ALGOMA PUBLIC HEALTH

BOARD OF HEALTH MEETING

5:00 - 7:00 PM

SAULT STE MARIE ROOM, 1ST FLOOR, APH SSM

294 WILLOW AVE, SAULT STE MARIE, ON

www.algomapublichealth.com

June 22, 2016 - Board of Health Meeting

Algoma Public Health Board of Health Meeting Table of Contents

10. **Addendum**

11. **In Committee**

    a. Adoption of previous in-committee minutes dated May 25, 2016

    b. Litigation or Potential Litigation

    c. Labour Relations and Employee Negotiations

12. **Open Meeting**

13. **Resolutions Resulting From In Committees**

14. **Announcements**

    a. Next Board of Health Meeting - September 28, 2016 at 5:00pm

15. **Adjournment**

ALGOMA PUBLIC HEALTH
BOARD OF HEALTH MEETING
JUNE 22, 2016 @ 5:00 pm
SAULT STE MARIE ROOM A&B, SSM
A*G*E*N*D*A

1.0 Meeting Called to Order — Mr. Lee Mason, Board Chair

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda Items — Mr. Lee Mason, Board Chair

Resolution
THAT the agenda items dated June 22, 2016 be adopted as circulated; and
THAT the Board accepts the items on the addendum.

3.0 Adoption of Minutes of Previous Meeting — Mr. Lee Mason, Board Chair

a. May 25, 2016

Resolution
THAT the Board of Health minutes for the meeting dated May 25, 2016 be adopted as circulated.

4.0 Delegations/Presentations.

a. Mental Health & Addiction Housing Programs: An Integral Part of Community Mental Health Support Services — Ms. Jan Metheany, Program Manager

5.0 Business Arising from Minutes

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Report — Dr. Tony Hanlon, Chief Executive Officer

Resolution
THAT the report of the Medical Officer of Health and CEO for the month of June 2016 be adopted as presented.

b. Finance and Audit Committee Report — Mr. Ian Frazier, Committee Chair

i. Committee Chair Report for June 2016
ii. Draft Financial Statements for the Period Ending April 30, 2016 — Mr. Ian Frazier, Committee Chair

Resolution
THAT the Finance and Audit Committee report for the month of June 2016 be adopted as presented; and

THAT the Financial Statements for the Period Ending April 30, 2016 be approved as presented.

iii. Long-Term Debt Renewal
iv. Approved minutes May 11, 2016 **– *for information only***

c. Governance Standing Committee Report — Mr. Ian Frazier, Committee Chair

i. Committee Chair Report for June 2016

Resolution
THAT the Governance Standing Committee report for the month of June 2016 be adopted as presented.

ii. Bylaw 95-1 – To Regulate the Proceedings of the Board of Health — Dr. Tony Hanlon, Chief Executive Officer

Resolution
THAT the Board of Health approves the proposed changes to Bylaw 95-1: To Regulate the Proceedings of the Board of Health as presented.

iii. Terms of Reference — Mr. Ian Frazier, Committee Chair
Governance Standing Committee TOR
Finance and Audit Committee TOR

Resolution
THAT the Board of Health approves the proposed changes to the Terms of Reference for the Governance Standing Committee and the Finance and Audit Committee as presented.

iv. 2016-2017 APH Board Annual Activity Plan – Draft — Mr. Ian Frazier, Committee Chair

Resolution
THAT the Board of Health approves the draft 2016-2017 APH Board Annual Activity Plan as presented.

v. APH Performance Monitoring Plan – Revised — Mr. Ian Frazier, Committee Chair

Resolution
THAT the Board of Health approves the proposed changes to the APH Performance Monitoring Plan as presented.

vi. 02-05-055 – Board of Health Monthly Meeting and Self-Evaluation Policy — Mr. Ian Frazier, Committee Chair

Resolution
THAT the Board of Health approves the proposed changes to policy 02-05-555 Board of Health Monthly Meeting and Self-Evaluation as presented.

vii. Approved Minutes May 11, 2016 – ***for information only***

7.0 New Business/General Business

a. Preparation for Fall Board Orientation — Mr. Lee Mason, Board Chair

8.0 Correspondence — Mr. Lee Mason, Board Chair

a. Baby-Friendly Initiative - Letter to Algoma Public Health from Unicef Canada dated May 26, 2016

b. Basic Income Guarantee - Letter to Prime Minister Trudeau from Durham Region dated May 24, 2016

c. Healthy Babies Health Children - Letter to Algoma Public Health from Minister MacCharles dated May 13, 2016

d. International Code of Marketing of Breastmilk Substitute - Letter to Minister Philpott from Grey Bruce Health Unit dated June 7, 2016

e. Lyme Disease - Letter to Ministers Hoskins and Philpotts from Grey Bruce Health Unit dated June 7, 2016

f. Rising Cost of Healthy Food as Determined by the 2015 Nutritious Food Basket Cost Data - Letter to Minsters Matthews and Jaczek from County of Lambton dated May 9, 2016

g. 2016 Heather Crowe Award – Smoke-Free Ontario Act - Letter to the Ontario Finnish Resthome from Algoma Public Health dated June 3, 2016

9.0 Items for Information

- **a. Bill 210 - Patients First Act** — Mr. Lee Mason, Board Chair
- **b. Disposition of alPHa Resolutions** — Mr. Lee Mason, Board Chair
- **c. Algoma Public Health 2015 Annual Report** — Dr. Tony Hanlon, Chief Executive Officer

10.0 Addendum — Mr. Lee Mason, Board Chair

11.0 That The Board Go Into Committee — Mr. Lee Mason, Board Chair

Resolution
THAT the Board of Health goes into committee.

Agenda Items:

a. Adoption of previous in-committee minutes dated May 25, 2016
b. Litigation or Potential Litigation
c. Labour Relations and Employee Negotiations

12.0 That The Board Go Into Open Meeting — Mr. Lee Mason, Board Chair

Resolution
THAT the Board of Health goes into open meeting

13.0 Resolution(s) Resulting from In-Committee Session — Mr. Lee Mason, Board Chair

14.0 Announcements: — Mr. Lee Mason, Board Chair

Next Board Meeting:
September 28, 2016, 2016 at 5:00pm
Sault Ste. Marie, Room A&B, Sault Ste. Marie

15.0 That The Meeting Adjourn — Mr. Lee Mason, Board Chair

Resolution
THAT the Board of Health meeting adjourns

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Mental Health & Addiction Housing Programs
An Integral Part of
Community Mental Health Support Services
June 22, 2016

Jan Metheany, MSW, RSW
Program Manager
Community Mental Health Support Services

ALGOMA PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SUPPORT SERVICES

HOUSING SERVICES		CASE MANAGEMENT SERVICES			RECOVERY SERVICES	
Supports within Housing Program (SWH)	Housing Initiatives - Rent Subsidy Program (HIRS)	Intensive Psychiatric Case Management (ICM)	Transitional Case Management Program (TCM)	Community Treatment Order Program (CTO)	Mental Health & Chronic Disease Prevention Program (MHCDP)	Peer Support Program (PSP)
District Wide Program	District Wide Program	District Wide Program	SSM Program	District Wide Program	District Wide Program	SSM Program

2015-2016

Total MOHLTC Budget: $3.3 Million
CMHSS Total FTE: 30.7 permanent
Total Service Recipients: 1,586
Total Number of Visits: 11,979
Total Number of Groups: 451

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Housing as a Social Determinant

- Ottawa Charter for Health Promotion highlights housing as an important social determinant.

The “Housing Issue.”

- Private sector affordability: High market rents.

- Social Service Administrated Housing: Lack of investment in ” housing stock.”

Mental Health & Addiction Housing

- Ontario Human Rights Code the right to freedom from discrimination when seeking housing.
- Approximately 67% of homeless or at risk of homelessness in Ontario experience mental health and/or addictions issues.
- Decades of international research has demonstrated that recovery from mental illness and addictions cannot happen if people do not have adequate housing.
- Health Sector Funding to address housing inequities.

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APH Mental Health & Addiction Housing Programs

1. **Mental Health & Addictions Subsidized Housing:**
    - Individuals with mental health & addictions issues whose rental costs exceed 50% of their income can be eligible to receive subsidy.
    - APH makes payments directly to landlords for this difference.
    - Clients choose their place of residence.
    - Clients are responsible for their landlord - tenant relationship.
    - 114 individuals currently are receiving mental health housing subsidy through CMHSS.
    - 16 individuals are receiving addiction housing subsidy.

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APH Mental Health & Addiction Housing Programs…cont'd

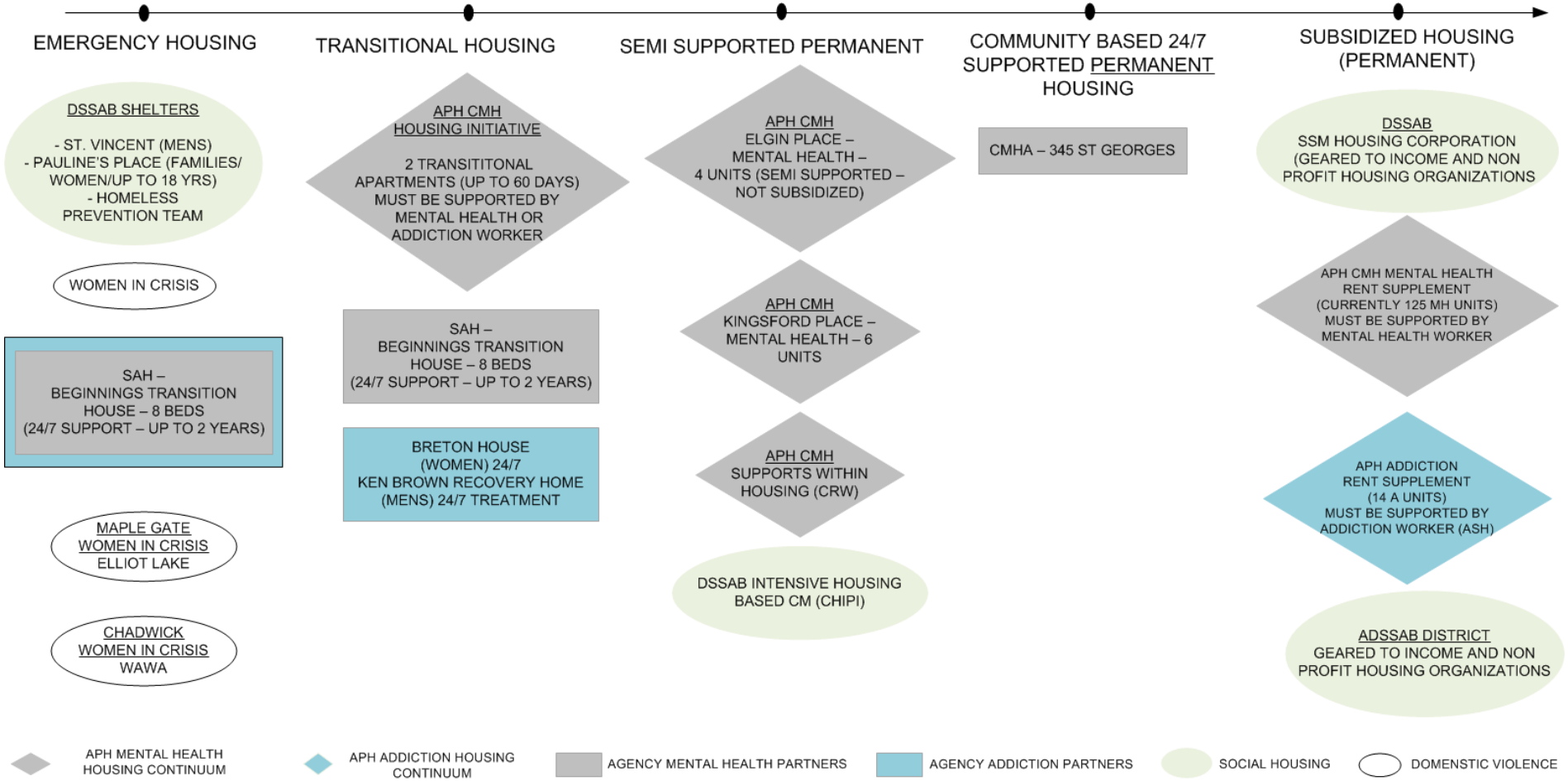
2. **Mental Health & Addictions Supports within Housing**

    - Individuals live independently but receive individual skills development supports to maintain their housing. Currently, 70 individuals are participating in this program.

3. **Supportive Housing : Group Living**

    - Elgin Place: supports 4 individuals in house group living. The support is about 3 hours per day Monday to Friday. After hours utilizes a peer support model (the residents support each other).
    - Kingsford Place: new and scheduled to open in August 2016. The house will support 6 individuals through use of formal paid peer support, Case Management & Community Rehabilitation Workers.

Algoma Mental Health & Addiction Housing Continuum



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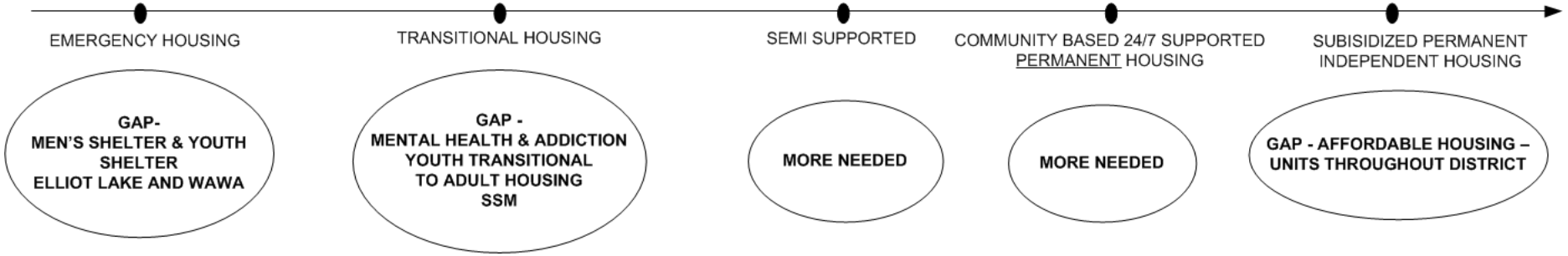
Mental Health & Addictions Supportive Housing Continuum Gaps



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New Partnerships in Mental Health & Addictions Housing

- NELHIN
- SSM Police Services
- DSSAB & ADSSAB
- John Howard Society
- Red Cross
- Canadian Mental Health Association
- Sault Area Hospital

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Creating a Collaborative Housing Continuum

New Joint Initiatives:

- Joint Funding Proposals
- Common Mental Health & Addictions Housing referral form (SSM)
- DDSAB-APH service contract
- Home Maintenance Program (Red Cross - SSM)
- Mental Health & Addictions System Tables

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Thank you

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MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER BOARD REPORT

June 2016

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

Elliot Lake Mayor Marchisella and MPP Michael Mantha for Algoma-Manitoulin joined APH Board Chair Lee Mason in cutting the ribbon at the official grand opening of the new Elliot Lake office on May 25th, 2016.

