



June 28, 2023

## BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

[www.algomapublichealth.com](http://www.algomapublichealth.com)

# Meeting Book - June 28, 2023, Board of Health Meeting

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## Board of Health Meeting

### AGENDA

June 28, 2023 at 5:00 pm

SSM Algoma Community Room | 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  
Trina Mount - Executive Assistant

#### **GUESTS**

Nick Minardi - Manager of Immunization

- 
- |  |                      |
|--|----------------------|
| <b>1.0 Meeting Called to Order</b> <ul style="list-style-type: none"><li>a. Land Acknowledgment</li><li>b. Declaration of Conflict of Interest</li><li>c. Roll Call</li></ul>  | <i>L. Morrisette</i> |
| <br>   |                      |
| <b>2.0 Adoption of Agenda</b> <div style="background-color: #cccccc; padding: 2px; margin: 5px 0;"><b>RESOLUTION</b></div> THAT the Board of Health agenda dated June 28, 2023 be approved as presented.                       | <i>L. Morrisette</i> |
| <br>   |                      |
| <b>3.0 Delegations / Presentations</b> <ul style="list-style-type: none"><li>a. Vaccines &amp; Immunization - More than needles in arms</li></ul>  | <i>N. Minardi</i>    |
| <br>   |                      |
| <b>4.0 Adoption of Minutes of Previous Meeting</b> <div style="background-color: #cccccc; padding: 2px; margin: 5px 0;"><b>RESOLUTION</b></div> THAT the Board of Health minutes dated May 24, 2023, be approved as presented. | <i>L. Morrisette</i> |
| <br>   |                      |
| <b>5.0 Business Arising from Minutes</b>   | <i>L. Morrisette</i> |



## **6.0 Reports to the Board**

### **a. Medical Officer of Health and Chief Executive Officer Reports**

*J. Loo*

#### **i. MOH Report - June 28, 2023**

- Program Highlight – From pandemic to recovery: Data and partnerships underpin the work of the Infectious Diseases Program

#### **RESOLUTION**

THAT the report of the Medical Officer of Health and CEO for June 28, 2023 be accepted as presented.

#### **ii. Support for Income Based Policies to Reduce Food Insecurity**

#### **RESOLUTION**

THAT the Board of Health support the resolution regarding income based policies to reduce food insecurity as presented.

#### **iii. Local Public Health at Work in Algoma - 2022 Report to the Community**

## **6.0 b. Finance and Audit**

*L. Morrisette*

### **i. Finance and Audit Committee Chair Report**

#### **RESOLUTION**

THAT the Finance and Audit Committee Chair Report for June 21, 2023 be accepted as presented.

#### **ii. Unaudited Financial Statements ending April 30, 2023**

#### **RESOLUTION**

THAT the Board of Health approves the Unaudited Financial Statements for the period ending April 30, 2023, as presented.

#### **iii. Policy 02-04-030 - Procurement**

#### **RESOLUTION**

THAT the Board of Health approve **Policy 02-04-030 - Procurement**, as presented.

#### **iv. Policy 02-05-020 - Travel**

#### **RESOLUTION**

THAT the Board of Health approve **Policy 02-05-020 - Travel**, as presented.

#### **v. Bylaw 95-2 - To Provide for Banking and Finance**

#### **RESOLUTION**

THAT the Board of Health approve **Bylaw 95-2 - To Provide for Banking and Finance**, as presented.

**RESOLUTION**

THAT the Board of Health approve **Bylaw 95-3 - To Provide for the Duties of the Auditor of the Board of Health**, as presented.

**7.0 New Business/General Business**

*L. Morrisette*

**8.0 Correspondence**

*L. Morrisette*

- a. Letter to the Minister of Health, Canada, Minister of Intergovernmental Affairs, Infrastructure and Communities, Canada, Minister of Health Ontario, Minister of Municipal Affairs and Housing Ontario, from Sudbury & Districts Public Health regarding **Support for Improved Indoor Air Quality in Public Settings**, dated May 30, 2023.
- b. Letter to the Minister of Children, Community and Social Services from Huron Perth Public Health regarding **Request for Immediate Funding for Student Nutrition Programs and to Increase Funding for Future School Years**, dated June 1, 2023.
- c. Letter to the Minister of Health, Canada, from Huron Perth Public Health, regarding **Support for Bill S-254, an Act to amend the Food and Drug Act (warning labels on alcoholic beverages)** dated June 1, 2023.
- d. Letter to the Ministry of Families, Children and Social Development, Ministry of Agriculture and Agri-Food, Ministry of Health, from Huron Perth Public Health, regarding **Federal School Food Policy**, dated June 1, 2023.
- e. Letter to the Minister of Health, Canada, from Sudbury District Public Health regarding **Bill S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)** dated June 6, 2023.
- f. Letter to the Minister of Health, Canada, from Algoma Public Health regarding **Support for Bill S-254, an Act to amend the Food and Drug Act (warning labels on alcoholic beverages)** dated June 8, 2023.
- g. Letter to the Bureau of Policy, Intergovernmental and International Affairs, Food Directorate, from Middlesex-London Health Unit, regarding **Consultation on Restricting Food Advertising Primarily Directed at Children**, dated June 9, 2023.
- h. Letter to the Minister of Health, Ontario, from Sudbury and Districts Public Health regarding **Public Health Funding**, dated June 23, 2023.

**9.0 Items for Information**

*L. Morrisette*

- a. **alPHa Information Break - June 2023**

**10.0 Addendum**

*L. Morrisette*

**11.0 In-Camera***L. Morrisette*

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***L. Morrisette*

Resolutions resulting from in-camera meeting.

**13.0 Announcements / Next Committee Meetings:***L. Morrisette***Governance Committee Meeting**

Wednesday, September 13, 2023 - 5:00 pm  
SSM Algoma Community Room | Video Conference

**Board of Health**

Wednesday, September 27, 2023 - 5:00 pm  
SSM Algoma Community Room | Video Conference

**Finance and Audit Committee Meeting**

Wednesday October 11, 2023 - 5:00 pm  
SSM Algoma Community Room | Video Conference

**14.0 Evaluation***L. Morrisette***15.0 Adjournment***L. Morrisette***RESOLUTION**

THAT the Board of Health meeting adjourns.

# Vaccines & Immunization

*More than needles in arms*

Nicholas Minardi, Immunization Program Manager  
June 28, 2023

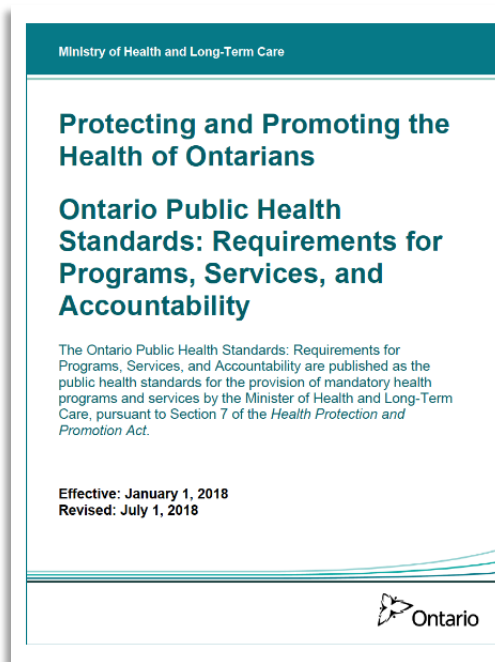


# Overview

- Ontario Public Health Standards & APH's Strategic Plan
- Vaccine Administration & Coverage
- Building Vaccine Confidence
- Vaccine Storage and Handling
- Immunization Phone Line
- Taking a Health Equity Approach
- Value of Community Partnerships
- Return on Investing in the Immunization Program



# Ontario Public Health Standards



Publicly Funded Immunization Schedules for Ontario – June 2022

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

**Routine Schedule: Children Starting Immunization in Infancy**

Vaccine	Age	2 Months	4 Months	6 Months	1 Year	15 Months	18 Months	4 Years	Grade 7	14 Years	24 Years	≥34 Years	65 Years
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, Hemophilus influenzae type B		♦	♦	♦			♦						
Prevnar-C-13 Pneumococcal Conjugate 13		♦	♦		♦								
Rot-1 Rotavirus		▲	▲										
Men-C-C Meningococcal Conjugate C					♦								
MMRV Measles, Mumps, Rubella					■								
Var Varicella						■							
MMRV Measles, Mumps, Rubella, Varicella								■					
Tdap-IPV Tetanus, diphtheria, pertussis, Polio								♦					
HB Hepatitis B									♦				
Men-C-ACYW Meningococcal Conjugate ACYW-135									♦				
HPV-9 Human Papillomavirus									♦				
Tdap Tetanus, diphtheria, pertussis										♦	♦		
Td (booster) Tetanus, diphtheria													
HZ Herpes Zoster													
Prevnar-P-23 Pneumococcal Polysaccharide 23													
Tdap Tetanus, diphtheria, pertussis													

♦ One dose in every pregnancy, ideally between 27 and 36 weeks of gestation

Every year in the fall\*

\* Once a dose of Tdap is given in adulthood (24 years of age), adults should boosters every 10 years thereafter

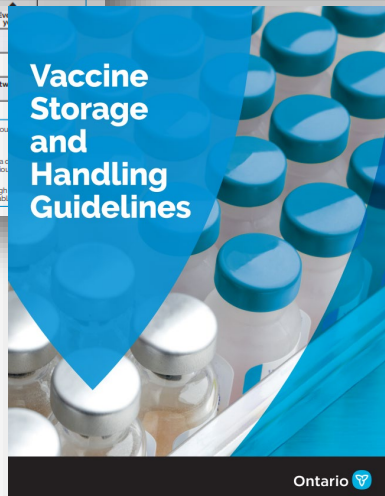
† HZ is a 2 dose series (see Table 12) given by intramuscular injection

• Children 6 months to 8 years of age who have not previously received a vaccine require 2 doses given 3-6 weeks apart. Children who have previously received a vaccine should receive 1 dose per season thereafter

Note: A different schedule and/or additional doses may be needed for high-risk children (see Table 3) or if doses of a vaccine series are missed (see appropriate Table)

## Publicly Funded Immunization Schedules for Ontario

June 2022



## Immunization

### Goal

To reduce or eliminate the burden of vaccine preventable diseases through immunization.

# APH Strategic Directions



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



Improve the impact and effectiveness of APH programs.



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

# What guides the Immunization program?

- Ontario Publicly Funded Immunization Schedule
- School Based Immunization Program – *Immunization of School Pupils Act*
- High Risk Vaccine Support: Mpox, travel, high-risk populations and illnesses





# Where have we been?

## Snapshot of Doses of COVID-19 Vaccine Administered

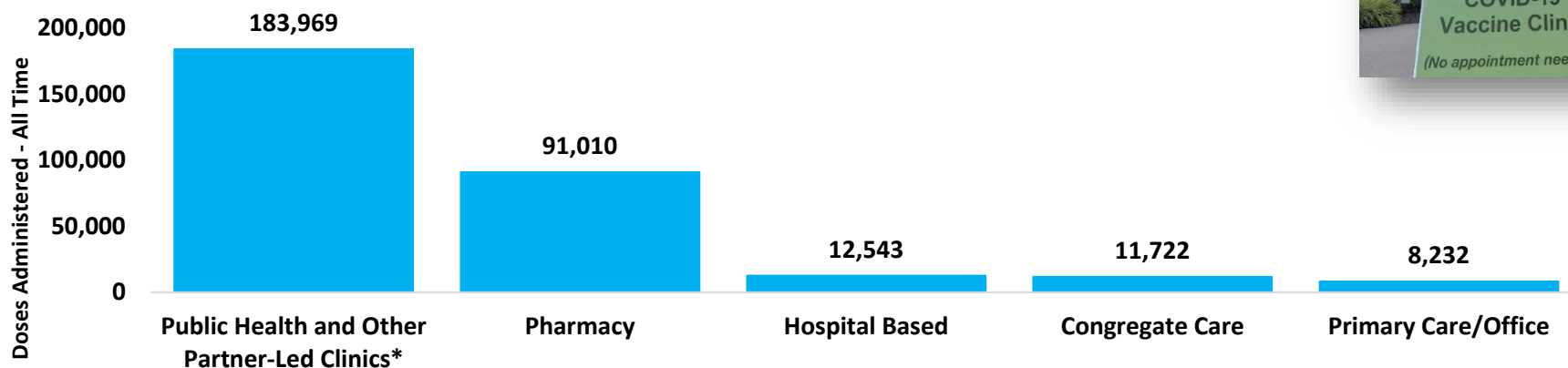
87.9% First Dose Coverage



84.4% Second Dose Coverage



Doses Administered by Channel in Algoma, January 21, 2021 – March 23, 2023



\* Includes Mass Immunization Clinics, Pop-ups, Indigenous Partner Clinics, Family Health Teams, Paramed, etc.

Coverage: Percentage of eligible Algoma residents that received a first or second dose from January 27, 2021, to June 7, 2023, to initiate or complete their primary series.



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# Where are we now?

## Snapshot of Routine Immunization Coverage

Vaccine coverage rates for individuals 7-17 years of age, pre-pandemic and post-pandemic:

Antigen	Measles, Mumps, Rubella		Meningococcal C	
School Year	2018-2019	2022-2023	2018-2019	2022-2023
Coverage in Algoma	91.3%	77.5%	67.40%	41.90%
National Coverage Goals by 2025*	95%		90%	

**Meningitis outbreak declared at Dalhousie University residence following student death**

**Middlesex-London Health Unit confirms measles case in London, Ont.**

Note: Use caution with direct comparison of local coverage to national coverage goals. The age cohorts differ due to data limitations, as we only capture vaccine records submitted to APH as part of school vaccination programs.

\* Measles, Mumps, Rubella Vaccine - National coverage goal to be reached by 2025 is to achieve 95% vaccine coverage by 7 years of age; 2 doses of measles, mumps and rubella vaccine.

\* Meningococcal - National coverage goal to be reach by 2025 is to achieve 90% vaccine coverage by 2 years of age; one dose of meningococcal C vaccine.



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Gorman M. Meningitis outbreak declared at Dalhousie university residence following student death. 2022. <https://www.cbc.ca/news/canada/nova-scotia/meningitis-outbreak-dalhousie-residence-1.6688166e>

Ontario Ministry of Health and Long-Term Care. (25 May 2023). Immunization Compliance Report. PEAR/Panorama [Secure Database].

Public Health Ontario. Immunization coverage report for school pupils in Ontario, 2018-2019 school year. 2020. <https://www.publichealthontario.ca/-/media/Documents/I/2020/immunization-coverage-2018-19.pdf?rev=9555ecbf156c4a3c94343f44195a>

Wang K. Middlesex-London Health Unit confirms measles case in London, Ont. 2023. <https://globalnews.ca/news/9497067/mlhu-measles-london-woodstock/>

# Building Vaccine Confidence

**Goal:** Support Algoma residents in making informed decisions to protect their health and wellbeing

- Followed principles of behavioral science
- 5 Cs for vaccination (Confidence, Complacency, Convenience, Calculation, and Collective Responsibility)
- Supported healthcare providers in building vaccine confidence with patients – the interaction between patients and providers is key to maintaining vaccine confidence



# Supporting Vaccine Storage & Handling



- Promote safe and effective transport and storage of vaccines
- Conducted **94** annual vaccine fridge inspections (2022)
- Conducted **33** Universal Influenza Immunization Program fridge inspections (2022)
- Follow-up on all adverse storage conditions and provide recommendations

# Leading the Immunization Phone Line

## Public health nurses provide:

- Recommendations and information for inquiring health care providers
- Information relating to vaccination series or catch-up for clients
- Immunization record reviews (e.g., for employment purposes)

**2017: 1217 calls**  
**2022: 2424 calls**



# Taking an Equity Approach to Immunizations



- Increase access to information and vaccination among priority populations (e.g., Indigenous, children, homebound, unsheltered, immunocompromised)

## Approaches:

- Support Indigenous-led clinics
- Host pop-up clinics in areas of low uptake or higher presence of risk factors
- Hold homebound clinics with Community Paramedicine Program
- Host congregate living setting clinics (e.g., shelters)
- Workplace clinics (e.g., Tenaris – SSM, Cameco – Blind River, and Alamos, Argonaut, Silver Lake, WR Forest Products - North Algoma)



# Partnership Boosts Confidence and Coverage

- Primary Care
- Hospitals
- Community Paramedicine Program
- Pharmacies
- Indigenous Partners



# Immunization = High Return on Investment (ROI)

Recent outbreaks including measles, poliomyelitis, and pertussis in parts of the developed world have been **linked mainly to under-vaccinated or non-vaccinated communities.**

“The cost of implementing the immunization program is **less than the cost of treating the illness** that would occur if the program was not implemented.”



Immunization program	Cost saving per \$1 spent
Influenza for adults 65 years of age and older	\$45
Measles, mumps, rubella for children	\$16
Pneumococcal polysaccharide for adults 65 years of age and older	\$8
Diphtheria, pertussis, tetanus for children	\$6



# Summary

- Prioritization of the COVID-19 vaccine rollout impacted coverage rates of routine vaccines
- The Immunization Program has resumed routine immunization clinics, travel immunizations, and the vaccine phone line as part of recovery
- The Immunization Program continues to promote and educate on the importance of vaccines and effective vaccine storage and transportation
- A health equity approach to vaccination is used to protect those most vulnerable
- Collaboration with community partners is needed to restore vaccine confidence and increase uptake
- ROI varies by vaccine; however, vaccinations are considered one of the **most cost-effective public health interventions**



Questions?

**Chi-Miigwech. Merci. Thank you.**



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June 28, 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

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## APH AT-A-GLANCE

The voice of public health continues to be heard throughout this past month of June.

Algoma residents felt the consequences of climate change in a very tangible way at the beginning of the month, when many Algoma communities experienced days of extreme heat, as well as poor air quality as a result of forest fires. APH amplified heat warnings and special air quality statements from Environment Canada, and supported municipalities and community partners with health risk messaging and mitigation strategies to protect vulnerable residents.

In addition to increasing temperatures, the cost of living and eating well has continued to rise in 2023. A core component of comprehensive health promotion includes bringing focus and policy attention to the social determinants of health, particularly income. As referenced in the [March 2023 Board package](#), food insecurity is a serious public health concern that negatively impacts physical, mental and social well-being, life expectancy, and poses a burden to the health care system. Provincial momentum through the Ontario Dietitians in Public Health has allowed for correspondence across public health units in an effort to raise awareness of, and encourage action on, income-based policies for addressing the root cause of food insecurity. In follow-up, the June package includes a resolution for Board consideration as it relates to supporting income-based policies to address food insecurity.

This summer, Algoma Public Health is also calling on residents and health partners to catch up on immunizations and protect our communities from outbreak of communicable disease. Following the success of COVID-19 mass immunization in our region, which helped reduce serious illness, hospitalizations, and death from COVID-19, and allowed society to reopen and return to normal, our attention must now turn to other serious vaccine-preventable diseases, such as measles and meningitis. The diversion of public health resources during the pandemic disruption has meant that current rates of vaccine coverage are low for a number of diseases. This means people who are not up-to-date with their vaccines are vulnerable to disease. Lower vaccination rates put us at risk of losing hard-earned herd immunity which means that our schools and businesses in the community are vulnerable to disruption, should outbreaks happen. As part of our ongoing work in health protection and prevention, APH continues to provide catch-up clinics throughout the summer months, with particular efforts to remind students and parents to provide their up-to-date vaccine records to APH before school resumes in the fall.

The voice of public health is also one among a chorus of allies.

In celebration of National Indigenous History Month and Indigenous Peoples Day on June 21<sup>st</sup>, APH is working to keep our Indigenous engagement efforts, rooted in principles of trust, respect, commitment, and self-determination, at the forefront of all that we do. A guide and backgrounder to APH's updated land acknowledgement has been shared with all staff. In addition to acknowledging the truth of colonial impacts, which underpins all pathways of reconciliation, APH has also been celebrating Indigenous history beyond colonial history; this includes exploring Indigenous practices such as a lunch and learn on the sacred medicine of Asema (tobacco), and sharing Indigenous recipes that showcase traditional foods. A medicine garden including the 4 sacred medicines of tobacco, cedar, sage, and sweetgrass has also been planted on our terrace this spring.

