



*Algoma*  
**PUBLIC HEALTH**  
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**ALGOMA PUBLIC HEALTH  
BOARD OF HEALTH MEETING**

**FEBRUARY 24, 2016**

**5:00 - 7:00 PM**

**SAULT STE MARIE ROOM, 1ST FLOOR, APH SSM**

**294 WILLOW AVE, SAULT STE MARIE, ON**

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

# February 24, 2016 - Board of Health Meeting

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- c. Public Health Approach to Cannabis Legalization and Regulation
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## 11. In Committee

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## 15. Adjournment

**ALGOMA PUBLIC HEALTH  
BOARD OF HEALTH MEETING  
FEBRUARY 24<sup>TH</sup>, 2016 @ 5:00 pm  
SAULT STE MARIE ROOM A&B, 1<sup>ST</sup> FLOOR, APH SSM  
A\*G\*E\*N\*D\*A**

- 1.0 Meeting Called to Order** Lee Mason, Board Chair  
    **a. Declaration of Conflict of Interest**
- 2.0 Adoption of Agenda Items** Lee Mason, Board Chair  
    **Resolution**  
    *THAT the agenda items dated February 24, 2016 be adopted as circulated; and*  
  
    *THAT the Board accepts the items on the addendum.*
- 3.0 Adoption of Minutes of Previous Meeting** Lee Mason, Board Chair  
    **Resolution**  
    *THAT the minutes of the meeting dated January 27, 2016.*
- 4.0 Delegations/Presentations.** Sandra Byrne,  
    **a. Harm Reduction** Manager of Community Alcohol Drug Assessment Program
- 5.0 Business Arising from Minutes**  
    No business arising from previous minutes
- 6.0 Reports to the Board**  
    **a. Acting Medical Officer of Health and Acting Chief Executive Officer Report** Tony Hanlon,  
    Chief Executive Officer  
    **Resolution**  
    *THAT the report of the Acting Medical Officer of Health and CEO for the month of February 2016 be adopted as presented.*
- b. Finance and Audit Committee Report** Ian Frazier,  
    Committee Chair  
        i. Chair's Report for February 2016  
        ii. Draft Financial Statements for the Period Ending December 31, 2015  
        iii. Report of Committee Activities for 2015  
        iv. January 13, 2016 – Approved Minutes – *for information only*  
    **Resolution**  
    *THAT the Finance and Audit report for the month of January 2016 be adopted as presented; and*  
  
    *THAT the Financial Statements for the Period Ending December 31, 2015 be approved as presented.*

**c. Governance Standing Committee Report**

- i. Chair's Report for February 2016
- ii. Report of Committee Activities for 2015
- iii. January 13, 2016 – Approved Minutes – *for information only*

Ian Frazier,  
Committee Chair

**Resolution**

*THAT the Governance Standing Committee report for the month of January 2016 be adopted as presented.*

**7.0 New Business/General Business**

Lee Mason, Board Chair

**a. APH Code of Conduct**

**8.0 Correspondence Items**

Lee Mason, Board Chair

**a. Mental Health Promotion in Ontario Public Health Agencies**

Letter to Minister Hoskins from Peterborough County-City Health Unit dated February 5, 2016

**b. Basic Income Guarantee, Food Security and the Transformation of Social Assistance in Ontario**

Letter to various Ministers from Grey Bruce Health Unit dated January 27, 2016

**c. Public Health Approach to Cannabis Legalization and Regulation**

Letter to Prime Minister Trudeau from Windsor-Essex County Health Unit dated February 1, 2016

**9.0 Items for Information**

**10.0 Addendum**

Lee Mason, Board Chair

**11.0 That The Board Go Into Committee**

Lee Mason, Board Chair

**Resolution**

*THAT the Board of Health goes into committee.*

**Agenda Items:**

- a. Adoption of previous in-committee minutes dated January 27, 2016
- b. Litigation or Potential Litigation
- c. Personal Matter about an identifiable individual

**12.0 That The Board Go Into Open Meeting**

Lee Mason, Board Chair

**Resolution**

*THAT the Board of Health goes into open meeting*

**13.0 Resolution(s) Resulting from In-Committee Session**

Lee Mason, Board Chair

**14.0 Announcements:**

Lee Mason, Board Chair

Next Board Meeting:

March 30, 2016

Sault Ste. Marie Room A&B, 1<sup>st</sup> Floor,  
Algoma Public Health, Sault Ste. Marie

**15.0 That The Meeting Adjourn**

Lee Mason, Board Chair

***Resolution***

*THAT the Board of Health meeting adjourns*

UNAPPROVED



## Harm Reduction - Needle Exchange Program

### February 24, 2016

*Presented by:*  
*Sandy Byrne, MSW, RSW*  
*Manager of CADAP, CMH District, SFO, Youth Engagement,*  
*Needle Exchange Program, North Algonia District Manager*

## Defining Harm Reduction

Any evidenced based practice or policy used to reduce drug related harm without requiring the cessation of drug use.

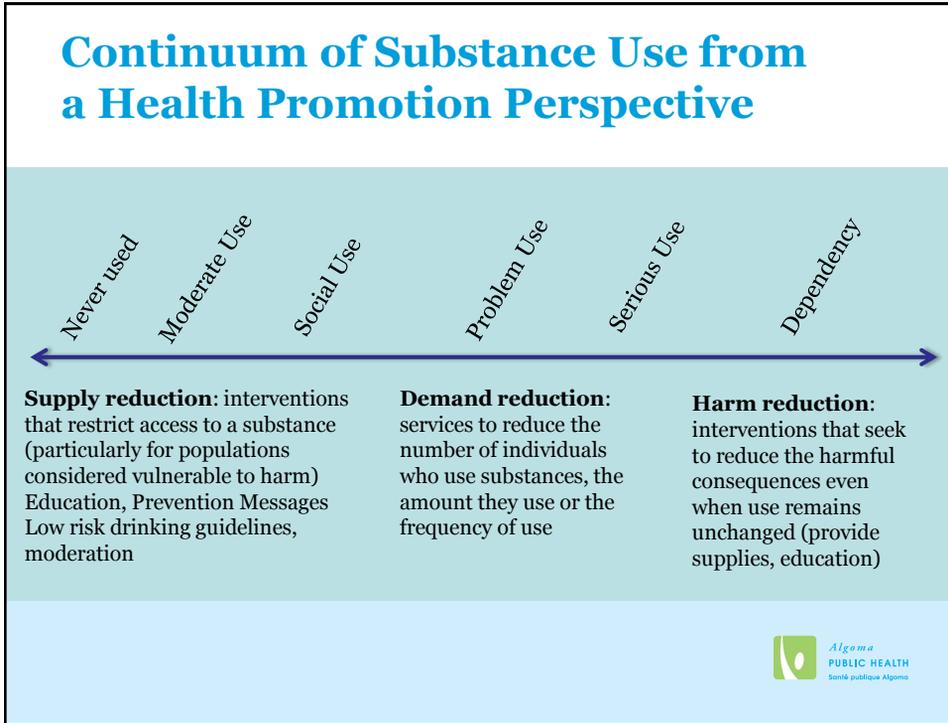
The Needle Exchange Program (NEP) focuses on:

- Reducing the risk or rate of HIV, HEP B, and HEP C, high risk drug use and unsafe sexual behaviour.
- Addressing issues related to social determinants of health by providing a positive contact with health care professionals

As a 'use tolerant' approach:

- NEP helps reduce the stigma attached to substance use by recognizing the intrinsic value of human beings and non-judgemental services.
- The immediate reduction of risk encouraging clients to use clean supplies every time they use substances.
- Reduces the number needles found in the community





## Disease Prevention/Health Protection Program Delivery Models

The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.

- NEP site locations/staff
- Services
- Supplies


  
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## Ontario Public Health Standards: Infectious Diseases Prevention and Control Needle Exchange Program Assessment and Surveillance Requirements

The board of health shall conduct surveillance of distribution of harm reduction equipment/supplies. Algoma District NEP Stats:

NEP Stats	2013	2014	2015 Jan-Jun
<b>Total Contacts</b>	1330	1233	699
<b>Needles Distributed</b>	166,453	215,197	80,357
<b>Needles Returned</b>	64,300 (38%) *	87,507 (41%) *	41,019 (51%) *
<b>Gender</b>	Male – 59% Female – 41%		
<b>Average Age</b>	39		33
<b>Condoms Distributed</b>	2147	2300	1290
<b>Substances reported: cocaine, morphine (other opioids)</b>			Cocaine, opiates, morphine
<b>*Provincial return rates was 74-78% (2009)</b>			



## Disease Prevention and Health Protection Community Partners/Priority Populations

The board of health shall engage community partners and priority populations in the planning, development, and implementation of harm reduction programming.

- GHC HIV/AIDS Resource Program (HARP)
- City of Sault Ste. Marie
- John Howard Society
- Sault College
- APH Volunteers
- Needle Exchange Committee
- NEP Managers Teleconference (Provincial)
- Public Awareness initiatives
- Participant Surveys



## New Developments

- Safe Inhalation supplies
- Needle Drop Bins
- Adding NEP to the APH Website



## Limitations

- NEP services are not offered throughout the district
- Funding/staffing
- Limited hours
- Low needle/syringe return rates



**Thank You**

**Questions?**





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**MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER  
BOARD REPORT  
February 2016**

Prepared by Tony Hanlon Ph.D., CEO and Dr. Penny Sutcliffe, Acting MOH



*Healthy Kids Community Challenge presented at Sault Ste. Marie City Council on January 10, 2016*

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## **APH AT-A-GLANCE**

The beginning of 2016 started out with the launch of the *Reducing Smoking Rates by 5% in 5 Years in Algoma Campaign*. Events were held in Blind River, Elliot Lake, Sault Ste. Marie and Wawa hosted by community partners in their area.

The Ministry of Health and Long-Term Care has engaged the Institute on Governance (IOG) to assist with following up on board-related recommendations of the Assessor's Report for District of Algoma Health Unit.

The mandate of the IOG is to:

- 1) Support skill-based recruitment of the Board of Health for the District of Algoma Health Unit
- 2) Develop a toolkit to support skill-based boards of health for all Ontario boards of Health

Consultants from the Institute on Governance visited Algoma Public Health (APH) on January 26 - 27, 2016. They interviewed current APH Board members, APH's Acting Medical Officer of Health, APH's current and previous interim Chief Executive Officers, and the APH Executive Team. In addition, mayors within the municipalities of the District of Algoma were given the opportunity to be interviewed, with many participating.