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APH AT-A-GLANCE

On May 8, 2016 all staff participated in our **Annual Staff Day**. District offices were closed and staff travelled to Sault Ste. Marie. This year's main speaker Cindy Pinkus, LL.B. addressed the topic of varying characteristics of a multi-generational workforce. The goal was to better understand the differences in expectations and lifestyles across the generations so that we can communicate and work together more effectively. The Leadership Management Team met with Ms. Pinkus later in the afternoon after her morning presentation to all staff to discuss managing a multi-generational employee group.

An update on the APH Strategic plan was also presented and Long Service Awards were also presented to 49 staff ranging from 5 to 35 years of public health service!

In response to the needs of local food banks and soup kitchens across the district, APH staff organized a food drive from May 30-June 3. A total of 290 items were collected and $160.00 was donated on behalf of Algoma Public Health.

Algoma Public Health will be hosting a STOP on the Road workshop in Sault Ste. Marie June 27th for clients who are interested in quitting smoking. The workshop includes a one hour educational session facilitated by TEACH trained staff as well as 5 weeks of Nicotine Replacement Therapy, free of charge. We will also be launching a marketing initiative to support our Smoking Reduction Campaign (5% over 5years) that involves social media and radio ads. We will be tracking the effectiveness of this initiative.

PROGRAM HIGHLIGHTS

CHILD HEALTH

Director: Laurie Zeppa
Manager: Hannele Dionisi

Topic: Young Parents Connection

This report addresses Child Health requirement #4 of the Ontario Public Health Standards (2014)

Requirement #4: The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: Positive parenting; Breastfeeding; Healthy family dynamics; Healthy eating, healthy weights, and physical activity; Growth and development; and Oral health

This report addresses the following Strategic Directions:

- Improve Health Equity
- Collaboration Effectively

Algoma Public Health would like to acknowledge 10 successful years of a community based partnership program in Sault Ste. Marie. The Young Parents Connection (YPC) is a teen parenting program that began in 2006 in order to address identified gaps in prenatal and parenting programs for young people.

A key factor in the ongoing success of this program is the collaboration of the consistent partners including Ontario Works, YMCA, Red Cross, Children's Aid Society, Child Care Algoma/Best Start Hub, Pregnancy Centre, Algoma District School Board, Women and Crisis and Algoma Public Health. The program is funded through a combination of financial and in-kind supports. The program's success has been highlighted throughout the years at various provincial conferences.

Young Parents Connection's target population includes Ontario Works Learning Earning and Parenting participants (LEAP) and all teens up to and including the age of 25 years that are pregnant and/or have a child. YPC assists participants with completing the parenting component of the LEAP program. The outcomes of this program align with the Ontario Public Health Standards, Child Health mandates and strategic directions of Algoma Public Health. The program is well attended with an average of 25-30 participates per week.

YPC program calendar year runs September through November and January until the end of April. Each week the young parents have the opportunity to participate in the following programs; Prenatal, After the Birth, Toddler, Fatherhood, and LEAP Community Kitchens. Throughout the calendar year, special group presentations are offered for all parents such as Triple P Positive Parenting, healthy relationships, oral health, and smoking cessation. Every week a meal is provided along with child minding and transportation home.

Moving forward, the Young Parents Connection will be relocating its program from YMCA to Algoma Public Health in the fall of 2016. The change in venue will allow for improved internal referral process, advancing the delivery of the programs, provide a welcoming environment with additional space and provide participants with a connection to Sault College and promote positive steps in engaging the young parents to continue their studies in post-secondary education.

COMMUNITY MENTAL HEALTH

Director: Laurie Zeppa,
Manager, Community Mental Health Program: Jan Metheany

Topic: Housing as a Determinant of Health

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

This report addresses the following Strategic Directions: Improve Health Equity

Housing a Social Determinant of Mental Health

In 1986, the World Health Organization's Ottawa Charter for Health Promotion recognized shelter as a basic prerequisite for health, but it is only recently that researchers have focused on housing as an important determinant of health for all – more plainly, it has big impacts on health. The determinant of health goes beyond just having housing but rather has been attributed to three major dimensions of housing. The material dimension includes the condition of a home, its state of repair, plumbing, electricity, safe drinking water, insulation, fire prevention, heating, flooring, furnishings, and exposure to physical, biological or chemical contaminants such as pests, allergens and mold.

The Meaningful dimensions of housing refer to one's sense of belonging and control and safety in one's own home. These meaningful dimensions provide surface for the expression of self-identity, and represent permanence, stability and continuity in everyday life. Spatial dimensions of housing refer to a home and its immediate environment, for example, the proximity of a home to services, schools, public recreation, health services and employment. This dimension is particularly important when considering the remoteness of communities in Northern Ontario. An example of the importance of the interplay of all three dimensions of housing on both physical and mental health, we need only to look at many of our First Nations Communities in Northern Ontario, which often fall short across all three of these housing dimensions, and the impacts on community health have been identified.

Housing has also become central in policy and programs to help people living with mental illness, or people with addictions, to lead stable lives. Housing that is too costly leads people to spend less on food and nutrition and recreation; worries about rent or eviction or neighbors can lead to high stress; unstable housing – or worse, homelessness – puts all the rest of life on an unstable footing. In addition, decades of international research has demonstrated that recovery from mental illness and addictions cannot happen if people do not have adequate housing For the reasons noted above, a number of National and Provincial advisory panels working toward better mental health outcomes have focused on building improved safe, affordable and supportive housing options. For example, housing and homelessness form one of four main pillars in the government's Poverty Reduction Strategy. The Strategy emphasizes stable, affordable housing to meet the needs of homeless people with mental health issues or addictions and is promoting the use of "housing first" approaches. Housing first models highlight the need for ensuring housing first before an individual is able to address other psychosocial issues which may have created barriers to securing and maintaining housing in their past. In addition, Ontario's Mental Health and Addictions Strategy also acknowledges housing as one of the main elements in healthy and inclusive communities, which fosters better mental health; it recognizes the importance of providing housing options for people in shelters and hospitals, and includes housing with supports in its action steps. Local Health Integration Networks (LHINs) are also increasingly realizing the importance of housing.

Algoma Public Health's Community Mental Health Support Services (APH-CMHSS) has been providing several mental health and addiction housing support programs since 2001. Currently the program is providing rent subsidy to approximately 130 individuals living with mental health or addiction issues throughout the district. Additionally, 73 individuals are receiving special housing supports within their homes. The program also offers a semi-supported group home, Elgin place (SSM), and a new semi-supported group home is scheduled to open in August 2016, assisting another 6 individuals (SSM). This is certainly a time of opportunity for building a strengthened mental health & addiction supportive housing continuum locally, and APH-CMHSS continues to play a very active role in collaborating with many community partners and key stakeholders in planning, establishing, implementing, and supporting social & supportive housing initiatives throughout the district.

ENVIRONMENTAL HEALTH

Director: Sherri Cleaves
Manager: Jonathon Bouma,

Topic: Food Safety Program

This report addresses Environmental Health Program Standard Food Safety Requirement # 3 of the Ontario Public Health Standard.

Requirement #3: The board of health shall report Food Safety Program data elements in accordance with the Food Safety Protocol, 2008 (or as current).

This report addresses the following Strategic Directions: Be accountable

The Food Safety Protocol requires health units to focus on the following items:

1) Surveillance and inspection of food premises;
2) Epidemiological analyses of surveillance data;
3) Food handler training and certification; and

Have timely response to:

a) Reports of food -borne illnesses or outbreaks;
b) Unsafe food-handling practices, food recalls, adulteration and consumer complaints; and
c) Food-related issues arising from floods, fires, power outages or other situations that may affect food safety.

High risk food premises are defined as those that handle hazardous foods and have numerous steps in preparation, they are required to be inspected three times per calendar year. Medium risk food premises have limited menus and less processing and are inspected two times per year. Low risk premises usually have limited food handling and are inspected once per year.

In 2015, Public Health Inspectors conducted 1158 **inspections** of food premises across the district. In 2015 the following number of inspections and compliance rates were attained:

High Risk Premises had 436 inspections conducted resulting in a 97% compliance rate;
Medium Risk Premises had 385 inspections conducted resulting in a 93% compliance rate;
Low risk Premises had 234 inspections conducted resulting in a 92% compliance rate.

APH also completed 103 **seasonal inspections** in these various categories. Seasonal inspections are done on premises that are closed during part of the year such as lodges, fly in camps and ski hills.

A significant amount of work is also focused on reviewing and approving **temporary food premise applications. I**nspection of the larger venues such as the Mill Market and Passport to Unity are done to ensure that food being offered at these events is sourced, prepared and served following safe food handling practices.

Food handler training and certification is a priority to educate those who will be in direct contact with the public to do it safely. APH hosted 27 training sessions and certified 556 food handlers in 2015.

Food recalls are conducted with provincial and federal partners to respond to emerging issues such as the large Listeria outbreak in 2015/16.

Promotion and education regarding food safety is achieved through media campaigns and use of billboards to promote our website: *Dining Out then Check us Out*. We also promote videos and Facebook messages with seasonal food safety messages such as cooking turkey properly to correct internal temperature at Thanksgiving.

INFANT CHILD DEVELOPMENT AND PRESCHOOL SPEECH AND LANGUAGE PROGRAM

Director: Sherri Cleaves
Manager: Leslie Wright

Topic: Psychological Assessment

This report addresses Child Health Requirement #8 of the Ontario Public Health Standards.

Requirement #8: the board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs and services.

This report addresses the following Strategic Directions: Collaborate Effectively

Since 2012 Dr. Yolanda Korneluk has been coming to Sault Ste. Marie to provide assessments to children to determine if the child meets the diagnostic criteria for a developmental disability, such as Autism or Intellectual Disability. Access to diagnostic assessments is essential in order to ensure that children are able to receive appropriate interventions and support.

Dr. Korneluk works for Emerging Minds in Ottawa. Emerging Minds provides assessment and intervention services for children with autism and other developmental and learning challenges. She comes to Sault Ste. Marie about four times per year for two weeks at a time to assess children in Algoma from our Infant Child Development and occasionally our Preschool Speech and Language Programs.

She is a registered member of the College of Psychologists of Ontario and uses various standardized tests to assess cognitive skills and adaptive functioning in order to evaluate symptomology and to provide recommendations for treatment. She assesses approximately 60 children per year from the Algoma District.

It is through the generosity of Community Living Algoma (CLA) we are able to provide this service. During her time in SSM Dr. Korneluk will assess clients from both APH and CLA and CLA pays for her services. APH provides the venue and the assistance of a Parent Child Advisor to help with scheduling and support.

This service is a tremendous help to our clients as some agencies will not accept clients unless they have a diagnosis which will delay intervention. We support the collaboration with Dr. Korneluk and CLA so the children in Algoma can access community services that specialize in providing services to children with Autism Spectrum Disorder or other developmental needs.

PARTNERSHIPS

Dr. Sutcliffe, M.D. and Dr. Hanlon, Ph.D. attended the annual alPHa conference on June 5-7, 2016 in Toronto. The main topics included the annual business meeting and election of alPHa board of directors, passing of resolutions (Change to Quorum in alpha Constitution, Amending Alpha Resolution Submission Guidelines, Supporting Public Health with Federal, Provincial Municipal Infrastructure Programs, Legislation to Enforce Infection Prevention and Control practices within Invasive Personal Service Settings and Funding Healthy Children program at 100%), and partnering with LHINs as well as updates from the Minister, CMOH and ADM.

Dr. Penny Sutcliffe has been elected the new Chair for the Council of Ontario Medical Officer of Health (COMOH) for the 2016/2017. COMOH is a committee of the Association of Local Public Health Agencies (alPHa) Congratulations!

Respectfully submitted,
Tony Hanon, Ph.D., CEO and Dr. Alex Hukowich, Associate MOH

ALGOMA PUBLIC HEALTH

FINANCE AND AUDIT COMMITTEE REPORT

FOR THE JUNE 22, 2016 BOARD MEETING

Meeting held on: June 8, 2016 – Started at 4:34 pm

In attendance:

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

Secretary – Christina Luukkonen

Justin provided a review of the financial statements for the period ended April 30, 2016. A few questions were asked with acceptable answers provided. A few of the areas discussed were the program expense variance along with the computer services variance. The Committee inquired about the monthly usage of December of the previous year as a comparison on the Statement of Financial Position instead of using the previous year's monthly balance. It was explained that it was felt the annual audited figures would be more representative for comparison than the monthly balances. It was noted that a mistake occurred on the Statement of Operations within in the Revenue section in either the actual and/or the budgeted figures. Staff will review and make the appropriated adjustment to the statements for the Board meeting. It is going to be the recommendation of the Committee that the Board approve the corrected statements presented for the period ended April 30, 2016.

A Briefing Note was provided regarding the Committee's continued business regarding the Capital Reserve Fund. The Committee asked Staff to follow-up with the original architect of the Willow Avenue building to see if a capital plan was completed when the building was being designed/built. It was discovered from this inquiry that the Ministry of Community and Social Services have issued a RFP to engage a party to perform building conditions assessment of over 4,000 building across the province, including our building. As the Committee requested Staff to draft a RFP for such a service request, such draft was presented to the Committee for review. A few comments and suggestions were made to adjust the RFP but the Committee decided to delay any issuance of an RFP until we obtained the potential timeline for the building assessment to be completed by the Ministry. We will keep this matter on our agenda and will continue to monitor the situation.

The Committee was given authority by the Board to evaluate and make the recommendation for the successful bidder on the long-term debt renewal RFP. Two submissions were received; Royal Bank (RBC) and Toronto Dominion (TD). Justin provided evaluation and scoring tools for the Committee to utilize during the evaluation process. After reviewing both submissions the Committee found TD to be the successful bidder pending clarification of four items. Staff was directed to follow-up on such items and to bring the results to the Board on June 22nd for final approval.

Due to the late hour, it was decided the Committee would not go "Into-Committee".

Next meeting is scheduled for September 14, 2016.

Meeting was adjourned at 5:54 pm.