In recognition of pride, APH is taking the opportunity to work with allies to promote the health and wellbeing of Algoma's 2SLGBTQIA+ individuals and communities. Whether at the Elliot Lake Pride BBQ in early June, or through hosting a healthy sexuality clinic during Sault Ste. Marie Pridefest, or continuing public health efforts to promote the [Mpox vaccine to eligible Algoma residents](#), APH is working internally and externally to break down stigma and bias, remove barriers to health services, and enable equity-deserving groups to increase control over and improve their health.

## PROGRAM HIGHLIGHT – Infectious Diseases Program

**Topic:** From pandemic to recovery: Data and partnerships underpin the work of the Infectious Diseases Program

**From:** Jon Bouma, Manager of Infectious and Communicable Disease Prevention and Control

**Ontario Public Health Standard (OPHS)<sup>(1)</sup> requirements addressed in this report include:**

- **Infectious and Communicable Disease Prevention and Control:** Reduce the burden of communicable diseases and other infectious diseases of public health significance.
  - **Requirement 1:** Conduct population health assessment and surveillance regarding infectious and communicable diseases.
  - **Requirement 3:** Work with community partners and service providers to determine and address the need for resources and support in infection prevention and control.
  - **Requirement 11:** Provide public health management of cases, contacts, and outbreaks to minimize the public health risk.

**2021-2025 Strategic Priorities addressed in this report<sup>(2)</sup>:**

- [x] Advance the priority public health needs of Algoma's diverse communities.
- [x] Improve the impact and effectiveness of Algoma Public Health programs.
- [] Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

### Key Messages:

- Monitoring diseases deemed reportable under the Health Promotion and Protection Act (HPPA) allows Algoma Public Health's (APH) Infectious Diseases (ID) team to identify priorities for public health action.
- The ID team provides case management and support for a range of preventable and communicable infectious diseases through prevention, detection, and response activities.
- The ID team leads and supports infection prevention and control (IPAC) initiatives with health care providers, community partners, and institutions to protect health and advance health equity in Algoma.
- Addressing diseases of public health significance (DoPHS) on the rise, such as sexually transmitted and blood-borne infections, and preventing others through IPAC with community partners are the focus in 2023.

### About Diseases of Public Health Significance

In Ontario, public health units monitor and respond to a range of diseases deemed reportable in the HPPA.<sup>(3)</sup> Typically, the list addresses diseases such as influenza, tuberculosis, vector-borne disease, vaccine-preventable diseases, sexually transmitted infections, and food- and water-borne diseases.

Clinicians, health care providers, and laboratories are mandated to report these to APH for follow-up. Standards and protocols from the Ministry of Health provide guidance for the case management of each disease.

In addition to continuing to monitor high risk cases and outbreaks of COVID-19 in Algoma, DoPHS<sup>(4)</sup> data, such as that shared below, is informing priorities for the ID program.

- Chlamydia cases decreased by 16% in 2022 as compared to 2021. The rate of chlamydial infections in Algoma (235.7 per 100,000) was 13% higher than Ontario's 2022 rate (209.5 per 100,000).
- The rate of gonorrheal infections in Algoma in 2022 (78.3 per 100,000) was 2.5 times higher than the 5-year average rate (31.7 per 100,000) and 1.8 times higher than the provincial rate in 2022 (42.8 per 100,000).
- The rate of infectious syphilis in Algoma in 2022 (13.2 per 100,000) was 2.5 times higher than the 5-year average rate (5.2 per 100,000), however it remained lower than the provincial rate (14.7 per 100,000). Similarly, latent syphilis also saw a rate increase in 2022 (9.7 per 100,000) which is 9.7 times higher than the 5-year average rate (1.0 per 100,000) and 2.7 times higher than the provincial rate (2.7 per 100,000).
- The rate of hepatitis C was 35.2 per 100,000 in 2022, 1.8 times higher than the rate in Ontario (19.1 per 100,000). However, in Algoma, reported cases of new hepatitis C have been on the decline since 2018, due to more effective therapies, harm reduction, infection control practices, and the possibility of reduced testing, especially during the pandemic period.
- The rate of Invasive streptococcus pneumoniae infections in Algoma (24.6 per 100,000) was 3 times greater than the rate in Ontario (8.0 per 100,000) in 2022.
- Enteric (intestinal) illnesses have diminished or remained stable, and Algoma continues to report 0 cases of vaccine preventable diseases like diphtheria, measles, mumps, poliomyelitis, and rubella as of 2022.

This DoPHS data improves our understanding of the distribution of infectious diseases in Algoma. It guides our internal planning and work with partners to address DoPHS presenting health concerns in Algoma and to prevent others through IPAC education and measures, which are the focus of the ID team for 2023.

### **Our Role: The Work of the Infectious Diseases Team**

Efforts to control the spread of COVID-19, including testing, case management, contact tracing, and public health measures, have formed the bulk of the ID team's work in the last three years, and will continue to be part of routine work in the future. However, as we move into recovery, the ID team is restoring core functions to manage DoPHS and participate in health promoting activities, including:

- Surveillance and monitoring of the occurrence and spread of infectious diseases in Algoma by working with the Population Health Assessment team to collect, analyze, and interpret DoPHS data quarterly.
- Disease reporting and notification, by supporting healthcare providers and laboratories in promptly reporting cases of specified infectious diseases to APH, for timely and effective monitoring and response.
- Risk assessment and management, by evaluating factors such as transmission dynamics, severity of illness, at-risk populations, and available measures for effective disease prevention, control, and response.
- Tuberculin (TB) skin testing and travel clinics as part of rapid identification and prevention efforts.
- Education and communication through provision of information on disease prevention, vaccination,

hygiene practices and other measures to reduce the risk of transmission. This is amplified during outbreaks and emergencies to ensure all are informed of how to take action to protect themselves and others. For example, when there is an urgent or emerging ID issue, health care providers are notified through an e-blast.

- Collaboration with various stakeholders, including healthcare providers, laboratories, emergency management agencies, and other public health units for knowledge exchange, planning, and coordinated response efforts, as further explained below.

By performing these essential functions, the ID team helps to prevent, detect, and respond to diseases, to protect the community health and priority populations most at risk.

### **Our Partnerships: The Bigger Team Behind Infectious and Communicable Diseases**

Our local COVID-19 response relied heavily on working with clients, partners, and communities towards our shared pandemic goals. Sustaining these relationships is critical to pandemic recovery and to addressing other DoPHS that are on the rise in Algoma.

APH maintains relationships to communicate, educate and be involved in the prevention of infections, including with hospitals, long term care homes, community health providers, congregate living settings, First Nations communities, and retirement homes. Furthermore, we work with community settings such as schools, licensed childcare settings, personal service settings, and health facilities (e.g., dental clinics) to optimize routine IPAC practices, and on an as needed basis in the context of a DOPHS case or IPAC lapse. This is supported by various Ministries and Public Health Ontario to ensure that best practices are implemented in high-risk settings.

In areas of higher disease risk, APH works closely with community service providers whose clients include priority populations at higher risk of blood-borne infections (e.g., Hepatitis C). For example, we engage with local partners including the Group Health Centre Hep Care Program, Ontario Aboriginal HIV/AIDS Strategy (OAHAS), Canadian Mental Health Association, and Sault Ste. Marie & Area Drug Strategy.

Internally, the work of health protection is supported by the Immunization Program, to educate and immunize the community against vaccine preventable diseases (e.g. measles), and the Environmental Health Program, to provide support to facilities for infection prevention and control (e.g., education, inspections, audits).

### **Our Way Forward: Planning for Prevention & Next Steps**

Much of the focus of 2023 will be on restoring core ID program work and shifting to health promotion efforts in recovery, while continuing to routinize COVID-19 case management. Key priorities include:

- Working with the Healthy Growth and Development Team to develop an evidence-informed health promotion plan for sexual health education and sexually transmitted infection prevention, with a particular focus on gonorrhea and syphilis.
- Collaborating with the local IPAC Hub<sup>(5)</sup>, which is hosted within APH as the designated hub for provincial infection prevention and control funding, as well as local ID experts and partners on targeted projects to enhance IPAC practices and reduce preventable infections and disease in populations at risk.



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<b>Date: June 28, 2023</b>	<b>Resolution No: 2023-</b>
<b>Moved:</b>	<b>Seconded:</b>
<b>Subject:</b> Support for Income-Based Policies to Reduce Household Food Insecurity	
<p><b>Whereas</b>, Algoma Public Health’s Nutritious Food Basket survey, which is used to monitor food affordability in Algoma, shows that low-income households, especially those receiving Ontario Works (OW) and Ontario Disability Support Program (ODSP), struggle to afford the basic costs of living and will be increasingly vulnerable as food prices continue to rise;<sup>(1)</sup> and</p> <p><b>Whereas</b>, household food insecurity is inadequate or insecure access to food due to financial constraints, meaning a household does not have enough money for food;<sup>(2)</sup> and</p> <p><b>Whereas</b>, 17.3% of households in Algoma were food insecure between 2018-2020<sup>(3)</sup> and in 2022, 2.8 million people in Ontario lived in a food insecure household;<sup>(4)</sup> and</p> <p><b>Whereas</b>, food insecurity is a serious public health problem that negatively impacts physical, mental, and social well-being, as well as life expectancy, and creates a heavy burden on the health care system, with adults living in severely food insecure households incurring 121% higher health care costs compared to food secure households;<sup>(5)</sup> and</p> <p><b>Whereas</b>, food charity cannot effectively reduce food insecurity, as evidence shows that only 20% of people who are food insecure access food banks,<sup>(6)</sup> and it only provides temporary relief to those who do; and</p> <p><b>Whereas</b>, policy interventions that improve financial circumstances for low-income households address the root cause of food insecurity, preserve dignity, give choice of which foods to buy, and ensure the basic right to food;<sup>(2, 5)</sup> and</p> <p><b>Whereas</b>, OW rates have not increased since 2018 and are not indexed to inflation;<sup>(7)</sup> and</p> <p><b>Whereas</b>, 48% of food insecure households in Ontario have income from employment, demonstrating that minimum wage is not adequate to meet basic needs;<sup>(2)</sup> and</p> <p><b>Whereas</b>, according to the Ontario Living Wage Network, the living wage calculation for Northern Ontario, which is the amount people would need to earn to cover the actual costs of living, was \$19.70/hour in 2022;<sup>(8)</sup> and</p> <p><b>Whereas</b>, the Ontario Dietitians in Public Health and Food Insecurity Policy Research (PROOF) have called on the Ontario Government to implement provincial policy levers to reduce household food insecurity, such as increasing minimum wage, raising social assistance to reflect costs of living, and reducing income tax rates for the lowest income households;<sup>(9, 10)</sup> and</p> <p><b>Whereas</b>, local Boards of Health and the Association of Local Public Health Agencies (aLPHa) have been calling for federal and provincial policy reform as it relates to income security and its direct link to health outcomes, since 2005.<sup>(11)</sup></p> <p><b>Therefore be it resolved</b> that the Board of Health of Algoma Public Health endorse income-based policy interventions to effectively reduce food insecurity, including 1) increasing minimum wage to a rate that better reflects costs of living, such as a living wage, 2) raising social assistance to reflect costs of living, 3) indexing Ontario Works to inflation, and 4) reducing income tax rates for the lowest income households;</p> <p><b>And furthermore</b>, that the Board of Health of Algoma Public Health call on the Ontario government to implement income-based policies by sending a letter to local Members of Parliament, the Premier of Ontario, the Minister of Health and the Minister of Children, Community and Social Services.</p>	

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**CARRIED: BOH Chair Signature :** \_\_\_\_\_

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Deborah Graystone | <input type="checkbox"/> Luc Morrissette | <input type="checkbox"/> Matthew Shoemaker | <input type="checkbox"/> Suzanne Trivers |
| <input type="checkbox"/> Sally Hagman      | <input type="checkbox"/> Loretta O'Neill | <input type="checkbox"/> Sonia Tassone     | <input type="checkbox"/> Jody Wildman    |
| <input type="checkbox"/> Julila Hemphill   |  |  |  |

# Local Public Health at Work in Algoma

## 2022 Report to the Community

### Paving the Road to Recovery: Strategy and Partnerships



## **Vision**

Health for all. Together.

## **Mission**

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

## **Values**

Excellence, Respect, Accountability & Transparency, Collaboration

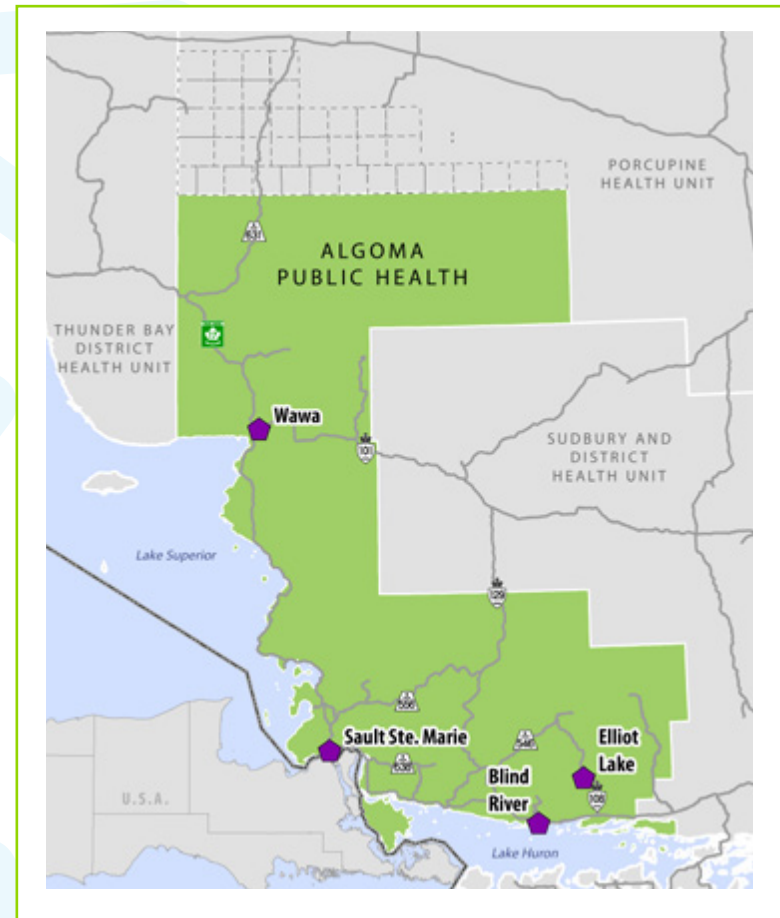
# Land Acknowledgement

The land on which we gather is in the traditional territories of the Anishinabek, Ililiwak (Cree), and Wiisaakoodewiwiniwok (Métis Nation).

Algoma Public Health delivers services and programs within some of the Robinson-Huron Treaty, Robinson-Superior Treaty, and Treaty 9 territories, specifically within the traditional territories of the Michipicoten, Missanabie-Cree, Batchewana, Garden River, Thessalon, Mississauga, Serpent River, and Sagamok First Nations.

Algoma Public Health also delivers services and programs within the traditional territory of the Huron-Superior Regional Métis Community, represented by the Historic Sault Ste. Marie Métis Council and the North Channel Métis Council as part of the Métis Nation of Ontario.

We say miigwech to thank Indigenous Peoples for continuing to take care of this land from time immemorial. We are all called to treat this sacred land, its plants, animals, stories and its Peoples with honour and respect.



*We commit to the shared goal of Truth and Reconciliation.*

# Message from the Acting Medical Officer of Health & Board of Health Chair

Whether working to protect the health of those most at risk during a global pandemic or working to promote and protect the health of everyone in our communities each day, public health is there for each of us in Algoma.

The public health professionals at Algoma Public Health plan and deliver evidence-informed programs and services that support wellbeing across the lifespan, from visits with new parents, to preventing falls among seniors, to advocating for healthy public policies that foster safer and healthy environments in our local schools, workplaces, and beyond.

We know that this support to our community has high value for its relatively low cost to residents. Every \$1 spent on immunizing children with the measles-mumps-rubella vaccine, saves \$16 in health care costs; every \$1 invested in tobacco prevention programs saves up to \$20 in future health care costs; and every \$1 invested in car and booster seats saves \$40 in avoided medical costs.\* Investment in local public health yields strong returns in the wellbeing of our community, especially when working with partners to improve health for all, together.

We also know that addressing health inequity and advocating for policy change are investments in a better future. As the world changes, so do our programs and services in order to continue to advance priority public health needs and meet the needs of Algoma's diverse communities.

Through 2022, we continued to see significant change as pandemic response and immunization work continued, and public health took early steps towards pandemic recovery.

We're pleased to share this report with the community that gives some of the many highlights of 2022, and a glimpse into some of the routine work that resumed as part of recovery.



**Sally Hagman**  
Chair, Board of Health



**Dr. John Tuinema**  
Acting Medical Officer of Health/  
Chief Executive Officer

\*Butler-Jones D. The Chief Public Health Officer's Report on the State of Public Health in Canada: 2008, Addressing health inequalities. Ministry of Health, 2008. <https://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/pdf/CPHO-Report-e.pdf>

# 2022 Board of Health

Member	Appointed by
Sally Hagman <i>Chair</i>	Township of Blind River, Township of Spanish, Township of North Shore
Ed Pearce <i>1st Vice-Chair</i>	City of Elliot Lake
Deborah Graystone <i>2nd Vice-Chair</i>	Province of Ontario
Micheline Hatfield	The Municipality of Wawa, Township of White River, Township of Dubreuilville
Musa Onyuna	City of Sault Ste. Marie
Matthew Scott	City of Sault Ste. Marie
Louise Caicco Tett	City of Sault Ste. Marie
Brent Rankin	Town of Thessalon, Municipality of Huron Shores
Lee Mason	Town of Bruce Mines, Village of Hilton Beach, Townships of Hilton, Jocelyn, Johnson, Laird, MacDonald, Meredith & Aberdeen Additional, Plummer Additional, Prince, St. Joseph, Tarbutt Township



# Strategic Directions

- 1 Advance the priority public health needs of Algoma's diverse communities.
- 2 Improve the impact and effectiveness of Algoma Public Health programs.
- 3 Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.



## Relaunch of our Strategic Plan & Aligning to Recovery

The strategic plan provides overarching direction to our work in local public health at Algoma Public Health.

Algoma Public Health's approval of the strategic plan was not followed by a traditional roll out in early 2020 due to the abrupt arrival of the COVID-19 pandemic that significantly shifted the work of our public health teams.

However, our work in COVID-19 response, immunization, and high-risk programming was retained as part of continuity of operations. This important pandemic work continued to advance the strategic directions and our mission to promote and protect community health and advance health equity in Algoma.

When COVID-19 recovery planning resumed in early 2022, it was quickly noted that plans for pandemic recovery remained closely aligned to the three strategic directions and that the work of our programs in recovery would further move us towards our mission and vision. Through a presentation to all staff in an internal Town Hall and to the Board of Health, there was resounding continued support for the strategic plan, to continue working towards our vision of health for all, together.

Learn more: [Strategic Plan](#)

# Riding into Recovery

## A Framework for Algoma Public Health

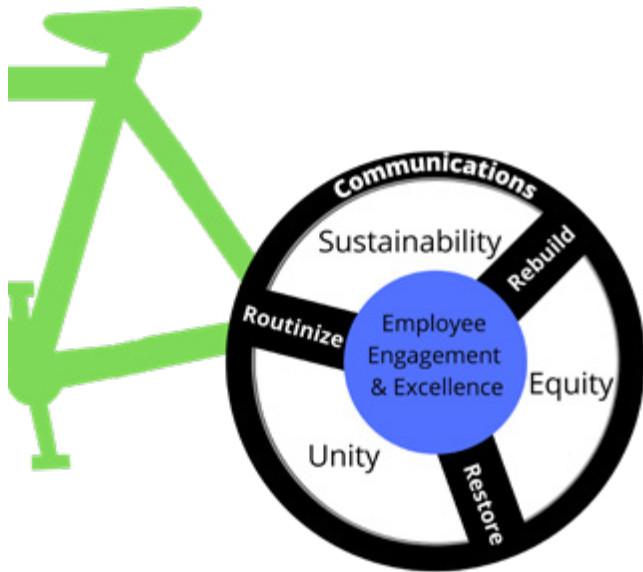
Throughout 2022, Algoma Public Health remained in its Incident Management System structure and continued with the pandemic response, administering COVID-19 vaccines, and supporting high-risk facilities. However, by the spring, most staff were able to return to core public health programs and the agency was able to kick start the roadmap to recovery.

Pandemic recovery involves addressing the impact of COVID-19 on our agency, including our employees that worked tirelessly to protect and promote health and wellbeing, and communities across Algoma.