The IOG is currently reviewing the feedback received to-date as a means of developing some draft tools and options moving forward. They have indicated they will want to engage stakeholders again once the drafts are prepared. The exact timeline of this exercise is to-be-determined.

As part of APH's commitment to its values and strategic plan, a Code of Conduct (the Code) has been developed for all members of APH (members of APH is defined as all staff, management, volunteers, student placements, contractors, consultants, the board of health, and others who may provide services for APH). The Code is also a requirement under the Ontario Public Health Organizational Standards. The Code's purpose is to ensure that APH is a safe, courteous and friendly environment for everyone who works at APH or accesses our programs and services throughout the district of Algoma. All members will be required to read the Code and sign a compliance form annually to ensure their compliance with the Code. The Code of Conduct policy was recently distributed to all staff and information sessions on the Code will be scheduled in near future. The Code has been posted on the APH website.

The influenza season for 2015-2016 in Algoma district has been much milder than most years and we have had only seven lab confirmed cases of influenza to date. The first lab confirmed case in the community was reported on January 19, 2016 and the first institutional outbreak was declared on outbreak February 7, 2016. In contrast last season had its first positive lab confirmed influenza result in November and for this season we did not get lab confirmation until January. Currently two long term care homes in the district have declared influenza outbreaks, both are in the Sault. Last year the influenza A/H3N2 strain was the predominant strain and was more virulent (disease-causing). This season we are seeing more influenza B: three cases of influenza B and two cases of influenza A (H1N1). The influenza strains characterized by the National Microbiology Laboratory this season appear to be a good match to the World Health Organization's recommended vaccine strains.

We also have a lot more to look forward to in the next couple of months at Algoma Public Health. Effective March 1, 2016, Dr. Alex Hukowich will join APH as our new Associate Medical Officer of Health. Shadows of Mind Film festival, now in its 17<sup>th</sup> year will run February 24-28, 2016 and on February 24-26, 2016 assessors from the Breastfeeding Committee of Canada will be in our Sault Ste. Marie office to re-assess our Baby-Friendly designation that we received in 2010.

The office renovations in Elliot Lake are progressing very well and staff are preparing for the move. A Substantial Completion inspection was scheduled to take place Wednesday February 17, 2016. The project budget was discussed at the Board of Health's Finance Committee meeting on February 10, 2016 with no budgetary issues noted. The move-in date is tentatively scheduled for the weekend of March 12-13, 2016.

## PROGRAM HIGHLIGHTS

### COMMUNITY MENTAL HEALTH

**Topic:** 17<sup>th</sup> Annual Shadows of the Mind Film Festival

**This report addresses the following Strategic Directions:** Collaborate Effectively

Algoma Public Health-Community Mental Health Program (APH-CMHP) continues to participate as one of three founding partners of the annual Shadows of the Mind Film Festival. The Sault Ste. Marie based festival brings mental health, addictions, public health and social issues to light through the entertainment value of film. The APH-CMHP partnership contribution includes "in-kind" support(s) such as co-hosting events, participating on planning committees, participating in workshops and panel discussions, and administrative support. For example one APH staff acts as media liaison for the festival and one CMHP staff member acts as Co-director of the festival. Several APH staff also contributes their personal time to the festival and its events. In addition to these in-kind supports, each year the Community Mental Health Program provides financial assistance to the festival through its film sponsorship of two films annually.

This year the festival runs from February 23 to the 28, 2016. The festival, now in its 17th year, works with local social service organizations to bring topical films that promote discussion and awareness through Q&A and panel discussions after the films. This year APH-CMH will be sponsoring two features, the gala night film, *Infinately Polar Bear*, a film based on a true story of a father's recovery from Bipolar Disorder and the family's determination to keep them together. As well APH-CMH will be sponsoring, "Welcome to Me", a comedy drama about a young woman with Borderline Personality Disorder who wins a lottery. Through our sponsorship, admission to the film will be through donation to the ARCH Pediatric Care Program. Other topical films in this year's festival include, recovering from suicide, childhood mental illness, AIDS, First Nations, sexual assaults on university campuses, and some compelling foreign cinema. Our annual festival attracts anywhere from 2500 to 3000 film goers over its 6 days of screening cinema from around the world. We are very proud of our collaboration and partnership in the delivery of this innovative, health promoting, thought provoking, and discussion building community event.

Complete description and schedule of this year's films can be found at [www.shadowsfilmfest.com](http://www.shadowsfilmfest.com).

## CHILD HEALTH

**Topic:** NutriSTEP®

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables:

- Child Health – Requirement 7 and 11
- Chronic Disease Prevention – Requirement 12
- Ministry of Health and Long Term Care (MOHLTC) Public Health Unit Accountability Indicator NutriSTEP® Preschool Screen Implementation Status Report

**This report addresses** the following Strategic Directions:

- Improve Health Equity
- Collaborate Effectively

NutriSTEP® is a validated and reliable nutrition screening questionnaire that can identify feeding, activity, weight and nutrition concerns in children ages 18 months to 5 years. NutriSTEP® stands for Nutrition Screening Tool for Every Preschooler. There are Preschooler (ages 3-5 years) and Toddler (ages 18-35 months) questionnaires that provide an efficient way to assess the five components believed to influence the nutritional status of young children including:

1. Food and nutrient intake
2. Factors affecting intake and eating behaviour
3. Physical growth
4. Physical and developmental capabilities
5. Physical activity and sedentary behaviour

Parents self-administer the nutrition screening questionnaire choosing the best response to describe their child's behaviour. Results are totaled to determine the child's nutritional risk as low, moderate or high. Parents are provided with educational resources and referral to community (i.e. health care provider, registered dietitian) and provincial supports (i.e. EatRight Ontario).

Nutrition screening raises parental awareness of healthy eating, promotes early intervention and targets children at risk for further assessment and treatment. It is estimated that 10-17 % of the population of young children aged 18 months to 5 years will be identified as high nutritional risk. Poor nutrition in young children can lead to growth problems such as failure to thrive and obesity, anemia, lifelong poor eating habits, lack of school readiness and inability to learn at school.

In 2015, Algoma Public Health (APH) completed the requirements in the preliminary and intermediate categories of the NutriSTEP® Preschool Screen Implementation as part of the MOHLTC's Accountability Agreements. Staff working in the Healthy Babies Healthy Children program and other child health staff received training and are currently implementing the screens with families to assess nutrition concerns and provide families with support in regards to their child's nutritional status. Surveillance data is being collected through our electronic health record system in an effort to evaluate the nutritional status of children across Algoma. From October 2014 to December 2015, Algoma Public Health has completed 67 toddler and preschooler screens with parents in their Child Health programs with 3 children being identified at high nutritional risk. Additionally, a referral map was developed that provides key messages to parents, resources,

and referral sources based on the NutriSTEP® risk score. The referral map was shared with community partners.

District-wide community implementation has also started in partnership with the Algoma Best Start Integrated Services committee. NutriSTEP® is being offered in community screening clinics and staff in the Best Start Hubs and Parent Family Literacy Centres attended training workshops to start using NutriSTEP® with parents.

For 2016, APH will be moving forward to complete the identified indicators in the advanced category of this Accountability Agreement which includes developing a formal Continuous Quality Improvement (CQI) process to address local implementation and investigate expanding implementation to other community agencies and partners.

## SEXUAL HEALTH

### **Topic: Sexual Health and Reproductive Health**

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: OPHS for Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (Including HIV) – Requirement #4 – The board of health shall increase public awareness of the epidemiology, associated risk behaviours, risk factors, and risk reduction strategies related to health sexuality, sexually transmitted infections, and blood-borne infections by: a) Adapting and/or supplementing national and provincial health communications strategies; and/or b) Developing and implementing regional/local communication strategies.

**This report addresses** the following Strategic Directions: Health Equity

### **Health Promotion Initiatives in the Sexual Health Program**

As part of Sexual and Reproductive Health Awareness Week (February 8-12, 2016), the Sexual Health Program will be promoting public awareness through social media, a news release, radio ads, and displays. Radio ads will play on stations throughout the district. Messaging focuses on the increasing rates of sexually transmitted infections (STIs) in Algoma, healthy sexuality, and safer sexual practices. Since 2010, gonorrhoea has increased by 270% and chlamydia by 17% in the district of Algoma. APH has also seen an increase in syphilis, an STI that was once rarely seen in our district or Canada.

These strategies are part of the program's ongoing plan to address the rising rates of STIs. In addition to media, strategies will include outreach to priority populations, working with schools / school boards, increased social media presence, health care provider education, and information sharing with internal partners.

### **Report on Teen Pregnancy in Algoma Public Health**

The Sexual Health and Reproductive Health programs currently have a Masters of Public Health Student completing a placement with APH through the Public Health Agency of Canada. The focus of the placement is to produce a report on adolescent pregnancy for the District of Algoma. The report will be an important tool to raise awareness, engage community stakeholders, and take action towards improving adolescent reproductive health outcomes and decreasing adolescent pregnancy rates.

## **EMERGENCY PREPAREDNESS**

**Topic:** Emergency Preparedness Program Standard

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Req #6 The board of health shall ensure the provision of emergency preparedness and response education and training for board of health staff in accordance with the Public Health Emergency Preparedness Protocol, 2008.

**This report addresses** the following Strategic Directions: Be Accountable / Collaborate Effectively

Emergencies can happen anywhere in Algoma at any time; some examples include flooding, evacuations, extended power outages, ice and winter storms, infectious diseases, water shortages or water contamination and other events. APH staff work in the district of Algoma with the municipalities, the Emergency Management Branch of the MOHLTC and the Emergency Management Ontario representatives ensures open communication and shared resources to be able to efficiently and effectively plan, prevent or mitigate emergencies.

Algoma Public Health (APH) continues to support staff by extending opportunities for professional development which will enhance their emergency response skills and ensure APH is prepared to prevent or address potential emergencies. APH's staff collaborate and consult with external partners to provide and share professional development opportunities to enhance our emergency response skills..