Chair, Finance and Audit Committee
Algoma Public Health

6/17/16
Date

Algoma Public Health
Financial Statements
For the period ending: April 30, 2016

Algoma Public Health
Statement of Operations and Fund Balances
For the period ending: April 2016

	Actual YTD 2016	Budget YTD 2016	Variance Bgt to Actual 2016	Annual Budget 2016	2016 YTD Actual/ YTD Budget %
Revenue					
Municipal Levy -public health	**$ 1,704,425**	$ 1,133,264	$ 571,161	$ 3,399,791	150%
Provincial Grants -public health	**3,277,468**	3,255,767	21,702	9,767,300	101%
Provincial Grants - community health	**967,612**	945,610	22,002	7,631,941	102%
Fees, other grants and recovery of expenditures	**157,473**	274,735	(117,261)	824,204	57%
Dental Benefits Ontario Works Recoveries	**93,586**	0	93,586	-	
	$ 6,200,565	$ 5,609,375	$ 591,190	$ 21,623,236	111%
Expenditures					
Public Health Programs					
Public Health	**$ 4,380,974**	$ 4,660,432	$ 279,458	$ 13,991,297	94%
Community Health Programs					
Healthy Babies and Children	**$ 341,744**	$ 356,004	$ 14,259	$ 1,068,011	96%
Child Benefits Ontario Works	**5,000**	6,667	1,667	20,000	75%
Dental Benefits Ontario Works	**122,689**	-	(122,689)	-	
Algoma CADAP programs	**49,826**	70,773	20,947	212,320	70%
Misc Calendar	**23**	-	(23)	-	
Northern Ontario Fruit & Vegetable Program	**32,690**	9,783	(22,907)	117,400	334%
Brighter Futures for Children	**4,568**	9,537	4,969	114,447	48%
Infant Development	**47,472**	51,838	4,366	631,935	92%
Preschool Speech and Languages	**41,697**	51,188	9,491	614,258	81%
Nurse Practitioner	**9,266**	10,238	972	122,853	91%
Genetics Counseling	**9,575**	31,567	21,992	378,807	30%
Community Mental Health	**249,953**	272,275	22,322	3,394,698	92%
Community Alcohol and Drug Assessment	**56,532**	56,851	319	682,212	99%
Remedial Measures	**2,420**	-	(2,420)	-	
Diabetes	**0**	-	(0)	-	
Healthy Kids Community Challenge	**9,297**	13,511	4,214	175,000	69%
Stay on Your Feet	**5,710**	8,333	2,623	100,000	69%
Misc Fiscal	**15,482**	-	(15,482)	-	
	$ 5,384,917	$ 5,608,997	$ 224,081	$ 21,623,239	96%

Excess of revenues over expenses - CH	**57,256**
Excess of revenues over exp. - Public Health	**758,392**

Algoma Public Health

Revenue Statement

For the Four Months Ending April 30, 2016

	Current YTD	Budget YTD	Variance	YTD Actual to Annual Bgt %	Annual Budget	Comparison Prior Year: YTD Actual 2015	YTD BGT 2015	Variance 2015
MOH Public Health Funding	2,477,604	2,499,267	(21,663)	33%	7,497,800	2,503,843	2,561,748	(57,905)
MOH One Time Funding	16,901	16,900	1	33%	50,700	14,932	16,899	(1,967)
MOH Funding Haines Food Safety	8,200	8,200	0	33%	24,600	8,177	8,178	(1)
MOH Funding CINOT/Healthy Smiles	146,188	136,867	9,321	36%	410,600	142,514	136,855	5,659
MOH Funding - Social Determinants of Health	60,167	60,167	0	33%	180,500	60,148	60,149	(1)
MOH Funding Vector Bourne Disease	36,233	36,233	(0)	33%	108,700	36,203	36,204	(1)
MOH Funding Chief Nursing Officer	40,501	40,500	1	33%	121,500	40,470	40,471	(1)
MOH Funding Safe Water	23,200	23,200	0	33%	69,600	23,187	23,188	(1)
MOH Enhanced Funding Safe Water	5,167	5,167	0	33%	15,500	5,165	5,167	(2)
MOH Funding Unorganized	166,767	166,767	0	33%	500,300	145,297	145,297	0
MOH One Time Funding Dental Health	27,967	11,333	16,634	82%	34,000	5,625	11,250	(5,625)
MOH Funding Infection Control	104,134	104,133	1	33%	312,400	104,097	104,100	(3)
Levies Sault Ste Marie	1,202,522	787,615	414,907	51%	2,362,846	1,150,738	636,569	514,169
Levies Sault Ste Marie Capital	0	0	-	0%	0	0	96,495	(96,495)
Levies Vector Bourne Disease	0	19,811	(19,811)	0%	59,433	0	21,985	(21,985)
Levies District	501,903	325,837	176,066	51%	977,512	483,400	288,372	195,028
Levies District Capital	0	0	-	0%	0	0	41,355	(41,355)
Recoveries from Programs	3,825	3,354	471	38%	10,061	3,354	3,354	0
Program Fees	74,117	82,381	(8,264)	30%	247,143	50,155	82,381	(32,226)
Land Control Fees	13,385	53,333	(39,948)	8%	160,000	7,240	53,333	(46,093)
Program Fees Immunization	61,346	53,333	8,013	38%	160,000	45,547	53,333	(7,786)
HPV Vaccine Program	306	3,333	(3,027)	3%	10,000	0	3,333	(3,333)
Influenza Program	1,285	20,000	(18,715)	2%	60,000	0	20,000	(20,000)
Meningococcal C Program	289	3,333	(3,044)	3%	10,000	0	3,333	(3,333)
Interest Revenue	2,921	667	2,254	146%	2,000	2,171	667	1,504
Other Revenues	0	55,000	(55,000)	0%	165,000	19,977	55,000	(35,023)
Funding Holding	0	0	-	0%	0	0	0	0
Funding Ontario Tobacco Strategy	164,439	147,033	17,406	37%	441,100	147,196	139,200	7,996
Elliot Lake Office Relocation	0	0	-	0%	0	0	0	0
Panorama	0	0	-	0%	0	0	0	0
First Nations Inititative -One Time	0	0	-	0%	0	112,214	0	112,214
	$ 5,139,366	$ 4,663,765	$ 475,601		$ 13,991,295	$ 5,111,649	$ 4,648,216	$ 463,434
Summary								
Levies	1,704,425	1,133,264	571,161	150%	3,399,791	1,634,138	1,084,775	549,363
Funding Grants	3,277,468	3,255,767	21,701	101%	9,767,300	3,349,068	3,288,706	60,362
Fees & Recoveries	157,473	274,735	(117,261)	57%	824,204	128,443	274,735	(146,292)
	$ 5,139,366	$ 4,663,765	475,601	110%	$ 13,991,295	$ 5,111,649	$ 4,648,216	$ 463,434

Algoma Public Health

Expense Statement- Public Health

For the Four Months Ending April 30, 2016

	Current YTD	Budget YTD	Variance	YTD Actual to Annual Bgt %	Annual Budget	Comparison Prior Year: YTD Actual 2015	YTD BGT 2015	Variance 2015	
Salaries & Wages	$ 2,573,252	$ 2,768,882	195,631	31%	$ 8,306,647	$ 2,681,366	$ 2,726,349	$ 44,984	1
Benefits	582,658	692,221	109,562	28%	2,076,662	543,007	681,588	138,582	2
Travel - Car Allowances	0	0	-	0%	.	23,485	20,653	(2,831)	3
Travel - Mileage	23,899	48,553	24,654	16%	145,659	35,360	41,816	6,455	3
Travel - Other	14,876	31,267	16,391	16%	93,801	18,138	42,103	23,964	3
Program	239,518	188,602	(51,412)	42%	569,806	238,949	244,717	5,768	4
Office	27,998	30,667	2,669	30%	92,000	9,274	43,983	34,709	4
Computer Services	248,489	298,636	50,147	28%	895,908	216,224	252,810	36,586	4
Telephone Charges	2,385	13,000	10,615	6%	39,000	4,412	16,088	11,676	5
Telecommunications	54,676	60,494	5,819	29%	187,483	40,953	56,987	16,034	5
Program Promotion	34,255	71,362	37,107	16%	214,085	32,420	70,528	38,107	4
Facilities Expenses	285,460	271,308	(14,152)	35%	813,924	219,078	253,034	33,956	6
Fees & Insurance	179,106	80,402	(98,704)	74%	241,205	116,824	93,163	(23,660)	7
Debt Management	154,744	152,000	(2,744)	34%	456,000	(22,458)	(47,603)	(25,145)	8
Recoveries	(40,342)	(46,961)	(6,619)	29%	(140,883)	0	0	0	9
	$ 4,380,974	$ 4,660,432	$ 278,963		$ 13,991,297	$ 4,308,983	$ 4,648,217	$ 339,234	

	Current YTD	2015	Total	Total % Spent	Total Budget
Elliot Lake Renovations	381,876	277,890	659,766	91%	724,960

Notes to Financial Statements – April 2016

Reporting Period

The April 2016 financial reports include four months of financial results for Public Health and the following calendar programs; Healthy Babies & Children, Child & Dental Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting one month results from operations year ended March 2017.

Public Health – Statement of Operations (see page 1)

General Comments

As of April 30, 2016, Public Health programs are reporting a surplus of approximately $758k. On the Revenue side, $571k positive variance is attributable to the timing of receipts of municipal levies from the City of Sault Ste. Marie and the District. Provincial Grants are operating relatively within budget. Program Fees & Recoveries are indicating a negative $117k variance as a result of timing of fees recovered by APH.

There is a positive variance of $279 related to Public Health Expenses being less than budgeted. This is a result of two vacant positions which have been gapped and yet to be filled. In addition, the vacant permanent Medical Officer of Health (MOH) position is impacting the noted positive variance. The inherent time lag in filling positions within the agency is also contributing to this variance.

Community Health programs are reporting a surplus of $57k. Community Mental Health is indicating a positive $22k variance. This is a result of the program being only one (1) month into its operating budget. Northern Ontario Fruit & Vegetables is showing a negative $22k variance. Funding for this program occurs monthly with payments to the school boards occurring twice a year. One of these payments occurred in the month of April.

There is a positive variance of $22k associated with the Genetics Program. This is a result of the inherent time lag in filling positions within the agency.

Notes Continued…

Revenue (see page 2 for details)

Public Health funding revenues are indicating a positive variance of $475k. Driving this is a $571k positive variance related to the timing of the municipal levy receipts from the City of Sault Ste. Marie and the District. Funding Grants are operating relatively within budget. There is a negative variance of $117k associated with Fees & Recoveries. APH typically captures the bulk of its fees between the spring and fall months.

Public Health Expenses Budget (see page 3)

Note1 & 2– Salaries/Benefits

The positive variance of $195k is a result of two vacant positions which have been gapped and yet to be filled. In addition, the vacant permanent Medical Officer of Health (MOH) position is impacting the noted positive variance. The inherent time lag in filling positions within the agency is also contributing to this variance.

Benefits are indicating a positive variance of $109k. The two vacant positions which have been gapped and the vacant permanent MOH position are contributing to the positive variance noted.

Note 3 –Travel (Mileage, Other)

Mileage is showing a positive $24k variance due to timing of employee claim submissions.

Travel - Other is showing a positive $16k variance. Staff travel typically occurs between the spring and fall months.

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

Program expense is indicating a negative $51k variance. The purchased services for the Acting MOH and Associate MOH roles are driving the noted variance.

Office expense is operating relatively within budget.

Computer Services is showing a positive variance of $50k. APH's 2016 Operating Budget was approved by the Board of Health in November of 2015 and included the buy-back of IT equipment. In December of 2015, the decision was made to buy-back leased IT equipment prior to 2016. This is driving the noted positive variance.

Program Promotion is showing a positive variance of $37k due to timing of expenditures not yet incurred.

Notes Continued…

Note 5 – Telephone Charges/Telecommunications

Telephone Charges are indicating a positive variance of $10k. This is due to timing of expenditures not yet incurred.

Telecommunications is indicating a positive variance of $5k. This is due to timing of expenditures not yet incurred.

Note 6 – Facilities Expenses/Renovations

Facilities Expenses is showing a negative variance of $14k. This is a result of APH paying for the annual maintenance contracts for building automation and the building chillers in the month of April.

Note 7 – Fees & Insurance

Fees & Insurance is indicating a negative variance of $98k. This is due to the $83k payment of the annual insurance premium paid in full during the month of February. In addition, APH has incurred legal expenses regarding a Public Health policy matter. APH has submitted a one-time funding request to the MOHLTC with the intention of recouping these costs.

Note 8 – Debt Management

Debt Management is indicating a negative variance of $3k. This is a result of interest charges on the short-term debt related to Elliot Lake renovations. These interest charges were not budgeted.

Note 9 – Recoveries

Recoveries are indicating a negative variance of $6k. This is a result of recoveries being 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 April 30th, 2016. Cash includes $.324 million in short-term investments.

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 $5.675 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.

A Request for Quotation has been issued for the refinancing of APH debt.

Algoma Public Health
Statement of Financial Position

Date: As of April 2016		April 2016		December 2015
Assets				
Current				
Cash & Investments	**$**	**1,902,675**	$	2,368,709
Accounts receivable		**587,978**		658,510
Receivable from municipalities		**127,733**		5,134
Receivable from Province of Ontario		**-**		
Subtotal Current Assets		***2,618,385***		*3,032,353*
Financial Liabilities:				
Accounts Payable & Accrued Liabilities		**1,075,044**		1,490,132
Payable to Gov't of Ont/Municipalities		**219,197**		641,766
Deferred Revenue		**660,790**		664,615
Employee Future Benefit Obligations		**2,453,960**		2,453,960
Capital Lease Obligation		**0**		107,264
Term Loan		**6,173,490**		6,173,490
Subtotal Current Liabilities		**10,582,481**		11,531,227
Net Debt		**(7,964,096)**		(8,498,874)
Non-Financial Assets:				
Building Construction in Progress		**22,732,421**		22,732,421
Furniture & Fixtures		**1,914,772**		1,914,772
Leasehold Improvements		**1,169,635**		1,169,635
IT		**3,029,040**		3,029,040
Automobile		**40,113**		40,113
Accumulated Depreciation		**(6,880,999)**		(6,880,999)
Subtotal Non-Financial Assets		**22,004,981**		22,004,981
Accumulated Surplus		**14,040,885**		13,506,107

ALGOMA PUBLIC HEALTH
FINANCE AND AUDIT COMMITTEE MEETING
MAY 11, 2016
PRINCE MEETINGROOM, 3RD FLOOR, SSM
MINUTES

COMMITTEE MEMBERS PRESENT:	Ian Frazier	Candace Martin	Lee Mason
REGRETS	Dennis Thompson		
APH STAFF PRESENT:	Tony Hanlon, Ph.D.	Chief Executive Officer	
	Justin Pino	Chief Financial Officer	
	Christina Luukkonen	Recording Secretary	

1) CALL TO ORDER:
Mr. Frazier called the meeting to order at 4:58pm.

2) DECLARATION OF CONFLICT OF INTEREST
Mr. Frazier called for any conflict of interests; none were reported.

3) ADOPTION OF AGENDA ITEMS

FC2016-24 Moved: L. Mason
Seconded: C. Martin

THAT the agenda items for the Finance and Audit Committee dated May 11, 2016 be adopted as circulated.
CARRIED.

4) ADOPTION OF MINUTES

FC2016-25 Moved: L. Mason
Seconded: C. Martin

THAT the minutes for the Finance and Audit Committee dated April 19, 2016 be adopted as circulated.
CARRIED.