In 2022, Algoma Public Health engaged in recovery planning, with the goal of effectively recovering from the COVID-19 pandemic using a collaborative, evidence-informed approach.

At the core of recovery was **employee engagement and excellence**, to revitalize the public health workforce through employees' lived experience, lessons learned, employee wellness, and organizational capacity development.

### Framework For Recovery



### Three spokes for planning and action included:

- **Routinizing** COVID-19 work for sustainable prevention, mitigation, preparedness, and response to COVID-19.
- **Restoring** public health programs and services considering lessons learned from COVID-19, alignment with Ontario Public Health Standards, and post-pandemic public health priorities in Algoma.
- **Rebuilding** local public health, with a focus on strategic policy and evidence to engage in change at local, provincial, and federal levels.

In 2022, many public health programs and activities resumed and began to address the backlog of priority services and support placed on hold to respond to the pandemic (e.g., school-based immunizations, seniors dental care, high-risk inspections).

However, there were still some activities yet to resume as part of a phased approach to recovery, which has been made more challenging by capacity limitations.

Our work in recovery will continue over the next several years with communication facilitating internal and external engagement and participatory action to keep us pedalling in the same direction.



**Learn more:** [\*A brief introduction: Algoma Public Health's Framework for COVID-19 Recovery\*](#)

# Health Promotion

Health promotion includes public health actions to prevent disease, encourage safe behaviours and improve health through public policy, community-based interventions, active public participation, and advocacy or action on environmental and socio-economic determinants of health.\*

## Walking Together towards Truth and Reconciliation

Building meaningful relationships with Indigenous partners founded in principles of **trust, respect, commitment, and self-determination** is key to our work together towards Truth and Reconciliation and decreasing health inequities experienced by Indigenous peoples as a result of colonialism.

Recovery from the COVID-19 pandemic throughout 2022 presented new opportunities to build on our work with Indigenous partners and strengthen relationships for health for all, together.


In 2022, Algoma Public Health co-presented an abstract with Maamwesying North Shore Community Health Services Inc. at Canadian Public Health Association's [Public Health 2022](#) Virtual Conference. The abstract titled [Working Together: Collaborating with Indigenous Partners during COVID-19](#) highlighted our work together, actions that facilitated partnership, and lessons learned.



\*Reference: Butler-Jones, D. 2008. [The Chief Public Health Officer's report on the state of public health in Canada 2008: Addressing Health Inequalities](#). Public Health Agency of Canada

## With the support of Indigenous partners, Algoma Public Health also:

- Recruited an Indigenous Engagement Facilitator to continue to strengthen collaborative partnerships between APH, Indigenous communities, and local, provincial, and federal Indigenous health service organizations.
- Celebrated Indigenous History Month with the Indigenous Diabetes Health Circle to honour Indigenous culture by learning about traditional foods and relationships with food and wellbeing.
- Acknowledged National Truth and Reconciliation Day with Elizabeth Webkamigad, a knowledge carrier who led an all-staff session to spark awareness and reflection on Canada's relationship with Indigenous peoples and where one might sit in their work with Indigenous peoples.
- Supported the Board of Health's initiative to complete a Reconciliation Education course, alongside monthly meetings.
- Began the development of an Indigenous Engagement Strategy focused on Truth and Reconciliation.
- Supported the Maamwesying Community Health Services COVID-19 Task Force by sharing resources and updates on COVID-19 response and immunizations.



*We recognize that there is much work to do in our journey towards the shared goals of Truth and Reconciliation and look forward to continuing this journey with Indigenous partners and Peoples in Algoma.*

**Strategic Direction #2D:** Meaningfully engage clients, partners and communities based on shared goals and accountabilities.

# Taking Steps with our Community to Address the Opioid Crisis

Throughout the pandemic and recovery, significant focus has remained on the opioid crisis that is disproportionately impacting families and communities across northern Ontario.

In collaboration with partners across multiple sectors, public health action occurred throughout the domains of harm reduction, treatment, community safety, and prevention.

The year 2022 brought specific focus to voices of those with lived and living experiences, through a client and community partner interview project. Reconnecting with the Algoma community allowed APH and partners to better understand facilitators and barriers to wellness across the continuum of substance use. In addition, the provision of naloxone kits and sterile drug use equipment continued through the Ontario Naloxone Program and Needle Exchange Program sites in Algoma.



## Throughout 2022, Algoma Public Health:

- Issued 5 community alerts to inform the public of an increase in opioid-related harms.
- Issued 7 community bulletins to keep partners apprised of the local opioid response.
- Participated in the Sault Ste. Marie & Area Drug Strategy Committee.
- Distributed 5,942 nasal spray naloxone kits.
- Supported 913 new clients that visited the Needle Exchange Program for clean drug use equipment (6,092 interactions).

Working to address the opioid crisis remains a local priority for public health, as much remains to be done with community partners in harm reduction, treatment, community safety, and prevention to address the opioid crisis and its impact on families in Algoma.

**Strategic Direction #1A:** Strengthening population health assessment to improve understanding of the distribution and determinants of health and disease, including local disparities, and identify priority populations for public health and health equity action.



# Starting the Journey for School and Routine Vaccination Catch-up

Administration of COVID-19 vaccines and booster doses continued in 2022, and Immunization and School Health programs were also able to shift attention to school-based, routine, and travel-related immunizations.

The team used data to inform the planning of clinics in communities and for priority populations with lower vaccine uptake or that may experience inequities through traditional approaches to vaccine delivery (e.g., pop-up clinics outdoors, supporting Indigenous-led clinics in First Nation communities, etc.).

Partnerships remained important to building community vaccine confidence and vaccine delivery, including those with pharmacies, primary care providers, and paramedicine.

We were also able to return to elementary and secondary schools across Algoma to immunize Grade 7-9 students, who missed immunizations during the pandemic due to school closures.

## Throughout 2022, Public Health Nurses:

- Administered 24,933 doses of COVID-19 vaccine at public health-led clinics.
- Delivered vaccines to eligible residents in Algoma, with 83.1% receiving a first dose and 80.5% receiving a second dose of COVID-19 vaccine to complete their primary series by December 31, 2022.
- Hosted 75 in-school vaccination clinics across Algoma, with over 4500 doses of vaccine administered to school-aged children (i.e., Hepatitis B, Tetanus Diphtheria, Gardasil, etc.).
- Hosted 95 routine immunization clinics at APH offices across the Algoma district.

Learn more: [Immunization](#)

**Strategic Direction #2:** Improve the impact and effectiveness of Algoma Public Health programs.

# Ringing Bells to Celebrate the Resumption of Healthy Growth & Development & Healthy Babies Healthy Children Programming

The focus of 2022 for Healthy Growth and Development was on re-orientation to the program, the population health approach, and health promotion with most staff returning from pandemic assignments and many new staff having joined the team during the pandemic.

The teams also re-engaged with community partners, such as the Sault Ste. Marie & Algoma Child and Family Network which is focused on supporting children born and growing up in SSM & Algoma to achieve their potential. This network celebrates successes and identifies issues and barriers that jointly affect children and families and works to combine efforts to ensure that service delivery across all of Algoma is integrated and responsive.

The Healthy Babies Healthy Children program was able to resume program delivery across Algoma, and parenting groups slowly shifted from virtual-only delivery to some in-person facilitation by the end of 2022, including a new program for dads and their children.

## Throughout 2022, the team:

- Co-chaired the SSM & Algoma Child and Family Network, a network of over 25 partners in Algoma.
- Supported 91 new pregnant individuals in accessing the Canadian Prenatal Nutrition Program.
- Conducted 535 calls to families with newborns in Algoma.
- Completed 420 visits to high-risk families in Algoma, through a blend of in-person and virtual modes.
- Continued to offer sexual health services and supports, which included conducting 36 Intrauterine Device (IUD) visits at the APH clinic with the Nurse Practitioner for clients who do not have a primary care provider in Algoma. This was a new service offered as part of a health equity approach to healthy sexuality programming.

Learn More: [Pregnancy & Parenting in Algoma](#) ; [Healthy Sexuality](#)

**Strategic Direction #2b, 3a:** Meaningfully engage clients, partners and communities based on shared goals and accountabilities; Invest in our people and develop organization capacity to use evidence and data to build effective partnerships.



*“ I want to take this opportunity to thank you for all the resources and information you have been providing since meeting you. Honestly, I did not know about all these avenues, and I really thank you for always guiding me and helping me with information. ”*

**- Healthy Babies Health Children Client.**

*“ I first met with [Healthy Growth and Development Public Health Nurse] when my infant was 3 weeks old. At the time, he wasn't latching properly, feeding was very painful, and I was ready to quit breastfeeding altogether. I was blown away by how friendly and knowledgeable [Healthy Growth and Development Public Health Nurse] was...She was so encouraging and enthusiastic; she inspired me to continue trying to breastfeed and gave me the knowledge and support I needed to succeed. ”*

**- Healthy Growth and Development Breastfeeding client.**

# Keeping Seniors Smiling with the Ontario Senior Dental Care Program

Oral health is an important part of overall health. The Ontario Senior Dental Care Program provides free, routine dental services for low-income seniors aged 65+. The goal of the program is to prevent chronic disease, increase quality of life, and reduce unnecessary trips to the hospital.

Algoma Public Health administers the Ontario Senior Dental Care Program at the local level through a blended service delivery model, delivering services at the Algoma Public Health office in Sault Ste. Marie, and throughout the district by contracting with dental professionals. The services include preventive (hygiene), treatment, dentures, and oral surgery.

## Through 2022:

- Oral surgery services and a new denturist were added to the program.
- A panoramic X-ray machine was installed for improved diagnostics.
- 85 preventive clinics and 51 treatment clinics were held at Algoma Public Health.
- 385 treatment clients were supported across the district.
- 157 hygiene clients were supported at Algoma Public Health.
- 5 clients received care from an oral surgeon.
- 106 clients received dentures across the district.

Learn More: [Ontario Senior Dental Care Program](#)

**Strategic Direction #2:** Improve the impact and effectiveness of Algoma Public Health programs.



# Keeping Kids Smiling - Healthy Smiles Ontario

Healthy Smiles Ontario is a provincial program that provides free dental care (i.e., check-ups, preventive care, and treatment) for eligible children and youth 17 and under.

## Throughout 2022:

- 182 Healthy Smiles Ontario clients received care at Algoma Public Health with many more supported by community providers.
- The school screening program resumed for the first time since the start of the COVID-19 pandemic, with 58 school screening clinics booked throughout the 2022-23 school year.



As pandemic recovery continues, we look forward to being able to resume other important oral health services like childcare centre screenings, preventive clinics in district office locations, and health promotion activities, all of which continue to be on hold as we work to meet demands to keep local seniors and children and youth smiling in Algoma.

Learn more: [Healthy Smiles Ontario](#)

**Strategic Direction #2:** Improve the impact and effectiveness of Algoma Public Health programs.



# Health Protection

Health protection includes public health actions to ensure water, air, and food are safe, control infectious diseases, and protect community health from environmental threats, including those we experience as a result of a changing climate.\*

## Kickstarting our Emergency Response during an Oil Spill

In June 2022, a quantity of oil was released from Algoma Steel Inc.'s wastewater treatment plant into the St. Mary's River.

As part of our work to investigate potential health hazards and to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, Algoma Public Health mobilized with provincial and community partners to ensure public health and safety.

Algoma Public Health activated its internal Emergency Response Plan and implemented an Incident Management System structure, remaining in response until risk to public health was mitigated. Public Health Ontario's technical experts provided support to assess potential health related impacts resulting from the oil spill.

Our operations focused on health equity and residents most at risk, including residents with private drinking water systems downstream from the spill, members of Batchewana First Nation whose land and traditional fishing areas were impacted, and Echo Bay, whose municipal drinking water system was temporarily shut down given its proximity to the spill.

The Algoma Public Health team conducted risk assessments, provided guidance to partners, and shared risk communication with the public.

To inform the public, APH issued a public warning to users downstream, warning residents not to drink, swim, bathe, or shower with the water, along with other precautionary measures. Once sampling was satisfactory, the warning was lifted, and residents could resume activity safely.

### **Strategic Direction #2A, C:**

Align programs to population health priorities and to the unique role of public health and meaningfully engage clients, partners, and communities based on shared goals and accountabilities.

\*Reference: Butler-Jones, D. 2008. [The Chief Public Health Officer's report on the state of public health in Canada 2008: Addressing Health Inequalities](#). Public Health Agency of Canada.



# Pedalling Together: The Infection Prevention and Control Hub & High-Risk Settings

As the designated Algoma Infection Prevention and Control (IPAC) Hub, Algoma Public Health has continued to build capacity across high-risk settings to curb the spread of infectious diseases and protect those most vulnerable.

The goal of the Hub is to enhance infection control practices in community-based congregate settings (e.g., long-term care homes, shelters, hospices, Indigenous-led elder lodges, etc.).

## **Algoma Public Health worked towards this goal by:**

- Conducting a situational assessment of high-risk settings to better understand Infection Prevention and Control needs and tailor Hub initiatives to meet the needs of facilities in Algoma.
- Providing education, training, and mentoring in Infection Prevention and Control (e.g., webpage, newsletters).
- Supporting the development of a Community of Practice to facilitate the sharing of challenges and lessons learned across facilities with the Hub and Public Health Ontario.
- Providing supportive visits and consults to facilities, such as through support for Infection Prevention and Control programs, policies, procedures, assessments, and audits.
- Providing recommendations to strengthen Infection Prevention and Control and supporting implementation.
- Supporting outbreak management planning with facilities.

## **Throughout 2022:**

- 888 facility requests were responded to in 2022, either onsite or delivered remotely.
- 1 Community of Practice Meeting was held with participating facilities.
- 2 Newsletters were distributed to high-risk facilities in Algoma.

Learn More: [Infection Prevention and Control Hub](#)

**Strategic Direction #2D:** Meaningfully engage clients, partners and communities based on shared goals and accountabilities.

# Gearing Up in Environmental Health to Get Back to Routine Work

While still supporting COVID-19 response efforts, such as education and outbreak management in high-risk settings, the Environmental Health team has gradually resumed some routine environmental health programming.

The goals of the Environmental Health team are to prevent or reduce the burden of food-borne and water-borne illnesses and injuries, reduce the burden of communicable and other infectious diseases of public health significance in high-risk settings, and reduce exposures to health hazards and promote the development of healthy built and natural environments.

Public health inspectors in Algoma are working through the backlog of inspections and support paused throughout the pandemic due to the prioritization of response efforts.

Throughout 2022, inspectors focused on priority activities to protect public health, including high risk food premises, high risk drinking water systems, and public pool and spa inspections, along with case and contact management.

## Throughout 2022, Public Health Inspectors:

- Conducted 7 Food Handler Training Sessions with 257 individuals trained.
- Issued 182 special event permits.
- Issued 64 farmers market approvals.
- Followed-up on 230 investigations/complaints.
- Conducted 84 inspections of personal service settings.
- Conducted 135 inspections of pools and spas.
- Conducted 809 inspections of food premises.

The Environmental Health team is looking to get back to some key health promotion-based activities in 2023, including a Food Safety at Home campaign.

**Strategic Direction #2A:** Align programs to population health priorities and to the unique role of public health.

## Learners Join the Team

Algoma Public Health is a teaching health unit, committed to offering learner opportunities that build core competencies for public health in the next generation of public health professionals. Numerous learners join our health promotion, health protection, and corporate service teams each year for an engaging and informative public health experience.

Opportunities have included job shadowing and placements for BScN students, public health and preventive medicine residents, medical residents in non-public health specialties, medical students, and graduate students.

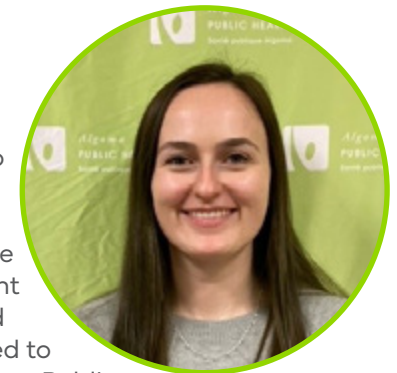
Throughout 2022, Algoma Public Health staff mentored 14 learners that joined the APH team.

Learn More: [Learners](#)



"My placement allowed me to learn about upstream approaches to health care and how the social determinants of health are vital to the overall health of the population. The agency's welcoming environment and engaging preceptors made it easy for me to participate in a variety of health equity projects and seminars so that I could be a contributing member of the team. I feel fulfilled and happy in my current role as a Public Health Nurse, and I highly enjoy taking the knowledge and experience I gained from my school placement and applying it to my work."

- Averi Thibodeau



"I am grateful that I had the opportunity to be able to complete my placement with Algoma Public Health as it introduced me to public health nursing. After completing a rapid review paper about climate change adaptation and mitigation for my third-year placement project, I was impressed by how many services and programs Algoma Public Health provided and wanted to learn more. I am excited to continue my new journey as a Public Health Nurse in the school health program."

- Taryn Gazankas

**Strategic Direction #3:** Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.



# 2022 Funding of Local Public Health

<b>Municipal Levies</b> (District of Algoma)	<b>\$4,189,216</b>
<b>Public Health Funding</b> (Ministry of Health and Long-Term Care)	<b>\$13,993,704</b>
<b>Community Health Funding</b> (Ministry of Children Community & Social Services, North East Local Health Integration Network, Algoma Family Services)	<b>\$1,859,641</b>
<b>Fees, Other Grants &amp; Recoveries</b>	<b>\$643,513</b>
<b>TOTAL</b>	<b>\$20,686,074</b>

**Financial fact!**  
**Did you know...**



Local public health is funded by provincial and municipal taxpayer dollars. These dollars come from the same taxpayers.

In 2022, public health programs and services cost Algoma residents \$183/ person for the year, or 50 cents/person/day, based on a 2021 census population of 112, 764 for the District of Algoma Health Unit.

That’s quite an exceptional deal to keep us safe and healthy as we recover from the COVID-19 pandemic.



# Public Health in All of Us

Public Health is more than the choices we make about our health. It is the organized efforts of society to keep our communities healthy and safe. Our Public Health Champion awards honour Algoma residents or organizations that have helped to protect and promote community health and advance health equity in Algoma, whether through leading, collaborating, innovating, or fostering opportunities for *health for all, together*.

## Our 2022 Public Health Champions were:

### Connie Raynor-Elliott (Save Our Young Adults)

A little over 13 years ago, Connie Raynor-Elliott founded Save Our Young Adults (SOYA), a non-profit, grassroots organization that provides support services and direction to people and families living with addiction in Algoma.

SOYA consists of volunteers — some who are parents of children who have experienced drug poisoning — who help with food, clothing, driving, application to treatment, and finding housing. SOYA becomes an adoptive family to those in desperate need. They collaborate with many social services, forms of government, treatment centres, and anyone willing to help those struggling with addiction in our community.

Connie and SOYA are strong advocates for increasing the presence of local services with an emphasis on stigma reduction.



## Harvest Algoma (United Way)

Harvest Algoma is a hub for food rescue, preparation, and production. Established in 2018, it is a centre that gathers food donations and distributes them across our community to over 70 partner agencies, including soup kitchens and food banks.

They also offer a Community Commercial Kitchen for food preparation, and large freezers and refrigerators for food storage, allowing fresh foods to be processed and saved as a healthy food source for those in need in our community.

The Food Resource Centre supports public health with activities that address food insecurity and access, improving the health of people in our community, protecting our environment, and preparing us for the future.



Learn more: [Public Health Champions Awarded](#)

**Strategic Direction #3B, C:** Engaging staff and external partners in the evolution of our public health role in Algoma communities and recognizing and sharing the stories of our people and partners.

## Connect with Public Health

### ***Join the Conversation***



**@algomahealth**

#### **Phone:**

**Blind River:** 705-356-2551 or 888-356-2551

**Elliot Lake:** 705-848-2314 or 877-748-2314

**Sault Ste. Marie:** 705-942-4646 or 866-892-0172

**Wawa:** 705-856-7208 or 888-211-8074

**Email:** [contact@algomapublichealth.com](mailto:contact@algomapublichealth.com)

# PUBLIC HEALTH

## Chair Report

### Finance and Audit Committee meeting - June 21, 2023

The committee reviewed the Unaudited Financial Statements for the period ending April 30, 2023, and recommend the statements to the Board as presented. We also reviewed and recommend that the Board of Health approve Policy 02-04-030 - Procurement, as presented. We also reviewed and recommend that the Board of Health approve Policy 02-05-020 – Travel, as presented – with some potential recommendations for changes coming back to the board in the fall for Meal allowance when travelling to towns that cost more to eat at. We will also review part of the policy regarding travel booking for flights. We also recommend that the Board of Health approve Bylaw 95-2 - To Provide for Banking and Finance, as presented, and Bylaw 95-3 - To Provide for the Duties of the Auditor of the Board of Health, as presented. We also recommend to the board to enter into the new cleaning contract for 294 Willow Ave Sault Ste Marie for Supply of Janitorial Services for 3 years, starting August 1, 2023. We also want to wish Antoinette Happy retirement and we want to thank her for her years of service in the Finance Dept. at Algoma Public Health.

