientation session
- Within three months of appointment
- Rreview 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 BOHboard;
- 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 outlinedd 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 Manual – Board Policies and Bylaws

APPROVED BY: Board of Health

REFERENCE #: 02-05-087

DATE: Original : Jun 26, 2019
Revised: Mar 24, 2021

SECTION: Policies

Reviewed:

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 Health Board 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:	Original: Mar 24, 2021 Reviewed:	SECTION:	Policies
		SUBJECT:	Chair Roles and Responsibilities

Duties and 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 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.

Duties and Responsibilities 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 responsibilities:

- 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 they have been assigned.
- Other duties and responsibilities as are from time to time determined by the Board of Health.

Duties and Responsibilities 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 responsibilities:

- 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 responsibilities 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 (PAS) 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.

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
Revised:

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:

PAGE: 1 of 2

BY-LAW #: 15-01

- 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 ~~Director Of Corporate Services CFO/Director of Operations through the~~ Medical Officer of ~~Health/Chief Executive Officer~~ Health or their designate 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 ~~M~~Medical Officer of Health ~~and the Chief Financial Officer~~ Director of Corporate Services or their designate.

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
Reviewed and passed by the Algoma Public Health Board on this 24th day of June 2020
Revised and passed by the Algoma Public Health Board on this

February 28, 2023

sylvia.jones@ontario.ca

The Honourable Sylvia Jones
Minister of Health and Deputy Premier
Ministry of Health
College Park 5th Floor, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones:

Letter of Support – Physical Literacy for Healthy Active Children

On February 16, 2023 at a regular meeting of the Windsor-Essex County Board of Health, the Board considered a letter from Sudbury & Districts Public Health to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth, including agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators.

The following motion was passed:

Motion: **That the WECHU Board of Health support the letter from Sudbury & Districts Public Health to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth.**

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Fabio Costante, Chair
Windsor-Essex County Board of Health

c: Kenneth Blanchette, CEO, WECHU
 Windsor-Essex County Directors of Education
 Loretta Ryan, Executive Director, alPHa
 Ontario Boards of Health
 Lisa Gretzky, MPP Windsor-West
 Andrew Dowie, MPP Windsor-Tecumseh
 Anthony Leardi, MPP Essex
 Trevor Jones, MPP Chatham-Kent

210 First Street North
Kenora, ON P9N 2K4



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

Dear Prime Minister Trudeau:

via email: justin.trudeau@parl.gc.ca

Re: Alcohol Health Warning Labels

On March 3, 2023, at a regular meeting of the Board of Health for the Northwestern Health Unit, the Board received a report titled *Update to Canada's Guidance on Alcohol and Health*.

The report outlined the following:

- Northwestern Health Unit (NWHU) catchment area has the highest rates in the province for ER visits and hospitalizations attributable to alcohol:
 - ER visits due to alcohol: NWHU rate of 7,486.6 per 100,000 in 2021, **13 times as high as the provincial rate** of 543.3 per 100,000⁸
 - Hospitalization due to alcohol: 1,498.9 per 100,000, **7 times as high as the provincial rate** of 210.9 per 100,000⁹
- NWHU Self-report data from 2019/20 also reveals higher heavy drinking rates than the province:¹⁰
 - Proportion of people reporting heavy drinking in the NWHU is 20.2%, statistically higher than the province (15.6%). This rate has decreased from the 25.5% reported in 2015/16.

Considering the health harms associated with alcohol and the benefits of alcohol health warning labels, the Board of Health passed the following resolution:

BE IT RESOLVED THAT the Northwestern Health Unit (NWHU) Board of Health call on the Government of Canada to amend the Food and Drug Act to make mandatory that all alcohol beverage containers have enhanced alcohol labels affixed:

1. Indicating what constitutes a standard drink;
2. Illustrating the number of standard drinks in the beverage container; and
3. Displaying health messages regarding adverse health outcomes, including the cancer risks associated with the consumption of alcohol.

AND FURTHER THAT the Northwestern Health Unit Board of Health endorse, in principle, [Bill S254](#) – An Act to Amend the Food and Drug Act (Warning Labels on

Alcoholic Beverages) and [Motion M-61](#) A National Warning Label Strategy for Alcoholic Products.

The Northwestern Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Douglas Lawrance
Chair, Board of Health, Northwestern Health Unit

Copy to:

- Hon. Eric Melillo, Member of Parliament, Kenora
- Hon. Marcus Powlowski, Member of Parliament, Thunder Bay - Rainy River
- Hon. Jean-Yves Duclos, Minister of Health
- Dr. Theresa Tam, Chief Public Health Officer of Canada
- Hon. Greg Rickford, Member of Provincial Parliament, Kenora - Rainy River
- Hon. Sol Mamakwa, Member of Provincial Parliament, Kiiwetinoong
- Hon. Kevin Holland, Member of Provincial Parliament, Thunder Bay - Atikokan
- Dr. Kieran Moore, CMOH
- Chair of the *Council of Chief Medical Officers of Health*
- Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- Ontario Boards of Health
- Canadian Public Health Association
- Rainy River District Ontario Health Team
- All Nations Health Partners Ontario Health Team
- Kiiwetinoong Healing Waters Ontario Health Team

March 3, 2023

Peterborough Public Health Urges Government of Canada to Explore Improvements to Funding Streams to Supporting Small Businesses and Other Organizations to Improve Indoor Air Quality

The Honourable Jean-Yves Duclos, MP
Minister of Health, Canada
jean-yves.duclos@parl.gc.ca

The Honourable Dominic LeBlanc, MP
Minister of Intergovernmental Affairs, Infrastructure
and Communities, Canada
dominic.leblanc@parl.gc.ca

Dear Honourable Ministers:

Re: Improved Indoor Air Quality in Public Settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,^[1] and does not spread as easily as we once thought by touching contaminated surfaces.^[2] The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."^[3] Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."^[4]

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be through tax credits, grants, or other incentives to support small businesses in improving the indoor air quality of their spaces.