5) FINANCIAL STATEMENTS

a. Draft Financial Statements for the Period Ending March 31, 2016

Mr. Pino provided a summary of the Financial Statements that were provided in the meeting package. No major changes in our financial position. Discussed the gapped position in Genetics.

Mr. Pino discussed the new format that he has been working on with Mr. Merrylees for the financial statements. The new format will be presented starting in September.

FC2016-26 Moved: L. Mason
Seconded: C. Martin

THAT the Finance and Audit Committee recommends the draft Financial Statements for the Period ending March 31, 2016 and puts forward to the Board for approval.
CARRIED.

6) BUSINESS ARISING FROM MINUTES

a. Loan Renewals

Mr. Pino informed the Board that the two loans for the Elliot Lake renovations and the SSM office building are up for renewal in September 2016. Mr. Pino discussed the process of renewal and options for going to tender. A draft Request for Quotation was presented to the committee for consideration.

FC2016-27 Moved: L. Mason
Seconded: C. Martin

THAT the Finance and Audit Committee request the Board of Health to provide authorization to the Finance and Audit Committee to assess and approve a successful bidder for the refinancing of APH's long-term debt.

CARRIED.

b. Draft Capital Fund for Upkeep of Capital Assets Policy

Mr. Pino presented a briefing note on capital fund planning that is needed for future major repairs. Discussion ensued on the process for moving forward with an analysis. Mr. Pino was asked to contact the original architect of the building to see if something was already completed at the time of construction or if they have enough information that we could use to create our own plan. Also Mr. Pino was instructed to move forward with developing a draft RFP for the consultation and bring forth to the next committee meeting in June.

7) NEW BUSINESS/GENERAL BUSINESS

8) IN-COMMITTEE - Deferred

9) OPEN MEETING - Deferred

10) Addendum – no addendums

11) NEXT MEETING: Wednesday, June 8, 2016

12) THAT THE MEETING ADJOURN

FC2016-28 Moved: L. Mason
Seconded: Candace Martin

THAT the meeting of the Finance and Audit Committee adjourns at 5:43pm.

CARRIED.

ALGOMA PUBLIC HEALTH

GOVERNANCE COMMITTEE REPORT

FOR THE JUNE 22, 2016 BOARD MEETING

Meeting held on: June 8, 2016 – Started at 5:58 pm

In attendance:

Tony Hanlon, Antoniette Tomie, Sherri Cleaves, Laurie Zeppa, Ian Frazier, Candace Martin, Lee Mason, Sue Jensen (teleconference)

Secretary – Christina Luukkonen

The Committee received an update on the initiative to improve the communication with municipalities. We are still on schedule to receive a package of information that will form the basis for any presentations to be made to the municipalities starting in the fall. The City of Sault Ste. Marie requested that we make a presentation to their Council, specifically regarding our budget. As we are an autonomous Board this request was declined but an offer to make a presentation on our programs, etc. was extended to the City.

As the Performance Monitoring Plan is a living document a few further modifications were provided to the Committee. As the Monthly MOH/CEO Report provides continual qualitative reports on programs it was decided that only one comprehensive qualitative report will be provided to the Committee/Board each year along with one quantitative report. The Committee discussed this modification and recommends the Board approve this modification to the Performance Monitoring Plan.

The Terms of Reference (TOR) for both the Governance and the Finance and Audit Committee were reviewed again and revamped so that both TORs were in the same format and included the same subsections. The Committee discussed the modifications and recommended a couple of changes. With the changes, the Committee recommends to the Board approval of the TORs presented.

As this is our second year to have both Committees fully operational, a draft Annual Work Plan was proposed to continue improving and clarifying the action items between the Board and Committees. The Committee reviewed the Plan and made the recommendation to change the name of the Plan to "Annual Activity Plan." This was agreed upon and the Committee recommends to the Board approval of the presented Annual Activity Plan.

With the Board moving to the electronic communication system in 2016 the Board of Health Monthly Meeting and Self-Evaluation Policy required updating to reflect current practices. Policy 02-05-055 was reviewed and agreed upon by the Committee and it recommends to the Board the approval of this Policy update.

The Committee reviewed the results of the April and May meeting evaluations that were submitted.

The Committee went into "In-Committee" to discuss:

1. Adoption of Minutes from May 11, 2016
2. Labour Relations or Employee Negotiations
3. Litigation Matters

Next meeting is scheduled for September 14, 2016.

Meeting was adjourned at 7:52 pm.

Chair, Governance Committee
Algoma Public Health

6/17/16
Date

APPROVED BY:	Board of Health	**BY-LAW #:**	95-1
DATE:	O: December 13, 1995 Revised: June 22, 2016	**SECTION:**	Board
PAGE:	1 of 9	**SUBJECT:**	To Regulate the Proceedings of the Board of Health

The Board enacts as follows:

Interpretation

1. In this By-law:

   a) "Act" means the Health Protection and Promotion Act. S.D. Ontario 1983, Chapter 10 as amended;

   b) "Board" means THE BOARD OF HEALTH FOR THE DISTRICT OF ALGOMA HEALTH UNIT, as prescribed;

   c) "Chair" means the person presiding at the meeting of the Board;

   d) "Chair of the Board" means the Chair elected under Section 56 of the Act which reads:

      i) A Board of Health shall hold its first meeting of each year not later than the 1st day of February
      ii) At the first meeting of the Board of Health in each year, the members of the Board shall elect one of the members to be Chairman and one to be Vice-chairman of the Board for the year;

   e) "Committee" means a committee of the Board, but does not include the Committee of the Whole;

   f) "Committee of the Whole" means all the members present at a meeting of the Board sitting in Committee;

   g) "Meeting" means a meeting of the Board;

   h) "Member" means a member of the Board;

   i) "Quorum" means a majority of members of the Board;

   j) "Secretary" means the Secretary of the Board of Health;

   k) Words that indicate singular masculine gender only shall include plural and/or feminine gender.

General

2. The Board shall hold the first meeting of each year not later than the first day of February. At the first meeting of the Board in each year, members of the Board shall elect one member to be Chair~~-~~, one member to be First Vice- chair and one member to be Second Vice-chair of the Board for the year. The First Vice-chair shall chair the Finance and Audit Committee and the Second Vice-chair shall chair the Governance Committee. ~~at least one of the standing committees of the Board~~.

3. The Board shall consist of the members as prescribed under the Act;

    a) Where a vacancy occurs in the Board by death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.

4. In all the proceedings at or taken by this Board, the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board, and in the Committee (s) thereof.

5. Except as herein provided, *Robert's Rules of Order* shall be followed for governing the proceedings of the Board and the conduct of its members.

6. A person who is not a member of the Board shall not be permitted to address the Board except upon invitation of the Chair subject to written request to the Secretary at least two weeks prior to the scheduled meeting.

7. In unusual circumstances persons who have not requested in writing to address the Board may address the Board provided two-thirds of the Board's members are ~~are~~ in agreement.

Meetings

8. Regular Meetings:

    a) The regular meetings shall be held at a date and time as stated in the Board's Activity Plan determined by the Board annually at its June meeting. ~~first regular meeting of the year~~;

    b) The Board may, by resolution, alter the time, day or place of any meeting;

    c) It is expected that commitments to regularly scheduled Board meetings be honoured by the Board members;

    d) Three consecutive absences from regular Board meetings by a member of the Board will be reviewed by the Chair of the Board with the member in question; following which, notification may be forwarded to the appropriate municipality, council or the province.

9. Special Meetings:

    a) A special meeting of the Board shall not be called for a time which conflicts with a regular meeting previously called of (participating) council(s) or municipality(s).

b) A special meeting may be called by the Chair of the Board of Health.

c) The Secretary shall call a special meeting upon receipt of a petition signed by the majority of Board members, for the purpose and at the time mentioned in the petition.

10. Notice of Meetings:

a) The Secretary shall give notice of each regular and special meeting of the Board and of each committee to the members thereof and to the heads of departments concerned with such meeting.

b) The notice shall be accompanied by the agenda and any other matter, so far as is known, to be brought before such meeting.

c) The notice for a regular meeting shall be delivered or sent by electronic means or courier to the residence or place of business of each member so as to be received not later than three working days prior to the day of the meeting.

d) The notice for a special meeting may be sent by telephone or by electronic means with the Secretary confirming receipt.

e) No errors or omissions in giving such notice for the meeting shall invalidate it or any action taken.

f) The notice calling a special meeting of the Board shall state the business to be considered at the special meeting and no business other than that stated in the notice shall be considered at such meeting except with the unanimous consent of the members present and voting.

11. Preparation of the Agenda:

a) The Secretary shall have prepared for the use of members at the regular meetings, the Agenda as follows:

i. Call to Order
ii. Declaration of Conflict of Interest
iii. Adoption of Agenda
iv. Adoption of Minutes of Previous Meeting
v. Business Arising from Minutes
vi. Delegations/Presentations
vii. Reports of Committees
viii. Reports of Officers/Program Managers
ix. Correspondence/Items for Information
x. Addendum
xi. Announcements
xii. New Business/General Business
xiii. In-Committee Session
xiv. Return to Open Meeting
xv. Adjournment

b) For special meetings, the Agenda shall be prepared when and as the Chair of the Board may direct or, in default of such direction, as provided in the last preceding section so far as is applicable.

c) The business for each meeting shall be taken up in the order in which it stands upon the Agenda, unless otherwise decided by the Board.

12. Commencement of Meetings:

a) As soon as there is a quorum after the hour fixed for the meeting, the Chair of the Board or First Vice-chair of the Board, if the Chair is not present or the Second Vice-chair if the First Vice-chair is not present shall take the chair and call the members to order.

b) If the Chair or Vice-chairs are~~is~~ not present, or their duly appointed representative, but a quorum is otherwise achieved, the Secretary shall call the members to order and a presiding officer shall be appointed by the Secretary to preside during the meeting or until the arrival of the person who ought to preside.

c) If there is no quorum with 15 minutes after the time appointed for the meeting, the Secretary shall call the roll and take down the names of the members then present. If an absence of an expected Quorum occurs due to a health emergency or to weather conditions and business must be expedited, the Board shall have the privilege of designating items of business as essential to be expedited at that meeting. Under these conditions the Board shall have the privilege of conducting the necessary items of business but such items shall be confirmed at the next meeting of the Board

Rules of Debate and Conduct of Members of the Board

13. The Chair shall preside over the conduct of the meeting, including the preservation of good order and decorum, ruling on point of order and deciding all questions relating to the orderly procedure of the meetings, subject to an appeal by any member to the Board from any ruling of the Chair.

14. Each deputation will be allowed a maximum of one speaker for a maximum of 10 minutes, but a member of the Board may introduce a deputation in addition to the speaker or speakers. Normally, a deputation will not be heard on an item unless there is a report from staff on the item or upon agreement of two-thirds of the Board present.

a) The Board shall render its decision in each case within five (5) working days after deputations have been heard.

15. If the Chair desires to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call on another member, prior to the beginning of the debate, to fill his place until he resumes the chair.

16. Every member, prior to speaking to any question or motion, shall be acknowledged by the Chair.

17. When two or more members ask to speak, the Chair shall name the member who, in his opinion, first asked to speak. The Chair shall develop a speakers list when more than one member wishes to address each item.

18. A member may speak more than once on a question, but after speaking shall be placed at the foot of the list of members wishing to speak.

19. A motion for introducing new matter shall not be presented without notice unless the Board, without debate, dispenses with such notice by a majority vote and no report requiring action of the Board shall be introduced to the Board unless a copy has been placed in the hands of the members at least one day prior to the meeting, except by a majority vote, taken without debate.

20. Every motion presented to the Board shall be written.

21. Every motion shall be deemed to be in possession of the Board for debate after it is presented by the Chair, but may, with permission of the Board, be withdrawn at any time before amendment or decision.

22. When a matter is under debate, no motion shall be received other than a motion:

    a) to adopt,
    b) to amend,
    c) to defer action,
    d) to refer,
    e) to receive,
    f) to adjourn the meeting, or
    g) that the vote be now taken.

23. a) A motion to refer or defer shall take precedence over any other amendment or motion except a motion to adjourn.
    b) A motion to refer shall require direction as to the body to which it is being referred and is not debatable.
    c) A motion to defer must include a reason and a time period for the deferral and is not debatable.

24. When a motion that the vote be now taken is presented, it shall be put to a vote without debate, and, if carried by a majority vote of the members present, the motion and any amendments thereto under discussion shall be submitted to a vote forthwith without further debate.

25. Any member, including the Chair, may propose or second a motion and all members including the Chair shall vote on all motions except when disqualified by reasons of interest or otherwise; a tie vote shall be considered lost. When the Chair proposes a motion, he shall vacate the chair to the Vice-chair during debate on the motion and reassume the chair following the vote.

Duties of the Secretary for the Board

26. It shall be the duty of the Secretary:

    a) to attend or cause an assistant to attend all meetings of the Board;

    b) to keep or cause to be kept full and accurate minutes of the meetings of all the Board meetings, text of By-laws and Resolutions passed by it; and

    c) to forward a copy of all resolutions, enactments and orders of the Board to those concerned in order to give effect to the same.

    d) to give all notices required to be given to the members.

Appointment and Organization of Committees

27. At the first meeting in any year, the Board shall appoint the members required by the Board to standing committees(s) (Finance and Audit Committee, Governance Committee).

28. The Board may appoint committees from time to time to consider such matters as specified by the Board.

Conduct of Business in Committees

29. The rules governing the procedure of the Board shall be observed in the Committees insofar as applicable.

30. It shall be the duty of the Committee:

    a) to report to the Board on all matters referred to them and to recommend such action as they deem necessary;

    b) to report to the Board the number of meetings called during a year, at which a quorum was present, and the number of meetings attended by each member of the Committee; and

    c) to forward to the incoming Committee for the following year any matter undisposed of.

Procedures of the Board Covered by other By-laws

31. The procedures of the Board with respect to:

    a) incurring of liabilities and paying of accounts;
    b) authority for expenditures;
    c) audits;

d) budgets and settlements;

Shall be in accordance with the By-laws #95-2 and #95-3.

Corporate Seal

32. The corporate seal of the Board shall be in the form impressed hereon and shall be kept by the Chief Executive Officer or the Chief Financial Officer.

Short Name

33. The Board will use the short name Algoma Public Health for signage, communications and promotional messaging and other matters as warranted.

Execution of Documents

34. The Board may at any time and from time to time, direct the manner in which and the person or persons who may sign on behalf of the Board and affix the corporate seal to any particular contract, arrangement, conveyance, mortgage, obligation, or other document or any class of contracts, arrangements, conveyances, mortgages, obligations or documents.