Luc Morrisette

Finance and Audit Committee Chair

**Algoma Public Health  
(Unaudited) Financial Statements**

**April 30, 2023**

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	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ YTD Budget 2023
<b>Public Health Programs (Calendar)</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 2,094,609	\$ 2,094,608	\$ 1	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	2,931,737	2,931,733	4	8,795,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	720,119	729,333	(9,214)	3,266,089	-1%	99%
Provincial Grants - Mitigation Funding	0	345,933	(345,933)	1,037,800	-100%	0%
Fees, other grants and recovery of expenditures	113,405	114,128	(723)	452,384	-1%	99%
<b>Total Public Health Revenue</b>	<b>\$ 5,859,870</b>	<b>\$ 6,215,736</b>	<b>\$ (355,866)</b>	<b>\$ 17,740,689</b>	<b>-6%</b>	<b>94%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 5,415,022	\$ 5,322,563	\$ (92,459)	\$ 15,552,690	2%	102%
Public Health 100% Prov. Funded Programs	763,169	738,288	(24,881)	2,187,999	3%	103%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 6,178,191</b>	<b>\$ 6,060,851</b>	<b>\$ (117,340)</b>	<b>\$ 17,740,689</b>	<b>2%</b>	<b>102%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ (318,321)</b>	<b>\$ 154,885</b>	<b>\$ (473,206)</b>	<b>\$ 1</b>		

### Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 89,011	89,001	(10)	1,068,012	0%	100%
Expenditures	86,574	88,818	(2,244)	1,068,012	-3%	97%
<b>Excess of Rev. over Exp.</b>	<b>2,437</b>	<b>183</b>	<b>2,254</b>	<b>(0)</b>		

### Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 119,418	119,433	15	236,100	0%	100%
Expenditures	72,928	58,333	14,595	236,100	25%	125%
<b>Excess of Rev. over Fiscal Funded</b>	<b>46,490</b>	<b>61,100</b>	<b>(14,610)</b>	<b>-</b>		

### Community Health Programs (Non Public Health)

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

### Fiscal Programs

<b>Revenue</b>						
Provincial Grants - Community Health	\$ 13,513	\$ 13,513	\$ 0	\$ 262,153	0%	100%
Municipal, Federal, and Other Funding	57,222	57,224	(2)	114,447	0%	100%
Other Bill for Service Programs	0	0	-	-	#DIV/0!	#DIV/0!
<b>Total Community Health Revenue</b>	<b>\$ 70,735</b>	<b>\$ 70,736</b>	<b>\$ (1)</b>	<b>\$ 376,600</b>	<b>0%</b>	<b>100%</b>
<b>Expenditures</b>						
Brighter Futures for Children	5,501	9,537	4,036	114,447	-42%	58%
Infant Development	0	0	-	0	#DIV/0!	#DIV/0!
Preschool Speech and Languages	0	0	-	0	#DIV/0!	#DIV/0!
Nurse Practitioner	13,150	13,513	362	162,153	-3%	97%
Stay on Your Feet	7,771	8,333	562	100,000	-7%	93%
Rent Supplements CMH	0	0	-	0	#DIV/0!	#DIV/0!
Bill for Service Programs	0	0	-	0	#DIV/0!	#DIV/0!
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
<b>Total Fiscal Community Health Programs</b>	<b>\$ 26,422</b>	<b>\$ 31,383</b>	<b>\$ 4,961</b>	<b>\$ 376,600</b>	<b>-16%</b>	<b>84%</b>
<b>Total Rev. over Exp. Fiscal Community Health</b>	<b>\$ 44,313</b>	<b>\$ 39,353</b>	<b>\$ 4,960</b>	<b>\$ (0)</b>		

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

**Algoma Public Health  
Revenue Statement**

For Four Months Ending April 30, 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
Leves Sault Ste Marie	1,456,828	1,456,828	(0)	2,913,655	0%	50%	1,475,862	1,475,863	(0)
Leves District	637,781	637,780	1	1,275,561	0%	50%	618,746	618,746	0
<b>Total Levies</b>	<b>2,094,609</b>	<b>2,094,608</b>	<b>0</b>	<b>4,189,216</b>	<b>0%</b>	<b>50%</b>	<b>2,094,608</b>	<b>2,094,608</b>	<b>(0)</b>
MOH Public Health Funding	2,931,737	2,931,733	4	8,795,200	0%	33%	2,902,701	2,909,958	(7,257)
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
<b>Total Public Health Cost Shared Funding</b>	<b>2,931,737</b>	<b>2,931,733</b>	<b>4</b>	<b>8,795,200</b>	<b>0%</b>	<b>33%</b>	<b>2,902,701</b>	<b>2,909,958</b>	<b>(7,257)</b>
MOH Funding - MOH / AMOH Top Up	60,840	63,100	(2,260)	189,300	-4%	32%	60,215	63,100	(2,885)
MOH Funding Northern Ontario Fruits & Veg.	39,134	39,133	1	117,400	0%	33%	39,134	39,133	1
MOH Funding Unorganized	176,800	176,800	0	530,400	0%	33%	176,800	176,800	0
MOH Senior Dental	417,633	417,633	(0)	1,252,900	0%	33%	232,633	341,106	(108,473)
MOH Funding Indigenous Communities	32,666	32,667	(1)	98,000	0%	33%	32,666	32,667	(1)
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%	0	0	0
OTF COVID-19 Extraordinary Costs	(6,954)	0	(6,954)	1,078,089	#DIV/0!	-1%	(6,954)	0	(6,954)
<b>Total Public Health 100% Prov. Funded</b>	<b>720,119</b>	<b>729,333</b>	<b>(9,214)</b>	<b>3,266,089</b>	<b>-1%</b>	<b>22%</b>	<b>534,494</b>	<b>652,806</b>	<b>(118,312)</b>
<b>Total Public Health Mitigation Funding</b>	<b>0</b>	<b>345,933</b>	<b>(345,933)</b>	<b>1,037,800</b>	<b>-100%</b>	<b>0%</b>	<b>324,312</b>	<b>345,932</b>	<b>(21,620)</b>
Recoveries from Programs	3,592	3,333	259	10,000	8%	36%	3,520	3,333	187
Program Fees	13,167	19,867	(6,700)	79,600	-34%	17%	27,098	17,209	9,889
Land Control Fees	22,275	45,000	(22,725)	225,000	-51%	10%	40,550	30,000	10,550
Program Fees Immunization	7,122	30,000	(22,878)	50,000	-76%	14%	8,140	16,664	(8,524)
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	67,250	10,928	56,322	32,784	515%	205%	7,490	6,668	822
Other Revenues	0	5,000	(5,000)	15,000	-100%	0%	4,357	2,333	2,024
<b>Total Fees and Recoveries</b>	<b>113,406</b>	<b>114,128</b>	<b>(722)</b>	<b>452,384</b>	<b>-1%</b>	<b>25%</b>	<b>91,155</b>	<b>76,208</b>	<b>14,948</b>
<b>Total Public Health Revenue Annual</b>	<b>5,859,870</b>	<b>6,215,736</b>	<b>(355,865)</b>	<b>17,740,689</b>	<b>-6%</b>	<b>33%</b>	<b>5,947,270</b>	<b>6,079,512</b>	<b>(132,241)</b>
<b>Public Health Fiscal April 2023 - March 2024</b>									
Infection Prevention and Control Hub	0	0	0	0	#DIV/0!	0%			
School Nurses Initiative	58,333	58,333	0	175,000	0%	33%			
Upgrade Network Switches	61,085	61,100	(15)	61,100	0%	100%			
<b>Total Provincial Grants Fiscal</b>	<b>119,418</b>	<b>119,433</b>	<b>(15)</b>	<b>236,100</b>	<b>0%</b>	<b>51%</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Algoma Public Health**  
**Expense Statement- Public Health**  
For Four Months Ending April 30, 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	3,350,204	3,566,365	216,161	10,699,084	-6%	31%	\$ 3,586,236	\$ 3,728,305	\$ 142,069
Benefits	930,550	837,333	(93,217)	2,512,002	11%	37%	868,959	871,176	2,217
Travel	41,132	52,933	11,801	158,800	-22%	26%	25,106	62,902	37,796
Program	524,798	421,343	(103,455)	1,237,163	25%	42%	302,450	410,036	107,586
Office	22,347	27,467	5,120	82,400	-19%	27%	14,342	22,467	8,124
Computer Services	334,126	298,631	(35,495)	895,895	12%	37%	308,242	284,138	(24,105)
Telecommunications	98,664	88,333	(10,331)	265,000	12%	37%	114,349	109,176	(5,173)
Program Promotion	14,256	15,000	744	45,000	-5%	32%	21,838	28,311	6,473
Professional Development	18,836	26,808	7,972	80,424	-30%	23%	3,893	28,714	24,821
Facilities Expenses	375,800	305,998	(69,802)	924,000	23%	41%	451,045	368,797	(82,248)
Fees & Insurance	315,005	268,167	(46,838)	383,500	17%	82%	257,309	236,100	(21,209)
Debt Management	152,474	152,474	0	457,421	0%	33%	152,474	152,474	0
Recoveries	0	0	0	0	#DIV/0!	0%	(6,750)	(9,000)	(2,250)
	\$ 6,178,192	\$ 6,060,852	\$ ( 117,340 )	\$ 17,740,689	2%	35%	\$ 6,099,493	\$ 6,293,594	\$ 194,101



## **Notes to Financial Statements – April 2023**

### **Reporting Period**

The April 2023 financial reports include four months of financial results for Public Health. All other non-funded public health programs are reporting one month of results from the operating year ending March 31, 2024.

### **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 April 30, 2023, Public Health calendar programs are reporting a \$473K negative variance driven by a \$117K negative variance in expenditures and a \$356K negative variance in revenues.

### **Public Health Revenue (see page 2)**

Our Public Health calendar revenues are within 6% 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 provided formal approval 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. A catch up payment for this funding has been received in May 2023 and will be reflected in the May 2023 unaudited statements.

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 was submitted to the Ministry on April 3, 2023.

To date for the fiscal year ending March 2024, funding has been approved totaling \$175K for continuation of the COVID School Focused Nurse initiative which will expire in June 2023. \$61K of one time funding related to upgrading of essential IT network switches has also been carried over from fiscal 2022-23 as approved by the Ministry in March 2023. Although it has been confirmed that temporary IPAC Hub funding will continue into the 2023-24 fiscal year, APH has not yet received confirmed funding allocations. APH has recently shared with the Ministry, our input towards a 2023-24 budget for this program and we expect to receive feedback shortly. Funding requests for other one time initiatives were submitted alongside APH's annual service plan and feedback/any potential funding allocations related to these are pending.

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

## **Public Health Expenses (see page 3)**

### ***Salaries & Benefits***

There is a \$123K positive variance associated with salaries and benefits. A positive variance in salaries and wages driven by ongoing position vacancies is partially offset by increased cost of non-statutory benefits caused by significantly increased usage year over year.

### ***Travel***

There is a \$12K 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 \$103K negative variance associated with programs. This is driven by ongoing COVID recovery initiatives (leadership and workforce development programs) as well as increasing program demand for our Ontario Senior Dental program. We note that APH has requested an increase to base funding for the 100% funded Ontario Senior Dental program with the 2023 Annual Service Plan to fund these identified pressures.

### ***Computer Services***

There is a \$35K 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 \$70K negative variance associated with facilities expenses driven by one-time repair/maintenance & janitorial costs completed in January, as well as increasing utility and repair & maintenance costs caused by general inflationary pressures.

### ***Fees & Insurance***

There is a \$47K negative variance associated with insurance due to the premium increases associated with our general and cyber risk policies, as well as transitioning to an alternate coverage year.

## **COVID-19 Expenses**

### ***COVID-19 Response***

This program includes case and contact management as well as supporting the information phone lines. March year to date expenses were \$90K (versus \$1,372K this time last year).

### ***COVID-19 Mass Immunization***

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. March year to date expenses were \$81K (versus \$732K this time last year).

The majority of these costs consist of salaries and benefits costs of APH staff associated with the hours committed year to date to COVID response activities (versus work completed under normal 'home' program delivery).

**Financial Position - Balance Sheet (see page 7)**

APH's liquidity position continues to be stable and the bank has been reconciled as of April 30, 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.

**Algoma Public Health**  
**Statement of Financial Position**  
(Unaudited)

	April 2023	December 2022
<b>Date: As of April 2023</b>		
<b>Assets</b>		
<b>Current</b>		
Cash & Investments	\$ 5,497,270	\$ 6,759,408
Accounts Receivable	1,125,181	1,550,507
Receivable from Municipalities	97,204	6,482
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	6,719,655	8,316,397
<b>Financial Liabilities:</b>		
Accounts Payable & Accrued Liabilities	1,327,548	1,319,570
Payable to Gov't of Ont/Municipalities	2,398,383	4,628,303
Deferred Revenue	271,319	317,901
Employee Future Benefit Obligations	2,849,656	2,849,656
Term Loan	3,702,106	3,702,106
<i>Subtotal Current Liabilities</i>	10,549,012	12,817,535
<b>Net Debt</b>	(3,829,357)	(4,501,139)
<b>Non-Financial Assets:</b>		
Building	23,012,269	23,012,269
Furniture & Fixtures	2,113,823	2,113,823
Leasehold Improvements	1,583,166	1,583,166
IT	3,284,893	3,284,893
Automobile	40,113	40,113
Accumulated Depreciation	-12,619,708	-12,619,708
<i>Subtotal Non-Financial Assets</i>	17,414,556	17,414,556
<b>Accumulated Surplus</b>	13,585,199	12,913,417

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

**APPROVED BY:** Board of Health

**REFERENCE #:** 02-04-030

**DATE:** -Original-: Feb 13, 1996  
Revised-: Nov 25, 2020  
Revised:

**SECTION:** Policies

**SUBJECT:** Procurement

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### 1.0 PURPOSE

The purpose of this policy is:

- a) To ensure that Algoma Public Health (APH) utilizes fair, reasonable and efficient methods to procure quality goods and services required to execute the Board of Health for the District of Algoma Health Unit's (the Board's) programs and services.
- b) To ensure APH aims to be accountable and transparent when procuring goods and services while safeguarding the assets of the agency.
- c) To protect the financial interest of APH while meeting the needs of its programs and services, it offers within the District of Algoma.
- d) To promote and ensure the integrity of the procurement process and to ensure the necessary controls are present for a public institution.

### 2.0 POLICY ACCOUNTABILITY AND RESPONSIBILITIES

The Board is accountable to ensure that Algoma Public Health uses fair, reasonable and efficient methods to procure quality goods and services required to execute the Board's programs and services. The Board delegates responsibility to Algoma Public Health employees as outlined below:

Medical Officer of Health (MOH)/Chief Executive Officer (MOH/CEO)

- a) Ensures the Leadership Team is aware of and follows the Procurement policy
- b) Ensures that an adequate system of internal controls is in place related to APH's Procurement policy
- c) Ensures changes to the Procurement Policy are implemented
- d) Reports to the Board on any liability incurred as a result of the policy not being followed.

**The Leadership Team**

- a) Ensures all staff know and follow policy directions for [the](#) procurement of goods and services
- b) Considers price, quality and timely delivery of the product or service being procured rather than only the lowest invoice price
- c) Considers the total acquisition cost
- d) Monitors expenses on a regular basis to ensure that they are within the approved budget

**3.0 SCOPE OF APH PROCUREMENT POLICY**

This policy applies to the procurement of goods and services for APH. – Exemptions of this policy include:

- a) Training and Education
  - i. Registration for conferences, conventions, courses, workshops and seminars
  - ii. Magazines, subscriptions, books and periodicals
  - iii. Memberships and association fees
  - iv. Guest speakers for employee development
- b) Refundable Employee Expenses
  - i. Meal allowances
  - ii. Travel expenses
  - iii. ~~Kilometer~~ [Kilometre](#) and other incidental expense reimbursement
- c) Employer's General Expenses
  - i. Payroll and honoraria remittances
  - ii. Government license fees
  - iii. Insurance Premiums
  - iv. Employee benefits
  - v. Damage and insurance deductible claims
  - vi. Petty cash replenishment
  - vii. Tax remittances
  - viii. Loan payments
  - ix. Bank fees and charges
  - x. Grants to agencies and partners
  - xi. Payments pursuant to agreements approved by the Board
- d) Professional and Special Services
  - i. Special tax, accounting, actuarial and audit services and advice from the Board-approved auditor
  - ii. Legal fees and other professional services related to litigation, potential litigation or legal matters

- iii. Clinical Services that are required to meet a community need and for which there are a limited number of professionals willing to provide these services
  - iv. Confidential items (i.e. investigations, forensic audits)
  - v. Honoraria
  - vi. Warranty work resulting from contractual obligations
  - vii. Group Benefits and Employee Assistance Programs
  - viii. Agency Insurance
- e) Utilities/Communication Infrastructure
- f) Advertising services required by APH on or in but not limited to radio, television, online, newspaper and magazines
- g) Bailiff or collection agencies
- h) Software licensing renewals
- i) Ongoing maintenance agreements
- j) Vaccine purchases
- k) A situation where APH staff are incurring the cost of a service (i.e. exercise class on APH premises)
- l) Real Property Interests
  - i. All real estate transactions
- m) A situation where a competitive process could interfere with APH's ability to maintain security or order or to protect human, animal or plant life or health
- n) Emergency Goods & Services where an unforeseen situation or urgency exists, and the goods or services cannot be obtained through a competitive process.—Purchase of these emergency items must be authorized by the—Director Of Corporate Services or the MOH/CEO.—The Chair of the Board or designate must be notified.—An unforeseen situation of emergency does not occur where APH has failed to allow sufficient time to conduct a competitive process.
- o) Goods & services where there is only one supplier available and no alternative or substitute exists.

## 4.0 FORM OF COMMITTEMENT BY ROLE/SIGNING AUTHORITY

### 4.1 Signing Authority to Make Purchases

The delegation of signing authority to make purchases on behalf of the agency is based on the dollar amount of the expenditure and the role ~~in~~ which the employee occupies within the agency.

Expenditure \$ Amount	Required Approval				
0-\$4000	Executive Assistants and <del>HR Assistant to MOH/CEO and Board Secretary or Executive Assistants to</del>				
0- \$6,000	Supervisors and Managers				
\$0 - \$20,000	Any Director or Associate MOH or <del>Manager of Accounting Services</del>				
\$0 - \$60,000	CEO/MOH or Director of Corporate Services				
Greater than \$60,000	Board of Health				

The delegation of signing authority for the Execution of Documents is defined by Algoma Public Health By-Law 95-1 – To Regulate the Proceedings of the Board of Health, Clause 34 and 35, Execution of Documents.

Note: When the Associate MOH is functioning in the capacity of the MOH, the signing authority will reflect that of the MOH noted above. ~~—~~

## 4.2 General Guidelines

When assessing what dollar value the purchase falls within, the following conditions are considered:

- The spending authorization limits noted above and throughout this policy are before applicable taxes.
- The goods or services purchased must be taken in their entirety and not broken down into component parts in an attempt to circumvent this policy.
- The cumulative value of those goods or services over a calendar year.
- The total value of the contract that will be awarded to the same individual/company over the term of that contract, whether for a single or multiple years.

## 5.0 QUOTATION PROCEDURE

### 5.1 Requests for Bids/Quotations/Proposals/Tenders and Dollar Thresholds

Requests for bids, quotations and proposals are **mandated** for the purchase of all goods and services according to the following guidelines:

- \$1 – \$~~56~~,000: single quote (Purchase Order) **is required**. ~~—~~ Multiple quotes **are recommended**.
- \$~~56~~,000 – \$~~1520~~,000: Two (2) written bids, quotations, and/or proposals **are required**.
- \$~~1520~~,000 to \$~~5560~~,000: Three (3) written bids, quotations, and/or proposals **are required**.
- For purchases greater than \$~~5560~~,000, a formal Request for Quotation (Tender/Proposal) must be adhered to. ~~—~~ Board approval is required once the successful bidder is chosen.
- The time frames for soliciting this information are generally ~~between ten (10) to fifteen (15) business days~~, done in a timely manner, depending on the complexity and value of the request.