APH will be hosting Public Health Ontario trainers and will co-present their Public Health Emergency Preparedness (PHEP) workshop at Algoma Public Health's Sault Ste. Marie office on April 12, 2016. This is a great opportunity for staff to participate and enhance their skills through mock emergency table top exercises. In addition a train the trainer program is also being looked at as an educational opportunity to grow our knowledge base at APH. Understanding public health's role in emergency preparedness is outlined by the MOHLTC and Public Health Ontario and can be viewed at:  
[http://health.gov.on.ca/en/pro/programs/emb/emerg\\_prep/ims\\_consult.aspx](http://health.gov.on.ca/en/pro/programs/emb/emerg_prep/ims_consult.aspx)

At APH we rarely need to implement our IMS (Incident Management System) structure however one recent example occurred when an Infection Prevention and control lapse was declared last November 2015. APH staff were able to draw from previous emergency response training and experiences to provide efficient response to address the IPAC lapse while effectively allocating staff time and resources.

## PARTNERSHIPS

### **North East Local Health Integration Network**

J. Pino and S. Cleaves attended an information session on February 11, 2016 hosted by the NE LHINs in regard to the discussion paper ***Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario***. The NE LHIN is seeking input on the proposed changes outlined in the discussion paper from health service providers, the general public, patients and caregivers. Various information sessions are planned or being planned in February through out northeastern Ontario. In addition the NE LHINs hosted a teleconference with NE Medical Officers of Health on February 18, 2016 to further engage public health on the proposed changes.

There is also a [survey](#) on-line that anyone can complete to help provide guidance on moving forward. Survey closes at 4:00pm Thursday, February 25, 2016.

Respectfully submitted,

Tony Hanon, Ph.D., CEO and Dr. Penny Sutcliffe, Acting MOH

**ALGOMA PUBLIC HEALTH  
FINANCE AND AUDIT COMMITTEE REPORT  
FOR THE FEBRUARY 24, 2016 BOARD MEETING**

Meeting held on: February 10, 2016

In attendance:

Tony Hanlon, Justin Pino, Ian Frazier, Candace Martin, Lee Mason, Dennis Thompson

Secretary – Christina Luukkonen

Ian Frazier was acclaimed Chair of the Committee for the calendar year 2016

Dennis Thompson was acclaimed the Vice Chair of the Committee for the calendar year 2016

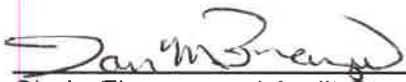
The Committee received a synopsis from Justin regarding the December 31, 2015 financial statements. It was noted that some items currently included as expenses may be reclassified as assets once the audit is completed (in particular the purchase of a new vehicle and the renovations of the ELNOS Building located in Elliot Lake)

The Committee reviewed and approved the 2015 Committee Activity Report once clarification was given to a couple of points. The Report will be submitted to the Board at their next meeting.

The Committee reviewed the updated projected cashflow analysis of the ELNOS renovations. Without consideration of any battery rebate APH may receive the renovations are projected to be within budget.

The Committee reviewed and approved the Transfer of Funds request from the GIC to Operating Account in order for the funds set aside to be utilized to cover the ELNOS renovation costs.

Due to a number of conflicts the Committee has approved the cancelling of the March meeting and will resume in April.

  
\_\_\_\_\_  
Chair, Finance and Audit Committee  
Algoma Public Health

2/17/16  
Date

**Algoma Public Health  
Financial Statements  
For the period ending: December 31, 2015**

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**Algoma Public Health  
Statement of Operations and Fund Balances  
For the period ending:**

**December 2015**

	Actual YTD 2015	Budget YTD 2015	Variance Bgt to Actual 2015	Annual Budget 2015	2015 YTD Actual/ YTD Budget %
<b>Revenue</b>					
Municipal Levy -public health	\$ 3,371,761	\$ 3,253,897	\$ 117,864	\$ 3,253,897	104%
Provincial Grants -public health	\$ 9,943,798	\$ 9,765,100	\$ 178,698	\$ 9,765,100	102%
Grants/Levies - Capital	\$ -	-	\$ -	-	
Provincial Grants - community health	6,398,634	6,027,119	\$ 371,515	7,640,458	106%
Fees, other grants and recovery of expenditures	676,036	824,204	\$ (148,168)	824,204	82%
	<b>\$ 20,390,230</b>	<b>\$ 19,870,320</b>	<b>\$ 519,909</b>	<b>\$ 21,483,659</b>	<b>103%</b>
<b>Expenditures</b>					
<b>Public Health Programs</b>					
Public Health	\$ 14,140,442	\$ 13,843,201	\$ (297,241)	\$ 13,843,201	102%
Public Health (Capital)	0	-	-	-	
<b>Community Health Programs</b>					
Healthy Babies and Children	1,090,463	\$ 1,068,011	(22,452)	1,068,011	102%
Child Benefits Ontario Works	25,441	\$ 20,000	(5,441)	20,000	127%
Dental Benefits Ontario Works	308,448	\$ -	(308,448)	-	#DIV/0!
Early Years Development (NPClinic II)	1,000	\$ 139,000	138,000	139,000	1%
Misc Calendar	444	\$ -	(444)	-	#DIV/0!
Healthy Community Partnership	52	\$ -	(52)	-	#DIV/0!
Northern Ontario Fruit & Vegetable Program	66,859	\$ 87,477	20,618	117,400	76%
Brighter Futures for Children	73,375	\$ 85,086	11,711	113,448	86%
Infant Development	491,159	\$ 506,989	15,830	675,986	97%
Preschool Speech and Languages	442,739	\$ 460,692	17,953	614,256	98%
Nurse Practitioner	88,244	\$ 92,140	3,896	122,853	96%
Genetics Counseling	250,680	\$ 275,855	25,174	367,806	91%
Community Mental Health	2,269,983	\$ 2,380,499	110,515	3,173,998	95%
Community Alcohol and Drug Assessment	498,668	\$ 508,642	9,974	678,210	98%
Remedial Measures	118,129	\$ 122,320	4,191	122,320	97%
Diabetes	87,106	\$ 112,500	25,394	150,000	77%
Healthy Kid Community Challenge	22,091	\$ 53,780	31,690	169,669	41%
Stay on Your Feet	68,667	\$ 75,000	6,333	100,000	92%
Misc Fiscal	35,136	\$ -	(35,136)	-	#DIV/0!
	<b>\$ 20,079,127</b>	<b>\$ 19,831,192</b>	<b>\$ (247,935)</b>	<b>\$ 21,476,158</b>	<b>101%</b>
<b>Excess of revenues over expenses - CH</b>	<b>459,949</b>	<b>39,129</b>		<b>7,501</b>	
<b>Excess of revenues over exp. - Public Health</b>	<b>(148,846)</b>	<b>(0)</b>		<b>-</b>	
<b>Operating fund balance, beginning of year</b>	<b>3,009,266</b>				
<b>Operating fund &amp; capital, end of month (Note 1)</b>	<b>\$ 3,346,631</b>				

**Note 1:**

The operating fund balance consists of a public health reserve and amounts owed to the Gov't of Ontario as of the report date.

**Algoma Public Health**  
**Revenue Statement**  
For the Twelve Months Ending December 31, 2015

	Current YTD	Budget YTD	Variance	YTD Actual to Annual Bgt %	Annual Budget	Comparison Prior Year:		
						YTD Actual 2014	YTD BGT 2014	Variance 2014
MOH Public Health Funding	7,491,235	7,519,100	( 27,865 )	100%	7,519,100	7,619,970	7,497,800	122,170
MOH Funding- Needle Exchange	50,700	50,700	-	100%	50,700	44,801	44,801	(0)
MOH Funding Haines Food Safety	24,600	24,600	-	100%	24,600	24,533	24,533	(0)
MOH Funding CINOT/Healthy Smiles	393,005	410,600	( 17,595 )	96%	410,600	390,796	427,542	(36,746)
MOH Funding - Social Determinants of Health	180,500	180,500	( 0 )	100%	180,500	180,448	180,448	0
MOH Funding Vector Bourne Disease	108,700	108,700	0	100%	108,700	108,610	108,611	(1)
MOH Funding Chief Nursing Officer	121,500	121,500	-	100%	121,500	121,414	121,414	0
MOH Funding Safe Water	70,890	69,600	1,290	102%	69,600	69,563	69,563	(0)
MOH Enhanced Funding Safe Water	14,210	15,500	( 1,290 )	92%	15,500	15,500	15,500	(0)
MOH Funding Unorganized	500,300	500,300	( 0 )	100%	500,300	435,891	435,891	0
IC Prevention & Control Week	0	0	-	0%	0	0	0	0
CINOT Expanded Funding	66,444	34,000	32,444	195%	34,000	16,875	22,500	(5,625)
MOH Funding Infection Control	312,400	312,400	0	100%	312,400	312,299	312,299	(0)
Levies Sault Ste Marie	2,301,476	1,969,458	332,018	117%	1,969,458	2,198,771	1,849,895	348,876
Levies Sault Ste Marie Capital	0	293,620	( 293,620 )	0%	293,620	0	289,484	(289,484)
Levies Vector/ SDWS	0	66,463	( 66,463 )	0%	66,463	0	59,391	(59,391)
Levies District	1,070,285	804,427	265,858	133%	804,427	906,012	785,366	120,645
Levies District Capital	0	119,929	( 119,929 )	0%	119,929	0	124,065	(124,065)
Recoveries from Programs	10,083	10,061	22	100%	10,061	11,032	10,061	971
Program Fees	222,239	247,143	( 24,904 )	90%	247,143	221,996	247,143	(25,147)
Land Control Fees	169,105	160,000	9,105	106%	160,000	156,261	160,000	(3,739)
Program Fees Immunization	235,570	160,000	75,570	147%	160,000	256,522	160,000	96,522
HPV Vaccine Program	3,451	10,000	( 6,549 )	35%	10,000	7,922	10,000	(2,078)
Influenza Program	835	60,000	( 59,165 )	1%	60,000	55,210	60,000	(4,790)
Meningococcal C Program	1,641	10,000	( 8,359 )	16%	10,000	7,319	10,000	(2,681)
Interest Revenue	13,122	2,000	11,122	656%	2,000	23,980	7,790	16,190
Other Revenues	19,992	165,000	( 145,008 )	12%	165,000	38,328	75,000	(36,672)
Funding Holding	0	0	-	0%	0	0	0	0
Funding Ontario Tobacco Strategy	444,200	417,600	26,600	106%	417,600	410,750	425,600	(14,850)
Elliot Lake Office Relocation	0	0	-	0%	0	0	0	0
Panorama	52,900	0	52,900	100%	0	214,132	0	214,132
IT Platform Stabilization - One Time	0	0	-	0%	0	240,000	320,000	(80,000)
First Nations Initiative -One Time	112,214	0	112,214	100%	0	112,500	150,000	(37,500)
	<b>\$ 13,991,596</b>	<b>\$ 13,843,201</b>	<b>\$ 148,395</b>		<b>\$ 13,843,201</b>	<b>\$ 14,201,435</b>	<b>\$ 14,004,698</b>	<b>\$ 196,736</b>
<b>Summary</b>								
Levies	3,371,761	3,253,897	117,864	104%	3,253,897	3,104,783	3,108,202	( 3,419 )
Funding Grants	9,943,798	9,765,100	178,698	102%	9,765,100	10,318,082	10,156,503	161,580
Fees & Recoveries	676,036	824,204	( 148,168 )	82%	824,204	778,569	739,994	38,575
	<b>\$ 13,991,596</b>	<b>\$ 13,843,201</b>	<b>148,395</b>	<b>101%</b>	<b>\$ 13,843,201</b>	<b>\$ 14,201,435</b>	<b>\$ 14,004,698</b>	<b>\$ 196,736</b>