35. In general, unless changed by a resolution of the Board under clause 34 of this By-law, the following applies:

a) Budgets and Settlement Forms will be signed by the combination of Board member(s) and staff of the agency as required by Ministry specifications;

b) Leases for real estate will be signed by the Chair of the Board and by the Medical Officer of Health or Chief Executive Officer;

c) Leases or purchase agreements for vehicles, as approved in budgets, will be signed by the Director/Chief Financial Officer and/or the Medical Officer of Health or Chief Executive Officer (should two signatures be necessary);

d) Purchase of service agreements with service providers for programs will be signed by the Medical Officer of Health/CEO and by the appropriate program Director.

e) Purchase of service agreements with service providers for financial, building and corporate services will be signed by the Medical Officer of Health or Chief Executive Officer and by the appropriate administrative manager or Director/Chief Financial Officer.

Duties of Officers

36. The Chair of the Board shall:

a) preside at all meetings of the Board;

b) represent the Board at public or official functions or designate another Board member to

do so;

c) be ex-officio a member of all Committees to which he has not been named a member;

d) complete an annual performance appraisal of the Medical Officer of Health/CEO using input from the Medical Officer of Health/CEO as well as the members of the Board, with the results of this appraisal being shared with the Board members in camera;

e) perform such other duties as may from time to time be determined by the Board.

37. The Vice-chair shall have all the powers and perform all the duties of the Chair of the Board in the absence or disability of the Chair of the Board, together with such powers and duties, if any, as may be from time to time assigned by the Board.

Amendments

38. Any provision contained herein may be repealed, amended or varied, and additions may be made to this By-law by a majority vote of members present at the meeting at which such motion is considered to give effect to any recommendation contained in a Report to the Board and such report has been transmitted to members of the Board prior to the meeting at which the report is to be considered. No motion for that purpose may be considered, unless notice thereof has been received by the Secretary two weeks before a Board meeting and such notice may not be waived and in any event no bill to amend this By-law shall be introduced at the same meeting as that at which such report or motion is considered.

Dismissal of Medical Officer(s) of Health/CEO

39. A decision by the Board of Health to dismiss a Medical Officer of Health/CEO from office is not effective unless:

a) the decision is carried by the vote of two-thirds of the members of the Board; and

b) in situations where the Medical Officer of Health is a separate position from the CEO position the Minister consents in writing to the dismissal of the MOH.

40. The Board of Health shall not vote on the dismissal of a Medical Officer of Health/CEO unless the Board has given to the Medical Officer of Health/CEO:

a) reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered;

b) a written statement of the reason for the proposal to dismiss the Medical Officer of Health/CEO; and

c) an opportunity to attend and to make representation to the Board at the meeting.

Reporting of Medical Officer of Health to the Board of Health/CEO

1. The Medical Officer of Health/CEO of a board of health reports directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act. The Medical Officer of Health of a board of health is responsible to the board for the management of the public health programs and services under this or any other Act. (HPPA, s.67(1) and (3))

2. The Medical Officer of Health/CEO of a board of health is entitled to notice of and to attend each meeting of the Board and every committee of the Board, but the Board may require the Medical Officer of Health/CEO to withdraw from any part of a meeting at which the Board or a Committee of the Board intends to consider a matter related to the remuneration or the performance of the duties of the Medical Officer of Health. (HPPA, s70)

Enacted and passed by the Algoma Health Unit Board this 13th day of December, 1995.

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

Revised and passed by the Algoma Health Unit Board this 18th day of November 1998
Revised and passed by the Algoma Public Health Board February 2011
Revised and passed by the Algoma Public Health Board on this 28th day of October 2015
Revised and passed by the Algoma Public Health Board on this 22nd day of June 2016

Algoma PUBLIC HEALTH
Santé publique Algoma

www.algomapublichealth.com

Briefing Note

To: The Board of Health

From: Dr. T. Hanlon, Ph.D., CEO

Date: June 22, 2016

Re: Board of Health Committee Terms of Reference

☒ For Information ☐ For Discussion ☒ For a Decision

ISSUE:

The APH Board will be returning to full complement by September 2016. The terms of reference for the Finance and Audit committee and the Governance Committee must be revised to reflect the fact that the Board will now have eleven (11) members instead of the temporary membership of five (5) members.

RECOMMENDED ACTION:

That the Governance Committee recommend that the APH Board review and approve the following revisions to the Terms of Reference for the Finance and Audit Committee and for the Governance Standing Committee.

BACKGROUND:

Public health boards have over half their members appointed by the municipalities the boards serve and are funded a minimum of 25% by their municipalities. Similar to municipal councils, public health boards are expected to operate in an open, transparent and accountable way, however the public health boards are not committees of the municipalities. These boards were created under the Health Protection and Promotion Act, R.S.O. 1990 and operate under its legislation & regulations. A Board has the autonomy to create its own structure, bylaws, policies and procedures within governance best practices and all applicable laws.

Excerpt from THE **MUNICIPAL COUNCILLOR'S GUIDE 2014 Ontario**

Council-Board Relations
"Bodies with links to a municipality may have varying degrees of independence from municipal council control. Some bodies may be beyond effective control of council for practical or legal reasons. Bodies such as school boards, hospital boards, boards of health, conservation authorities, and district social service administration boards, for example, generally operate quite independently of council. P27

CONTACT:

Tony Hanlon, CEO

BOARD OF HEALTH FOR ALGOMA PUBLIC HEALTH
FINANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE

O: May 22, 2015

R Date: June 8, 2016

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

Name:	Finance and Audit Committee
Mandate:	To assist the Board in meeting its responsibilities, the Finance and Audit Committee (the "Committee") shall: • Act in an advisory capacity to the Board; and • Ensure the adequacy and effectiveness of financial reporting by reviewing and recommending approval to the Board of all financial statements, accounting policies, internal and external audits, internal controls, management plans and information. ~~The Committee shall assist with fulfillment of the Board's mandate and those specific responsibilities and duties assigned to the Committee; however, unless specifically stated otherwise, the Committee shall act in advisory capacity only, recommending decisions to the Board for approval.~~From time to time the Board may instruct the Committee to act on its behalf. In such cases, a motion by the Board must be passed stating the specifics of the assignment, the timeframe under which the Committee will carry out the assignment and a requirement to report back its actions and decisions to the board at its earliest possible convenience.
~~Scope/Duties:~~Roles and Responsibilities	These Finance and Audit Committee functions are fulfilled through the following roles and responsibilities: ~~shall have the following specific functions, duties and responsibilities and where necessary recommend for approval to the Board:~~ Review and make recommendations to the Board regarding monthly financial statements and other monthly/quarterly financial reporting being presented to the Board; • Review and make recommendations to the Board regarding the annual Operating and Capital Plan; • Review and make recommendations to the Board regarding the annual audited financial statements; • Review and recommend the annual audit plan, audit fees, and scope of audit services (engagement letter); • Meet with external auditors to review the findings of the audit including but not limited to the auditor's Management Letter, any weaknesses in internal controls and the Executive Management's response to such letter;

	• Review and report to the Board any changes in accounting policies or significant transactions which impact the financial statements in a significant manner as per the annual financial statements; • Periodically review the need for an internal audit and if required make such recommendation to the Board; • Monitor the internal audit process, ensure all items from the internal auditor's reports are resolved and assess the internal audit performance; • Monitor the effectiveness of internal controls to ensure compliance with Board policies and standard accounting principles; • Review and ensure that all risk management is complete with respect to all insurance coverage for the Board; • Review and make recommendations to the Board regarding long-term financial goals and long-term revenue and expense projections; • Review and make recommendation to the Board concerning any material asset acquisitions; • Review and make recommendations to the Board regarding financial, Investing and banking transactions, providers and signing officers; and • Review other projects or developments as directed by the Board. • Develop a~~n~~ Committee Annual Work Plan for approval by the Board.
Chair:	The Chair of the Committee shall be elected annually by the Board and shall serve no longer than three terms. The Chair of the Finance and Audit Committee will also serve as the 1st Vice-Chair of the Board of Health. The Committee chair is responsible for: establishing Committee agendas; conducting the meetings; liaison with the Board Chair, the Board and the MOH/CEO; reporting to the Board on the activities of the Committee and presenting Committee recommendations to the Board.
Recorder:	The secretary to the Board will act as recorder for the Finance and Audit Committee.
Reporting and Accountability to the Board:~~Reporting Relationship:~~	Finance and Audit Committee shall report on significant issues and year end progress of the Annual Work Plan through the Committee Chair or other Committee Designate to the Board. The Committee will keep brief decision minutes of its meetings in which shall be recorded all matters considered at each meeting. These minutes will be circulated to the full Board once approved by the Committee. The Committee chair will report to the Board on recommendations from the Committee, including a brief outline of the issue, the options considered, the conclusions and recommendations arrived at and the implications and risks associated with the recommendations. In the absence of the Committee chair, this responsibility may be delegated to another Director member of the Committee or to staff.

Committee Performance:	The performance and effectiveness of the Committee shall be assessed annually as part of the Board's evaluation process. The evaluation will be based on the Committee fulfilling its Mandate.
Membership:	The Finance and Audit Committee shall be comprised of: • Up to five (5) members of the Board of Health and no less than three (3) voting members; • Board Chair as an ex-officio, non-voting member • CFO of Algoma Public Health, non-voting member • MOH/CEO of Algoma Public Health, non-voting member ~~Committee members will be appointed for a term not exceeding their term as a Director and may be reappointed at the discretion of the Board~~
Frequency:	A minimum of four (4) meetings will be held annually as outlined in the Board's annual workplan. Additional meetings can be held at the call of the Chair or at the request of the Board. The location of the meetings will be at APH's main office unless otherwise agreed upon by the Committee.
Term:	The Committee shall be appointed annually by the Board.
Committee Operations:~~Quorum:~~	Quorum for Committee meetings is a majority of the voting members of the Committee. The Committee shall operate in accordance with the procedures for Board meetings as set out in By-Law No. 95-1 The Committee may, with the approval of the Board, establish sub-committees. ~~A Quorum shall be the majority of the members on the committee~~
Amendments:	The Committee will review the Terms of Reference on an annual basis and make recommendation~~(s)~~ for any amendments~~. Any amendments are made by the Board.~~ to the Board for its review and decision re: approval.
Distribution of Minutes:~~Minutes:~~	Minutes shall be provided to the committee members and the Board of Health.

Signature of Board of Health Chair

Date

TERMS OF REFERENCE MEMBERSHIP

	Name	Position
1	Ian Frazier	~~Chair, Finance Committee~~Committee Chair
2	~~Candace Martin~~Dennis Thompson	~~Board Member~~Committee Vice-Chair
3	~~Lee Mason~~Candace Martin	Board Member
4	Vacant	Board Member
~~4~~5	~~Dennis Thompson~~Vacant	Board Member
	Ex-Officio	
6	Lee Mason	Board Chair
7~~5~~	Tony Hanlon	Chief Executive Officer
8~~6~~	Justin Pino	Chief Financial Officer
9~~7~~	Christina Luukkonen	Recording Secretary
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BOARD OF HEALTH FOR ALGOMA PUBLIC HEALTH
FINANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE

O: May 22, 2015

R Date: June 22, 2016

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

Name:	Finance and Audit Committee
Mandate:	To assist the Board in meeting its responsibilities, the Finance and Audit Committee (the "Committee") shall: • Act in an advisory capacity to the Board; and • Ensure the adequacy and effectiveness of financial reporting by reviewing and recommending approval to the Board of all financial statements, accounting policies, internal and external audits, internal controls, management plans and information. From time to time the Board may instruct the Committee to act on its behalf. In such cases, a motion by the Board must be passed stating the specifics of the assignment, the timeframe under which the Committee will carry out the assignment and a requirement to report back its actions and decisions to the board at its earliest possible convenience.
Roles and Responsibilities	These Finance and Audit Committee functions are fulfilled through the following roles and responsibilities: Review and make recommendations to the Board regarding monthly financial statements and other monthly/quarterly financial reporting being presented to the Board; • Review and make recommendations to the Board regarding the annual Operating and Capital Plan; • Review and make recommendations to the Board regarding the annual audited financial statements; • Review and recommend the annual audit plan, audit fees, and scope of audit services (engagement letter); • Meet with external auditors to review the findings of the audit including but not limited to the auditor's Management Letter, any weaknesses in internal controls and the Executive Management's response to such letter; • Review and report to the Board any changes in accounting policies or significant transactions which impact the financial statements in a significant manner as per the annual financial statements; • Periodically review the need for an internal audit and if required make such recommendation to the Board; • Monitor the internal audit process, ensure all items from the internal auditor's reports are resolved and assess the internal audit performance;

	• Monitor the effectiveness of internal controls to ensure compliance with Board policies and standard accounting principles; • Review and ensure that all risk management is complete with respect to all insurance coverage for the Board; • Review and make recommendations to the Board regarding long-term financial goals and long-term revenue and expense projections; • Review and make recommendation to the Board concerning any material asset acquisitions; • Review and make recommendations to the Board regarding financial, Investing and banking transactions, providers and signing officers; and • Review other projects or developments as directed by the Board. • Develop a Committee Annual Work Plan for approval by the Board.
Chair:	The Chair of the Committee shall be elected annually by the Board and shall serve no longer than three terms. The Chair of the Finance and Audit Committee will also serve as the 1st Vice-Chair of the Board of Health. The Committee chair is responsible for: establishing Committee agendas; conducting the meetings; liaison with the Board Chair, the Board and the MOH/CEO; reporting to the Board on the activities of the Committee and presenting Committee recommendations to the Board.
Recorder:	The secretary to the Board will act as recorder for the Finance and Audit Committee.
Reporting and Accountability to the Board:	Finance and Audit Committee shall report on significant issues and year end progress of the Annual Work Plan through the Committee Chair or other Committee Designate to the Board. The Committee will keep brief decision minutes of its meetings in which shall be recorded all matters considered at each meeting. These minutes will be circulated to the full Board once approved by the Committee. The Committee chair will report to the Board on recommendations from the Committee, including a brief outline of the issue, the options considered, the conclusions and recommendations arrived at and the implications and risks associated with the recommendations. In the absence of the Committee chair, this responsibility may be delegated to another Director member of the Committee or to staff.

Committee Performance:	The performance and effectiveness of the Committee shall be assessed annually as part of the Board's evaluation process. The evaluation will be based on the Committee fulfilling its Mandate.
Membership:	The Finance and Audit Committee shall be comprised of: • Up to five (5) members of the Board of Health and no less than three (3) voting members; • Board Chair as an ex-officio, non-voting member • CFO of Algoma Public Health, non-voting member • MOH/CEO of Algoma Public Health, non-voting member
Frequency:	A minimum of four (4) meetings will be held annually as outlined in the Board's annual workplan. Additional meetings can be held at the call of the Chair or at the request of the Board. The location of the meetings will be at APH's main office unless otherwise agreed upon by the Committee.
Term:	The Committee shall be appointed annually by the Board.
Committee Operations:	Quorum for Committee meetings is a majority of the voting members of the Committee. The Committee shall operate in accordance with the procedures for Board meetings as set out in By-Law No. 95-1 The Committee may, with the approval of the Board, establish sub-committees.
Amendments:	The Committee will review the Terms of Reference on an annual basis and make recommendations for any amendments to the Board for its review and decision re: approval.
Distribution of Minutes:	Minutes shall be provided to the committee members and the Board of Health.