**The submission of split requisitions in an attempt to circumvent the bidding policy is not allowed.**

Written bids, quotations and/or proposals must go through APH Administration.

Administration may, at their discretion, secure other competitive bids regardless of the dollar thresholds listed at any time. Furthermore, Administration may, at their discretion, conduct negotiations with more than the apparent low bidder when it is deemed to be in APH's best interest to do so.

## **5.2 Confidentiality of ~~Bids/Quotations~~/Proposals**

In accordance with fair and best business practice, all information supplied by vendors in their bid, quotation or proposal must be held in strict confidence by the employee(s) evaluating the bid, quotation or proposal and may not be revealed to any other vendor or unauthorized individual.—\_Failure to do so may result in termination.

## **5.3 Late ~~Bids/Quotations~~/Proposals**

- a) All bids, quotations and proposals are to be date and ~~time~~time-stamped to assure that they are received prior to the deadline for submission. It is the responsibility of the vendor to ensure that their bids are received by the responsible person no later than the appointed hour of the bid ~~opening~~closing date as specified on the request for bid.
- b) **Late submissions will not be considered.**

## **5.4 Errors in Bids/Quotations/Proposals**

- a) Vendors are responsible for the accuracy of their quoted prices. In the event of an error between a unit price and its extension, the unit price will govern.—\_Quotations may be amended or withdrawn by the bidder up to the bid opening date and time, after which, in the event of an error, bids may not be amended but may be withdrawn prior to the acceptance of the bid.
- b) After an order has been issued, no bid may be withdrawn or amended unless ~~the~~ Administration considers the change to be in APH's best interests.

## **5.5 Sole Source Procurement and Justification**

The Director, in consultation with the applicable Manager, shall initiate sole source purchases provided that any of the following conditions apply:

- a) where there is only one known source
- b) where the compatibility of a purchase with existing equipment, facilities, or services is a paramount consideration.
- c) when competition is precluded because of the existence of patent rights, copyrights, trade secrets.
- d) where the procurement is for electric power or energy, gas, water or other utility services.
- e) where it would not be practical to allow a contractor other than the utility company itself to work upon the system.
- f) where a good is purchased for testing or trial use.
- g) where it is most cost effective or beneficial to APH.
- h) when the procurement is for technical services in connection with the assembly, installation or servicing of equipment of a highly technical or specialized nature.
- i) when the procurement is for parts or components to be used as replacements in support of equipment specifically designed by the manufacturer.
- j) the extension or reinstatement of an existing contract would be more cost-effective or beneficial to APH.

## 6.0 VENDOR SELECTION

As APH strives to provide the best quality of program offerings and services, the lowest price received in the bid and RFQ/[RFP](#) process may not always be accepted. ~~—~~ In such cases, justification for choosing an alternative bid or RFQ/[RFP](#) must accompany the package of bids or RFQs. In some cases, the required number of formal bids may not be possible (i.e. potential vendors decide not to bid). ~~—~~ In such cases, evidence of solicitation of the required number of bids as outlined in this policy must be maintained. ~~—~~ Administration reserves the right to exclude an RFQ/[RFP](#) if there is evidence to support the vendor is not in good standing with APH.

Purchasing decisions are based on price, quality, availability and suitability.

### 6.1 Vendor of Record

The use of a Vendor of Record (VOR) from the Ministry of Government Services website precludes the need to go to a public bid solicitation process since this process was already done by that Ministry. ~~—~~ Examination of the pricing should be done against local/current suppliers of the same product or service to ensure that the Health Unit is obtaining the best price, quality, availability and suitability before engaging a VOR.

## 6.2 Co-operative Purchasing

The Health Unit shall participate with other government agencies or public authorities in Cooperative Purchasing where it is in the best interests of the Health Unit to do so.

The ~~Director~~ Director Of Corporate Services, in conjunction with the MOH/CEO, has the authority to participate in arrangements ~~with~~ on a co-operative or joint basis for purchases of goods and/or services where there are economic advantages to do so, purchases comply with the principles of this Policy, and the annual expenditures are expected to be less than \$~~55~~60,000.

If the annual expenditure is expected to be greater than \$~~55~~60,000, Board of Health approval for the purchase will be required.

The policies of the government agencies or public authorities calling the cooperative tender are to be the accepted policy for that particular tender.

## 7.0 SPECIAL PROCUREMENT POLICIES

### 7.1 CONTRACTS/LEASES

Signing authority to enter into a contract/lease will follow the limits ~~as~~ set out in section 4.1 of this policy. ~~In~~ addition;

The Board must approve contracts where:

- a) Irregularities preclude the award of a contract to the lowest bidder in the Tending and Request for Quotation process, and the 'total acquisition cost' exceeds \$~~55~~60,000.
- b) A bid solicitation has been restricted to a single source supply, and the 'total acquisition cost' of such goods or services exceeds \$~~55~~60,000.
- c) The contract/lease is for multiple years, and \$~~55~~ exceeds, \$ \$60,000 per year.

### 7.2 Consulting Services

Consulting Services are provided by an individual or company with expertise or strategic advice. ~~The~~ The individual is working under a contract relationship rather than an employee relationship.

The acquisition of consulting services must be sought through a competitive process when the total expenditure for the service is greater than \$~~10~~20,000. ~~The~~ The limits for the competitive process for consulting services are as follows:

- \$0 - \$~~40~~20,000: negotiation with the prospective consultant to acquire consulting services
- \$~~40~~20,000 – \$~~55~~60,000: Three (3) written bids, quotations, and/or proposals **are required**.
- For purchases greater than \$~~55~~60,000, a formal Request for Proposal must be adhered to.

All contractual agreements with consultants up to \$~~55~~60,000 must be approved by the MOH/CEO **and** ~~the~~ Director Of Corporate Services. ~~Consulting Contracts for more than \$~~55~~60,000 requires the approval of the MOH/CEO **and** the Board of Health.~~

Consulting Services do not include services in which the physical component of an activity would be prevailing. ~~For example, services for the operation and maintenance of a facility or plant;~~

### 7.3 Approvals for Construction and Alterations to Physical Space

- All requisitions for construction, renovation, or alteration to physical space at Algoma Public Health under \$~~55~~60,000 require the review and prior written approval of the Director of Corporate Services **and** the Medical Officer of Health/CEO. ~~All requisitions for construction, renovation, or alteration to physical space at Algoma Public Health over \$~~55~~60,000, require authorization of the Board of Health.~~
- Detailed specifications, drawings, and/or blue-prints, if appropriate, should accompany the Purchase Requisition. ~~Requisitions submitted to Accounts Payable without **the** prior written approval will not be processed.~~

### 7.4 Equipment and Equipment Screening

- Algoma Public Health has established a policy governing the acquisition, control, and disposition of Algoma Public Health equipment.
- It is the policy of Algoma Public Health to ensure that every effort is made to avoid the purchase of unnecessary or duplicate equipment.
- The purchasing authorization levels by role defined in the policy will govern equipment purchases.

## 8.0 PROHIBITIONS

### 8.1 Conflicts of Interest

- Employees shall not place themselves into positions where they could be tempted to prefer their own interests or the interest of another; ~~over the interest of the public that they are employed to serve.~~ ~~Whenever employees, during the discharge of their duties, become exposed to or involved in actual/or potential Conflicts of Interest, they~~

must disclose the situation to their Manager/Director/MOH/CEO/Board of Health (as may be appropriate) and shall abide by the advice given.

## **8.2 Gifts, Gratuities, and Kickbacks**

Algoma Public Health policy prohibits all employees from accepting gifts, gratuities or kickbacks of any value from vendors or service providers. ~~Items of a very minimal value which are of an advertising nature only, and available to other customers, may be accepted (e.g. pens, hats, coffee cups, etc.).~~ Any questions an APH employee may have as [to](#) the appropriateness of the value of the item must be communicated to the employee's Manager/Director/ MOH/CEO/Board of Health (as may be appropriate).

## **8.3 Personal Purchases**

The purchase of any goods or services for personal use by or on behalf of any APH employee, for purposes other than the bona fide requirements of APH is strictly prohibited.

## **8.4 Division of Contracts**

The division of a contract to avoid the requirements of this policy is prohibited.

## **8.5 Local Preference**

No local preference shall be shown or taken into account in acquiring goods and services on behalf of APH. ~~Consideration will be given to local/regional products and services which are considered equal in quality and price and have a level of performance acceptable to the Board of Health.~~

## **8.6 Prohibited Classes of Vendor**

APH shall not acquire goods and/or services from any of the following:

- a) Board of Health Members;
- b) Employees of the Health Unit at or above the level of Supervisor;
- c) Businesses in which the individuals in (a) or (b) above hold a controlling interest.

## **9.0 General Information**

### 9.1 The Accessibility for Ontarians with Disabilities Act (AODA)

In deciding to purchase goods or services through the procurement process for the use of itself, its employees or the public, APH, to the extent possible, shall have regard to the accessibility for persons with disabilities to the goods or services, except where it is not practical to do so, APH shall provide, upon request an explanation.

### 9.2 Environmental Considerations

Consideration will be given to recycled and other environmentally responsible products which are considered equal in quality and price and have a level of performance acceptable to the Board of Health.

The Board of Health will endeavour, whenever possible, to purchase and utilize products that support environmentally sound practices from the manufacturing process through to final delivery and disposal. ~~Priority consideration will be given to products that espouse environmentally friendly sound practices.~~

### 9.3 Disposal of Surplus Goods

The ~~Disposal~~ disposal of surplus and obsolete equipment shall be evaluated on a case ~~by~~ by case basis.

~~The~~ Director Of Corporate Services in conjunction with the MOH/CEO, shall have the authority to sell, exchange, or otherwise dispose of Goods declared as surplus needs of APH, and where it is ~~cost~~ cost-effective and in the best interest of APH to do so. ~~Items or groups of items may:~~

- a) Be offered for sale to other Health Units, affiliates or other government agencies or public authorities; or
- b) Be sold by external advertisement, formal request, auction or public sale (where it is deemed appropriate, a reserve price may be established); or
- c) Be donated to a not-for-profit agency; or
- d) Be recycled; or
- e) In the event all efforts to dispose of Goods by sale are unsuccessful, these items may be scrapped or destroyed if recycling is unavailable.

No disposition of such Good(s) shall be made to employees, elected officials, or their family members, with the exception ~~of~~ of electronic assets that have been fully depreciated. ~~The disposition of electronic assets would be at the discretion of the~~ Director ~~Of~~ of Corporate Services in conjunction with the MOH/CEO ~~and the Manager of IT.~~

### 9.4 Purchase of Surplus Goods

As appropriate, the Manager of Accounting ~~and Budgeting~~ Services and/or the ~~Director Of~~ Corporate Services shall record the disposition of Tangible Capital Assets.

## 9.5 Consulting Services Requirements

All consultants working on behalf of APH who will have direct access to APH financial records, bank accounts, or employee records as per the terms of their contract are required to provide a current police information check (PIC). This includes but is not limited to any consultant or licensed professional who will serve in the capacity of APH's ~~Chief Financial Officer/Business Administrator~~ Director of Corporate Services, Manager of Accounting ~~and Budgeting~~ Services, ~~Director of Human Resources~~, Manager of Human Resources, ~~Supervisor of Payroll Administrator~~, or Information Technology support.

All consultants or service providers working on behalf of APH who will interact with children, youth or vulnerable persons as per the terms of their contract are required to provide a current police vulnerable sector check (PV5CPVSC). If the service provider is required to provide a criminal reference check to their Regulatory College as part of the annual licensure process, an attestation from the service provider along with ~~the~~ a copy of their current licensure will be accepted.

Provision of the required criminal record search is required prior to commencement of any consulting work with APH. ~~—~~ All offers for consulting services are conditional on receipt of satisfactory criminal reference checks.

All consultants are required to provide the names and contact information of at least two (2) references for which similar services were recently provided. ~~This includes, but is not limited to, any consultant or licensed service provider who is a nurse.~~

Positive references are required prior to the commencement of any consulting work with APH. All offers for consulting services are conditional on receipt of satisfactory reference checks.

## 10.0 Review and Evaluation

The effectiveness of this policy will be evaluated and reviewed every two (2) years by the Board of Health, or more frequently as required. ~~—~~ This review will include both legislative requirements and best practices.

## 11.0 PROCUREMENT PROCEDURES

The purchasing cycle includes the following steps:

- a) Authority to purchase goods and services through budget approval and delegation of duties by the Board to the MOH/CEO.

- b) The MOH/CEO delegates authority to purchase goods and services to other employees based on roles defined within the agency.
- c) Quotation procedure and vendor selection.
- d) A purchase requisition/purchase order approval or executed service contract.
- e) Receipt of goods/services—(Bill of Lading) and invoice.
- f) Payment made to vendor.

All goods and services necessary to support APH programs and services must be authorized and follow the appropriate purchasing procedures. Note: any purchase that is noted as an exception in this policy does not require a purchase order (i.e. utility expense).

### 11.1 Purchase Requisition/Purchase Order.

For the purposes of this Policy, an APH Purchase Order will serve as the request to purchase a good or service (purchase requisition) by staff.—Requisitions may be initiated at any level, but only the ~~above~~ above-named positions can bind a Purchase Order through the authorization levels as defined by the dollar amounts noted above.—A Purchase Order serves as the legal offer to buy products or services from a vendor.—Once a vendor accepts a Purchase Order from APH, a contract now exists to purchase the goods or services.

- a) The Purchase Requisition/Purchase Order is used to request a vendor or ~~administration~~ Administration to acquire materials, parts, supplies, equipment, or services.
- b) The Purchase Requisition/Purchase Order is a three (3) part form with a pre-printed number. ~~The white~~ One copy is to be forwarded to the vendor via mail or electronic means, ~~the yellow copy~~, an additional copy, is to be forwarded to APH Accounts Payable.—APH Accounts Payable will use the Purchase Order number to match with the vendor invoice in addition to the receipt documentation, such as a packing slip, in order to execute payment.—Once payment is completed, documentation is filed by APH Accounts Payable department.—The ~~pink copy~~ electronic copy, along with copies of all documentation, should be retained by the requisitioning department for future inquiry.
- c) The requisitioning program is responsible for providing the complete account number, including account number and program code, and appropriate signature(s) as indicated by Signing Authority established in this policy (e-signatures accepted as appropriate).
- d) All quotations and correspondence from the vendor and supporting documentation (e.g., written bids, letters of justification and/or Sole Source Justification) must be attached by the requisitioning department to the Purchase Order when submitted to APH Accounts Payable.
- e) Administration reserves the right to seek additional bids from other qualified sources as it deems appropriate.



- f) Departments should anticipate their requirements to allow adequate lead time for order processing and product delivery. Item descriptions should be complete and accurate to allow buyers to bid the requirements expeditiously.
- g) Petty Cash purchases are not required to provide a Purchase Order.

## 11.2 Change Order – Cancellation or Modification of a Purchase Order

Only Administration is authorized to change a Purchase Order. Changes in a previously issued purchase order can be made only by a new Purchase Order marked “Change Order”~~—~~—. The changes may refer to price, quantities ordered, terms and conditions, delivery point, etc. Please contact Administration for assistance with Change Orders.

## 11.3 Blanket Purchase Orders

A Blanket Purchase Order is ~~a is~~ any contract for the purchase of goods or services which will be required frequently or repetitively but where the exact quantity of goods or services required may not be precisely known or the time period during which the goods or services are to be delivered may not be precisely determined.~~—~~ A Blanket Purchase Order is often negotiated to take advantage of predetermined pricing.~~—~~ It is normally used when there is a recurring need for expendable goods (i.e. birth control pills, vaccines, etc.).~~—~~ Blanket Purchase Orders are often used when APH buys large quantities of a particular good and has obtained special discounts as a result of bulk purchasing.

Request to enter into a blanket Purchase Order must be approved by the~~—~~ Director Of Corporate Services or Manager of Accounting~~and Budgeting~~Services.~~—~~ A Blanket Purchase Order generally should not exceed 1 one year.~~—~~ The associated ~~Program~~ Manager and their reporting Director must approve the Blanket Purchase Order.

## 11.4 Cheque Requisition

For miscellaneous or non-competitive purchases, payment for goods and services may be initiated by completing a Cheque Requisition.~~—~~ A Cheque Requisition is completed by the department making the request and is authorized and signed by the employee’s Manager. Cheque Requisitions require the approval of the appropriate signing authority.

## 11.5 Petty Cash

Petty cash **may be used for immediate needs such as** stationery~~;~~ or miscellaneous program material supply purchases of \$200 and under.~~—~~ Petty cash **may not be used** for travel expenses, business meetings, personal loans, consultant fees or any other type of personal service payments, salary advances or the cashing of personal cheques.

Disbursements from the Petty Cash Fund must be properly documented with original itemized receipts approved by the employees Manager or a Director and include the appropriate cost center as to where the charges should be expensed to. ~~Receipts~~ should include a description of the business purpose of the transaction, goods, or services purchased and the date. (See petty cash policy).

### 11.6 Use of Corporate Credit Card

The Board of Health has authorized the use of corporate credit cards to carry out approved business transactions. ~~The~~ MOH/CEO or designate will approve employees who require a corporate credit card to execute needs of the Health Unit. ~~Purchases~~ made via a corporate credit card must follow the guidelines as set out in this policy and the Health Unit's Corporate Credit Card Policy. ~~Specifically,~~ the delegation of signing authority noted above will govern individual credit card purchases. ~~In~~ situations where a credit card has been issued to an employee who has not been designated signing authority, an approved purchase order signed by the appropriate signing authority is required for each purchase. In situations where an employee has been issued a corporate credit card and where the specific expenditure exceeds their signing authority, an approved purchase order signed by the appropriate signing authority is required for each purchase.

### 11.7 Custody of Documents

The ~~Director~~ Of Corporate Services, or designate, shall be responsible for the safeguarding of original purchasing and contract documentation for the contracting of goods, services or construction and will retain documentation in accordance ~~to~~ with the records retention policy.

## **Glossary of Roles Noted within Algoma Public Health Procurement Policy**

**Administration** – consists of any position within APH, including and above the role of Supervisor in the following Departments: Finance & Accounting, Human Resource, Payroll, Corporate Services, Communications, and Operations.

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

**Chair of the Board** – is the highest officer of Algoma Public Health. ~~The~~ individual holding this position is elected by members of the Board of Health for the District of Algoma Health Unit.

**Consultant** – is an individual or company that provides expertise or strategic advice to Algoma Public Health. ~~The~~ individual is working under a contract relationship rather than an employee relationship and is paid through the submission of invoices.

**Executive Team** – consists of the Medical Officer of Health/CEO, the Associate Medical Officer of Health, ~~and the Chief Financial Officer, Director of Human Resources, Program Directors~~ Directors.

**Leadership Team** – consists of any position within APH<sub>u</sub> including and above the role of Supervisor.

**Staff/Employee** – a person who is hired to provide services to a company on a regular basis in exchange for compensation and who does not provide these services as part of an independent business.

**Vendor** – the party in the supply chain that makes the goods or services available or sells something to Algoma Public Health.

## 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: Mar 22, 2023  
Revised:

**SECTION:** Policies

**SUBJECT:** Travel

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### **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 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 5:00 pm. Admissible meal expenses 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 expenses 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 expenses 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 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. 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 1<sup>st</sup> 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 ~~kilometer~~re-kilometre, 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 ~~kilometer~~res kilometres 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 travellers 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~~-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

**Wawa, ON****Algoma Motel & Cabins**

164 Mission Rd  
Wawa, On, P0S 1K0  
Tel: 705-856-7010

**Wawa Motor Inn**

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

**Elliot Lake, ON****Hampton Inn**

279 Highway 108 North  
Elliot Lake, ON 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 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.