**Algoma Public Health**  
**Expense Statement- Public Health**  
For the Twelve Months Ending December 31, 2015

	<u>Current YTD</u>	<u>Budget YTD</u>	<u>Variance</u>	YTD Actual to Annual Bgt %	<u>Annual Budget</u>	<b>Comparison Prior Year:</b>			
						<u>YTD Actual 2014</u>	<u>YTD BGT 2014</u>	<u>Variance 2014</u>	
Salaries & Wages	\$ 7,829,252	\$ 8,103,927	274,675	97%	\$ 8,103,927	\$ 7,855,915	\$ 8,285,484	\$ 429,569	1
Benefits	1,862,219	2,030,047	167,828	92%	2,030,047	2,000,990	2,071,368	70,377	2
Travel - Car Allowances	39,664	61,960	22,296	64%	61,960	37,150	150,088	112,937	3
Travel - Mileage	138,966	125,447	( 13,519 )	111%	125,447	107,391	142,079	34,688	3
Travel - Other	60,358	126,308	65,950	48%	126,308	116,480	135,008	18,528	3
Program	1,156,125	711,175	( 444,951 )	163%	711,175	879,221	866,580	(12,641)	4
Program Equipment Purchase	0	0	-	0%	0	307	500	193	
Office	116,767	131,950	15,183	88%	131,950	115,875	170,600	54,725	4
Computer Services	877,653	769,729	( 107,924 )	114%	769,729	761,145	387,250	(373,895)	4
Telephone Charges	38,648	48,263	9,615	80%	48,263	48,307	106,763	58,456	5
Telecommunications	191,657	171,028	( 20,629 )	112%	171,028	187,327	143,991	(43,335)	5
Program Promotion	130,085	211,583	81,498	61%	211,583	140,871	202,235	61,363	4
Facilities Expenses	747,328	759,102	11,774	98%	759,102	868,754	751,102	(117,652)	6
Renovations	277,890	0	( 277,890 )	100%	0	129,632	65,000	(64,632)	
Fees & Insurance	307,171	279,490	( 27,681 )	110%	279,490	266,420	218,000	(48,420)	7
Special Projects	113	0	( 113 )	100%	0	0	0	0	
Debt Management	456,378	456,000	( 378 )	100%	456,000	(89,833)	(147,349)	(57,516)	
Recoveries	(89,833)	(142,808)	( 52,975 )	63%	(142,808)	82,446	0	(82,446)	8
Elliot Lake Relocation	0		-	0%		455,856	456,000	144	
	<u>\$ 14,140,442</u>	<u>\$ 13,843,201</u>	<u>\$ ( 297,241 )</u>		<u>\$ 13,843,201</u>	<u>\$ 13,964,254</u>	<u>\$ 14,004,698</u>	<u>\$ 40,445</u>	

## Notes to Financial Statements – December 2015

### Reporting Period

The December 2015 financial reports include twelve months of financial results for Public Health and the following calendar programs, Healthy Babies, Child and Dental Benefits Ontario Works and Early Years Nurse Practitioner II program. All other programs are reporting nine month results from operations year ended March 2016.

### **Public Health – Statement of Operations (see page 1)**

#### General Comments

As of December 31<sup>st</sup>, 2015, Public Health programs are reporting a deficit of approximately \$148k. On the Revenue side, \$117k positive variance is attributable to the timing of receipts of municipal levies from the City of Sault Ste. Marie and the District. There is a positive \$178k variance associated with timing of receipts of Provincial Grants. Offsetting these positive variances is a \$148k negative variance related to Program Fees & Recoveries which is being driven by Management's decision not to recognize the total amount of deferred revenue budgeted.

There is a negative variance of \$297k related to Public Health Expenses being greater than budgeted. This is primarily due to Elliot Lake renovation costs incurred with no budget established for these renovations at the start of the year. APH has secured a \$350k loan in addition to \$375k in insurance settlement funds to finance these renovation expenses.

Community Health programs are reporting a surplus of \$459k. The negative variance associated with Dental Benefits Ontario Works is being offset by the positive variance associated with Provincial Grants – community health. \$138k of the variance noted is attributable to a vacant position within APH's Nurse Practitioner Clinic. APH has returned these funds to the Ministry. In addition, there is a \$110k positive variance associated with the Community Mental Health Program. The program received additional funding for positions related to transitional case management. The lag in time to fill these positions is driving the noted variance. There is a positive \$17k variance related to the Preschool Speech and Language Program and a \$25k positive variance related to the Diabetes Program. Purchases related to these programs typically occur within the last quarter of the year (January – March). There is a positive variance of \$25k associated with the Genetics Program. This is a result of the inherent time lag in filling positions within the agency. APH has started to incur expenses related to the Healthy Kid Community Challenge. Funding from the City of Sault Ste. Marie is forthcoming.

Notes Continued...

**Revenue (see page 2 for details)**

Public Health funding revenues are indicating a positive variance of \$148k. Driving this is a \$117k positive variance related to the timing of the municipal levy receipts from the City of Sault Ste. Marie and the District. The timing of receipts of Funding Grants is also contributing to the variance. Fees and Recoveries are offsetting this positive variance. In an effort to balance the budget, recognition of deferred revenue was planned for 2015. Management determined this was not required which impacted the negative \$137k variance related to Other Revenues. The negative \$59k variance related to the Influenza Program is a result of timing issues. APH is reimbursed by the Ministry quarterly for the previous quarter actual immunizations administered. Collection of Land Control fees is now showing a positive \$9k variance.

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

Note 1/2– Salaries/Benefits

The positive variance of \$274k is a result of two vacant positions which have been gapped as a means of mitigating uncertainty surrounding the Board of Health request to the Ministry of a 2.5% funding increase for mandatory programs. In addition, the vacant permanent Medical Officer of Health (MOH) position impacted the noted positive variance. The inherent time lag in filling positions within the agency also contributed to this variance.

The two vacant positions drove the positive variance of \$167k with regards to benefits. In addition, the vacant permanent MOH role contributed to this positive variance.

Note 3 –Travel (Car Allowance, Mileage, Other)

Car allowance is showing a positive \$22k variance. This is a result of the elimination of car allowance as collectively bargained.

Mileage is showing a negative \$13k variance. This is a result of staff now being reimbursement at or near CRA rates as collectively bargained.

Travel - Other is showing a positive \$65k variance. Staff travel has been less than in previous years.

Note 4 - Program, Office, Computer Services, Program Promotion

Program expenses are indicating a negative variance of \$444k. The purchased services for the Acting CEO and MOH role drove the noted variance. In addition, APH purchased a new vehicle for program use in December 2015. Page 34 of 62

Office expense is showing a positive \$15k variance. This is relatively in line with what was budgeted.

Notes Continued...

Computer Services is showing a negative variance of \$107k. In December 2015, APH purchased back all equipment associated with the sale-lease buy back transaction executed in 2014.

Program Promotion is showing a positive variance of \$81k. Program Promotion expenses were less than anticipated.

#### Note 5 – Telephone Charges/Telecommunications

Telephone Charges are indicating a positive variance of \$9k. Telecommunications is showing a negative variance of \$20k. Offsetting these expenses results in a negative \$11k variance indicating expenses were more than what was budgeted this year.

#### Note 6 – Facilities Expenses/Renovations

Facilities Expenses is showing a positive variance of \$11k which is relatively in line with budget.

Renovations expense is showing a negative \$277k variance. This is a result of no budget being established for Elliot Lake renovations at the start of the year. APH has secured a \$350k loan in addition to \$375k in insurance settlement funds to finance these renovation expenses.

#### Note 7 – Fees & Insurance

Fees & Insurance is indicating a negative variance of \$27k. APH incurred incremental auditing and legal fees which impacted the negative variance noted.

#### Note 8 – Recoveries

Recoveries are indicating a negative variance of \$52k. Recoveries were less than budgeted.

#### **Community Programs (see page 1)**

All community programs are operating without budget issues.

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

Our cash flow position continues to be stable and the bank has been reconciled as of December 31<sup>st</sup>, 2015. Cash includes \$.699 million in short-term investments. A portion of the short-term investments relates to insurance settlement funds associated with the Elliot Lake mall collapse and will be used to help finance renovations for the new Elliot Lake offices. In addition, APH has secured a \$350,000 loan with interest only payments until September 1, 2016 to help with the financing of the Elliot Lake office renovations. The loan is open and can be repaid at any time without penalty.

Long term debt of \$5.774 million is held by the Royal Bank @ 2.76% for a 20 year term. The loan matures on September 1, 2016. There are no collection concerns for accounts receivable.