Signature of Board of Health Chair Date

TERMS OF REFERENCE MEMBERSHIP

	Name	**Position**
1	Ian Frazier	Committee Chair
2	Dennis Thompson	Committee Vice-Chair
3	Candace Martin	Board Member
4	Vacant	Board Member
5	Vacant	Board Member
	Ex-Officio	
6	Lee Mason	Board Chair
7	Tony Hanlon	Chief Executive Officer
8	Justin Pino	Chief Financial Officer
9	Christina Luukkonen	Recording Secretary
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Guide for Completing Terms of Reference

- Please complete each section of the terms of reference (TOR) form.
- None of the sections should be blank.
- Ensure a copy of the previous TOR accompanies the newly edited TOR with the changes highlighted.

Name:	Indicate the name of the committee
Purpose/Goal:	Indicate the end result that the committee's plan is intended to achieve. Use round bullets to identify individual points.
Objectives:	Previously Goals/Responsibilities Indicate the activities, objectives, responsibilities that the plan will take in order to achieve the goal, e.g., To discuss…To review…To create…To facilitate, etc. Use round bullets to identify individual points.
Chair:	Indicate position title or if the recorder rotates, indicate: 'Rotation System'.
Recorder:	Indicate position title or if the recorder rotates, indicate: 'Rotation System'.
Membership:	Indicate position titles not specific names. If necessary, complete the Terms of Reference Membership and attach to the TOR. Include the Chair's title in this section. If the chair rotates, indicate: 'Chair rotates'
Reporting to:	Indicate position title or name of committee, e.g., Management Committee, to whom the committee reports and who will act on committee recommendations/ suggestions.
Frequency:	Indicate the number of times the committee will meet, e.g., once per month for one-hour session. Quorum is not required to hold a meeting.
Term:	Indicate the length of time members remain on the committee, e.g. membership will change every two years.
Decision-making Format:	Indicate consensus/ majority/ not applicable, etc. Consensus is preferred where possible. Quorum is required (50 percent participation plus 1 individual).
Distribution of Minutes:	Indicate the 'Reporting to' individual(s), committee, etc. along with who will benefit from the Committee. Membership will automatically appear.

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

O: September 22, 2015

R: June 22, 2016

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

Name:	Board of Health Governance Standing Committee
~~Purpose/Goal~~Mandate:	To ~~fulfill the following functions on behalf of the Board:~~assist the Board in meeting its responsibilities, The Governance Standing Committee (the "Committee") shall: • Act in an advisory capacity to the Board; and • ~~Governance – To S~~support the Board in fulfilling its commitment to and responsibility for sound and effective governance of Algoma Public Health (subject to the requirements of the Health Protection and Promotion Act and Provincial Public Appointments Process) • ~~—~~ • ~~Nominations - To manage the process to identify potential provincial nominees for the Board to recommend for appointment to the Board (subject to the requirements of the Health Protection and Promotion Act and Provincial Public Appointments Process)~~ • From time to time the Board may instruct the Committee to act on its behalf. In such cases, a motion by the Board must be passed stating the specifics of the assignment, the timeframe under which the Committee will carry out the assignment and a requirement to report back its actions and decisions to the board at its earliest possible convenience. • • ~~Orientation and Education – To support the Board by ensuring that new Directors receive adequate and appropriate orientation and that all Directors are provided ongoing education to assist them in fulfilling their duties effectively.~~ Ensure the adequacy and effectiveness of the Board policies and procedures. • ~~Performance accountability – To s~~Support the Board in overseeing key elements required to ~~achieve its vision and mission.~~ Ensure accountability, transparency and effective performance.
Roles & Responsibilities:	These Governance functions are fulfilled through the following roles and responsibilities: • Enable the Board to meet its fiduciary obligations by defining APH's approach to governance and supporting processes and practices that promote a leading-edge governance culture; • Recommend, where appropriate, changes to the mandate of the Board of Directors and each of its Committees based on the needs of APH and evolving governance standards (subject to requirements of the HPPA and Municipal Acts) • Recommend, where appropriate, the development and oversee the

	implementation of new governance structures, processes and protocols that enable the Board to fulfill its governance role effectively; • Support the Board of Directors in fostering a positive relationship with its key stakeholders; • Support a high standard of Board conduct and performance • Review Board policies on a regular basis, and at a minimum of every two years, and make recommendations to the Board to ensure currency and relevancy • Recommend and oversee the implementation of a governance review/ evaluation process regarding the performance of the Board, the Board Chair, committee chairs, committees and individual Directors; • Recommend procedures for the ongoing assessment of Board and Committee meeting effectiveness; • Recommend changes to address effectiveness issues arising out of these evaluations; • Assess the adequacy of the quality and timeliness of information provided to the Board of Directors and its Committees and make recommendations to the Board of Directors for change where appropriate. • Approve and monitor various measures of performance accountability on a regular basis. • Support the Chair of the Board of Health with MOH/CEO review as requested; • Oversee succession planning for the MOH/CEO, including development of a clear and transparent process to recruit and select a future MOH/CEO. • Ensure that there is an appropriate orientation and education program for new Directors and continuing education for all Directors including making recommendations on methods to improve Directors' knowledge of Algoma Public Health and their responsibilities as Directors; • Oversee the implementation of orientation and education programs for Directors to ensure these are undertaken effectively. • The Committee shall study and make recommendations to the Board on any matter as directed by the Board.
Chair:	The Chair of the Committee shall be elected annually by the Board and shall serve no longer than three terms. The Chair of the Governance Standing Committee will also serve as the 2nd Vice-Chair of the Board of Health. ~~The Governance Standing Committee shall elect a chair amongst them. The Board Vice-Chair may be appointed as Committee chair.~~ The Committee chair is responsible for: establishing Committee agendas; conducting the meetings; liaison with the Board Chair, the Board and the MOH/CEO; reporting to the Board on the activities of the Committee and presenting Committee recommendations to the Board. ~~The Committee chair may be appointed for a term that is not longer than his or her term as a Director and may be reappointed for as many terms as the Board determines.~~
Recorder:	The secretary to the Board will act as recorder for the Governance Standing Committee.
~~**Delegation of**~~	~~No authority is delegated by the Board through these terms of reference.~~

~~**Authority from the Board:**~~	~~However, the Board may from time to time delegate specific responsibilities to the Committee by resolution of the Board.~~
Reporting and Accountability to the Board:	The Committee will keep brief decision minutes of its meetings in which shall be recorded all matters considered at each meeting. These minutes will be circulated to the full Board once approved by the Committee. The Committee chair will report to the Board on recommendations from the Committee, including a brief outline of the issue, the options considered, the conclusions and recommendations arrived at and the implications and risks associated with the recommendations. In the absence of the Committee chair, this responsibility may be delegated to another Director member of the Committee or to staff.

Committee Performance:	The performance and effectiveness of the Committee shall be assessed annually as part of the Board's evaluation process. The evaluation will be based on the Committee fulfilling its Mandate.

Membership:	The Governance Standing Committee shall be comprised of: • Up to five (5) members of the Board of Health and no less than three (3) voting members; • Board Chair as an ex-officio, non-voting member • MOH/CEO of Algoma Public Health, non-voting member • Director of HR and Corporate Services – non-voting member • Director of Community Services – non-voting member • Director of Clinical Services – non-voting member ~~The Committee shall have a minimum of three and a maximum of five members, all of whom shall be Directors. The Board Vice-Chair normally shall be a member of the Committee. The Board Chair may member of the Committee. Chairs of other standing committees normally would not be appointed as members of the Committee.~~ ~~Committee members will be appointed for a term not exceeding their term as a Director and may be reappointed at the discretion of the Board~~
~~**Reporting to:**~~	~~Algoma Public Health Board of Health~~
Frequency:	A minimum of four (4) meetings will be held annually as outlined in the Board's annual workplan. Additional meetings can be held at the call of the Chair or at the request of the Board. The location of the meetings will be at APH's main office unless otherwise agreed upon by the Committee. ~~The Committee will meet at least four times a year. Meetings may be more frequent in the first year.~~ ~~The Committee may meet on other occasions at the call of the Committee chair or at the request of the Board.~~

Term:	The Committee shall be appointed annually by the Board.

Committee Operations:	Quorum for Committee meetings is a majority of the voting members of the Committee. The Committee shall operate in accordance with the procedures for Board meetings as set out in By-Law No. 95-1 The Committee may, with the approval of the Board, establish sub-committees.

Amendments:	The Committee will review the Terms of Reference on an annual basis and make recommendations for any amendments to the Board for its review and decision re: approval.
Distribution of Minutes:	Minutes shall be provided to the committee members and the Board of Health.~~Distribute to committee members and the Board of Health members.~~

Signature of Board of Health Chair

Date

TERMS OF REFERENCE MEMBERSHIP

	Name	Position
1	Ian Frazier	~~Board Member~~Committee Chair
2	~~Lee Mason~~Candace Martin	~~Board Chair~~Committe Vice-Chair
3	~~Candace Martin~~Sue Jensen	Board Member
4	~~Sue Jensen~~Vacant	Board Member
5	Vacant	Board Member
	Ex- Officio	
6	Lee Mason	Board Chair
~~5~~7	Tony Hanlon	CEO
~~6~~8	Antoniette Tomie	Director of Human Resources and Corporate Services
9	Laurie Zeppa	Director of Community Services
10	Sherri Cleaves	Director of Clinic Services
~~7~~11	Christina Luukkonen	Recording Secretary
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BOARD OF HEALTH FOR ALGOMA PUBLIC HEALTH
GOVERNANCE STANDING COMMITTEE
TERMS OF REFERENCE

O: September 22, 2015

R: June 22, 2016

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

Name:	Board of Health Governance Standing Committee
Mandate:	To assist the Board in meeting its responsibilities, The Governance Standing Committee (the "Committee") shall: • Act in an advisory capacity to the Board; and • Support the Board in fulfilling its commitment to and responsibility for sound and effective governance of Algoma Public Health (subject to the requirements of the Health Protection and Promotion Act and Provincial Public Appointments Process) • • From time to time the Board may instruct the Committee to act on its behalf. In such cases, a motion by the Board must be passed stating the specifics of the assignment, the timeframe under which the Committee will carry out the assignment and a requirement to report back its actions and decisions to the board at its earliest possible convenience. • • Ensure the adequacy and effectiveness of the Board policies and procedures.Support the Board in overseeing key elements required to Ensure accountability, transparency and effective performance.
Roles & Responsibilities:	These Governance functions are fulfilled through the following roles and responsibilities: • Enable the Board to meet its fiduciary obligations by defining APH's approach to governance and supporting processes and practices that promote a leading-edge governance culture; • Recommend, where appropriate, changes to the mandate of the Board of Directors and each of its Committees based on the needs of APH and evolving governance standards (subject to requirements of the HPPA and Municipal Acts) • Recommend, where appropriate, the development and oversee the implementation of new governance structures, processes and protocols that enable the Board to fulfill its governance role effectively; • Support the Board of Directors in fostering a positive relationship with its key stakeholders; • Support a high standard of Board conduct and performance • Review Board policies on a regular basis, and at a minimum of every two years, and make recommendations to the Board to ensure currency and relevancy • Recommend and oversee the implementation of a governance review/

	evaluation process regarding the performance of the Board, the Board Chair, committee chairs, committees and individual Directors; • Recommend procedures for the ongoing assessment of Board and Committee meeting effectiveness; • Recommend changes to address effectiveness issues arising out of these evaluations; • Assess the adequacy of the quality and timeliness of information provided to the Board of Directors and its Committees and make recommendations to the Board of Directors for change where appropriate. • Approve and monitor various measures of performance accountability on a regular basis. • Support the Chair of the Board of Health with MOH/CEO review as requested; • Oversee succession planning for the MOH/CEO, including development of a clear and transparent process to recruit and select a future MOH/CEO. • Ensure that there is an appropriate orientation and education program for new Directors and continuing education for all Directors including making recommendations on methods to improve Directors' knowledge of Algoma Public Health and their responsibilities as Directors; • Oversee the implementation of orientation and education programs for Directors to ensure these are undertaken effectively. • The Committee shall study and make recommendations to the Board on any matter as directed by the Board.
Chair:	The Chair of the Committee shall be elected annually by the Board and shall serve no longer than three terms. The Chair of the Governance Standing Committee will also serve as the 2nd Vice-Chair of the Board of Health. The Committee chair is responsible for: establishing Committee agendas; conducting the meetings; liaison with the Board Chair, the Board and the MOH/CEO; reporting to the Board on the activities of the Committee and presenting Committee recommendations to the Board.
Recorder:	The secretary to the Board will act as recorder for the Governance Standing Committee.
Reporting and Accountability to the Board:	The Committee will keep brief decision minutes of its meetings in which shall be recorded all matters considered at each meeting. These minutes will be circulated to the full Board once approved by the Committee. The Committee chair will report to the Board on recommendations from the Committee, including a brief outline of the issue, the options considered, the conclusions and recommendations arrived at and the implications and risks associated with the recommendations. In the absence of the Committee chair, this responsibility may be delegated to another Director member of the Committee or to staff.
Committee Performance:	The performance and effectiveness of the Committee shall be assessed annually as part of the Board's evaluation process. The evaluation will be based on the Committee fulfilling its Mandate.
Membership:	The Governance Standing Committee shall be comprised of: • Up to five (5) members of the Board of Health and no less than three

	(3) voting members; • Board Chair as an ex-officio, non-voting member • MOH/CEO of Algoma Public Health, non-voting member • Director of HR and Corporate Services – non-voting member • Director of Community Services – non-voting member • Director of Clinical Services – non-voting member
Frequency:	A minimum of four (4) meetings will be held annually as outlined in the Board's annual workplan. Additional meetings can be held at the call of the Chair or at the request of the Board. The location of the meetings will be at APH's main office unless otherwise agreed upon by the Committee.
Term:	The Committee shall be appointed annually by the Board.
Committee Operations:	Quorum for Committee meetings is a majority of the voting members of the Committee. The Committee shall operate in accordance with the procedures for Board meetings as set out in By-Law No. 95-1 The Committee may, with the approval of the Board, establish sub-committees.
Amendments:	The Committee will review the Terms of Reference on an annual basis and make recommendations for any amendments to the Board for its review and decision re: approval.
Distribution of Minutes:	Minutes shall be provided to the committee members and the Board of Health.