<b><u>Meals</u></b>	<b><u>Maximum Amount</u></b>
Breakfast	\$15.00
Lunch	\$25.00
Dinner	\$35.00

**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 \$40.00. 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

<b>APPROVED BY:</b>	Board of Health	<b>BY-LAW #:</b>	95-2
<b>DATE:</b>	Original: Dec 13, 1995 Revised: Jun 17, 2015 Reviewed: Jun 28, 2017 Reviewed: Nov 20, 2019 Revised: Nov 25, 2020 Revised:	<b>SECTION:</b>	Bylaws
		<b>SUBJECT:</b>	To Provide for Banking and Finance

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The Board enacts as follows:

### 1. In this By-law:

- a) "Act" means the Health Protection and Promotion Act, [R.S.O. 1990, Chapter H.7](#) ~~S.O. Ontario 1983, Chapter 10~~ as amended.
- b) "Board" means ~~the~~ THE BOARD OF HEALTH FOR THE DISTRICT OF ALGOMA HEALTH UNIT.

### 2. Signing Authorities:

- a) The Board will maintain a formal list of names, titles and signatures of those individuals who have signing authority.
- b) Signing authorities for all accounts shall be restricted to:
  - i) the Chair of the Board of Health
  - ii) one other Board member, designated by Resolution
  - iii) the Medical Officer of Health/Chief Executive Officer
  - iv) the Director of Corporate Services
- c) All cheques issued shall have two signatures from the list above in 2b).

### 3. Budgets and Accounts:

- a) The Medical Officer of Health/Chief Executive Officer shall:
  - i) ensure that all annual budgets are prepared and presented to the Board in accordance with all Board and Ministries guidelines;
  - ii) have over-all responsibility for the control of expenditures as authorized by Board and Ministry approvals of the individual annual budgets under the jurisdiction of the Board;
  - iii) ensure the security of all funds, grants and monies received in the course of provision of service by the programs under the jurisdiction of the Board; and,
  - iv) ensure that all reports are prepared and distributed to the appropriate bodies, in accordance with established Board and Ministry(ies) guidelines

The Director of Corporate Services shall:

- i) prepare, or ensure the preparation of, all annual budgets under the jurisdiction of the Board for submission to the Board;
- ii) control, or ensure control of, expenditures as authorized by Board and Ministry approvals of the individual annual budgets under the jurisdiction of the Board;
- iii) secure, or ensure the security of, all funds, grants and monies received in the course of provision of service by the programs under the jurisdiction of the Board;
- iv) prepare, or ensure the preparation of, financial and operating statements for the Board and for the appropriate Ministries or agencies, in accordance with established Ministry policies, indicating the financial position of the Board with respect to the current operations of all programs under the jurisdiction of the Board;
- v) maintain and secure, or ensure the maintenance and security of, the books of account and accounting records of the Board required to be kept by the laws of the Province;
- vi) arrange, or ensure the arrangement, for an annual audit of all accounting books and records, in conjunction with the Auditor;
- vii) register the Health Unit as a charitable organization and follow the legal requirements associated therewith,
- viii) report to the Board on all financial and banking matters initiated by the Chief Executive Officer;
- ix) reconcile all balances with the appropriate Ministries upon receipt of final ~~year~~-year-end settlements; and
- x) enter into an agreement with a recognized chartered bank or trust company which will provide the following services:
  - 1. Current accounts
  - 2. provision of monthly bank statements
  - 3. payment of interested or surplus funds held at the institution
  - 4. payroll services, as needed
  - 5. lending of money to the Board, as required
  - 6. perform other duties as the Board may direct.

Enacted and passed by the Algoma Health Unit Board this 13<sup>th</sup> day of December 1995.

*Original signed by*  
I. Lawson, Chair  
G. Caputo, Vice-chair

Revised and passed by the Algoma Health Unit Board this 18<sup>th</sup> day of November 1998

Revised and passed by the Board of Health for Algoma Public Health this 17<sup>th</sup> day of June 2015

Revised and passed by the Board of Health for Algoma Public Health this 25<sup>th</sup> day of November 2020

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

**APPROVED BY:** Board of Health

**BY-LAW #:** 95-3

**DATE:** Original: Dec 13, 1995  
Revised: Jun 17, 2015  
Revised: Jun 28, 2017  
Reviewed: Nov 20, 2019  
Reviewed: May 26, 2021

**SECTION:** Bylaws

**SUBJECT:** To Provide for the Duties of the Auditor of the Board of Health

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

1. In accordance with the Health Protection and Promotion Act and the Municipal Act, the Board shall, appoint an Auditor who shall not be a member of the Board and shall be licensed under the Public Accountancy Act.

As per the Municipal Act 2001

296 Joint boards

2. (10) If a local board is a local board of more than one municipality, only the auditor of the municipality that is responsible for the largest share of the expenses of the local board in the year is required to audit the local board in that year. 2009, c. 18, Sched. 18, s. 5.
3. The Auditor shall:
  - a) audit the accounts and transactions of the Board;
  - b) perform such duties as are prescribed for the Auditor by the Health Protection and Promotion Act; by the Ministry of Municipal Affairs with respect to local Boards under the Municipal Act and the Municipal Affairs Act;
  - c) perform such other duties as may be required by the Board;
  - d) have the right of access at all reasonable hours to all books, records (with signed consent, if consent is required under the Municipal Freedom of Information and Protection of Privacy Act), documents, accounts and vouchers of the Board; the auditor is entitled to require from the members of the Board and from the Officers of the Board such information and explanation as in their opinion may be necessary to enable them to carry out such duties as are prescribed under the Health Protection and Promotion Act;
  - e) be entitled to attend any meeting of members of the Board that concerns the auditor and to receive all notices relating to any such meeting that any member is entitled to receive and to be heard at any such meeting that they attend.

Enacted and passed by the Algoma Health Unit Board this 13<sup>th</sup> day of December 1995.

*Original signed by*  
I Lawson, Chair  
G. Caputo, Vice-chair

Reviewed and passed by the Board of Health for Algoma Public Health this 17<sup>th</sup> day of June, 2015  
Revised and passed by the Board of Health for Algoma Public Health this 28<sup>th</sup> day of June 2017



May 30, 2023

VIA ELECTRONIC MAIL

Honourable Jean-Yves Duclos  
Minister of Health, Canada  
House of Commons  
[hcminister.ministresc@hc-sc.gc.ca](mailto:hcminister.ministresc@hc-sc.gc.ca)

Honourable Dominic LeBlanc  
Minister of Intergovernmental Affairs, Infrastructure and Communities, Canada  
[iga.minister-ministre.aig@pco-bcp.gc.ca](mailto:iga.minister-ministre.aig@pco-bcp.gc.ca)

Honourable Sylvia Jones  
Minister of Health, Ontario  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

Honourable Steve Clark  
Minister of Municipal Affairs and Housing, Ontario  
[minister.mah@ontario.ca](mailto:minister.mah@ontario.ca)

Dear Honourable Ministers:

## Re: Support for Improved Indoor Air Quality in Public Settings

I am pleased to share with you Public Health Sudbury & Districts' Board of Health motion in support Peterborough Public Health's calls to the [Federal](#) and [Provincial](#) ministers for resources and policy leavers to improve indoor air quality in public settings. At its meeting on April 20, 2023, the Board of Health carried the following resolution #17-23:

*WHEREAS the virus that causes COVID-19 (SARS-CoV2), as well as other respiratory viruses, are spread principally through respiratory droplets and aerosols; and*

*WHEREAS ventilation can affect how well respiratory droplets and aerosols are removed from an area. As noted by the [Ontario Science Table](#), "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas"; and*

*WHEREAS [Canada's Chief Science Advisor](#) recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention*

### Sudbury

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

### Elm Place

10 rue Elm Street  
Unit / Unité 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

### Sudbury East / Sudbury-Est

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

### Espanola

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

### Île Manitoulin Island

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

### Chapleau

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

### toll-free / sans frais

1.866.522.9200

[phsd.ca](http://phsd.ca)



*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”;*

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the letters dated March 3, 2023, from Peterborough Public Health to federal and provincial ministers calling for investments and policy levers to improve indoor air quality in public settings such that health is further protected for all; and*

*FURTHER THAT this resolution be shared with relevant federal and provincial government ministers, area members of parliament and provincial parliament, the Chief Medical Officer of Health, and Ontario boards of health.*

Poor indoor air quality poses an environmental health risk that disproportionately impacts vulnerable Canadians. Therefore, as the Chair of our Board of Health, I request that the Provincial government implement a stepwise approach through amendments to the Ontario Building Code, requiring improved air quality standards in new construction; and that the Federal and Provincial governments identify, fund, and implement strategies such as grants, tax breaks, and other incentives, that assist owners to improve indoor air quality in all public settings.

Sincerely,



René Lapierre  
Chair, Board of Health

cc: Carol Hughes, Member of Parliament, Algoma-Manitoulin-Kapuskasing  
Marc Serré, Member of Parliament, Nickel Belt  
Viviane Lapointe, Member of Parliament, Sudbury  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing  
France Gélinas, Member of Provincial Parliament, Nickel Belt  
Jamie West, Member of Provincial Parliament, Sudbury  
Dr. Kieran Moore, Chief Medical Officer of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
All Ontario Boards of Health



June 1, 2023

The Honourable Michael Parsa  
Minister of Children, Community and Social Services

Email: [michael.parsaco@pc.ola.org](mailto:michael.parsaco@pc.ola.org)

Dear Honourable Minister Parsa:

**Re: Request for Immediate Funding for Student Nutrition Programs and to Increase Funding for Future School Years**

I'm writing to you on behalf of Huron Perth Public Health. HPPH has recently endorsed the [Coalition for Healthy School Food](#) (CHSF). The Ontario-chapter (ON-CHSF) members – many of whom deliver school breakfast, lunch, snack or other nutrition and food literacy programs – have identified the same concerns with their local *Student Nutrition Programs* (SNPs) as we are seeing locally.<sup>1</sup>

Currently across Ontario, many school programs are unable to meet current demands, shutting down before the end of the school year or having to limit the foods served in order to get through to the end of the year, due to insufficient funds. There has not been a substantial annual increase to core Ontario SNP funding since 2014. Many programs have felt the strain for years, but the rising food costs of the last two years<sup>2</sup> and increased demand have significantly out-paced current funding. Other schools who have not previously had a program are seeing a demand, but there are no funds for new programs.

There are urgent and immediate needs now. Children and youth need access to nourishing food to thrive and, without further investment, many schools will be unable to continue to provide adequate nourishing food through the remaining school year. ON-CHSF members report, projected budget shortfall for future years is substantial.

We are writing to you to highlight the immediate and longer-term funding needs of SNPs in Ontario. The current reliance on fundraising, volunteers, and donations is inconsistent, unsustainable, and disadvantages those schools who most need the support.

A growing body of research demonstrates that school food programs can benefit students' physical and mental health, improve food choices, and lead to student success (e.g. academic performance, student behaviour, and school attendance).<sup>3</sup> These programs help reduce the \$5.6 billion/year in costs due to nutrition-related chronic disease injuries in Ontario. Well-designed and non-stigmatizing SNPs also have broad, positive impacts on families, communities, and the economy by reducing household food costs, creating jobs, and strengthening Ontario's agri-food sector.<sup>4</sup>

The Ontario government was among the first provincial governments to fund school food programs in Canada and now provides an annual \$27.9M for SNPs in the province. Since Ontario's initial investment, all provincial and

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<sup>1</sup> The national [Coalition for Healthy School Food](#) consists of over 250 member and 125 endorser organizations from every province and territory, representing the largest school food network in Canada. Together, we are advocating for the creation of a universal cost-shared school food program that would see all K-12 students in Canada having daily access to healthy food at school.

<sup>2</sup> [Consumer Price Index, monthly, not seasonally adjusted](#). Statistics Canada. Sept 2021 to Sept 2022, food costs increased 11.5% (have rates this high since 1981).

<sup>3</sup> [The case for a Canadian national school food program](#). Hernandez et al., 2018; [Nourishing Young Minds](#). Toronto Public Health, 2012; [The impact of Canadian School Food Programs on Children's Nutrition and Health](#). Colley et al., 2018; [Coalition for Healthy School Food](#)

<sup>4</sup> [The Burden of Chronic Disease in Ontario](#). CCO & PHO 2019.

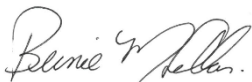
territorial governments have followed Ontario's lead. In response to recent urgent calls for additional funding because of greater participation and rising food costs, which are not unique to Ontario<sup>5</sup>, many provincial and territorial governments have increased their investments in school food. The 2022-23 school food funding increases include: \$500,000 in Newfoundland and Labrador; \$2 million in New Brunswick; \$2 million in emergency funding in Nova Scotia; \$1.3 million in Manitoba; \$16 million in Quebec; \$214.5 million over three years in Budget 2023 in BC; and \$500,000 in the Yukon. Many of these increases are to the programs' annual operating budgets. However, there has not been a substantial annual increase to core Ontario SNP funding since 2014.

We know Ontario's student nutrition programs have greatly appreciated the additional support that MCCSS provided to SNPs throughout the pandemic, and also your recent statement that no student will go hungry under your watch. We ask MCCSS to again recognize the urgent need at this time and to (1) allocate urgent funding to those programs who need it immediately, and (2) allocate more core funding to programs for the 2023/24 and future school years, when significant shortfalls are expected.

As the federal government prepares to release a National School Food Policy and invest in programs across the country, greater provincial investment in Ontario programs will be seen favourably. We believe that there is a great opportunity for Ontario to show further provincial leadership on student nutrition at this time and to ensure students are well-nourished during the school day.

Your attention to this urgent issue is needed.

Sincerely,



Bernie MacLellan, Board Chair  
Huron Perth Public Health

cc. Hon. Stephen Lecce, Minister of Education ([Stephen.Lecceco@pc.ola.org](mailto:Stephen.Lecceco@pc.ola.org))  
Hon. Sylvia Jones, Minister of Health ([sylvia.jones@pc.ola.org](mailto:sylvia.jones@pc.ola.org))  
John Nater, MP Perth-Wellington ([john.nater@parl.gc.ca](mailto:john.nater@parl.gc.ca))  
Ben Lobb, MP Huron-Bruce ([ben.lobb@parl.gc.ca](mailto:ben.lobb@parl.gc.ca))  
Matthew Rae MPP Perth-Wellington ([matthew.rae@pc.ola.org](mailto:matthew.rae@pc.ola.org))  
Hon. Lisa Thompson MPP Huron-Bruce ([lisa.thompsonco@pc.ola.org](mailto:lisa.thompsonco@pc.ola.org))  
Ontario Boards of Health ([allhealthunits@lists.alphaweb.org](mailto:allhealthunits@lists.alphaweb.org))

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<sup>5</sup> For example, see recent media coverage from [PEI](#) and [Newfoundland and Labrador](#).

June 1, 2023

Honourable Jean-Yves Duclos  
Minister of Health, Canada  
House of Commons  
Ottawa, Ontario  
K1A 0A6

Email: [jean-yves.duclos@parl.gc.ca](mailto:jean-yves.duclos@parl.gc.ca)

Dear Honourable Minister Duclos:

**Re: Support for BILL S-254 An Act to Amend the Food and Drugs Act (warning label on alcoholic beverages)**

Huron Perth Public Health (HPPH) Board of Health made a motion on May 12, 2023 to endorse Simcoe Muskoka District Health Unit's (SMDHU) letter to you dated March 15, 2023 (attached), titled *Support for 'BILL S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)'*.


The letter from SMDHU outlines how Bill S-254 aligns with Canada's Guidance on Alcohol and Health, including recommendations for mandatory labelling of all alcoholic beverages with the number of standard drinks in a container, risk levels from Canada's Guidance on Alcohol and Health, and health warnings.

Despite being widely socially accepted, alcohol consumption is a complex public health issue that has social, health, and economic impacts on our local communities. Evidence shows that alcohol is a risk factor for numerous chronic diseases, including cancers, as well as injuries and violence. Alcohol consumption in Huron Perth is an ongoing concern. According to the Canadian Community Health Survey, in 2015 to 2020, 21.6% of adults in Huron Perth ages 19 years and older reported drinking at a high-risk level (7+ drinks) in the past week. This was significantly higher than the comparable provincial average of 16.3%. The letter from SMDHU encompasses recommendations that are applicable and beneficial to communities and residents within Huron and Perth counties.

HPPH Board of Health remains committed to working collaboratively with other public health units, non-governmental organizations, health care agencies, and out municipal, provincial, and federal governments to reduce the burden of alcohol on our communities and prevent alcohol-related harms.

The HPPH Board of Health urges support for amending Bill S-254 to implement health warning labels on alcoholic beverages.

Sincerely,



Bernie MacLellan, Board Chair  
Huron Perth Public Health

BM/ikl

cc. Carolyn Bennett, Minister of Mental Health and Addictions ([carolyn.bennett@parl.gc.ca](mailto:carolyn.bennett@parl.gc.ca))  
Dr. Kieran Moore, Chief Medical Officer of Ontario ([cmoh@ontario.ca](mailto:cmoh@ontario.ca))  
Senator Patrick Brazeau ([patrick.brazeau@sen.parl.gc.ca](mailto:patrick.brazeau@sen.parl.gc.ca))  
Senator Donald Plett ([don.plett@sen.parl.gc.ca](mailto:don.plett@sen.parl.gc.ca))  
Senator Raymonde Saint-Germain ([raymonde.saint-germain@sen.parl.gc.ca](mailto:raymonde.saint-germain@sen.parl.gc.ca))  
Senator Scott Tannas ([scott.tannas@sen.parl.gc.ca](mailto:scott.tannas@sen.parl.gc.ca))  
Senator Jane Cordy ([jane.cordy@sen.parl.gc.ca](mailto:jane.cordy@sen.parl.gc.ca))  
Senator Marc Gold ([marc.gold@sen.parl.gc.ca](mailto:marc.gold@sen.parl.gc.ca))  
aIPHa ([info@alphaweb.org](mailto:info@alphaweb.org))  
Ontario Boards of Health ([allhealthunits@lists.alphaweb.org](mailto:allhealthunits@lists.alphaweb.org))  
Local MPs ([john.nater@parl.gc.ca](mailto:john.nater@parl.gc.ca))

June 1, 2023

Honourable Karina Gould  
Ministry of Families, Children and Social Development

Email: [karina.gould@parl.gc.ca](mailto:karina.gould@parl.gc.ca)

Honourable Marie-Claude Bibeau  
Ministry of Agriculture and Agri-Food

Email: [Marie-Claude.Bibeau@parl.gc.ca](mailto:Marie-Claude.Bibeau@parl.gc.ca)

Honourable Jean-Yves Duclos  
Ministry of Health

Email: [jean-yves.duclos@parl.gc.ca](mailto:jean-yves.duclos@parl.gc.ca)

Dear Federal Ministers Gould, Bibeau and Duclos:

**Re: Federal School Food Policy**

I write on behalf of the Huron Perth Public Health Board of Health. As the federal government prepares to release a National School Food Policy and invest in programs across the country, we wish to reiterate the call for the development of a universal, cost-shared school food program for Canada and share our concerns about the current state of student nutrition programs in Ontario and our region.

Currently across Ontario, many school programs are unable to meet current demands, shutting down before the end of the school year or having to limit the foods served in order to get through the to the end of the year due to insufficient funds. Many programs have felt the strain with limited increases to provincial funding since 2014, while the rising food costs of the last two years and increased demand have significantly out-paced current funding. Other schools who have not previously had a program are seeing a demand, but there are no funds for new programs. There are urgent and immediate needs now. Children and youth need access to nourishing food to thrive and, without further investment, many will not have access to nourishing food at school. The current state of school food programs across Canada is patchwork and resource-limited. While many schools in Ontario do have student nutrition programs partially funded by the Ministry of Children, Community and Social Services, a significant investment from the federal government would allow for expansion of services and to address existing gaps. The current reliance on fundraising, volunteers, and donations is inconsistent, unsustainable, and puts schools who most need the support at a significant disadvantage. School food programs offer many academic and nutritional benefits and should be implemented along with additional income supports to reduce health inequities and food insecurity for families across Canada. School food policy and programs alone cannot alleviate poverty and food insecurity.<sup>1,2</sup> School food programs can, however, play an important role in improving nutrition

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<sup>1</sup> PROOF, Open Letter: Stop headlining the pan-Canadian school food policy as a way to reduce food insecurity among children. Dec 9, 2022. <https://proof.utoronto.ca/resource/open-letter-on-school-food-policy-consultation/>

<sup>2</sup> Ontario Dietitians on Public Health, Position Statement and Recommendations on Response to Food Insecurity. Dec 2020. <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>

intake, supporting healthy growth and development, supporting academic success, attendance and educational attainment, and improving mental health and well-being.<sup>3</sup>

Currently many elementary schools do not have adequate facilities to allow safe food handling and production of onsite food for meal/snack programs or for hands-on food literacy learning opportunities for students. Adequate funding for infrastructure improvements would benefit school food programs and academic learning across health and physical education, science and technology and other cross-curricular learning opportunities, which can build critical food skills for students when transitioning into adulthood.