**Algoma Public Health**  
**Statement of Financial Position**

<b>Date: As of December 2015</b>	<b>December 2015</b>	<b>December 2014</b>
<b>Assets</b>		
<b>Current</b>		
Cash & Investments	\$ 1,693,118	\$ 2,289,828
Accounts receivable	551,626	400,785
Receivable from municipalities	5,834	12,840
Receivable from Province of Ontario	-	-
<i>Subtotal Current Assets</i>	<b>2,250,578</b>	<b>2,703,452</b>
<b>Financial Liabilities:</b>		
Accounts Payable & Accrued Liabilities	1,364,231	1,698,086
Payable to Gov't of Ont/Municipalities	243,809	701,964
Deferred Revenue	637,673	555,359
Employee Future Benefit Obligations	2,417,999	2,417,999
Capital Lease Obligation	103,767	539,027
Term Loan	6,464,240	6,114,240
<i>Subtotal Current Liabilities</i>	<b>11,231,718</b>	<b>12,026,675</b>
<b>Net Debt</b>	<b>(8,981,141)</b>	<b>(9,323,223)</b>
<b>Non-Financial Assets:</b>		
Building Construction in Progress	22,732,421	22,732,421
Furniture & Fixtures	1,914,772	1,914,772
Leasehold Improvements	892,431	892,431
IT	3,029,040	3,029,040
Automobile	29,740	29,740
Accumulated Depreciation	(6,118,846)	(6,118,846)
<i>Subtotal Non-Financial Assets</i>	<b>22,479,558</b>	<b>22,479,558</b>
<b>Accumulated Surplus</b>	<b>13,498,417</b>	<b>13,156,335</b>

FINANCE AND AUDIT COMMITTEE 2015 YEAR IN REVIEW COMPARED TO TOR

Committee Scope/Duties	Action Identified
Review and make recommendations to the Board regarding monthly financial statements and other monthly/quarterly financial reporting being presented to the Board	After the Committee was established, any financial reports presented to the Board received the Committee's recommendation for approval
Review and make recommendations to the Board regarding the annual Operating and Capital Plan	The 2016 Operating Plan was reviewed and recommended for approval in Nov 2015
Review and make recommendations to the Board regarding the annual audited financial statements	Due to the significant issues the Board faced in early 2015 it was decided that the annual audited financial statement presentation by the auditors was made directly to the Board and not the Committee
Review and recommend the annual appointment of the external auditors	During the year it was clarified that APH must appoint the same auditor as the City of Sault Ste. Marie. The Committee accepted the appointment of KPMG as auditors for the next five year period.
Review and recommend the annual audit plan, audit fees, and scope of audit services (engagement letter)	In Nov 2015 the Committee reviewed and recommended the acceptance of the audit plan, audit fees, and scope of audit services
Meet with external auditors to review the findings of the audit including but not limited to the auditor's Management Letter, any weaknesses in internal controls and the Executive response to such letter	Due to the significant issues the Board faced in early 2015 it was decided that the annual audited financial statement presentation by the auditors was made directly to the Board and not the Committee
Review and report to the Board any changes in accounting policies or significant transactions which impact the financial statements in a significant manner as per the annual financial statements	During the year the Committee reviewed the reserve and revenue deferment policy. Significant transactions identified during the year was the recommendation of term loan and the completion of Elliot Lake office renovation
Periodically review the need for an internal audit and if required make such recommendation to the Board	Early in 2015 an internal audit was completed by KPMG (special circumstances) and a Ministry audit was completed at the same time.
Monitor the internal audit process, ensure all items from the internal auditor's reports are resolved and assess the internal audit performance	Internal audit was completed by KPMG (special circumstances) prior to the Committee being established. Change in leadership and Board was completed as a result.
Monitor the effectiveness of internal controls to ensure compliance with Board policies and standard accounting principles	During the year the Committee reviewed three policies and recommended for approval

FINANCE AND AUDIT COMMITTEE 2015 YEAR IN REVIEW COMPARED TO TOR

Committee Scope/Duties	Action Identified
Review and ensure that all risk management is complete with respect to all insurance coverage for the Board	Committee in 2015 verified insurance was in place and review will be completed for the 2016 renewal
Review and make recommendation to the Board concerning any material asset acquisitions	Committee reviewed and recommended the initiation of Elliot Lake office renovation, advance purchase of IT equipment to assist with the sale/leaseback and the purchase of Board communication hardware and software
Review and make recommendations to the Board regarding financial, Investing and banking transactions, providers and signing officers	Committee reviewed and recommended the following signing officers – Justin Pino, Tony Hanlon, Lee Mason, and Ian Frazier. Committee reviewed and recommended the \$350,000 term loan to complete the Elliot Lake office renovation
Review other projects or developments as directed by the Board	Committee reviewed RFP for Elliott Lake office renovation and completed the evaluation and recommended the company to complete project



b. Risk Management

Mr. Pino presented to the Committee on the top agency risks that have been identified as potential risks to the agency for 2016. Copies of the presentation were provided in the agenda package. The Committee members to review and direct any questions or concerns to the Dr. Hanlon or the Mr. Frazier.

**6) Financial Statements for the Period ending: November 30, 2015**

Mr. Pino presented the financial statements for the period ending November 30, 2015 that were provided to the Committee in the agenda package. Mr. Pino highlighted the area of surplus funds that are showing as of November 30, 2015. These funds will be used as one-time funding for programs needs and operational expenses that need to be spent by the end of the year. APH is currently working on year end. A final settlement of all budgets will be completed in April.

The loan for the Elliot Lake renovations has been secured and renovations are progressing as planned.

FC2016-03 Moved: L. Mason

Seconded: D. Thompson

THAT the Finance and Audit Committee recommends the Financial Statements for the Period ending November 30, 2015 and puts for to the Board for approval.

CARRIED.

**7) BUSINESS ARISING FROM MINUTES – None**

**8) NEW BUSINESS/GENERAL BUSINESS**

a) Terms of Reference

A copy of the draft terms of references with the proposed changes was provided in the meeting package.

FC201604 Moved: L. Mason

Seconded: D. Thompson

THAT the Finance and Audit Committee recommends the proposed changes to the Terms of Reference for the Finance and Audit Committee as amended and put forth to the Board of Health for approval.

CARRIED.

b) Finance and Audit Committee 2015 year in Review Compared to TOR

Mr. Frazier provided a draft report to the Board of Health from the Finance and Audit Committee outlining the work of the committee in 2015 compared to the mandate of the Terms of Reference for the committee. Committee members are to forward any comments or feedback to Ms. Luukkonen or Mr. Frazier. Final report will be approved at next committee meeting on February 10, 2016 to be put forth to the Board on February 24, 2016

**9) NEXT MEETING: Wednesday, February 10, 2016 @ 4:30pm**

**10) THAT THE MEETING ADJOURN: 5:36pm**

FC2016-05 Moved: L. Mason

Seconded: C. Martin

THAT the meeting of the Finance and Audit Committee adjourns.

CARRIED.

**ALGOMA PUBLIC HEALTH  
GOVERNANCE COMMITTEE REPORT  
FOR THE FEBRUARY 24, 2016 BOARD MEETING**

Meeting held on: February 10, 2016

In attendance:

Tony Hanlon, Antoniette Tomie, Ian Frazier, Candace Martin, Lee Mason

Secretary – Christina Luukkonen

Ian Frazier was acclaimed Chair of the Committee for the calendar year 2016

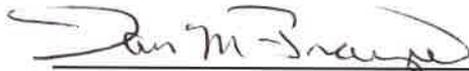
Candace Martin was acclaimed Vice Chair of the Committee for the calendar year 2016

Committee reviewed and approved the 2015 Committee Activity Report to be submitted to the Board at their next meeting.

A brief discussion was held on the interviews the Board Members attended with the Institute of Governance. The Committee welcomes the input from the Institute so the APH Board can increase the number of members to the normal quantity of members.

The Committee reviewed the 2015 Board Attendance Summary along with the Meeting Evaluations. It was noted this is valuable information and the Board Members need to strive to submit the requested information on a timely basis.

Due to a number of conflicts the Committee has considered cancelling the March meeting and will resume in April unless a matter from the Institute of Governance or Recruiting Activities require the Committee's immediate attention.

  
\_\_\_\_\_  
Chair, Governance Committee  
Algoma Public Health

2/17/16  
Date

GOVERNANCE COMMITTEE 2015 YEAR IN REVIEW COMPARED TO TOR

Committee Scope/Duties	Action Identified
<p><b>Governance Effectiveness</b></p> <ul style="list-style-type: none"> <li>• Enable the Board to meet its fiduciary obligations by defining APH’s approach to governance and supporting processes and practices that promote a leading-edge governance culture;</li> <li>• Recommend the development and oversee the implementation of governance structures, processes and protocols that enable the Board to fulfill its governance role effectively;</li> <li>• Support the Board of Directors in fostering a positive relationship with its key stakeholders;</li> <li>• Support a high standard of Board conduct</li> </ul>	<p>The Committee was established in mid-June and thus only had a half year to meet. With the guidance of two Acting CEOs the Committee reviewed and recommended a new performance monitoring plan that encompasses a performance monitoring schedule, review of strategic direction, organizational and program standards along with a Board evaluation process.</p> <p>Due to a number of issues the Committee’s focus has been the stability of APH management and the continued confidence of staff.</p>
<p><b>Mandate</b></p> <ul style="list-style-type: none"> <li>• Recommend, where appropriate, changes to the mandate of the Board of Directors, each of its Committees, the Board Chair and committee chairs based on the needs of APH and evolving governance standards (subject to requirements of the HPPA and Municipal Acts).</li> </ul>	<p>This was the first year that the Board effectively utilized Committees. Terms of Reference for both the Governance and Finance and Audit Committees were established and in early 2016 a review is scheduled for the TORs.</p>
<p><b>Board of Health By-laws, policies and procedures</b></p> <ul style="list-style-type: none"> <li>• Review on a regular basis, and at a minimum of every two years, and make recommendations to the Board.</li> </ul>	<p>The Committee was established mid-June and completed the review of five (5) policies and one (1) bylaw</p>