Signature of Board of Health Chair _____ Date _____

TERMS OF REFERENCE MEMBERSHIP

	Name	Position
1	Ian Frazier	Committee Chair
2	Candace Martin	Committe Vice-Chair
3	Sue Jensen	Board Member
4	Vacant	Board Member
5	Vacant	Board Member
	Ex- Officio	
6	Lee Mason	Board Chair
7	Tony Hanlon	CEO
8	Antoniette Tomie	Director of Human Resources and Corporate Services
9	Laurie Zeppa	Director of Community Services
10	Sherri Cleaves	Director of Clinic Services
11	Christina Luukkonen	Recording Secretary
11		
12		
13		
14		
15		

Guide for Completing Terms of Reference

- Please complete each section of the terms of reference (TOR) form.
- None of the sections should be blank.
- Ensure a copy of the previous TOR accompanies the newly edited TOR with the changes highlighted.

Name:	Indicate the name of the committee
Purpose/Goal:	Indicate the end result that the committee's plan is intended to achieve. Use round bullets to identify individual points.
Objectives:	Previously Goals/Responsibilities Indicate the activities, objectives, responsibilities that the plan will take in order to achieve the goal, e.g., To discuss…To review…To create…To facilitate, etc. Use round bullets to identify individual points.
Chair:	Indicate position title or if the recorder rotates, indicate: 'Rotation System'.
Recorder:	Indicate position title or if the recorder rotates, indicate: 'Rotation System'.
Membership:	Indicate position titles not specific names. If necessary, complete the Terms of Reference Membership and attach to the TOR. Include the Chair's title in this section. If the chair rotates, indicate: 'Chair rotates'
Reporting to:	Indicate position title or name of committee, e.g., Management Committee, to whom the committee reports and who will act on committee recommendations/ suggestions.
Frequency:	Indicate the number of times the committee will meet, e.g., once per month for one-hour session. Quorum is not required to hold a meeting.
Term:	Indicate the length of time members remain on the committee, e.g. membership will change every two years.
Decision-making Format:	Indicate consensus/ majority/ not applicable, etc. Consensus is preferred where possible. Quorum is required (50 percent participation plus 1 individual).
Distribution of Minutes:	Indicate the 'Reporting to' individual(s), committee, etc. along with who will benefit from the Committee. Membership will automatically appear.

APH Board Annual Activity Plan September 2016 - June 2017

The Board will work on the following major activities as outlined below. Other activities or topics may be added to the Board's agenda as required.

Board of Health	Finance and Audit Committee	Governance Standing Committee
September 2016		
• MOH/CEO Report • Program Presentation • Review Recommendations from Committees • Meeting Evaluation	• July Financial Statements • Update on Capital Assets Plan	• Board Self-Evaluation Results Analysis and Related Actions • Review opportunities for resolutions encouraging Ministry • action or supporting other public health unit resolutions • Review board policies as per policy review schedule • Review Board By-law
October 2016		
• MOH/CEO Report • Program Presentation • Review Recommendations from staff regarding resolutions • Review August Financial Statements • Meeting Evaluation	• No scheduled meeting	• No scheduled meeting
November 2016		
• Program Presentation • Review Recommendations from Committees • 2017 Budget • Meeting Evaluation	• September Financial Statements • 2017 Budget Review and consider for approval	• By-law review • Review opportunities for resolutions encouraging Ministry action or supporting other public health unit resolutions • Review board policies as per policy review schedule • Review Qualitative Performance Report
December 2016		
• No scheduled meeting	• No scheduled meeting	• No scheduled meeting
January 2017		
• Election of Board Officers • MOH/CEO Report • Program Presentation • Review Recommendations from staff regarding resolutions • Meeting Evaluation	• No scheduled meeting	• No scheduled meeting

Board of Health	Finance and Audit Committee	Governance Standing Committee
February 2017		
• MOH/CEO Report • Program Presentation • Review Recommendations from Committees • Year-end Financial Statements • Meeting Evaluation	• Draft Dec/year-end Financial Statements • Review financial by-law and board financial policies	• By-law review • Review opportunities for resolutions encouraging Ministry action or supporting other public health unit resolutions • Review board policies as per policy review schedule
March 2017		
• MOH/CEO Report • Program Presentation • Review Recommendations from staff regarding resolutions • Meeting Evaluation	• No scheduled meeting	• No scheduled meeting
April 2017		
• MOH/CEO Report • Program Presentation • Review Recommendations from Committees • Meeting Evaluation	• Audited Financial Statements • Review February Financial Statements	• By-law review • Review opportunities for resolutions encouraging Ministry action or supporting other public health unit resolutions • Review board policies as per policy review schedule
May 2017		
• Board: MOH/CEO Report • Program Presentation • Review Recommendations from staff regarding resolutions • Review March Financial Statements • Meeting Evaluation	• No scheduled meeting	• No scheduled meeting
June 2017		
• MOH/CEO Report • Program Presentation • Quantitative Performance Report • Review Recommendations from Committees • Meeting Evaluation • Annual Self Evaluation Survey Completion • APH Annual Report	• April Financial Statements • Community Programs Financial statements • Review financial by-law and board financial policies	• Draft Annual Board Work Plan • Review Quantitative Performance Report • By-law review • Review opportunities for resolutions encouraging Ministry action or supporting other public health unit resolutions • Review board policies as per policy review schedule

Algoma Public Health

Performance Monitoring Plan

2015-2017

O: June 17, 2015

R: June 2016

Introduction

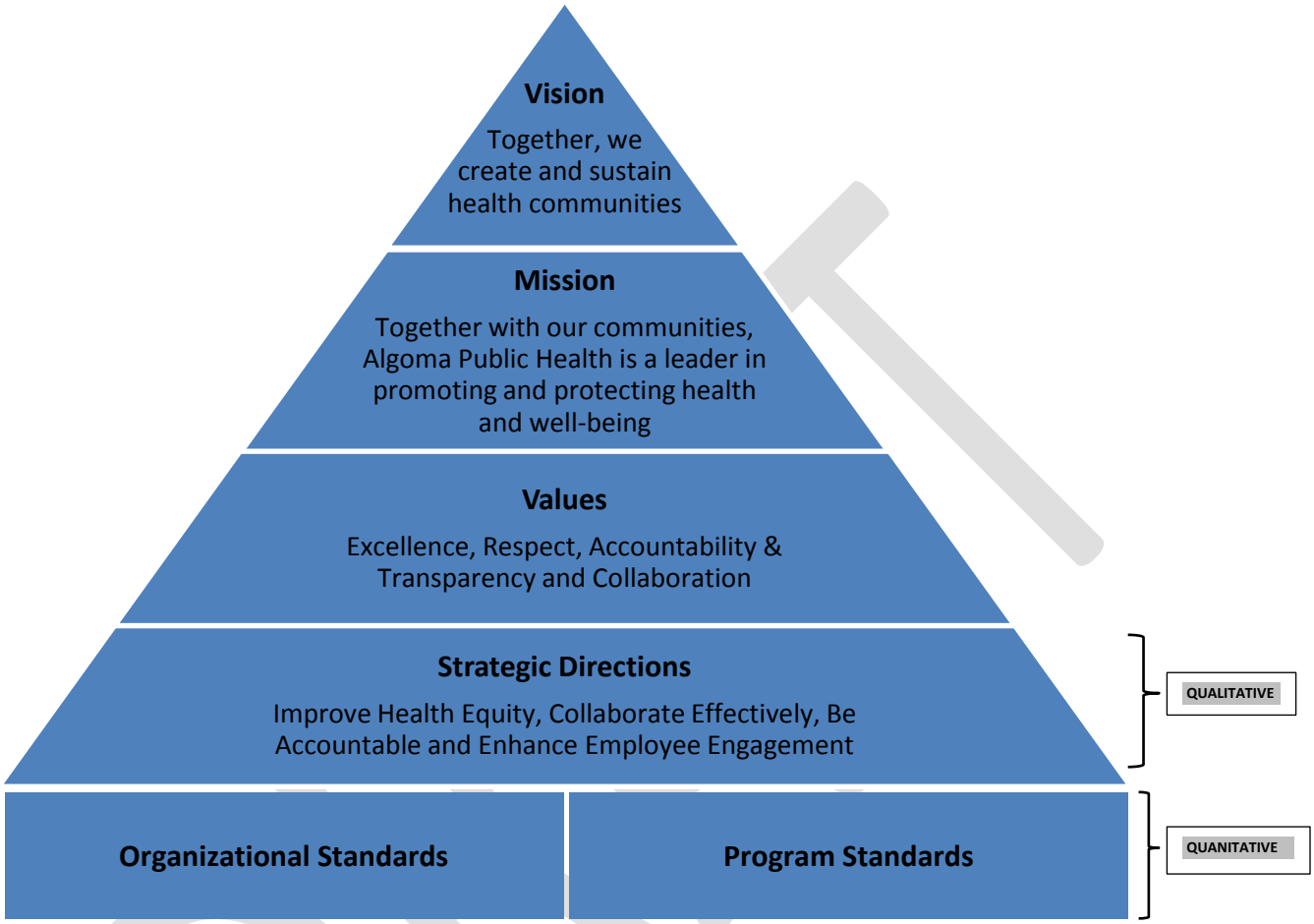
This performance framework provides an overarching view of Algoma Public Health's key areas of performance in fulfillment of its strategic plan, mandate and accountability agreements with the Government of Ontario.

APH's performance is assessed in relation to a defined set of indicators and associated performance measures. The development of indicators is an evergreen process. As implementation plans are developed and refined for each of the organizational standards, performance measures will continue to be developed and or refined in order to be able to report on APH's progress towards meeting the goals. Similarly as new program accountability indicators are introduced they will be included to report on APH's progress towards meeting its program goals.

Performance in public health is often challenging to describe using quantitative methods or numbers alone. The performance framework includes qualitative measures, such as short narratives or impact stories related to each of the strategic directions.

The Algoma Public Health Performance Monitoring Plan will be reviewed every 2 years by the Board of Health. It will be the responsibility of the Governance Committee to ensure this review takes place.

Algoma Public Health's Performance Framework



O: September 22, 2015

Performance Monitoring Schedule

The Board of Health will receive at every board meeting updates on selected programs and their relation to the strategic plan through the MOH/CEO report and at least one formal presentation on a program or service. This will inform the Board of program performances as well as keep the Board informed on the diverse offerings of programs and services at APH.

In November the Governance Committee will receive a qualitative report which will focus on APH Strategic Plan activities and results. The Chair of the Governance Standing Committee will present the report at the November Board meeting.

In June the Governance Standing Committee will receive the Quantitative Performance Report addressing APH programs, services and Accountability agreements. The report will be in a dashboard format. See Appendix A.

Appendix A

Sample Dashboard

Sexual Health
Chlamydia and Gonorrhea Incidence

Purpose:
57 infectious diseases are considered reportable in Ontario, meaning cases are monitored in near real-time. Timely knowledge of occurrences of these diseases is critical for public health efforts to prevent further spread. Chlamydia and Gonorrhea are two prevalent and growing diseases in Algoma.

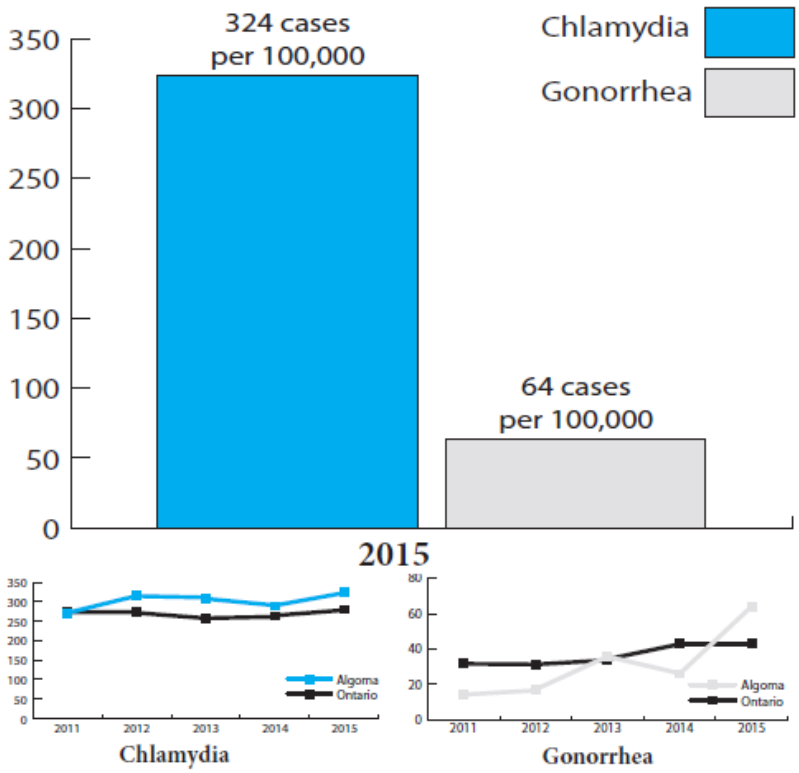
Interpretation and context for the measure:

(Numbers description)
The crude incidence rate of chlamydia and gonorrhea has increased since 2011 and most notably between 2014 and 2015. Since 2011, the rate of chlamydia has increased 20% while the rate of gonorrhea has increased 357%. In 2015, Algoma was above the Ontario rate for both diseases.

(Offered explanation for numbers)
Reasons for the observed rises in chlamydia and gonorrhea are complex and not attributable to any singular cause.

(What APH is doing to affect numbers)
The Sexual Health program continues to diligently conduct case management work to identify and treat cases and contacts of those infected. Additionally, efforts are being made to deliver outreach services to increase the availability of testing for high risk populations. Lastly, health promotion work continues.

(Highlight a notable activity, optional or included above)
Most recently was a messaging campaign during Sexual and Reproductive Health Awareness Week in February 2016 that generated significant media attention and interest.



Definitions or Measure description:
Chlamydia and gonorrhea incidence is reported as the number of new cases for the respective year. A crude rate is calculated, incorporating the population size of the area to ensure comparability to other locations, such as Ontario (not presented here).