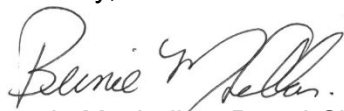
School food programs should be designed to<sup>4</sup>:

- serve tasty, nourishing, culturally appropriate foods
- ensure that ALL students in a school can access the program in a non-stigmatizing manner
- be a cost-shared model, including federal support
- be flexible and locally adapted to the context of the school and region, including commitment to Indigenous control over programs for Indigenous students
- support Canadian farmers and local food producers
- promote food literacy

Huron Perth Public Health Board of Health stands alongside other Boards of Health, School Boards, Municipalities, and other government agencies and organizations in supporting the Coalition for Healthy School Food's vision that every school-aged child and youth has a nutritious meal or snack at school daily.

We urge the federal Ministries of Families, Children and Social Development and Agriculture and Agri-Food to continue your work towards a comprehensive, cost-shared, universally accessible National School Food Policy and national school nutritious meal program with provinces, territories, municipalities, Indigenous partners and stakeholders.<sup>5</sup> Every investment in children and youth counts.

Sincerely,



Bernie MacLellan, Board Chair  
Huron Perth Public Health

BM/ikl

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<sup>3</sup> Hernandez, Kimberley & Engler-Stringer, Rachel & Kirk, Sara & Wittman, Hannah & McNicholl, Sasha. (2018). The case for a Canadian national school food program. Canadian Food Studies / La Revue canadienne des études sur l'alimentation. 5. 208-229. 10.15353/cfs-rcea.v5i3.260.

<https://canadianfoodstudies.uwaterloo.ca/index.php/cfs/article/view/260>

<sup>4</sup> Coalition for Healthy School Food. Guiding Principles. 2022. <https://www.healthyschoolfood.ca/guiding-principles>

<sup>5</sup> Prime Minister Mandate Letters. 2021. <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-families-children-and-social-development-mandate-letter> and <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-agriculture-and-agri-food-mandate-letter>

cc. Honourable Michael Parsa, Minister of Children Community and Social Services; [michael.parsaco@pc.ola.org](mailto:michael.parsaco@pc.ola.org)  
Honourable Stephen Lecce, Minister of Education; [minister.edu@ontario.ca](mailto:minister.edu@ontario.ca)  
Honourable Sylvia Jones, Minister of Health; [sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)  
John Nater, MP Perth-Wellington; [john.nater@parl.gc.ca](mailto:john.nater@parl.gc.ca)  
Ben Lobb, MP Huron-Bruce; [ben.lobb@parl.gc.ca](mailto:ben.lobb@parl.gc.ca)  
Matthew Rae, MPP Perth-Wellington; [matthew.rae@pc.ola.org](mailto:matthew.rae@pc.ola.org)  
Honourable Thompson, MPP Huron-Bruce; [lisa.thompson@pc.ola.org](mailto:lisa.thompson@pc.ola.org)  
Ontario Boards of Health ([allhealthunits@lists.alphaweb.org](mailto:allhealthunits@lists.alphaweb.org))  
aPHa ([info@alphaweb.org](mailto:info@alphaweb.org))



June 6, 2023

*VIA ELECTRONIC MAIL*

Honourable Jean-Yves Duclos  
Minister of Health, Canada  
House of Commons  
Ottawa, ON K1A 0A6

Dear Honourable Jean-Yves Duclos:

**Re: Bill S-254 – An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)**

The link between alcohol and chronic disease, injury, and death is a significant public health concern.

*WHEREAS alcohol is a well-established risk factor for premature death and injury due to unintentional injuries, violence, cancer, liver disease, heart disease, and high blood pressure; and*

*WHEREAS the Canadian Center on Substance Use and Addiction released new [guidelines](#) and information in January 2023 about alcohol consumption and health; and*

*WHEREAS within the Public Health Sudbury & District's catchment area, only 37% of adults report that they are aware that consumption of alcohol every day may increase their risk of cancer; and*

*WHEREAS Public Health Sudbury & Districts has elevated and increasing rates of heavy drinking (27.9% PHSD in 2019/2020, compared with 15.6% for the province); and*

*WHEREAS the Ontario Public Health Association and multiple Ontario boards of health in Ontario are writing in support of Senator Brazeau's Bill S-254 – An Act to amend the Food and Drugs Act (warning label on alcoholic beverages), which, if passed, would require the industry to*

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Sudbury ON P3C 5N3  
t: 705.522.9200  
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**Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

**Espanola**

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1.866.522.9200

[phsd.ca](http://phsd.ca)





Letter to Honourable Jean-Yves Duclos

Re: Bill S-254 – An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

June 6, 2023

Page 2

*include informative labels on alcoholic bottles discussing health risks and standard drink size;*

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts similarly convey its support for federally mandated health risk labels on all alcohol containers sold in Canada and urge members of parliament and senators to support Bill S-254.*

Based on new guidelines published by the Canadian Centre on Substance Use and Addiction, [Canada's Guidance on Alcohol and Health](#), the health risks associated with alcohol consumption are better known. However, given current perceptions and routine promotions of alcohol consumption within popular culture, a gap exists between the populations' understanding of the associated health risks and alcohol consumption behaviours. A review of data in the area served by the Board of Health for Public Health Sudbury & Districts points to an evident gap in this understanding.

The Board of Health plays a key role in advocating for the best interests of those who live in Sudbury and districts. Alcohol warning labels, including information about standard drink sizes, empower individuals to make informed decisions about their alcohol consumption and their health.

We thank you for your attention to this important health promoting initiative. We ask that you support Senator Brazeau's call through Bill S-254 to implement alcohol labelling to ensure Canadians make informed decisions about their alcohol consumption and their health.

Sincerely,



René Lapierre

Chair, Board of Health

cc: Patrick Brazeau, Senator  
Donald Plett, Senator  
Raymonde Saint-Germain, Senator  
Scott Tannas, Senator  
Jane Cordy, Senator  
Marc Gold, Senator  
Carolyn Bennett, Minister of Mental Health and Addictions, Government of Canada  
France Gélinas, Member of Provincial Parliament, Nickel Belt  
Jamie West, Member of Provincial Parliament, Sudbury  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin  
Dr. Kieran Moore, Medical Officer of Health, Government of Ontario  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Dr. Theresa Tam, Chief Public Health Officer of Canada  
All Ontario Boards of Health

June 8, 2023

*Via Email*

Honourable Jean -Yves Duclos  
Minister of Health, Canada  
House of Commons  
Ottawa, ON K1A 0A6  
[Jean-yves.duclos@parl.gc.ca](mailto:Jean-yves.duclos@parl.gc.ca)

Dear Honourable Minister Duclos:

**Re: Support for Bill S-254, an Act to amend the Food and Drug Act (warning labels on alcoholic beverages)**

On April 26, 2023, the Board of Health for Algoma Public Health (APH), the local public health agency for the District of Algoma in Ontario, received information on alcohol-related harms and the newly released Canada's Guidance on Alcohol and Health, which outlines the current evidence linking alcohol to many health conditions and aims to help people make informed decisions about their alcohol consumption. At this time, a motion was passed to endorse Bill S-254 – An Act to Amend the Food and Drug Act (Warning Labels on Alcoholic Beverages), which calls on the federal government of Canada to implement alcohol warning labels.<sup>(1)</sup>

The Board of Health for Algoma Public Health is asking the federal government to express support for Bill S-254, by implementing alcohol warning labels that:

1. Indicate the volume that constitutes a standard drink; and
2. Detail the number of standard drinks in the beverage container; and
3. Display health messages regarding the relationship between the number of standard drinks consumed and health outcomes, including the risk of cancer.

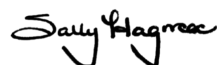
More than 75% of Canadians report consuming alcohol, and only 28% of Canadians are aware of the linkage between alcohol and cancer.<sup>(2)</sup> When asked if warning labels on alcoholic beverages would change behaviour, two-thirds of those surveyed said they would decrease their consumption with this knowledge.<sup>(2)</sup> In Algoma, over 1 in 4 residents drink heavily and breast and colorectal cancers are more frequently diagnosed, compared to Ontario.<sup>(3)</sup> APH's Board of Health is committed to influencing the development and implementation of healthy policies and programs related to alcohol and other drugs, with a goal of reducing harms associated with substance use.

Blind River	Elliot Lake	Sault Ste. Marie	Wawa
P.O. Box 194	ELNOS Building	294 Willow Avenue	18 Ganley Street
9B Lawton Street	302-31 Nova Scotia Walk	Sault Ste. Marie, ON P6B 0A9	Wawa, ON P0S 1K0
Blind River, ON P0R 1B0	Elliot Lake, ON P5A 1Y9	Tel: 705-942-4646	Tel: 705-856-7208
Tel: 705-356-2551	Tel: 705-848-2314	TF: 1 (866) 892-0172	TF: 1 (888) 211-8074
TF: 1 (888) 356-2551	TF: 1 (877) 748-2314	Fax: 705-759-1534	Fax: 705-856-1752
Fax: 705-356-2494	Fax: 705-848-1911		

Bill S-254 aligns with the recent call to action in Canada's Guidance on Alcohol and Health, regarding mandatory labelling on alcoholic beverages, including the number of standard drinks in a container, risk levels from Canada's Guidance on Alcohol and Health, and health warnings.<sup>(1)</sup> In Canada, tobacco and cannabis products, two other legally regulated substances, are already subject to mandatory warning labels under the Tobacco and Vaping Products and Cannabis Acts, which have been found to be among the most direct and prominent means of communicating with smokers.<sup>(4)</sup> In the same way that packaging and health warnings on tobacco products were used as part of a broader public health approach to reducing tobacco-related harms, labels on alcoholic beverages can help people make informed choices about their alcohol consumption, and raise awareness of alcohol-related harms.

We ask for your support of Bill S-254 and the implementation of federally mandated labels on all alcohol containers sold in Canada, to better inform Canadians about the health risks of alcohol. This is especially important given that the majority of Canadians are unaware that alcohol is classified by the World Health Organization (WHO) as a Class 1 carcinogen and is a cause of 7 different types of cancer, including breast and colon.<sup>(5)</sup>

Thank you for your consideration in advocating for improved health of Canadians.



Sally Hagman  
Chair, Board of Health,

cc: Dr. J. Loo, Medical Officer of Health and CEO for Algoma Public Health  
The Honorable Senator Patrick Brazeau  
Local Councils  
Local MPs  
The Association of Local Public Health Agencies  
Ontario Boards of Health

**June 9, 2023**

Bureau of Policy, Intergovernmental and International Affairs, Food Directorate  
Health Products and Food Branch, Health Canada  
251 Sir Frederick Banting  
Postal Locator 2204C  
Ottawa, ON K1A 0K9

**Re: Consultation on Restricting Food Advertising Primarily Directed at Children**

At the May 18, 2023 meeting, the Middlesex-London Board of Health carried the following motion regarding Bill C-252, *An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children)*:

It was moved by **A. DeViet, seconded by M. Smibert**, that the Board of Health:

- 1) Receive Report No. 35-23 re: "Support for Health Canada's policy update on restricting advertising of food and beverages to children"; and
- 2) Submit a letter on behalf of the MLHU Board of Health in support of Health Canada's recent policy update on restricting the commercial advertising of food and beverages to children along with these additional measures:
  - Increasing the age to under 18 for restricting commercial advertising
  - Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.

Youth are vulnerable to the advertising of the food and beverage industry. This exposure influences children and youths' food preferences, purchase requests, and consumption patterns which negatively impacts their health and wellbeing. Advertising of food and beverages influences choices in food and is considered an environmental determinant of health.

Current proposed amendments to Bill C-252, *An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children)* include focuses on television and digital media and limits restrictions to children under 13. This leaves various advertising techniques unrestricted and youth aged 13-17 vulnerable to harmful advertising.

The Middlesex-London Board of Health would like to propose the following additional measures (amendments) be considered for the policy update:

- Increasing the age to under 18 for restricting commercial advertising; and
- Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.

Attached to this letter is Report 35-23 re: Support for Health Canada's Policy Update on Restricting Advertising of Food and Beverages to Children for further reference.

Sincerely,



Matthew Newton-Reid  
Board Chair  
Middlesex-London Health Unit

CC: Honourable Jean-Yves Duclos, Minister of Health of Canada  
Honourable Patricia Lattanzio, Member of Parliament, Saint-Léonard—Saint-Michel  
Dr. Theresa Tam, Chief Public Health Officer of Canada  
Dr. Alexander Summers, Medical Officer of Health  
Julie Goverde, Acting Manager, Community Health Promotion  
All Ontario Boards of Health

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer

DATE: 2023 May 18

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## **SUPPORT FOR HEALTH CANADA'S POLICY UPDATE ON RESTRICTING ADVERTISING OF FOOD AND BEVERAGES TO CHILDREN**

### **Recommendation**

*It is recommended that the Board of Health:*

- 1) *Receive Report No. 35-23 re: "Support for Health Canada's policy update on restricting advertising of food and beverages to children";*
- 2) *Submit a letter on behalf of the MLHU Board of Health in support of Health Canada's recent policy update on restricting the commercial advertising of food and beverages to children along with these additional measures:*
  - *Increasing the age to under 18 for restricting commercial advertising*
  - *Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.*

### **Key Points**

- Children and youth are vulnerable to the advertising of the food and beverage industry. Constant exposure influences children and youths' food preferences, purchase requests, and consumption patterns which negatively impacts their health and wellbeing.
- Health Canada released a policy update in April 2023 to protect children by restricting food and beverage advertising. However, the policy update solely focuses on television and digital media and limits restrictions to children under 13. This leaves various advertising techniques unrestricted and youth vulnerable to harmful advertising.

### **Background**

#### **Food and Beverage Advertising**

Food and beverage advertising substantially influences food and beverage choices and preferences, and has been identified as an environmental determinant of health (Potvin Kent et al., 2022). Children and youth are exposed to food and beverage advertising on a constant basis. In 2019, approximately \$628,600,000 was spent on food advertising, with more than 90% of the advertising being for foods that do not meet Canada's Food Guide (Potvin Kent et al., 2022). Over 50 million food and beverage advertisements were found on popular children's websites in 2015-2016, and over 90% of those ads were for foods high in sodium, sugar, and/or saturated fat (Heart & Stroke, 2021). Digital advertising via social media, the internet, and mobile devices is less costly, and has been shown to be more effective and persuasive compared to traditional media (Potvin Kent et al., 2022). Social media advertising provides companies with the ability to directly interact with consumers, which provides valuable information to companies (Potvin Kent et al., 2022). In addition, the use of digital media by children and youth has been increasing, resulting in increased exposure to digital marketing (Potvin Kent et al., 2022).

### Negative Health Impacts of Food and Beverage Marketing to Children and Youth

The food industry appeals to children and youth using cartoons, celebrities, popular music, slang, and sports to market their products (Heart & Stroke, 2021; Truman & Elliott, 2019; Harris et al., 2020). Children are targeted because they are unable to critically assess advertisement messages, can influence family spending, and provide an opportunity to establish brand loyalty at a young age (Ontario Dietitians in Public Health [ODPH], 2019). Youth are also vulnerable to marketing due to their cognitive and emotional development, peer pressure, high levels of exposure to advertising, and increased independent purchasing power (Harris et al. 2020; Truman & Elliot, 2019). These factors can influence children and youths' food preferences, purchase requests, and consumption patterns, which negatively impacts their health and wellbeing (Hastings et al., 2006; & Cairns, Angus, & Hastings, 2009; Wilcox et. Al., 2004; Carter et al., 2011; Dietitians of Canada 2010).

### History of Legislation

The Canadian Children's Food and Beverage Advertising Initiative set voluntary standards for the food industry to follow. However, this voluntary approach has not been effective at reducing food and beverage advertising to children (ODPH, 2019). Policies to protect this vulnerable population from food and beverage advertising have been established in many countries including Mexico, Spain, Sweden, Norway, Brazil, and the province of Quebec in 1980 (ODPH, 2019). Legislation in Quebec has resulted in children seeing fewer food and beverage ads, and fewer characters being used for food and beverage marketing in comparison to other Canadian provinces (Potvin Kent et al., 2011).

In September 2015, *Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*, was introduced, and passed by the Senate and the House of Commons, however, was not called to final vote in 2019. In 2016, Health Canada committed to protecting vulnerable populations as part of the Healthy Eating Strategy through restricting commercial advertising of food and beverages that do not support the health of children and youth. *Bill C-252, An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children)* was introduced in November 2021, and has been adopted by the Standing Committee on Health on April 18<sup>th</sup>, 2023, and presented to the House of Commons on April 26, 2023.

### Current Legislative Action

Health Canada has committed to implementing restrictions on food and beverage advertising to children by the fall of 2023 in their *Forward Regulatory Plan* for 2022-2024. Health Canada recently released a policy update in April 2023, indicating intention to amend the *Food and Drug Regulations* to “restrict advertising to children under the age of 13 of foods that contribute to excess intakes of sodium, sugars and saturated fat... focusing on television and digital media first” and is accepting comments until June 12, 2023.

### Conclusion

Legislation that regulates food and beverage advertising to children and youth helps to protect this population from negative health impacts. The current policy proposal from Health Canada limits restrictions to children under 13, leaving some youth vulnerable. It also limits legislation to television and digital media, allowing other persuasive advertising methods such as celebrity endorsements to continue. References for sources within this report are noted in [Appendix A](#).

This report was prepared by the Community Health Promotion Team, Healthy Living Division.



Dr. Alexander Summers, MD, MPH, CCFP, FRCPC  
Medical Officer of Health



Emily Williams, BScN, RN, MBA, CHE  
Chief Executive Officer

## References for Report 35-23: Support for Health Canada's policy update on restricting advertising of food and beverages to children

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<http://www.apa.org/pi/families/resources/advertising-children.pdf>





**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

June 23, 2023

VIA EMAIL

The Honourable Sylvia Jones  
Minister of Health  
Ministry of Health  
5<sup>th</sup> Floor, 777 Bay Street  
Toronto, ON M7A 2J3  
[Sylvia.jones@ontario.ca](mailto:Sylvia.jones@ontario.ca)

Dear Minister Jones:

**Re: Public Health Funding**

I am pleased to share with you Public Health Sudbury & Districts Board of Health motion in support of the Board of Health for the City of Hamilton, which calls on the provincial government to improve funding to Public Health.

At its meeting on May 18, 2023, the Board of Health carried the following resolution #31-23:

*THAT the Board of Health for Public Health Sudbury & Districts endorse the recommendations of the Board of Health for the City of Hamilton and urge the provincial government to:*

- *Fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the OPHS;*
- *Continue the current mitigation funding until such time as the cost-shared arrangement is restored to the mixed 100% and 75%/25% model as it was the public health budget for 2018-2019; and,*
- *Include expectations or on-going response in the OPHS and provide permanent funding to sustain these requirements.*

Boards of Health play a key role in improving the health of communities and Public Health Sudbury & Districts is committed to an effective and accountable public health system. With inflation costs, increasing costs in wages and benefits and operating expenses, there are growing concerns about our ability

**Sudbury**

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Sudbury ON P3E 3A3  
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**Elm Place**

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Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

**Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

**Espanola**

800 rue Centre Street  
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Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

**Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

**Chapleau**

34 rue Birch Street  
Box / Boîte 485  
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t: 705.860.9200  
f: 705.864.0820

**toll-free / sans frais**

1.866.522.9200

[phsd.ca](http://phsd.ca)



The Honourable Sylvia Jones

June 23, 2023

Page 2

to meet the requirements of provincial legislation and related documents including the Ontario Public Health Standards (OPHS) and the increasing needs of our communities with the current provincial funding policy. It is critical that Public Health be adequately resourced. Without adequate funding, our ability to deliver on our requirements risk erosion over time impacting the health of our communities. We urge the government to support sufficient, stable, and sustained funding for local public health agencies.