GOVERNANCE COMMITTEE 2015 YEAR IN REVIEW COMPARED TO TOR

Committee Scope/Duties	Action Identified
<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• Recommend and oversee the implementation of a governance review/ evaluation process regarding the performance of the Board, the Board Chair, committee chairs, committees and individual Directors;</li> <li>• Recommend procedures for the ongoing assessment of Board and Committee meeting effectiveness;</li> <li>• Recommend changes to address effectiveness issues arising out of these evaluations;</li> <li>• Assess the adequacy of the quality and timeliness of information provided to the Board of Directors and its Committees and make recommendations to the Board of Directors for change where appropriate.</li> </ul>	<p>As part of the Performance Monitoring Plan the Board is completing a monthly an annual self-evaluation of the Board meetings and it performance</p> <p>The Committee and reviewed and made recommendations on committee and board meeting procedures to increase the efficiency and effectiveness of meetings.</p>
<p><b>Performance Accountability</b> Approve and monitor various measures of performance accountability of APH on a regular basis.</p>	<p>The Committee reviewed and recommended a Performance Monitoring Plan whereby three (3) reports from the Executive will be reviewed</p>
<p><b>MOH/CEO Performance review</b></p> <ul style="list-style-type: none"> <li>• Support the Chair of the Board of Health with MOH/CEO performance review as requested;</li> <li>• Oversee succession planning for the MOH/CEO, including development of a clear and transparent process to recruit and select a future MOH/CEO.</li> </ul>	<p>During the half year the Committee reviewed and recommended the hiring of an Acting CEO and the continued search for an MOH/CEO and the continued monitoring of the status of the Acting MOH.</p>
<p><b>Nominations</b></p> <ul style="list-style-type: none"> <li>• Recommend, in consultation with the Board Chair, nominees for all Board Committees including Committee chairs.</li> </ul>	<p>Due to circumstances this was completed on a volunteer basis</p>

GOVERNANCE COMMITTEE 2015 YEAR IN REVIEW COMPARED TO TOR

Committee Scope/Duties	Action Identified
<p><b>Orientation and Education</b></p> <ul style="list-style-type: none"> <li>• Ensure that there is an appropriate orientation and education program for new Directors and continuing education for all Directors including making recommendations on methods to improve Directors' knowledge of Algoma Public Health and their responsibilities as Directors;</li> <li>• Oversee the implementation of orientation and education programs for Directors to ensure these are undertaken effectively.</li> </ul>	<p>Board members had the opportunity to attend two training sessions:</p> <p>Children's Rehabilitation Centre Algoma Governance Workshop – Governing in a Shared Service Environment – 4 board members attended</p> <p>aIPHa Conference – Managing Uncertainty. Risk Management for Boards of Health – 2 board members attended</p> <p>Provided Acting CEO with list of additional training requests and have plans for a retreat in 2016</p>
<p><b>Other</b></p> <p>The Committee shall study and make recommendations to the Board on any matter as directed by the Board.</p>	<p>The Committee was tasked with reviewing and making a recommendation for the contracting/hiring of an Acting CEO. At first this was an RFP process and then was adjusted to an interview and hiring process.</p> <p>The Committee was tasked with performing the interview process for an MOH/CEO candidate and made recommendations on hiring/not hiring and further steps to take to safeguard the continuation of an Acting MOH.</p>



Board Committee meeting dates be included as we do with the Board meetings. Mrs. Luukkonen will ensure this happens moving forward.

c. Governance Standing Committee 2015 year in review compared to TOR  
Mr. Frazier provided a draft report to the Board of Health from the Governance Standing Committee outlining the work of the committee in 2015 compared to the mandate of the Terms of Reference. Committee members are to forward any comments or feedback to Ms. Luukkonen or Mr. Frazier. Final report will be approved at next committee meeting on February 10, 2016 to be put forth to the Board on February 24, 2016

**7) Additions to the Agenda**

a. Committee Election

Discussed options for appointing and election of Board Chair and committees. Formal policy to be developed. Will move forward with the same process as last year.

b. Governance Review

Dr. Hanlon updated the Committee on the site visit next week by the Institute of Governance. They will be on site January 26 – 27 conducting interviews with the Board, Executive Team and the Mayors and Reeves from Algoma municipalities. They have been charged with two tasks:

1. To support skill based recruitment of the District of Algoma Board of Health
2. To develop a toolkit to support skill based boards for all Ontario Boards of Health

Dr. Hanlon noted that ALPHA and the ministry both have toolkits available to Boards.

There will be communication internally to staff and a media release sent out.

**8) IN COMMITTEE at 7:23pm**

GC2016-04 Moved: C. Martin

Seconded: L. Mason

THAT the Governance Standing Committee goes in-committee.

CARRIED.

**9) OPEN MEETING at 8:00pm**

GC2016-06 Moved: C. Martin

Seconded: L. Mason

THAT the Governance Standing Committee goes into open meeting.

CARRIED.

**10) NEXT MEETING:** February 10, 2016 @ 5:20pm

**11) THAT THE MEETING ADJOURN: 8:01pm**

GC2016-07 Moved: L. Mason

Seconded: C. Martin

THAT the Governance Standing Committee meeting adjourns.

CARRIED.

## Algoma Public Health – EMPLOYEES – Policies and Procedures Manual

<b>APPROVED BY:</b>	Medical Officer of Health/ Chief Executive Officer	<b>REFERENCE #:</b>	01-04-200
<b>DATE:</b>	O: February 5, 2016	<b>SECTION:</b>	Human Resources
<b>PAGE:</b>	1 of 5	<b>SUBJECT:</b>	Code of Conduct

---

### **INTRODUCTION**

The Code clearly outlines the behaviours expected of us as members of APH (members of APH is defined as all staff, management, volunteers, student placements, contractors, consultants, the board of health, and others who may provide services for APH), as well as behaviours that are inappropriate and the consequences when there is a violation of the Code.

To help ensure the Code's purpose is sustained, all members of APH will adhere to the Code. APH has established policies and procedures that enable any member of APH to report violations of the Code without fear of reprisal. ([Respect in the Workplace 01-04-125](#) and [Employee Complaints and Concerns Policy 01-04-185](#))

The Code's standards of conduct on the following page will help ensure an enjoyable work environment where all feel safe and respected resulting in optimum client service and positive employee engagement.

Nothing in this Code is meant to conflict with APH's obligations to its employees under its various collective agreements or employment contracts. Similarly, some employees may have professional obligations and should seek clarification from both their manager and their professional college or association with any perceived concerns.

This policy will be reviewed and if necessary updated annually.

### **THE CODE**

As a member of APH I will:

1. Treat all my fellow members, clients and community partners with courtesy, respect and integrity
2. Promote a safe, secure, collegial and healthy workplace.
3. Ensure all my communications, verbal, non-verbal or written, are respectful.
4. Commit to maintaining a work environment that is free from discrimination, bullying, and harassment of any kind based on the protected grounds in the [Ontario Human Rights Code](#), including age, race, colour, religion, creed, sex, nationality, ethnic or place of origin, citizenship, language, political belief, marital or family status, pregnancy, sexual orientation, and disability.
5. Attend work, client appointments, meetings punctually and return from my breaks on time.
6. Present myself in a professional manner including appropriate dress and personal appearance in keeping with APH dress code and the nature of the work I perform and the public image of APH I represent.

7. Provide safe, quality care and services with professional competence and high ethical standards to the individuals and communities we serve.
8. Respect and protect the privacy and confidentiality of all individuals and information subject to relevant legislation, professional standards, and APH policies.
9. Act honestly and responsibly avoiding conflicts of interest.
10. Protect APH's physical and electronic assets.

### **ROLES AND RESPONSIBILITIES**

All members are responsible for:

- i) Understanding and applying the Code in all interactions
- ii) Assuming ownership and accountability for their own behaviours and actions
- iii) Speaking directly to members in a confidential, constructive and professional manner to address any issue when their behavior is inconsistent with the Code
- iv) Reporting inappropriate behavior in writing to their manager or other appropriate management when unable to resolve the issue directly
- v) Co-operate fully in any investigation

All managers are responsible for:

- i) Leading by example by understanding and complying with the Code
- ii) Encouraging, expecting, and valuing all members of APH compliance of the Code.
- iii) Sustaining a work environment that is enjoyable, collaborative and professional
- iv) Explaining and assisting all members of APH in applying the Code.
- v) Being proactive in preventing and responding to violations of the Code
- vi) Providing support to those who report violations of the Code
- vii) Investigating reports of Code violations in accordance with the [Respect in the Workplace 01-04-125](#) or the [Employee Complaints and Concerns Policy 01-04-185](#)

### **INAPPROPRIATE BEHAVIOUR EXAMPLES**

- Comments and/or actions that are insulting, hurtful, disrespectful, or rude this may include non-verbal behaviour or body language that is offensive.
- Spreading rumours or gossiping about an individual

- Personal activities such as checking personal cell phone and social media sites other than during breaks and lunch
- Posting inappropriate comments on social media regarding staff, management, volunteers, student placements, contractors, consultants, the board of health, APH and others who may provide services for APH
- Threatening or abusive language or actions
- Sending threatening/toxic emails and/or encouraging others to do so
- Profanity or similar offensive language
- Physical behaviour including yelling that is perceived as threatening, intimidating, or unwelcome
- Conversations that are distracting to my colleagues
- Comments or actions that violate the [Ontario Human Rights Code](#)

**QUESTIONS TO HELP CLARIFY THE APPROPRIATENESS OF BEHAVIOURS/COMMENTS:**

- Does the behaviour/comment align with APH's values of excellence, respect, accountability and transparency and collaboration?
- Does the behaviour/comment align with the values and regulations of my profession or discipline?
- Would I feel insulted or intimidated if I was on the receiving end of the behaviour/comment?
- Can I ethically or legally justify the behaviour/comment?
- Could the behaviour/comment negatively impact the reputation of APH?
- Does the behaviour/comment attempt to deceive or actually deceive anyone?
- Is this how I would like to be treated or spoken to?

**PROCESS FOR DEALING WITH CODE VIOLATIONS**

APH has established policies and procedures ([Respect in the Workplace 01-04-125](#) and [Employee Complaints and Concerns Policy 01-04-185](#)) that enables members of APH to safely report Code violations, illegal or unethical actions, without fear of reprisal. Any acts of reprisal against any member of APH who reports a violation will not be tolerated and will result in disciplinary action up to and including dismissal.

Members of APH are encouraged to first speak directly and respectfully to the person when the behavior is inappropriate.

If a member of APH is:

- uncomfortable speaking directly to the person because of the nature of the violation; or
- unable to resolve the situation; or
- the behaviour persists

The member of APH can:

- ask assistance from their manager to help resolve the situation or
- file a [Complaint/Concern Form](#).

Investigations of potential breaches of the Code will be handled in a confidential, respectful manner. All potential breaches of the Code will be treated seriously and if necessary, appropriate disciplinary action in accordance with the [Progressive Discipline Policy 01-04-065](#) will be taken, which may include, but not limited to training, coaching, warnings, discipline, or dismissal.