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens."^[5] These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;

- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.^[6]

To this end, there are many examples of improved indoor air quality being prioritized around the world. Last year for example, Belgium legislated an indoor air quality framework^[7], as did France^[8], while Australia earmarked over \$270 million AUD for classroom upgrades alone to further “provide their students with improved learning facilities in a COVID-19 safe environment”.^[9]

In an effort to make public indoor spaces safer, and recognizing that COVID-19 is airborne, Peterborough Public Health (PPH) is urging the Government of Canada and its provincial and territorial partners to consider similar initiatives as these other global leaders, and explore a variety of options that support businesses and organizations in protecting their staff and patrons – most notably through improvements to their HVAC and ventilation systems, as detailed above.

PPH recently identified that because of local and provincial protections, 265-291 lives were saved in the area served by our Health Unit^[10], while the CD HOWE Institute found that vaccines alone contributed to a “cost/benefit of -\$0.4 billion to \$2.1 billion without considering mortality.”^[11] Including the value of reduced mortality, this figure balloons to “\$27.6 billion, dwarfing the costs of the vaccines and savings associated with averting more minor cases.”^[12] Given that a multilayer approach – including improved ventilation - is needed when preventing the transmission of COVID-19, **it is clear that the costs of inaction with the toll of COVID-19 transmission and other respiratory viruses is significant.**

As the Chair of our Board of Health I am writing to you today, to urge that the Federal government, in partnership with all provincial and territorial governments, identify, fund, and implement strategies such as through grants, tax breaks, and other incentives, to improve indoor air quality in public settings.

The staff at PPH and I are ready to support your teams in moving this forward; please don’t hesitate to reach out if we can be of assistance.

Respectfully,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Local MPs
Local MPPs
Curve Lake First Nation
Hiawatha First Nation
Association of Local Public Health Agencies
Ontario Boards of Health

- [1] Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>
- [2] Chen T. (2021) Fomites and the COVID-19 pandemic: An evidence review on its role in viral transmission. Vancouver, BC: National Collaborating Centre for Environmental Health. Retrieved October 12, 2022 from <https://ncceh.ca/documents/evidence-review/fomites-and-covid-19-pandemic-evidence-review-its-role-viral-transmission>
- [3] Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). COVID-19 transmission through short and long-range respiratory particles. Toronto, ON: Queen's Printer for Ontario. Retrieved October 11, 2022 from https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc_lang=en
- [4] Science M, Thampi N, Bitnun A, et al. (2022). Infection prevention and control considerations for schools during the 2022- 2023 academic year. Science Briefs of the Ontario COVID-19 Science Advisory Table. Retrieved October 11, 2022 from https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year_20220825_published.pdf
- [5] Chief Science Advisor of Canada. (2022). Post-COVID-19 Condition in Canada: What We Know, What We Don't Know and a Framework for Action. Retrieved December 15, 2022 from, https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report_PCC_Dec2022.pdf
- [6] Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.
- [7] Vandenbroucke, F. Deputy Prime Minister and Minister of Social Affairs and Health. Chancellery of the Prime Minister. (2022). Indoor air quality: future policy and legislative framework. Retrieved February 13, 2023 from <https://vandenbroucke.belgium.be/nl/binnenluchtkwaliteit-beleid-van-de-toekomst-en-wetgevend-kader>
- [8] Sub-section 3: Indoor air quality monitoring in certain establishments open to the public (Articles R221-30 to D221-38). Retrieved February 13, 2023 from https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000006074220/LEGISCTA000024912670/
- [9] Australian Government. (2022). Schools Upgrade Fund. Retrieved, February 13, 2023 from <https://www.education.gov.au/schools-upgrade-fund>
- [10] Peterborough Public Health. (2022). Peterborough Public Health Thanks Community for Efforts in Response to the COVID-19 Pandemic to Date. Retrieved March 2, 2023 from <https://www.peterboroughpublichealth.ca/peterborough-public-health-thanks-community-for-efforts-in-response-to-the-covid-19-pandemic-to-date/>
- [11] Wyonch, Rosalie, and Tingting Zhang. 2022. Damage Averted: Estimating the Effects of COVID-19 Vaccines on Hospitalizations, Mortality and Costs in Canada. Commentary 634. Toronto: C.D. Howe Institute. Retrieved March 3, 2023 from https://www.cdhowe.org/sites/default/files/2023-01/Commentary_634.pdf
- [12] Ibid.

March 8, 2023

Medical Officer of Health Urges Ministry of Labour, Immigration, Training and Skills Development to Explore Improvements to Occupational Health and Safety Act to Improve Indoor Air Quality

The Honourable Monte McNaughton, MPP
Minister of Labour, Immigration, Training and Skills Development, Ontario
Minister.MLTSD@ontario.ca

Dear Honourable Minister:

Re: Improved Indoor Air Quality (IAQ) in Public Settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,¹ and does not spread as easily as we once thought by touching contaminated surfaces.² The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."³ Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."⁴

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be through consideration of simple amendments to the Occupational Health and Safety Act (OHSA), to include the recommendations listed in many of the resources linked from the Province's own COVID-19 and workplace health and safety website⁵.

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens."⁶ These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;
- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.⁷

Plainly, we need to action these evidence-based approaches and apply science to the laws that protect the workers of Ontario. Given that there are currently no regulations beyond 'general duty' clauses in the OHSA that regulate IAQ,⁸ amendments would ensure protections are in place to keep workers safe, and subsequently keep the economy open.

O. Reg. 332/12: Building Code, Part 9 (Housing and Small Buildings), subsection 9.32.1.3 (3) speaks to the ventilation of rooms and spaces, however, falls short of OSPE recommendations of at least 6 air exchanges per hour and the use of HEPA filters or filters with a MERV 13 rating in HVAC systems.⁹ **Amending the OHSA to include these requirements would bolster the defined purpose of the Act** which states that the Minister shall "promote occupational health and safety and to promote the prevention of workplace injuries and occupational diseases."¹⁰

We must start including the quality of the air we breathe when we think of and refer to the safety of indoor settings, and protection of Ontario workers.

While we recognize the cost-implications of these changes, they could be operationalized in a way to minimally impact owners and operators of fixed premises. Keeping workplaces open is also a critical priority and so, economic considerations should factor in to changes to OHSA. However, low to no cost solutions exist to improve indoor air quality.