We thank you for your attention to this important matter.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC  
Medical Officer of Health and Chief Executive Officer

cc: Jamie West, Member of Provincial Parliament, Sudbury  
France G  linas, Member of Provincial Parliament, Nickel Belt  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin  
Dr. Kieran Moore, Chief Medical Officer of Health  
Council of Ontario Medical Officers of Health  
All Ontario Boards of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

**PLEASE ROUTE TO:**

**All Board of Health Members**

**All Members of Regional Health & Social Service Committees**

**All Senior Public Health Managers**

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**June 23, 2023**

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## **June 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](http://alphaweb.org).*

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### **Leader to Leader - A Message from alPHA's 2022-2023 President- June 2023**



It has been an honour to lead as President of this Association that I have worked with so closely for the past few years. The common thread of public health's value continued to be strong throughout alPHA's work in 2022-2023. I am pleased with alPHA's many accomplishments during this term, and especially for the active and outstanding support to Ontario's 34 local member Boards of Health, Medical and Associate Medical Officers of Health, and Affiliate members of public health organizations. This unique and authentic representation is essential for alPHA's

prevention, communicated the key role local public health plays in communities, and has reinforced the extraordinary value of the work of Ontario's public health professionals.

The strategic plan, resolutions, and policy, continued to guide alPHA in the creation of public policy submissions, reports, and communications as a foundation for advocacy for a stable, sustainable, resilient, and locally based public health system in Ontario. alPHA's *Public Health Matters* Infographics and video series continue to be useful tools to demonstrate the value and return on investment that local public health provides.

alPHA continued to provide relevant and timely member-focused information through the website, e-mail, social media, and *Information Break*, the members' portal to public health news, events, and Association activities. Over 50 meetings of alPHA's Board of Directors, BOH Section, COMOH Section, Affiliates, and their respective Executive Committees took place that effectively position alPHA as the qualified, unified voice of Ontario's public health system.



Recently, the alPHA Executive Committee was pleased to meet with the Premier of Ontario, the Hon. Doug Ford. This was a tremendous opportunity to express to the Premier that this is a pivotal time for health protection and health promotion in Ontario and that our work done, in collaboration with local public health partners and within the broader health system, results in a healthier population that contributes to a stronger economy, while preserving costly health care resources. We stressed how this aligns with his government's initiatives and that Ontario's economy stays open when our public are healthy and protected as there is no better return on investment than in public health.

A major component of alPHA's continued success is based on strong alliances with Ontario's Chief Medical Officer of Health, Ministry of Health, Public Health Ontario,

voice of Ontario's public health system. alPHA members were actively represented at key public health tables and meetings, as well as co-hosting TOPHC 2023. I was pleased to moderate sessions at TOPHC 2023, speak at the Association of Municipalities of Ontario (AMO) 2022 Conference, and facilitate a session at the Northwestern Ontario Municipal Association 2023 Conference. Participating in the Ontario Chronic Disease Prevention Alliance event at Queen's Park, meeting with the Speaker of the House, the Hon. Ted Arnott, my appointment to the AMO Health Transformation Task Force, and many other external opportunities are highlights of my tenure.

alPHA provided important opportunities for the collective voice of Ontario's public health system to assemble, attracting high-profile speakers to its symposiums, conferences, and events, which this past year included the 2023 Winter Symposium, Executive/Administrative Assistants' Conference, and Mental Readiness workshops. Workplace Health and Wellness Month, launched in May, is dedicating additional resources to support the wellness of our members. The high point being alPHA's Conference and Annual General Meeting that took place June 12-14, 2023. The first in-person conference in over three years presented an opportunity for member engagement and continuing of the conversation on the role of local public health in the province's public health system, ratified resolutions, held plenary sessions with guest speakers, participated in strategic planning, presented the 2023 Distinguished Service Awards for leadership in Ontario's public health system, and held Section meetings. Thank you to alPHA's Executive Director, Loretta Ryan, and her staff for the event that was meticulously planned and hosted by alPHA, co-hosted by Toronto Public Health, and supported by the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine.

alPHA's 2022-2023 Board of Directors held its final meeting on June 9, 2023. Discussions focused on the Conference, Annual General Meeting, final reports, and preparations, as well as key public health issues, government relations, strategic planning, opportunities for consultations, compliance with the Ontario Not-for-Profit Corporations Act, and wrapping up the board business for this term. I am pleased to also let you know that Sabine Matheson, Principal and General Counsel, StrategyCorp, joined part of the meeting to discuss strategic positioning for the Association.

The success of alPHA requires a dedicated governance board, giving the Association a uniquely qualified and unified leadership voice for Ontario's local public health system. Thank you to each of the 2022-2023 alPHA Board of Directors and the Executive Committee members for their staunch support, knowledge, and leadership.

The Board of Directors and the Association's work is complemented by the support and services provided by alPHA staff with tremendous leadership and excellent performance by alPHA's Executive Director, Loretta Ryan. Thank you to Loretta, and staff members: Gordon Fleming and Melanie Dziengo for your work over the past year. I would also like to take the opportunity to welcome Sarah Snowdon to alPHA.



I extend my personal and genuine appreciation to every one of you for your valuable contributions to local public health, your continued support for alPHa, and for this tremendous opportunity to serve as your alPHa President.

*Trudy Sachowski*  
*alPHa President 2022-2023*

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

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## **2023 alPHa Conference and Annual General Meeting**



This year's June 12-14, 2023 Conference and Annual General Meeting continued the important conversation on the critical role of local public health in the province's Public Health System. We want to thank everyone who attended and participated. Our first in-person event in three years would not have been a success without you!

Updates have been made to the [Resolutions Home Page](#), including the [2023 file collection](#), where you can find the [Disposition of Resolutions document](#). Individual Resolutions can also be found here: [Constitutional Amendment on Voting Delegates Allocation](#) (A23-01), [Toward a Renewed Smoking, Vaping, and Nicotine Strategy in Ontario](#) (A23-02), [Improving Indoor Air Quality to Prevent Infections and Promote Respiratory Health](#) (A23-03), [Ending Underhousing and Homelessness in Ontario](#) (A23-04), [Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates](#) (A23-05), and [Advocating for a National School Food Program in Canada](#) (A23-06).

The [Annual General Meeting Report](#), [Annual Report](#), [speaker biographies](#), and other conference-related materials can be found through individual links and on the website.

Individual links to [Dr. Greg Wells' resources](#), [Dr. Jessica Hopkins' presentation](#), [Julia Roitenberg's presentation](#), [the Association of Municipalities of Ontario's presentation](#) from the BOH Section Meeting, and the [Strategic Planning session presentation](#) are available on the members' side of the website. Please note, you will need to log in to view the presentations.

plan, speak, moderate, or attend is appreciated. Additionally, do not forget to fill out the [Conference and AGM survey](#) (attendees only). If you do, you will be entered into a draw for a gift card. Good luck!

A special shoutout goes to Trudy Sachowski for chairing the event. Much thanks to the alPHa staff who put in many hours into making these events a success: Loretta Ryan, Gordon Fleming, Melanie Dziengo, and Sarah Snowdon.

We would also like to take a moment to thank Toronto Public Health for co-hosting the Conference and AGM, with generous support from the Dalla Lana School of Public Health and the Temerty Faculty of Medicine. We are thankful to the University of Toronto for providing us with a venue, given that our original site had flooded and there is a severe shortage of event space in Toronto.



This event also could not have happened without ThinkDox and Mosey & Mosey. You can learn more about each company below:



ThinkDox is a Records Management company which since 2002 has specialised in paperless office technologies for the Ontario Public Sector. We offer Certified Records Management consulting for Records audits, Classification Systems with Retention Schedules and ensuring best practices are being followed. We also sell and support Laserfiche Enterprise Content and Business Process Management software as well as electronic signature software to provide our valued clients with a complete records



Mosey & Mosey is a full service benefits consulting firm offering a wide range of services, including: plan design consulting, innovative cost containment strategies, effective risk management strategies, and more. Focused solely on group benefits, we deliver proactive plan management strategies and innovative solutions that help employers manage costs, while delivering a meaningful benefit program aligned with strategic goals and objectives. To read more, click [here](#).

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### **Congratulations to the 2023 Distinguished Service Award recipients!**



alPHa would like to honour this year's Distinguished Service Award (DSA) recipients: Wess Garrod, Dr. Charles Gardner, Charlene Plexman, and Dr. Brian Schwartz. The Distinguished Service Award reflects the commitment of the Association of Local Public Health Agencies to recognize the significant contributions made to public health



in Ontario by board of health members, health unit staff, and public health professionals. The Award is given to individuals who have demonstrated exceptional qualities of leadership in their own milieu, achieved tangible results through long service or distinctive acts, and shown exemplary devotion to public health at local and provincial levels. Congratulations to our 2023 Distinguished Service Award recipients! Read more about these outstanding individuals [here](#).

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## Public Health Recovery, Renewal & Resilience Building Survey



Thank you for listening to the *Public Health Recovery, Renewal & Resilience Building* presentation at the alPHA Conference and AGM. In follow up, the presenter is hoping to hear from you about your priorities so they can better align their efforts to recover and renew together. To fill out the survey, which will be available until June 30, please click [here](#).

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## 2022-2023 alPHA Board of Directors

Thank you to all of the members of the 2022-2023 alPHA Board of Directors. You all worked extremely hard this year, and it did not go unnoticed. You have all continued to position alPHA to be the collective voice of the public health system in Ontario.



The Board oversaw alpha's activities, which included the following:

- Creation of public policy [submissions](#) and advancement of alpha [Resolutions](#) on key public health issues. These were supported by the development of additional communication tools including [Public Health Matters infographics and videos](#). Widely shared, these demonstrate the value and return on investment that local public health provides. These resources are useful for our members and in meetings with local councillors, MPPs, and other important stakeholders.
- Successfully launching the [BOH Orientation Manual](#) and [BOH Governance Toolkit](#). These are complimented by the ever-growing [BOH Shared Resources](#) webpage that support the Board of Health members and are an excellent resource for all of alpha's members.
- Continuing to provide relevant and timely member-focused information to local public health agencies through e-mail, website, social media, and newsletters. *Information Break*, in particular, is a sharable resource that functions as a monthly portal to public health news, Association activities, and events.
- Effectively positioned alpha to be the voice of Ontario's public health system by holding more than 50 meetings of alpha's Board of Directors, BOH Section, COMOH Section, Affiliates, and their respective Executive Committees.

Guided by its [Strategic Plan](#), alpha will continue to work tirelessly leading with one, unified voice representing the public health system across its member constituents in its commitment to influence Ontario's decision-makers to ensure a robust local public

Over the past year, we were fortunate to have a Board of Directors who were passionate about public health and were a uniquely qualified and unified voice for public health in Ontario. Thank you to this year's Board of Directors for its excellent leadership!

## Public Health Leaders Public Health Matters



## alPHA Climate Change Liaison Report #8 June 2023



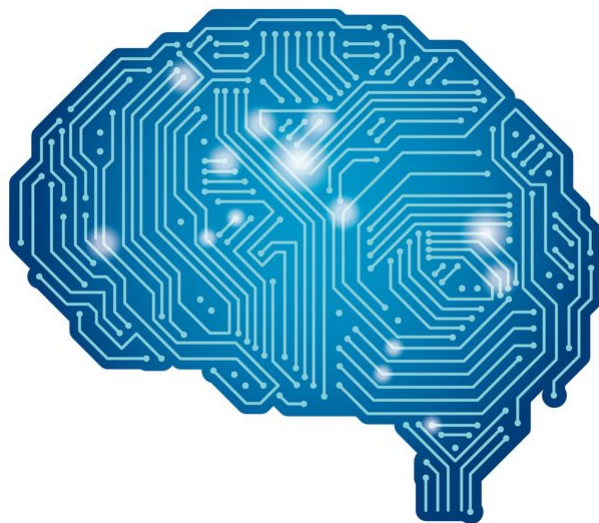
With the arrival of warmer weather months ahead, public health is preparing to respond to a wide range of seasonal health risks; adverse air quality, extreme heat, the potential for wildfires, vector-borne diseases, and food- and waterborne illnesses.

systems' capacity.

Public health continues to address these health risks through its various mandates under the OPHS. Ensuring climate-health considerations are integrated into public health planning, decision-making, and outcomes will strengthen public health efforts. [This report](#) provides key updates relevant to the climate-health context for public health.

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## **alPHa Liaison Artificial Intelligence and Public Health Report #1**



The field of artificial intelligence (AI) is a dynamic discipline with immense potential to impact and revolutionize public health. The advancement of large language models (LLMs) like Chat GPT and other applications requires comprehensive and ongoing research and careful deliberation within the public health discipline to assess both the opportunities and risks associated with their future implementation. Accordingly, it is critical to prioritize the preparation of public health systems and their organizations for the impending data and systems transformation required to effectively harness the power of AI in future applications.

Several public health organizations are utilizing AI in public health practice. For example, the Chicago Department of Public Health is leveraging AI to inform public health interventions including the application of machine learning in predicting childhood lead exposures and informing a risk-based approach to food safety inspections. To read more about artificial intelligence and public health, click [here](#).

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**Thank you to everyone who participated in Workplace Health and Wellness Month!**



## Workplace Health and Wellness Month

**2023 alPHA Workplace Health & Wellness Month**

EOHU Eastern Ontario Health Unit | BSEO Bureau de santé de l'est de l'Ontario

Day	Date	Challenge	Time	Distance
Mon	Fri, 5/5/2023	alPHA Challenge Ride #1	1:29:34	38.76 km
Tue	Fri, 5/12/2023	alPHA Challenge Ride #2	1:33:10	40.50 km
Wed	Fri, 5/19/2023	alPHA Challenge Ride #3	1:30:34	39.86 km
Thu	Fri, 5/26/2023	alPHA Challenge Ride #4	1:38:18	40.50 km
Fri	Wed, 5/31/2023	alPHA Challenge Ride #5	1:28:09	40.50 km
		<b>TOTAL:</b>	<b>2:35:34</b>	

Joe McNamara  
Multimedia Graphic Designer

**alPHA**  
Association of Local PUBLIC HEALTH Agencies

Association of Local Public Health Agencies  
**2023 Workplace Health & Wellness Month**

www.rcdhu.com

RENFREW COUNTY AND DISTRICT HEALTH UNIT

**alPHA**  
Association of Local PUBLIC HEALTH Agencies

**@PHAgenies**

This year's Workplace Health and Wellness Month was a success and we want to thank everyone who participated! A special shoutout goes to Renfrew County and District Health Unit and Eastern Ontario Health Unit for posting their health and wellness activities on social media. Thank you as well to our alPHA Board Members and staff for their strong support for this initiative.

alPHA will also continue to build the [Workplace Health and Wellness page](#). There are various resources available, including infographics, to provide you with information to help you take care of yourself.

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**Summer Workplace Health and Wellness infographic is now available**

**Refresh Your Summer**

**alPHA**  
Association of Local  
PUBLIC HEALTH  
Agencies

Embrace the vibrant spirit of summer! There's nothing better than meeting with friends and family and accompanying those moments with a refreshing beverage. Check out these non-alcoholic options that will keep you refreshed all summer long.

 <p><b>Watermelon Smoothie</b></p> <p>2 cups watermelon chunks 1 cup cracked ice ½ cup plain yogurt 2 tbsp. sugar (optional) ½ tsp ground ginger</p> <p>Place all ingredients in blender, cover and blend until smooth.</p>	 <p><b>Rainbow Cooler</b></p> <p>In a cocktail shaker filled with ice, add: 2 oz. each of orange, pineapple and passion fruit juice Juice of ¼ fresh lemon 1 tsp grenadine</p> <p>Shake until chilled and strain into a highball glass filled with ice. Garnish with fresh kiwi.</p>
 <p><b>Berry Blue Smoothie</b></p> <p>2 cups frozen blueberries 8 oz. vanilla yogurt 1 cup milk 6 oz. unsweetened pineapple juice 1 cup ice</p> <p>Place all ingredients in blender, cover and blend until smooth. Slowly add ice.</p>	 <p><b>Veggie Smoothie</b></p> <p>2 cups tomato juice or vegetable cocktail ½ cup fresh or canned carrot juice 1 tsp tabasco 1 tsp lemon juice 4 spinach leaves 12 ice cubes</p> <p>Place all ingredients in blender, cover and blend until smooth.</p>

There are many other options like sparkling drinks, iced tea infusions, and fruit blends! Find the one that suits you best.

Check out the Canadian Centre on Substance Abuse and Addiction's [latest guidance on alcohol and health](#). There, you can make informed decisions about alcohol and consider reducing your alcohol use.

If you are interested in more recipes, click [here](#) to access a list provided by the Eastern Ontario Health Unit, and [here](#) to access the Middlesex-London Health Unit website. For recommendations on alcohol consumption, click [here](#).

<https://www.alphaweb.org/>

Stay hydrated all summer with tips from the latest Workplace Health and Wellness infographic. It features various non-alcoholic drinks you can make, including a watermelon smoothie! To read more, 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,

description to [gordon@alphaweb.org](mailto: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)
- [Legal Matters: Updates for Boards of Health](#) (Video, June 8, 2021)
- [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](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [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)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

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## Public Health Ontario



### Your Opinion: Burden of Health Conditions Attributable to Smoking and Alcohol

In February 2023, Public Health Ontario and Ontario Health released the [Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario](#) report.

You are invited to complete a short, anonymous survey about this report by July 4, 2023. The survey will take less than 10 minutes to complete. Your feedback will help them plan future chronic disease prevention resources.

[CLICK HERE FOR THE SURVEY](#)

Please feel free to share this survey link with your public health contacts.

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## COVID-19 and Respiratory Virus Reports

- [COVID-19 Wastewater Surveillance in Ontario](#) – you can now [download the data points](#) presented in each of the graphs
- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario](#)
- [COVID-19 Correlates of Protection – What We Know So Far](#)
- [COVID-19 in Ontario: A Focus on Neighbourhood Material Deprivation, February 26, 2020 to December 31, 2022](#)

## Additional Resources – New

- [Mental Health Services and Programs with, and for, Black Communities](#)
- [Food Insecurity among Children using the Canadian Health Survey of Children and Youth](#)
- [Summary: Tick Species in Ontario](#)
- [Ontario Lyme Disease Map 2023 Estimated Risk Areas](#)

## Research Publications

- [Association between Cycle Threshold value and Vaccination Status among SARS-CoV-2 Omicron variant cases in Ontario in December, 2021](#)
- [Constructing a disease database and using natural language processing to capture and standardize free text clinical information](#)
- [COVID-19 farm outbreaks in Ontario, January – December 2020](#)

## Upcoming PHO Events

Interested in PHO's upcoming events? Checkout their [Events](#) page to stay up-to-date with all PHO events.

Missed an event? Check out the [Presentations](#) page for full recordings of PHO's events.

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## Upcoming DLSPH Events and Webinars

**Dalla Lana**  
School of Public Health



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## **RRFSS: Early bird membership cost savings for 2024!**



It is never too early to start to planning for next year and RRFSS is giving Health Units the best possible membership opportunity in 2024. For the first time, RRFSS is offering an early bird 2024 membership cost freeze at 2023 levels for coordination and data collection costs. Health Units have told us that budget challenges are the #1 barrier to joining RRFSS. To help Health Units join RRFSS in 2024 we are offering this cost saving by committing early to join RRFSS in 2024. We will be sending out further information over the summer on how Health Units can take advantage of this new cost savings offer.

For further information about joining RRFSS, contact Lynne Russell, RRFSS Coordinator at: [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca) or visit the RRFSS website: [www.rrfss.ca](http://www.rrfss.ca)

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## **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.

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## **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 is available [here](#).

#### [alPHA Letter - Meeting with the Premier](#)

June 8, 2023, letter from the President of the Association of Local Public Health Agencies, on behalf of the Boards of Health Section, Council of Ontario Medical Officers of Health, and Affiliate Organizations to Premier Doug Ford thanking him, his staff, and Dr. Kieran Moore for meeting with the alPHA Executive Committee on Monday, June 5.

#### [alPHA Letter - Emergency Management](#)

June 8, 2023, letter from the President of the Association of Local Public Health Agencies, on behalf of the Boards of Health Section, Ontario Medical Officers of Health, and Affiliate Organizations to Deputy Minister and Commissioner Emergency Management Ontario, Bernie Derible. The letter introduces alPHA, with the aim of exploring how the Association can contribute to reinforcing emergency preparedness and response in Ontario.

#### [alPHA Letter - M2K Consultation](#)

June 8, 2023, letter from the President of the Association of Local Public Health Agencies, on behalf of the Boards of Health Section, Council of Ontario Medical Officers of Health, and Affiliate Organizations to the Consultation Lead, Bureau of Policy, Intergovernmental Affairs, Food Directorate, Health Products and Food Branch, Health Canada. The letter communicates support of the progress being made on the promise to enact restrictions on the marketing of food high in sodium, sugars, and saturated fats to kids.

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## **News Releases**

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



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