## **COMPLIANCE**

Compliance with the provisions of the Code is a condition of employment for all staff and management and a condition of continued participation at APH by volunteers, student placements, contractors, consultants, the board of health, and others who may provide services for APH. Contravention of this Code may result in disciplinary action including dismissal or termination of the contractual relationship.

The MOH/CEO with assistance from the Director of Human Resources, will ensure, as far as possible, that all members of APH are aware of and comply with the Code.

This assurance includes the following:

- i) Posting of the Code on APH website
- ii) Distribution of the Code to all members of APH
- iii) Overseeing the administration of professional development activities related to the Code
- iv) Monitoring and enforcing compliance with the Code
- v) Signing of [Compliance Form](#) on an annual basis by all members of APH

## **REFERENCES**

[Respect in the Workplace \(Workplace Harassment\) Policy 01-04-125](#)

[Employee Complaints and Concerns Policy 01-04-185](#)

[Progressive Discipline Policy 01-04-065](#)

[Complaint/Concern Form](#)

[Code of Conduct Compliance Form](#)

[Ontario Human Rights Code](#)



February 5, 2016

The Honourable Dr. Eric Hoskins  
Ministry of Health and Long-Term Care  
10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 2C4  
[ehoskins.mpp@liberal.ola.org](mailto:ehoskins.mpp@liberal.ola.org)

Dear Minister Hoskins:

**Re: Mental Health Promotion in Ontario Public Health Agencies**

At its meeting held on January 13, 2016, the Board of Health for the Peterborough County-City Health Unit received a report on the status of Mental Health Promotion in Public Health Agencies across the Province of Ontario.

Local boards of health are required under the Ontario Public Health Standards to develop health promotion and protection strategies to reduce the risk of a variety of injury and diseases.<sup>1</sup> Local public health agencies are well positioned in the field to lead mental health promotion initiatives given their focus on population health.

Both the *Connecting the Dots* Report<sup>2</sup> released in 2013 and the *Pathways to Promoting Mental Health* Report<sup>3</sup> released in 2015 revealed that Ontario public health agencies are involved in a wide range of mental health activities, initiatives, services and programming. However, despite responding to local mental health needs where possible, public health stakeholders in Ontario desire an enhanced and clearly articulated role in mental health promotion.

The recently released Locally Delivered Collaborative Project<sup>4</sup>, *Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health*, identified a strong need at a community level for mental health promotion, and that public health has the skill set in health promotion, public education, community development, capacity building, collaboration, and facilitation to be a key player in this work. The report also indicated that mental health service providers see that public health agencies have a role in mental health promotion leadership. We know that the Centre for Addiction and Mental Health (CAMH) is leading a provincial group of stakeholders to create mental health promotion guidelines for all mental health stakeholders as part of the *Open Minds Healthy Minds Strategy Stage Two*. However, for public health's role to be validated and properly resourced there is a need for explicit and strategic direction for mental health promotion through the Ontario Public Health Standards.

We are requesting that the Ministry of Health and Long-Term Care use the imminent review of the Ontario Public Health Standards to clarify and articulate a clear and consistent mandate for mental health promotion for local boards of public health to allow a coordinated and comprehensive public health approach with clear outcomes and indicators.

Yours in health,

***Original signed by***

Scott McDonald  
Chair, Board of Health

/at

cc: Ontario Boards of Health  
Association of Local Public Health Agencies

---

**References:**

<sup>1</sup> Ministry of Health and Long-Term Care. Ontario Public Health Standards. Toronto: Queen's Printer for Ontario. 2008. Retrieved from [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/ophs\\_2008.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf)

<sup>2</sup> Centre for Addiction and Mental Health; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Toronto Public Health. *Connecting the Dots: how Ontario public health units are addressing child and youth mental health*. Toronto, ON: Centre for Addiction and Mental Health. 2013.

<sup>3</sup> CAMH Health Promotion Resource Centre. *Pathways to Promoting Mental Health: A 2015 Survey of Ontario Public Health Units*. Toronto, ON: Centre for Addiction and Mental Health; 2015.

<sup>4</sup> Murphy, Pavkovic, Sawula, and Vandervoort. *Identifying Areas of Focus for Mental Health Promotion in Children and Youth for Ontario Public Health*. Thunder Bay, ON: 2015.



January 27, 2016

The Honourable Helena Jaczek  
Ministry of Community and Social Services  
6<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto ON M7A 1E9

The Honourable Jean-Yves Duclos  
Minister of Families, Children and Social  
Development  
House of Commons  
Ottawa ON K1A 0A6

The Honourable MaryAnn Mihchuk  
Minister of Employment, Workforce and  
Labour  
House of Commons  
Ottawa ON K1A 0A6

The Honourable Jane Philpott  
Minister of Health  
House of Commons  
Ottawa ON K1A 0A6

The Honourable Kevin Daniel Flynn  
Minister of Labour  
14<sup>th</sup> Floor, 400 University Avenue  
Toronto ON N7A 1T7

The Honourable Eric Hoskins  
Minister of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto ON M7A 2C4

The Honourable Tracey MacCharles  
Minister of Children and Youth Services  
14<sup>th</sup> Floor, 56 Wellesley Street West  
Toronto ON M7A 1W3

The Honourable Deborah Matthews  
Minister Responsible for the Poverty  
Reduction Strategy  
Room 4320, 4<sup>th</sup> Floor, Whitney Block  
99 Wellesley Street West  
Toronto ON M7A 1W3

Dear Ministers Jaczek, Duclos, Mihychuk, Philpott, Flynn, Hoskins, MacCharles and Matthews:

**Re: Basic Income Guarantee, Food Security and the Transformation of Social Assistance in Ontario**

On January 22, 2016 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Leeds, Grenville and Lanark District Health Unit regarding Basic Income Guarantee as well as correspondence from Huron County Health Unit regarding Food Security and the Transformation of Social Assistance in Ontario. The following motion was passed:

Motion No: 2016-07

*Working together for a healthier future for all.*

101 17th Street East, Owen Sound, Ontario N4K 0A5 [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

519-376-9420

1-800-263-3456

Fax 519-376-0605

Re: *Basic Income Guarantee, Food Security and the Transformation of Social Assistance in Ontario*

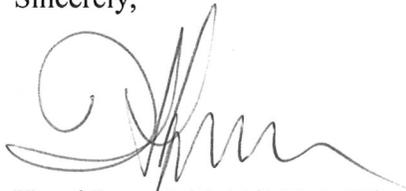
Moved by: Mike Smith

Seconded by: David Inglis

“That the Board of Health for the Grey Bruce Health Unit support the recommendations from Leeds, Grenville and Lanark District Health Unit supporting a joint federal-provincial (Ontario) investigation into a basic income guarantee for Ontarians and all Canadians; and further, that the Board of Health support the request from Huron County regarding food security and the transformation of social assistance in Ontario.”

Carried

Sincerely,

A handwritten signature in black ink, appearing to read 'Hazel Lynn', with a large, decorative flourish at the end.

Hazel Lynn MD, FCFP, MHSc  
Medical Officer of Health

Cc: All Ontario Boards of Health  
Larry Miller, MP Bruce-Grey-Owen Sound  
Benn Lobb, MP Huron-Bruce  
Kellie Leitch, MP Simcoe-Grey  
Bill Walker, MPP Bruce-Grey-Owen Sound  
Lisa Thompson, MPP Huron-Bruce  
Jim Wilson, MPP Simcoe-Grey

Encl.



**Your Partner in Public Health**

December 21, 2015

The Honourable Jean-Yves Duclos  
Minister of Families, Children and  
Social Development  
House of Commons  
Ottawa, Ontario K1A 0A6

The Honourable MaryAnn Mihychuk  
Minister of Employment, Workforce and Labour  
Ministry of Labour  
House of Commons  
Ottawa, ON K1A 0A6

The Honourable Jane Philpott  
Minister of Health  
Ministry of Health  
House of Commons  
Ottawa, ON  
K1A 0A6

The Honourable Kevin Daniel Flynn  
Minister of Labour  
Ministry of Labour  
14th Floor  
400 University Avenue  
Toronto, ON M7A 1T7

The Honourable Eric Hoskins  
Minister of Health and Long-Term Care  
Ministry of Health and Long-Term Care  
10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON M7A 2C4

The Honourable Tracy MacCharles  
Minister of Children and Youth Services  
Ministry of Children and Youth Services  
14th Floor  
56 Wellesley Street West  
Toronto, ON M5S 2S3

The Honourable Deborah Matthews  
Minister Responsible for the  
Poverty Reduction Strategy  
Room 4320, 4th Floor, Whitney Block  
99 Wellesley Street West  
Toronto, ON M7A 1W3

Dear Minister Duclos, Minister Mihychuk, Minister Philpott, Minister Flynn, Minister Hoskins,  
Minister MacCharles, and Minister Matthews:

**Re: Basic Income Guarantee**

I am writing today to express our support for a joint federal-provincial (Ontario) investigation into a basic income guarantee for Ontarians and all Canadians.

Several reports in recent years have described the extent of poverty and growing income inequality in Ontario and Canada.<sup>1,2</sup> The relationship between income and health has also been well established; countless analyses have consistently and clearly shown that as income rises, health outcomes improve. In doing so, they also demonstrate that lower income people are at far greater risk from a range of preventable medical conditions, including cancer, diabetes, heart disease and mental illness.<sup>3</sup> From a public health perspective, there is a strong literature base demonstrating the relationship between both low absolute income, the extent of income inequality in a society, and a range of adverse health and social outcomes. It is, therefore, reasonable to conclude that improving incomes would be an effective public health intervention.

Given that 16.5% of people in Leeds, Grenville and Lanark live in low income situations based on the after-tax low-income (2011 National Household Survey, Statistics Canada), the avoidable burden of disease from low income and income inequalities is substantial.

In response to these key social and public health challenges, a growing number of individuals and organizations in the health, economics, social, and political sectors have proposed the introduction of a basic income guarantee for all Canadians, also known as guaranteed annual income. A basic income guarantee ensures everyone has sufficient income to meet basic needs and live with dignity, regardless of work status. It can be achieved through a range of policy approaches.