Peterborough Public Health (PPH) recently identified that because of local and provincial protections, 265-291 lives were saved in the area served by our Health Unit¹¹, while the CD HOWE Institute found that vaccines alone contributed to a "cost/benefit of -\$0.4 billion to \$2.1 billion without considering mortality."¹² Including the value of reduced mortality, this figure balloons to "\$27.6 billion, dwarfing the costs of the vaccines and savings associated with averting more minor cases."¹³ Given that a multilayer approach – including improved ventilation - is needed when preventing the transmission of COVID-19, **it is clear that the costs of inaction with the toll of COVID-19 transmission and other respiratory viruses is significant.**

As the Chair of our Board of Health, I am writing to you today, imploring you to thoroughly examine the OHSA, and to identify opportunities to make changes to the Act that can be implemented to improve indoor air quality and provide increased protection for workers in Ontario.

The staff at PPH and I are ready to support your teams in moving this forward; please don't hesitate to reach out if we can be of assistance.

Respectfully,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Local MPPs
Curve Lake First Nation
Hiawatha First Nation
Association of Local Public Health Agencies
Ontario Boards of Health

-
- ¹ Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>
- ² Chen T. (2021) Fomites and the COVID-19 pandemic: An evidence review on its role in viral transmission. Vancouver, BC: National Collaborating Centre for Environmental Health. Retrieved October 12, 2022 from <https://ncceh.ca/documents/evidence-review/fomites-and-covid-19-pandemic-evidence-review-its-role-viral-transmission>
- ³ Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). COVID-19 transmission through short and long-range respiratory particles. Toronto, ON: Queen's Printer for Ontario. Retrieved October 11, 2022 from https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc_lang=en
- ⁴ Science M, Thampi N, Bitnun A, et al. (2022). Infection prevention and control considerations for schools during the 2022- 2023 academic year. Science Briefs of the Ontario COVID-19 Science Advisory Table. Retrieved October 11, 2022 from https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year_20220825_published.pdf
- ⁵ Ministry of Labour, Immigration, Training and Skills Development. (2023). COVID-19 and workplace health and safety. Retrieved March 6, 2023 from <https://www.ontario.ca/page/covid-19-workplace-health-safety>
- ⁶ Chief Science Advisor of Canada. (2022). Post-COVID-19 Condition in Canada: What We Know, What We Don't Know and a Framework for Action. Retrieved December 15, 2022 from, https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report_PCC_Dec2022.pdf
- ⁷ Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.
- ⁸ Worker's Health and Safety Centre. Indoor Air Quality: Every Breath You Take, Version 1.0. Retrieved March 6, 2023 from https://www.whsc.on.ca/Files/Resources/Hazard-Resource-Lines/RL_IndoorAirQuality_V1_web.aspx
- ⁹ Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.
- ¹⁰ Occupational Health and Safety Act. (2022). Retrieved March 6, 2023 from <https://www.ontario.ca/laws/statute/90o01>
- ¹¹ Peterborough Public Health. (2022). Peterborough Public Health Thanks Community for Efforts in Response to the COVID-19 Pandemic to Date. Retrieved March 2, 2023 from <https://www.peterboroughpublichealth.ca/peterborough-public-health-thanks-community-for-efforts-in-response-to-the-covid-19-pandemic-to-date/>
- ¹² Wyonch, Rosalie, and Tingting Zhang. 2022. Damage Averted: Estimating the Effects of COVID-19 Vaccines on Hospitalizations, Mortality and Costs in Canada. Commentary 634. Toronto: C.D. Howe Institute. Retrieved March 3, 2023 from https://www.cdhowe.org/sites/default/files/2023-01/Commentary_634.pdf
- ¹³ Ibid.

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

March 9, 2023

Hon. Sylvia Jones
Minister of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: CMOH Annual Report 2022

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, we are writing to congratulate the Chief Medical Officer of Health (CMOH) for the release of his 2022 Annual Report to the Legislative Assembly of Ontario, *Being Ready, Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics* and to reinforce the calls for investments in public health therein.

We could not agree more with the central theme of learning from the experiences of the past three years to put an end to the “boom and bust” cycle of funding and ensure sustained investment in preparedness. While the CMOH Report frames preparedness squarely in the context of future pandemics and outbreaks, we would observe that “preparedness” includes all aspects of the population-wide, upstream, prevention-focused approach to protecting and promoting health.

As you are aware, Ontario’s locally-based public health agencies are subject to a detailed mandate under the Health Protection and Promotion Act (HPPA) and the Ontario Public Health Standards (OPHS) to support and protect the physical and mental health and well-being, resiliency and social connectedness of the population, through the core public health functions of assessment and surveillance; health promotion and policy development; health protection & disease prevention; and emergency management.

It is indeed illustrative that when the coronavirus began to sweep through Ontario in early 2020, our local public health agencies were able to pivot so quickly and completely to the last of these functions, doing exactly what they were designed and mandated to do in a public health emergency. Through case/contact management; data analysis; implementation and enforcement of public health measures; provision of advice to the public, community partners and decision makers; and leadership of outbreak control and vaccination campaigns; local public health agencies were the true “front line” of the pandemic response. As such, we are uniquely positioned to articulate lessons learned and provide specific advice on where investments in preparedness should be directed.

In this report, the CMOH identifies three interrelated domains for sustained investment, namely, “Sector and System Readiness”, “Community Readiness”, and “Societal Readiness”. Local public health has foundational roles in each, and several priorities directly related to its activities are identified, including:

- Leadership in Infection prevention and control (IPAC) strategies and response.
- Leadership in vaccination promotion and delivery strategies.
- Forging collaborative partnerships with communities that face health inequities.
- Collecting sociodemographic data to address health inequities.
- Building social trust and engage society in conversations.
- Increasing health literacy through communication of credible, trusted, and transparent information, while countering misinformation.

None of these priorities is unique to pandemic preparedness, but rather foundational to many, if not all, of the health promotion and protection endeavours undertaken by Ontario's unique network of locally based public health agencies. Investing in this system is therefore by definition investing in preparedness.