Basic income is a concept that has been examined and debated for decades, including through pilot projects in the United States, Canada, and other countries more recently.<sup>4,5</sup> Mincome, in particular, a pilot project of basic income for working age adults conducted jointly by the Government of Manitoba and the Government of Canada in the 1970s, demonstrated several improved health and educational outcomes.<sup>4</sup> Basic income concepts which are already present in our current system of progressive taxation, credits and benefits for families with children and income guarantee for seniors have contributed to health and social improvements in those age groups.<sup>6,7</sup> While these measures are undoubtedly important and valuable to those who benefit from them, we are convinced that there would be great merit in a serious exploration of the arguments that favour a basic income guarantee as a simpler solution that would benefit more people.

There has been recent support for a basic income guarantee from several health and social sector groups, including the Canadian Medical Association, the Canadian Public Health Association, the Ontario Public Health Association, and the Canadian Association of Social Workers, among others. Beyond the health and social sectors, a non-governmental organization, Basic Income Canada Network, is now dedicated to achieving a basic income guarantee in Canada, and several citizen groups are forming across Ontario and Canada in support of this issue.

Advocating for improved income security policies is supportive of the Leeds, Grenville and Lanark District Health Unit's strategic direction on Health Equity, which states that the health unit 'strives to address the challenges that prevent all residents from having the opportunity to reach their optimal health.'

We hope that you will respond favourably to our request for joint federal-provincial consideration and investigation into a basic income guarantee as a policy option for reducing poverty and income insecurity.

Sincerely,



Anne Warren, Chair  
Leeds, Grenville and Lanark District Health Unit

c. The Right Honourable Justin Trudeau, Prime Minister of Canada  
The Honourable Kathleen Wynne, Premier of Ontario  
Dr. David Williams, Ontario Chief Medical Officer of Health  
Linda Stewart, Association of Local Public Health Agencies  
Pegeen Walsh, Ontario Public Health Association  
Ontario Boards of Health  
Leeds, Grenville and Lanark Members of Parliament  
Leeds, Grenville and Lanark Members of Provincial Parliament  
Champlain and South East Local Health Integration Network  
Gary McNamara, President, Association of Municipalities Ontario  
Brock Carlton, Chief Executive Officer, Federation of Canadian Municipalities  
Leeds, Grenville and Lanark Municipalities

## References

1. Canadian Index of Wellbeing. How are Ontarians Really Doing?: A Provincial Report on Ontario Wellbeing. Waterloo, ON: Canadian Index of Wellbeing and University of Waterloo, 2014
2. Conference Board of Canada. How Canada Performs: A Report Card on Canada. 2013. Accessed April 27, 2015. <http://www.conferenceboard.ca/hcp/details/society/incomeinequality.aspx>
3. Auger, N and Alix, C. Income, Income Distribution, and Health in Canada. In: Raphael, D (Ed). Social Determinants of Health, 2nd edition. Toronto: Canadian Scholars Press Inc, 2009.
4. Forget, E. The Town with No Poverty: The Health Effects of a Canadian Guaranteed Annual Income Field Experiment. Canadian Public Policy xxxvii(3) 283-306, 2011. <http://utpjournals.metapress.com/content/xj02804571g71382/fulltext.pdf>
5. Pasma, C. Basic Income Programs and Pilots. Ottawa: Basic Income Canada Network, 2014. [http://www.thebigpush.net/uploads/2/2/6/8/22682672/basic\\_income\\_programs\\_and\\_pilots\\_february\\_3\\_2014.pdf](http://www.thebigpush.net/uploads/2/2/6/8/22682672/basic_income_programs_and_pilots_february_3_2014.pdf)
6. Emery, J.C.H., Fleisch, V.C., and McIntyre, L. How a Basic income guarantee Could Put Food Banks Out of Business. University of Calgary School of Public Policy Research Papers 6 (37), 2013. <http://www.policyschool.ucalgary.ca/sites/default/files/research/emery-foodbankfinal.pdf>
7. Milligan, K., and Stabile, M. "Do Child Tax Benefits Affect the Well-Being of Children? Evidence from Canadian Child Benefit Expansions". American Economic Journal: Economic Policy 3(3): 175-205, 2011.



January 7, 2016

The Honorable Helena Jaczek  
 Ministry of Community and Social Services  
 6<sup>th</sup> Floor, Hepburn Block  
 80 Grosvenor Street  
 Toronto, ON M7A 1E9  
[hjaczek.mpp@liberal.ola.org](mailto:hjaczek.mpp@liberal.ola.org)

**Re: Food Security and the Transformation of Social Assistance in Ontario**

Dear Minister Jaczek,

As the Minister of Community and Social Services, we are writing to you to request an update on the transformation of social assistance in Ontario. The results of the 2015 Nutritious Food Basket Costing for the Huron County Health Unit were accepted at the December 3, 2015 Board of Health meeting. The report demonstrates an urgent need to address the financial barriers that people living with low income experience in accessing nutritious food.

The cost of the Nutritious Food Basket in Huron County in May 2015 for a family of four (male between 31-50 years of age, female between 31-50 years of age, 14 year old boy, 8 year old girl) is \$883. This is a 17% increase in food costs since 2009. Despite the increasing costs of food, the real issue is that incomes are too low and many individuals and families just do NOT have enough money to pay for their basic needs such as shelter and food. This issue poses serious health risks for our community.

We look forward to receiving a response detailing next steps towards Social Assistance Reform as supported by Ontario's Poverty Reduction Strategy. People in Huron County living on income from Ontario Works or the Ontario Disability Support Program are unable to make ends meet. Your urgent attention is required to ensure people living with low incomes have access to healthy food.

Sincerely,

Tyler Hessel  
 Chair, Huron County Board of Health

cc. MPP Lisa Thompson, Huron-Bruce, [lisa.thompson@pc.ola.org](mailto:lisa.thompson@pc.ola.org)  
 Association of Local Public Health Agencies  
 Ontario Boards of Health

**Huron County Health Unit**

77722B London Road, RR 5, Clinton, ON N0M 1L0 CANADA  
 Tel: 519.482.3416 Confidential Fax: 519.482.9014

[www.huronhealthunit.ca](http://www.huronhealthunit.ca)

2016 February 1

The Right Honourable Justin Trudeau  
Prime Minister of Canada  
House of Commons  
Ottawa ON K1A 0A6

Dear Prime Minister Trudeau:

**Re: Public Health Approach to Cannabis Legalization and Regulation**

On January 21, 2016, at a regular meeting of the Board of the Windsor-Essex County Health Unit, Administration brought forward the following resolution for government to carefully consider as it explores policy options around the legalization of cannabis. The approved resolution states:

WHEREAS Canada's recently elected federal government has indicated a clear intention to move forward on activities to legalize and increase public access to marijuana, and

WHEREAS within the current legal context, cannabis is widely used in the WECHU catchment area: 14.7% of youth (aged 12-18 years old) and 36.4% of adults (aged ≥19 years old) reported ever using marijuana, cannabis, or hashish, and 12% of youth and 7.4% of adults reported use of marijuana, cannabis, or hashish in the previous 12 months<sup>1</sup>, and

WHEREAS a number of youth in our community are not only using marijuana at regular intervals but and are doing so in conjunction with the operation of a motor vehicle which can lead to an increased risk of crashes, and

WHEREAS the Canadian Centre for Substance Abuse (CCSA) has identified that consuming cannabis regularly during adolescence interferes with the function and development of an individual's brain system and that delaying the age of use onset is recommended to reduce the harms associated for youth, and

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<sup>1</sup> CCHS data for the Windsor-Essex County region, 2012

WHEREAS the Centre for Addiction and Mental Health (CAMH), Canada's leading hospital for mental illness, has concluded that legalization, combined with strong health-focused regulation, could provide an opportunity to reduce the harms associated with cannabis use, and

WHEREAS there is an existing framework of lower-risk cannabis use guidelines (LRCUG), endorsed by a number of organizations including CAMH and the Canadian Public Health Association (CPHA), that can serve as a meaningful base for public education to reduce high-risk cannabis uses and harms, and

NOW THEREFORE BE IT RESOLVED that the Windsor-Essex County Board of Health supports a public health approach to any cannabis legalization framework introduced in Ontario, including strong health-centered and age-restricted regulations to reduce the health and societal harms associated with cannabis use, and

FURTHER THAT this resolution be shared with the Honourable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-Term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.

Sincerely,



Gary McNamara  
Chair, Windsor-Essex County Board of Health



Gary M. Kirk, MPH, MD  
Medical Officer of Health and CEO

F:\Administration\Committees\Board\Letters\Board Resolutions\2016 Jan 21-Cannabis.docx

cc: Cheryl Hardcastle, MP Windsor-Tecumseh  
Brian Masse, MP Windsor-West  
Tracy Ramsey, MP Essex  
Dave Van Kesteren, MP Chatham-Kent — Leamington  
Hon. Kathleen Wynne, Premier of Ontario  
Rick Nicholls, MPP, Chatham-Kent-Essex

Continued to page 3

2016 February 1

Letter to The Right Honourable Justin Trudeau

Page 3

Lisa Gretzky, MPP, Windsor-West  
Percy Hatfield, MPP, Windsor-Tecumseh  
Taras Natyshak, MPP, Essex  
Monika Turner, Director of Policy, AMO  
Hon. Jane Philpott, Minister of Health (Canada)  
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care  
Hon. Dipika Damerla, Associate Minister of Health and Long-Term Care  
Hon. Jody Wilson-Raybould, Minister of Justice and Attorney General (Canada)  
Hon. Madeleine Meilleur, Attorney General  
Hon. Tracy MacCharles, Minister of Children and Youth Services  
Dr. David Williams, Chief Medical Officer of Health (Interim)  
Linda Stewart, Executive Director, Association of Local Public Health Agencies  
Pegeen Walsh, Executive Director, Ontario Public Health Association  
Heather Manson, Public Health Ontario  
Gary Switzer, CEO, Erie-St. Clair LHIN  
Dr. Catherine Zahn, President and CEO, Centre for Addiction and Mental Health  
Claudia Den Boer Grima, CEO, Canadian Mental Health Association, Windsor  
Dr. Glenn Bartlett, Executive Director, Windsor-Essex Community Health Centre  
Mark Ferrari, Windsor Family Health Team  
David Musyj, CEO, Windsor Regional Hospital  
Terry Shields, CEO, Leamington District Memorial Hospital  
Al Frederick, Chief, Windsor Police Services  
Nicole Dupuis, Director Health Promotion, Windsor-Essex County Health Unit  
Kristy McBeth, Director, Knowledge Management, Windsor-Essex County Health Unit  
Ontario Boards of Health