Now that the acute phase of the response is in the past, our members are pivoting back to the routine OPHS-mandated programs and services that promote and protect health in every community every day. This work is often done in collaboration with local partners as well as the broader health sector, and results in a healthier population that in turn is the foundation of a stronger economy and key to the preservation of scarce health care resources.

As the CMOH critically observes, "It is more efficient and more effective to invest in preparedness than to pay the much higher and heavier costs of being unprepared: more illness and death, mental health problems, social disruption, and economic losses". This observation is as true for each of the population health-based activities our members are responsible for as it is for pandemic preparedness alone.

We hope you will take our perspectives on the CMOH Annual Report into careful consideration, and we look forward to collaborating to create a stronger, healthier, and more prepared Ontario.

We look forward to working with you and would like to request an opportunity to meet with you and your staff. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPha, at loretta@alphaweb.org or 647-325-9594.

Sincerely,



Trudy Sachowski,
President

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHA represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHA advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

From: [allhealthunits](#) on behalf of [Loretta Ryan](#)
To: ["All Health Units"](#)
Cc: [Board](#)
Subject: [allhealthunits] 2022 Chief Medical Officer of Health Annual Report - Links to Report and Statement
Date: Tuesday, March 7, 2023 3:41:23 PM

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

Dear alPHa members,

The Chief Medical Officer of Health's 2022 Annual Report was tabled in the Legislature this afternoon. The 2022 report, entitled *Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*, calls for the sustained investment in our preparedness capacities and capabilities to ensure readiness in the health and public health sector, communities, and society.

The report calls for an adaptive, competent, resilient public health sector that maintains strong relationships with the rest of the health care system and the communities that rely on it. We know that healthier, more equitable communities are more resilient in the face of outbreaks and pandemics and have better health outcomes. We must also support an engaged, informed, and prepared society that has the supports necessary to protect themselves and others. Being Ready further advocates for the collection of sociodemographic data, health equity and community development, which COVID-19 has proven are necessary for ensuring equitable outbreak and pandemic responses.

Report:

EN: <https://www.ontario.ca/page/chief-medical-officer-health-2022-annual-report?share=zH4dQYn4HtSEaHc92TcsEQDefgFnkn4HWDctvFjSdMU>

FR: <https://www.ontario.ca/fr/page/rapport-annuel-de-2022-du-medecin-hygieniste-en-chef?share=zH4dQYn4HtSEaHc92TcsEQDefgFnkn4HWDctvFjSdMU>

Statement:

EN: <https://www.ontario.ca/page/chief-medical-officer-health-2022-annual-report?share=zH4dQYn4HtSEaHc92TcsEQDefgFnkn4HWDctvFjSdMU>

FR: <https://www.ontario.ca/fr/page/rapport-annuel-de-2022-du-medecin-hygieniste-en-chef?share=zH4dQYn4HtSEaHc92TcsEQDefgFnkn4HWDctvFjSdMU>

Take Care,

Loretta

Loretta Ryan, CAE, RPP

Executive Director

Association of Local Public Health Agencies (alPHa)

480 University Avenue, Suite 300

Toronto, ON M5G 1V2

PLEASE ROUTE TO:

All Board of Health Members

All Members of Regional Health & Social Service Committees

All Senior Public Health Managers

March 17, 2023



March 2023 InfoBreak

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

Registration for alPha's Annual Conference and AGM now available!



alPha's 2023 Annual General Meeting (AGM) and Conference will be held at the University of Toronto's Dalla Lana School of Public Health on Tuesday, June 13, 2023. In addition, a pre-conference walking tour and reception will be held on the afternoon

[here](#).

The [Conference Poster](#) and [Sponsorship Prospectus](#) and [Sponsorship Commitment Form](#) are available online. Further details including, the conference program, will be available in the coming weeks. Updates are posted on our [Conference webpage](#), so check this page regularly. Attendees are encouraged to book accommodations as soon as possible. alPHA does not have a room block, however there are a number of nearby hotels, including the [Delta Chelsea](#) and the [Holiday Inn](#).

alPHA members were notified about the [June 2023 alPHA AGM Notice and Package](#), which is now available. Individual documents can be found here:

- [Notice for the 2023 alPHA Annual General Meeting](#)
- [Call for 2023 alPHA Resolutions](#)
- [Call for 2023 alPHA Distinguished Service Awards](#)
- [Call for Board of Health Nominations](#)

Thank you to everyone who attended this year's Winter Symposium



This year's Winter Symposium and Section Meetings took place on February 24, and were a success! We had an exciting line-up of speakers and wonderful presentations from everyone. Thank you to everyone who attended the event. It could not have been possible without all of your support.

We would also like to acknowledge all of our speakers, including Hon. Doug Ford (Premier of Ontario), Hon. Sylvia Jones (Deputy Premier and Minister of Health), Dr. Theresa Tam (Chief Public Health Officer of Canada), Colin Best (President, AMO), Allan O'Dette (CEO, OMA), Steini Brown (Dean, Dalla Lana School of Public Health), Carmen McGregor (BOH Section Chair), Dr. Eileen de Villa (COMOH Section Chair), Loretta Ryan (alPHA Executive Director), Dr. Christopher Simpson (Executive Vice President (Medical) and Chief Medical Officer, Ontario Health), Const. Wendi Hughes (Ontario Provincial Police), Michael Sherar (President and CEO, Public Health Ontario), Brendan Smith (Scientist, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario), Roman Pabayo (Tier II Canada Research Chair in Social and

Ministry of Education), Dr. Kieran Moore (Chief Medical Officer of Health), and Suzanne Bailey and Martin Lipcsey (Road to Mental Readiness).

We would be remiss not to thank Trudy Sachowski, alPHa President and Chair of the symposium, Dr. Eileen de Villa, COMOH Section Chair/COMOH Representative, Toronto, and Carmen McGregor, BOH Section Chair/BOH Section Representative, South West Region.

The winner of the post-event survey gift card is Dr. Hamidah Meghani of Halton Region Health Department.

alPHa would like to thank the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support.

alPHa 2023 Winter Symposium resources

Presentations from this year's Winter Symposium are available by event and have been uploaded as packages. Please note, you will need to log in to view them.

- [Symposium Resources](#)
 - [Boards of Health Section Resources](#)
 - [R2MR Workshop Resources](#)
 - [Speaker Bios](#)
-

Leader to Leader – A Message from the alPHa President - March 2023



February was a busy and highly productive month for alPHa, beginning with the engagement of all members for input that contributed to the development and release of alPHa's [2023 Pre-Budget Consultation](#) submission. In addition to members' advice, the submission was based on the four pillars of alPHa's [Strategic Plan](#), base-budget survey data from 34-member health units, [resolutions](#), and key foundational documents. February wrapped up with several successful key adjacent events.

On Tuesday, February 21st, BOH Section Chair Carmen McGregor, Executive Director Loretta Ryan, and I, as President, participated in the Ontario Chronic Disease Prevention Alliance Day at Queen's Park which was hosted by the Honourable Ted Arnott, Speaker of the House. This included recognition in the Ontario Legislature,

Parliamentary Assistants, MPPs and their staff.

On Wednesday, February 22nd, alPHa was pleased to host a conference for local public health Executive and Administrative Assistants who support alPHa's members in local public health's senior leadership. Thank you to the team who put this together and for the opportunity for me to bring welcoming remarks. Thank you too, to our other speakers, alPHa Board members Dr. Alex Summers, and Paul Sharma, alPHa's Executive Director Loretta Ryan, and Franger Jimenez, our Centennial College student placement.

The [alPHa Board](#) held their quarterly meeting on Thursday, February 23rd. This included discussion on key public health issues, the development of a Strategic Plan to lead the association into 2024 and beyond, government relations, and compliance with the [Ontario Not for Profit Corporations Act](#). Ontario's Chief Medical Officer of Health, Dr. Kieran Moore, along with Liz Walker, the Ministry of Health's Executive Lead for Public Health and Michael Sherar, President, and CEO of Public Health Ontario (PHO), participated in discussions with the Board. The alPHa Board meeting concluded with recognition of departing Board members Dr. Penny Sutcliffe, COMOH Representative, North Region and Kerry-Schubert-Mackey, Affiliate Representative, ODPH. The alPHa Board extended sincere appreciation and thanks, wishing them well in their future endeavours.

Also on Thursday, BOH and Affiliate members participated in alPHa's Road 2 Mental Readiness Workshop that COMOH participated in last fall. This was developed in collaboration with the Canadian Armed Forces and tailored for public health leaders, based on a cycle that entails preparation, performance, and recovery.

February concluded with the resounding success of [alPHa's 2023 Winter Symposium](#) on February 24th. The event began with greetings and support for alPHa members' work in public health from: the Honourable Doug Ford, Premier of Ontario; the Honourable Sylvia Jones, Deputy Premier of Ontario, and Minister of Health; Dr. Theresa Tam, Chief Public Health Officer of Canada; Colin Best, President, Association of Municipalities of Ontario; Allan O'Dette, President & CEO, Ontario Medical Association and Steini Brown, Dean, Dalla Lana School of Public Health.

Carmen McGregor, Chair, BOH Section; Dr. Eileen de Villa, Chair, COMOH Section; Loretta Ryan, alPHa Executive Director, and I, provided updates on alPHa's recent activities including alPHa's latest [Public Health Matters](#) infographic and the newly launched companion [video](#), alPHa member engagement in, and highlights of, alPHa's Pre-Budget Consultations and alPHa's key partnerships.

Updates were received from Dr. Chris Simpson, Ontario Health, and Michael Sherar, Public Health Ontario (PHO). As well, a team from PHO introducing the Ontario Public Health Information Dataset, a robust tool to examine the impacts of funding changes in Ontario's public health system on population health and health equity.

On behalf of the Honourable Steven Lecce, Ontario's Minister of Education, Deputy Minister of Education Nancy Naylor brought greetings and updates and spoke of the productive working relationship between their ministry, the Ministry of Health, COMOH, and local public health partners, to ensure the health and well being of Ontario's students.

The symposium concluded with informative updates and an interactive Q&A session with Dr. Kieran Moore.

Meetings of the COMOH Section, and the BOH Section which included Affiliate members, were held on the afternoon of February 24th. alPHA presented BOH orientation sessions on roles, legislated and legal responsibilities, and liability.

Thank you to this wonderful line-up of speakers, the moderators from the alPHA Board of Directors and the volunteer planning team - all of whom so generously donated their time. Be sure to check out their [bios](#), along with the presentations that were shared with alPHA at www.alphaweb.org.

While this event was planned and hosted by alPHA, it took place with the generous support of the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit. I would like to sincerely thank them for their ongoing support.

Thank you to the alPHA staff of Gordon Fleming and Melanie Dziengo under the leadership of Loretta Ryan, alPHA's Executive Director. Special recognition goes to Loretta Ryan's exceptional leadership, planning and coordination of alPHA's work and events. Ms. Ryan has leveraged alPHA to new heights and has greatly increased the association's capacity.

Most of all, I would like to thank all who participated in these events. It is only through the involvement and support of alPHA's members that we are able to do what we do and, as evidenced by the strong attendance numbers, we have an engaged membership.

alPHA's dedicated governance Board of Directors and Executive Committee, supported by alPHA's Executive Director and staff, *provides strategic leadership with one, unified voice representing the public health system across its member constituents*. alPHA will continue to provide valued resources and services to you, its members, leading in the ever-changing public health sector. alPHA is committed to influencing Ontario's decision-makers to ensure a robust local public health system with ample resources to protect the entire population's health.

Trudy Sachowski
President

'The leadership role is really to build the riverbanks and let the water flow freely.'

alpha Correspondence



Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library, which includes alPHA's Pre-Budget Submission, is available [here](#).

[alPHA Letter - 2022 CMOH Annual Report](#)

March 9, 2023 letter from President of the Association of Local Public Health Agencies to Minister Jones congratulating the Chief Medical Officer of Health on releasing his 2022 annual report. It also discusses putting an end to the "boom and bust" cycle of funding and ensuring sustained investment in preparedness.

[alPHA Letter - Meeting Request - Parliamentary Assistant to the Premier](#)

March 7, 2023 letter from President of the Association of Local Public Health Agencies to Mr. Lorne Coe requesting a meeting to discuss the importance of immediate and meaningful investments in Ontario's locally-based public health system.

[alPHA Letter - Meeting Request - Minister of Finance](#)

March 7, 2023 letter from President of the Association of Local Public Health Agencies to Minister Bethlenfalvy requesting a meeting to discuss the importance of immediate and meaningful investments in Ontario's locally-based public health system.

[alPHA Letter - Meeting Request - Minister of Health](#)

March 7, 2023 letter from President of the Association of Local Public Health Agencies to Minister Jones requesting a meeting to discuss the importance of immediate and meaningful investments in Ontario's locally-based public health system.

New for this year! alPHA Workplace Health and Wellness Month

2023 alPHA Workplace Health & Wellness Month

alPHA

Association of Local
PUBLIC HEALTH
Agencies



alPHA members are encouraged to engage in physical activity (e.g. walking, hiking, swimming, cycling, and paddling) or activities that promote mental health (e.g. meditation, yoga and relaxation exercises) for 30 minutes per day during the month of May.

Good health involves good eating habits.

Do you have a recipe that contributes to health and wellness?

We'd love to hear about these too!

Participate and share on Twitter. Don't forget to include in your tweet: a picture, @PHAgencies and the hashtags #PublicHealthLeaders, #alPHA2023. We'll profile your activities at the alPHA Conference taking place on June 13, 2023.



HERE'S HOW TO PARTICIPATE

Activities are to be completed at any time during the month of May. Any physical or mental health activities of a 30-minute duration are encouraged.

Post your healthy recipes too.
Be creative and have fun!

Post your tweets with pictures and include
**@PHAgencies, #PublicHealthLeaders
#alPHA2023**

Easy Activity Tips!

At Home - Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, and dig. Go out for a short walk before breakfast, after dinner or both! Why not start the day off with meditation? Start with 5-10 minutes and work up to 30 minutes.

At Work - Many of us have sedentary jobs. If you can, use active transportation to get to and from your workplace. Go for a walk at lunchtime. Incorporate these activities into your work day. Start with short walks and work up to longer trips. Practice mindfulness. Engage in fun team building exercises.

At Play - Play and recreation are important for good health. Look for opportunities to be active and have fun at the same time: Plan activities that include physical activity (hiking, backpacking, swimming, etc.). Do your favourite physical activities and regularly go walking, jogging, or cycling. Start with achievable goals and work your way up to regular exercise routines.

At any time - Prepare a healthy snack or meal, take a picture, and share it with the recipe.

Ready! Set! Go!

The alPHA Fitness Challenge is being rebranded as the [alPHA Workplace Health and Wellness Month](#)! This is an opportunity for all alPHA members to engage in activities that promote physical and mental health for at least 30 minutes during the month of May. Members are encouraged to participate and share their success via Twitter. All you have to do is tweet a picture, tag @PHAgencies, and use the hashtags #PublicHealthLeaders and #alPHA2023. Additionally, the pictures will be highlighted at this year's Conference and AGM.

Additionally, resources, provided by public health units, that members can use to improve their physical, mental, and nutritional health will be coming to the alPHA website soon. There will also be health tools and tips you can use to improve your wellness at home and at work.

Are you interested in healthy recipes but don't know where to start? Information from [Toronto Public Health](#) can help. There, you can find tips to help you make wise choices when preparing food and some other websites where you can find healthy recipes to prepare at home!

Shareable alPHA public health materials



alPHA has created documents to profile public health and the important role the association plays in the sector. These include:

- [Spring 2022 Public Health Matters Infographic](#), [its accompanying video](#), [Public Health Matters Infographic #2](#), and [its video](#)
- [alPHA Public Health Brochure](#)
- [Pre-Budget Submission 2023](#)
- [Statement of Principles](#) (2019 - conditions agreed upon by the alPHA Board for the foundations of a successful PH system)
- [alPHA Resolutions - Public Health Funding and Policy](#). These are a collection of resolutions passed by the membership related to those two things that represent accepted alPHA positions.

These documents, which can be widely shared, demonstrate the value and return on investment public health provides. They are also useful for meetings with local councillors, MPPs, and other important stakeholders. Members are strongly encouraged to use these resource materials.

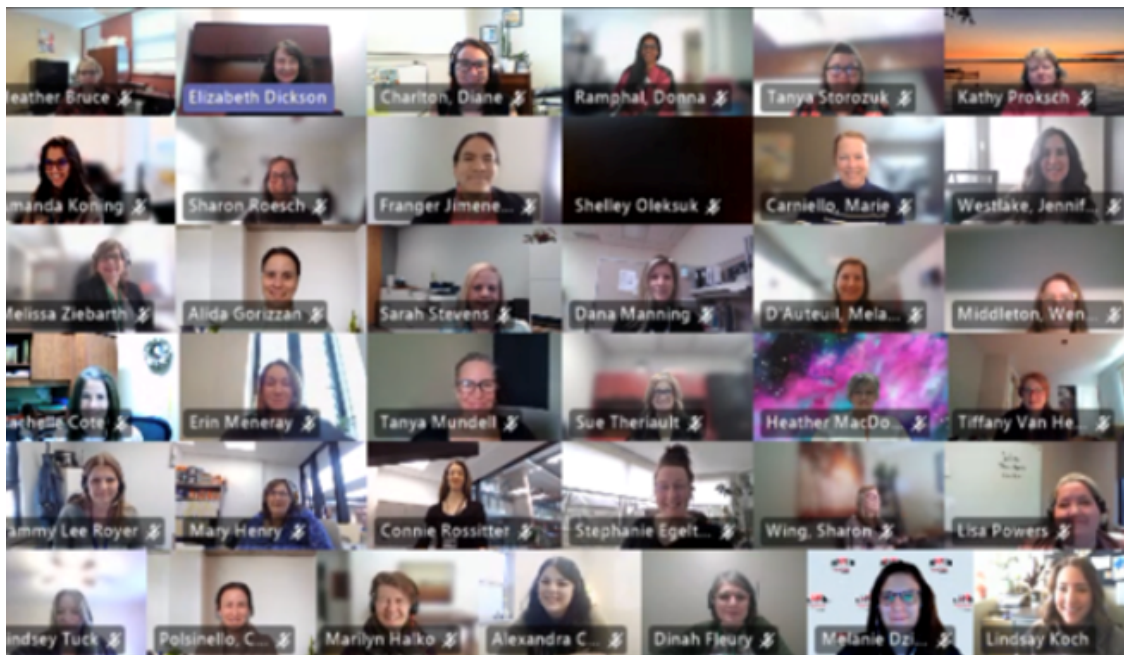
Guidelines on Minimum Retentions now available



alPHA Record Retention Resource Document for Public Health Units

alPHA's Record Retention Resource Document for Public Health Units is now up on [the website](#). This a document health units can use to ensure their records retention bylaw/policy, schedule and/or procedure is updated and follows current best practices. It also provides a general overview of the records from a public health services and programs perspective that need to be considered in records retention bylaws/policies, schedules and/or procedures.

2023 EA/AA Conference a Success



On February 22, 2023, public health unit Executive and Administrative Assistants came together for a virtual conference. The full presentations can be viewed [here](#).

alPHa would like to thank the Conference Planning Committee, Elizabeth Dickson, Stephanie Egelton, Lindsay Koch, Amanda Koning, Loretta Ryan, and Melanie Dziengo, for all of their hard work. A special shoutout goes to alPHa President, Trudy Sachowski, for bringing welcoming remarks and to the speakers, Paul Sharma (Director, Chronic Disease and Injury Prevention, Peel Region Public Health), Dr. Alexander Summers (MOH, Middlesex London Health Unit), Loretta Ryan (Executive Director, alPHa), and Jon Begg (Communications & Public Relations Specialist, Northwestern Health Unit). Thank you for taking the time out of your busy days to speak at the conference and provide the EAs/AAs with your expertise.

The registration gift card winner was Connie Rossitter of Grey Bruce Public Health. The EA/AA Conference post-event survey winner is Krislyn Fernandes of City of Hamilton Public Health Services.

Climate Change Update: February 2023



Research recently published continues to report that **climate change is harming Ontario's health, wellbeing, and equity** with risk increasing exponentially with every increment of temperature elevation. Ongoing literature and global reports including scientific evidence, Indigenous knowledge and surveillance data suggests that provincial prioritization of climate change and its impact is necessary to protect the health system. To read more, please click [here](#).

Boards of Health: Shared Resources



A resource [page](#) is available on alPHA's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library. Resources available on the alPHA website include:

- [Orientation Manual for Boards of Health](#) (Revised Feb. 2023)
- [Review of Board of Health Liability, 2018, \(PowerPoint presentation, Feb. 24, 2023\)](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
- [Ontario Boards of Health By Region](#)

-
- Obligations of a Board of Health under the Municipal Act, 2001 (Revised 2021)
 - Governance Toolkit (Revised 2022)
 - Risk Management for Health Units
 - Healthy Rural Communities Toolkit
 - List of Municipalities sorted by Health Unit
 - Map: Boards of Health Types
 - NCCHPP Report: Profile of Ontario's Public Health System (2021)
 - The Municipal Role of Public Health (2022 U of T Report)
-

Association of Municipalities (AMO) New Head of Council and New Councillor Training



AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants “managing diverse aspects and expectations on issues you will find before your term.” You can register for the New Head of Councillor Training [here](#) and register for New Councillor training [here](#).

AMO 2023 Ending Homelessness Symposium

May 3-4, 2023

The Association of Municipalities of Ontario (AMO) is holding an **Ending Homelessness Symposium** on May 3-4, 2023. This one and a half-day event is open to elected officials; municipal staff; social, health, and economic partners; and all interested sector associations. AMO’s Ending Homelessness Symposium will offer perspectives on the root causes of homelessness – including income insecurity, insufficient supply of deeply affordable housing, insufficient responses to mental health and addictions challenges and the policy responses required. Location: Hyatt Place Toronto/Mississauga Centre, 5787 Hurontario St., Mississauga. Deadline to register is April 26th. More information, including how to register, can be found [here](#).

Public Health by 2033: TOPHC Announces Plenary Panelists and More



More than three years of the SARS-CoV-2 pandemic has taught public health agencies, governments and the broader healthcare sector to re-evaluate the status quo and plan for an uncertain future. The future of public health will be the focus of the plenary session: *Public Health by 2033*, a virtual discussion that is part of [TOPHC 2023's](#) March 27 virtual convention.

Moderated by Toronto's Medical Officer of Health, Dr. Eileen de Villa, this plenary features panelists:

- Dr. Theresa Tam, Chief Public Health Officer of Canada
- Dr. Bonnie Henry, Provincial Health Officer for British Columbia
- Dr. Gaynor Watson-Creed, Associate Dean of Serving and Engaging Society for Dalhousie University's Faculty of Medicine and Assistant Professor in the Department of Community Health and Epidemiology

These public health thought leaders will look ahead to the next decade in public health. The discussion will focus on key public health priorities along with the challenges and the unique opportunities presented by strategic and technological advances. The panelists will also delve into the possibilities for a shared vision of public health in 2033 through collaboration across governments, sectors and communities.

In addition to the plenary, TOPHC's virtual convention will include live and recorded presentations on a range of public health issues, new research findings, and proven health promotion strategies. Everyone who registers for Day One – the virtual convention – will also get six months' access to a virtual library that will include the presentations and other resource material.

TOPHC will also be offering in-person workshops at the Beanfield Centre in Toronto on March 30 – Day Two of the convention. These workshops range from half-day to full-

including management of rising incidence of syphilis, strategies for re-building trust for science in public health, improving health outcomes for Indigenous communities, the future of health promotion and reducing stigma through trauma and violence-informed care.

TOPHC is an annual educational and networking event planned and delivered by Public Health Ontario (PHO), the Association of Local Public Health Agencies (aLPHa), and the Ontario Public Health Association (OPHA).

To learn more and register for TOPHC 2023, visit <https://www.tophc.ca>.

Public Health Ontario



Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario

This report, produced collaboratively by Public Health Ontario and Ontario Health, provides estimates of the number of deaths, hospitalizations and emergency department visits caused by smoking and alcohol consumption for Ontario and its public health units. Also included is a discussion of tobacco and alcohol control strategies for preventing and reducing smoking and alcohol consumption.

COVID-19 Variants of Concern

- [Phylogenetic Analysis of SARS-CoV-2 in Ontario](#)

COVID-19 Epidemiological Surveillance Report

- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario](#)
- [Comparison of COVID-19 Hospitalizations and Deaths in 2022 and 2021](#)
- [COVID-19 in Ontario Weekly Epidemiological Summary](#)

IPAC Resources

- [COVID-19 Preparedness and Prevention in Congregate Living Settings](#)
- [Managing COVID-19 Outbreaks in Congregate Living Settings \(CLS\)](#)

- [Considerations for the 2023 COVID-19 Vaccine Program in Ontario](#)

Additional Resources – New

- [Childhood Fall Prevention Indicators for Public Health Practice in Ontario](#)

PHO Events

Interested in our upcoming events? Check out our [Events](#) page to stay up-to-date with all PHO events.

Missed an event? Check out our [Presentations](#) page for full recordings our events.

Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- [The Ontario Public Health Convention](#) (Mar. 27, Mar. 30)
- [Improving Immunization with People Experiencing Homelessness](#) (Mar. 27)
- [Environments and Health Webinar: Obesity and Environment](#) (Mar. 27)
- [Environments and Health Webinar: Microbiome - Environment Interactions and the impact on health](#) (Mar. 29)
- [Environments and Health Webinar: Agri-Food, the Food-Water Nexus and Health](#) (Apr. 5)

RRFSS Update



There are still two more opportunities to join RRFSS this year and the next cycle of data collection starts in May. Data collection is available for 2023 in a variety of

interviews and survey length. For example, 720 completed telephone interviews (50 percent landline/50 percent cell) with ten minutes of interview questions would cost approximately \$35,000. A panel sample with 600 completed interviews and a ten-minute survey would cost approximately \$20,000. RRFSS also allows for custom surveys based on specific budgets. Please visit the RRFSS website to see available survey questions and further information about joining RRFSS: <https://www.rfss.ca/>

COVID-19 Update

The Ministry of Health COVID-19 resource pages:
<https://www.ontario.ca/page/covid-19-coronavirus> (English)
[Ministry of Health - guidance for the health sector](#)
[Public Health Ontario's COVID-19 landing page](#)
[Public Health Agency of Canada's COVID-19 landing page](#)
[alPHA's recent COVID-19 related submissions can be found here.](#)

As part of the ongoing response to COVID-19, alPHA continues to represent the public health system and work with key stakeholders.

News Releases

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



*Copyright (C) *|2022|* *|Association of Local Public Health Agencies|*. All rights reserved.*

Our mailing address is:

|480 University Ave. Suite 300 Toronto, Ont. M5G 1V2|

Want to change how you receive these emails?
 You can [update your preferences](#) or [unsubscribe](#)

Grow your business with  **mailchimp**



Photo Credit: Gordon Fleming

Association of Local Public Health Agencies

2023 ANNUAL GENERAL MEETING AND CONFERENCE

alPHA's 2023 Annual General Meeting and Conference will continue the important conversation on the role of Local Public Health in the province's Public Health System.

On Monday, June 12th, we will get things underway with a walking tour in the afternoon and opening evening reception. The AGM, consideration of Resolutions, Plenary Sessions, and presentation of the 2023 Distinguished Service Awards will take place on Tuesday, June 13th. The half-day Section meetings will be held on the morning of Wednesday, June 14th.

Stay tuned for further information on the program and registration details.

See you at the AGM & Conference!

alPHA

Association of Local
PUBLIC HEALTH
Agencies

Dalla Lana
School of Public Health

*This event is being held with generous support from
the University of Toronto's Dalla Lana School of
Public Health*

2023 alPHA Annual General Meeting & Conference



2023-06-12 to 2023-06-14

When: Monday June 12, 2023 - Wednesday June 14, 2023
2 pm-12 pm

Where: Dalla Lana School of Public Health
155 College St.
Toronto M5T 3M7
Canada

Contact: Melanie Dziengo
communications@alphaweb.org
416-595-0006 ext. 225



alPHA's 2023 Annual General Meeting and Conference will continue the important conversation on the role of Local Public Health in the province's Public Health System.

The June 13th event includes alPHA's Annual General Meeting, consideration of Resolutions, Plenary Sessions with guest speakers, Section Meetings, and the presentation of the 2023 Distinguished Service Awards.

More information to follow, including a walking tour and opening reception on Monday, June 12th and half-day Section meetings on Wednesday, June 14th.

Stay tuned for further information on the program.

This event is being held with the generous support from the University of Toronto's Dalla Lana School of Public Health.

Attendees are encouraged to book accommodations as soon as possible. alPHA does not have a room block, however there are a number of nearby hotels, including the [Chelsea Hotel Toronto](#) and the [Holiday Inn](#).

Notice of 2023 AGM

Call for 2023 Resolutions

Call for 2023 Distinguished Service Awards

Call for BOH Nominations to alPHa Board of Directors

(Download above documents in one package by clicking [here](#))

Conference flyer [here](#)

Sponsorship Prospectus / Sponsorship Commitment Form

Draft Program - to follow at a later date

Conference Venue Information: Dalla Lana School of Public Health

Registration Information Note: To register, click the blue "Register" button on the upper right of this screen. While registering, you may receive error messages in red text towards the top of the screen stating various fields are required. This is a quirk in the system the makers of the platform have been unable to resolve. Please continue to fill out the forms as necessary and be assured your registration will process.

Also, if you are registering more than one person, and wish for them to individually receive registration information, please leave their individual e-mail address in the additional comments section when you are entering your credit card information.

Draft AGM Resolutions, Conference program, draft BOH Section Meeting agenda, and other materials will be available at a later date.