Data Source:
Ontario Ministry of Health and Long-Term Care, Integrated Public Health Information System (iPHIS) database
Ontario Population Estimates and Projections, Ontario Ministry of Health and Long-Term Care, InteliHEALTH Ontario

O: September 22, 2015

APPROVED BY:	Board of Health	**REFERENCE #:**	02-05-055
DATE:	O: May 20, 2015 R: June 22, 2016	**SECTION:**	Board of Health
PAGE:	1 of 2	**SUBJECT:**	Board of Health Monthly Meeting and Self-Evaluation ~~and Meeting Evaluation~~ Policy

POLICY:

The Board of Health shall have an annual self-evaluation process of its governance practices and outcomes that is implemented every year and may result~~s~~ in recommendations for improvements in leadership excellence, board effectiveness, engagement and performance. ~~.~~ The Board~~is~~ may also~~be~~ supplement~~ed~~ its~~by~~ evaluation tools seeking evaluation by key partners and/or stakeholders and/or governance consultants when issues are identified in its self-evaluation that requires further investigation, ~~.~~

Annual self-evaluation

The self-evaluation process shall include consideration of whether:

- Decision-making is based on access to appropriate information with sufficient time for deliberations Compliance with all federal and provincial regulatory requirements is achieved;
- Any material notice of wrongdoing or irregularities is responded to in a timely manner;
- Reporting systems provide the Board with information that is timely and complete;
- Members remain abreast of major developments in governance and public health best practices, including emerging practices among peers; and
- ~~The Board as a governing body is achieving its strategic outcomes.~~
- The Board members are actively engaged in discussing agenda items that focus on strategic results, policy issues and solutions rather than on day-to-day operational issues
- The Board monitors fiscal and program and services performance

Monthly Board meeting Evaluation

The Board of Health shall have meeting evaluation process that results in improved Board of Health meeting effectiveness. Meeting evaluation will be a standing agenda item on the Board Agenda, and evaluation forms including board member name will be completed before the meeting is adjourned and be collected by the recording secretary. Meeting evaluation~~s~~ results will be reviewed 4 times per year by the Governance Committee as noted in the Board's annual workplan.
~~plan~~

The Board of Health will maintain a record of its members' attendance. The summary will be reviewed by the Board of Health on an annual basis as noted in the Board's annual work plan. ~~.~~

PROCEDURES:

Annual Self-Evaluation

Board of Health Member	1. Complete the Board of Health Self-Evaluation Survey ~~Form~~ including board member name at ~~by~~ the June Board meeting.
	2. The~~Forward~~ completed evaluations will be collected and the results compiled by the board secretary ~~and the results compiled~~in confidence to the attention byof the Board secretary ~~by mail, email or fax at 705-759-2540.~~
Board Secretary	3. Will compile evaluations into a report and present at the September Board meeting as noted in the Board's annual work plan.

Monthly Board Meeting Evaluation

Board of Health Member	1. Complete the Board of Health Meeting Evaluation Survey after each regularly scheduled Board meeting.
	2. The completed evaluations will be collected and the results compiled by the board secretary.
Board Secretary	3. Will compile evaluations and forward to the MOH/CEO to review.
	4. Results will be reported back to the Board in the Board package the following month.

KNOWLEDGE

Board Member Self-Evaluation of Performance Template

Board Monthly Meeting Evaluation Template

ALGOMA PUBLIC HEALTH
GOVERNANCE STANDING COMMITTEE MEETING
MAY 11, 2016
PRINCE MEETINGROOM, 3RD FLOOR, SSM
MINUTES

COMMITTEE MEMBERS PRESENT:	Ian Frazier	Sue Jensen - Teleconference
	Candace Martin	Lee Mason
APH STAFF PRESENT:	Tony Hanlon, Ph.D.	Chief Executive Officer
	Antoniette Tomie	Director of HR and Corporate Services
	Christina Luukkonen	Recording Secretary

1) CALL TO ORDER:
Mr. Frazier called the meeting to order at 5:49pm.

2) DECLARATION OF CONFLICT OF INTEREST
Mr. Frazier called for any conflict of interests; none were reported.

3) ADOPTION OF AGENDA ITEMS

GC2016-25 Moved: C. Martin
Seconded: L. Mason

THAT the agenda items for the Governance Standing Committee dated May 11, 2016 be adopted as presented; and
THAT the items on the addendum be accepted.
CARRIED.

4) ADOPTION OF MINUTES

GC2016-26 Moved: L. Mason
Seconded: C. Martin

THAT the minutes for the Governance Standing Committee dated April 13, 2016 be adopted as circulated.
CARRIED.

5) BUSINESS ARISING FROM MINUTES

a. Revised Performance Monitoring Plan
Dr. Hanlon discussed the changes he is working on for the Performance Monitoring Plan. Adjustments to timelines to coincide with other reports to ensure a more comprehensive report. Dr. Hanlon provided an example of a dashboard template our Epidemiologist has been working on. A more detailed format will be presented at the June meeting.

b. Communication with Municipalities
Key messages are being developed for each municipality. Presentations to Algoma municipalities will start in the fall.

Dr. Hanlon discussed the theme for this year's annual report will focus around the services provided by APH and what APH does for you.

Ms. Jensen informed the committee that she was asked to present at the last council meeting in Spanish. She provided an update to the municipality of APH over the last three months and felt it went well and was well received.

6) NEW BUSINESS/GENERAL BUSINESS

a. Policy Review

Five policies were presented to the committee with revisions. No major revisions were presented.

GC2016-27 Moved: L. Mason
Seconded: S. Jensen

THAT the Governance Standing Committee recommend the draft revisions to the following policies and put for to the Board of Health for approval:

a) 02-05-045 – Attendance at Meetings using Electronic Means
b) 02-05-050 – Retirement Benefits for Employees
c) 02-05-000 – Board of Directors Membership
d) 02-05-035 – Continuing Education for Board members
e) 02-05-040 – Retirement – Board Recognition

CARRIED.

b. Environmental Health Program Funding

Dr. Hanlon spoke to the draft briefing note and letter that was included in the Committee's package. The Environmental Health Program is expanding each year but the funding is not increasing. A letter of support for North Bay Parry Sound District resolution was presented for consideration

GC2016-28 Moved: C. Martin
Seconded: L. Mason

THAT the Governance Standing Committee recommends and put forth to the Board of Health a resolution to support the recommendations outlined in the North Bay Parry Sound resolution in regards to the Environmental Health Program Funding.

CARRIED.

7) ADDENDUM

a. HPV Funding

Dr. Hanlon spoke to the briefing note that was provided in the addendum. The ministry has announced the expansion of the current HPV immunization program to now include boys in grade 7. This will result in an increase in nursing workload in the Vaccine Preventable Disease Program.

GC2016-29 Moved: L. Mason
Seconded: S. Jensen

THAT the Governance Standing Committee recommends the briefing note and resolution for the New HPV Immunization Program for Grade 7 boys and put forth to the Board of Health as presented.

CARRIED.

8) IN COMMITTEE

GC2016-30 Moved: L. Mason
Seconded: C. Martin

THAT the Governance Standing Committee goes in-committee at 6:43pm.

Agenda items:

a. Adoption of Minutes dated April 13, 2016
b. Litigation or Potential Litigation

CARRIED.

9) OPEN MEETING

GC2016-32 Moved: L. Mason
Seconded: C. Martin

THAT the Governance Standing Committee goes into open meeting at 6:49pm.

CARRIED.

10) NEXT MEETING: June 8, 2016 @ 5:30pm

11) Adjournment

GC2016-33 Moved: C. Martin
Seconded: L. Mason

THAT the Governance Standing Committee meeting adjourns at 6:50pm.

CARRIED.

unicef canada

May 26th 2016

Melinda Bruno, BFI Lead
Algoma Public Health
294 Willow Ave
Sault Ste. Marie
ON P6B 5B4

Dear Ms. Bruno,

UNICEF Canada congratulates Algoma Public Health upon its designation as a “Baby-Friendly” agency by the Breastfeeding Committee for Canada (BCC) in its role as the National Authority for the Baby-Friendly Initiative in Canada.

We wish to convey our deepest admiration to the ongoing leadership invested over the years in the areas of advocacy, education and policy development that have earned Algoma Public Health this international standing. Furthermore, we recognize the community support and staff dedication that is needed to achieve and maintain this status, and the investments made by various partners, not least of which is the Breastfeeding Committee for Canada.

We know that the women, infants and families who are supported by Algoma Public Health will continue to enjoy the health benefits that accrue from the gold standard of care for breastfeeding. Your commitment to this standard benefits not only the families in your community, but also strengthens the global campaign to improve the quality of care for new mothers in communities around the globe.

Your ongoing commitment will continue to inspire more community health services in Ontario and across Canada to work toward this benchmark of quality maternal care.

Yours truly,

David Morley
President & CEO

cc: Dr. Eric Hoskins, Minister of Health and Long-Term Care for Ontario
cc: Michelle LeDrew, Co-chair of the BCC Assessment Committee
cc: Lea Geiger, Co-chair of the BCC Assessment Committee

UNICEF Canada
2200 Yonge Street, Suite 1100
Toronto, ON M4S 2C6 Canada
T 416 482 4444
F 416 482 8035

unicef.ca

DURHAM REGION

May 24, 2016

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

The Regional Municipality of Durham

Corporate Services Department
Legislative Services

605 ROSSLAND ROAD EAST
PO BOX 623
WHITBY, ON L1N 6A3
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905-668-7711
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Matthew L. Gaskell
Commissioner of
Corporate Services

RE: Memorandum from Dr. Robert Kyle, Commissioner & Medical Officer of Health, dated April 28, 2016 re: Basic Income Guarantee (Our File No: P00)

Honourable Sir, please be advised the Health & Social Services Committee of Regional Council considered the above matter and at a meeting held on May 18, 2016, Council adopted the following recommendations of the Committee:

A) That the correspondence dated March 2, 2016 from the Wellington-Dufferin-Guelph's Board Chair, urging the Canadian government to study the merits of a basic income guarantee (BIG) as a policy option for reducing poverty and as a measure to improve the health of all Canadians, be endorsed;

B) That the proposed basic income guarantee pilot is designed taking the following factors into account:

- The Governments of Canada and Ontario should continue their efforts to grow the economy and stimulate employment as key poverty reduction strategies;
- Wealth re-distribution efforts and costs should be borne by the Governments of Canada and Ontario and not municipalities;
- The Government of Canada should support the pilot, financially and otherwise;
- In addition to evaluating the costs and benefits of the pilot, impacts on the education, health, justice, poverty reduction, social services and other key sectors should be assessed and measured; and

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.

- Representatives from the above keys sectors together should be consulted as regards the design and evaluation of the pilot; and

C) That the Prime Minister of Canada, Ministers of Families, Children and Social Development, Finance and Health, Durham MPs, Premier and Deputy Premier of Ontario, Ministers of Community and Social Services, Health and Long-Term Care, Durham MPPs, Association of Local Public Health Agencies (alPHa), Association of Municipalities of Ontario (AMO), Federation of Canadian Municipalities (FCM), Ontario Public Health Association (OPHA), Ontario Society of Nutrition Professionals in Public Health (OSNPPH) and all Ontario boards of health be so advised.

Attached is a copy of the Memorandum from Dr. Robert Kyle, Commissioner & Medical Officer of Health dated April 28, 2016 regarding Basic Income Guarantee.

Debi A. Wilcox, MPA, CMO, CMM III
Regional Clerk/Director of Legislative Services

DW/np

Attach.

c. The Honourable Jean-Yves Duclos, Minister of Families, Children and Social Development
The Honourable William Francis Morneau, Minister of Finance
The Honourable Jane Philpott, Minister of Health
The Honourable Charles Sousa, Minister of Finance
Mark Holland, MP (Ajax)
Mr. Erin O'Toole, MP (Durham)
Jamie Schmale MP (Haliburton/Kawartha Lakes/Brock)
Kim Rudd, MP (Northumberland/Peterborough South)
Dr. Colin Carrie MP (Oshawa)
Jennifer O'Connell, MP (Pickering/Uxbridge)
Celina Caesar-Chavannes MP (Whitby)
The Honourable Kathleen Wynne, Premier
The Honourable Deb Matthews, Deputy Premier of Ontario

The Honourable Helena Jaczek, Minister of Community and Social Services
The Honourable Eric Hoskins, Minister of Health and Long-Term Care
Joe Dickson, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
The Honourable Tracy MacCharles, MPP, (Pickering/ Scarborough East)
Granville Anderson, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
L. Stewart, Executive Director, Association of Local Public Health Agencies (alPHa)
P. Vanini, Executive Director, Association of Municipalities of Ontario (AMO)
B. Carlton, Chief Executive Officer, Federation of Canadian Municipalities (FCM)
Ontario Public Health Association (OPHA)
Ontario Society of Nutrition Professionals in Public Health (OSNPPH)
Ontario Boards of Health
R.J. Kyle, Commissioner & Medical Officer of Health

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An Accredited Public Health Agency

MEMORANDUM

To: Health & Social Services Committee

From: Dr. Robert Kyle

Date: April 28, 2016

Re: Basic Income Guarantee

On April 7, 2016, the Health & Social Services Committee referred the appended correspondence back to staff to rework the recommendation based on the discussion that ensued on this matter at its meeting (Appendix 1).

Accordingly, I recommend that the Health & Social Services Committee recommends to the Regional Council that:

a) The correspondence of Wellington-Dufferin-Guelph's Board Chair respecting the basic income guarantee is endorsed; and

b) The proposed basic income guarantee pilot is designed taking the following factors into account:

- The Governments of Canada and Ontario should continue their efforts to grow the economy and stimulate employment as key poverty reduction strategies;
- Wealth re-distribution efforts and costs should be borne by the Governments of Canada and Ontario and not municipalities;
- The Government of Canada should support the pilot, financially and otherwise;
- In addition to evaluating the costs and benefits of the pilot, impacts on the education, health, justice, poverty reduction, social services and other key sectors should be assessed and measures; and
- Representatives from the above keys sectors together should be consulted as regards the design and evaluation of the pilot;

c) The Prime Minister of Canada, Ministers of Families, Children and Social Development, Finance and Health, Durham's MPs, Premier and Deputy Premier of Ontario, Ministers of Community and Social Services, Health and Long-Term Care, Durham's MPPs, alPHa, AMO, FCM, OPHA, OSNPPH and all Ontario boards of health are so advised.

Respectfully submitted,

Dr. Robert Kyle

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

DURHAM REGION

The Regional Municipality of Durham

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An Accredited Public Health Agency

MEMORANDUM

To: Health & Social Services Committee

From: Dr. Robert Kyle

Date: April 7, 2016

Re: Basic Income Guarantee

On March 2, 2016, Wellington-Dufferin-Guelph's (WDG's) Board Chair sent the attached correspondence to all Ontario boards of health for support (Appendix A).

In essence, the correspondence urges the Canadian government to study the merits of a basic income guarantee (BIG) as a policy option for reducing poverty and as a measure to improve the health of all Canadians. The backgrounder to the correspondence defines BIG as an income transfer from government to citizens that is not tied to labour market participation. The objective of BIG is universal income security and has the potential to alleviate or even eliminate poverty.

At the federal level, BIG is supported by the Senate of Canada (2009) and Liberal Party of Canada (2014) and is consistent with the Minister of Families, Children and Social Development mandate to develop a poverty-reduction strategy for Canada. At the provincial level, BIG is supported by alPHa (Appendix B), OPHA and OSNPPH (Appendix C). *2016 Ontario Budget* (Chapter I, Section E, p 132) commits to the evaluation of a Basic Income pilot, as part of social assistance reform (Appendix D).

Supporting this correspondence is consistent with Regional Council's public health mandate, as Durham's board of health, to address the determinants of health and reduce health inequities (*Ontario Public Health Standards, 2008)*

Accordingly, I recommend that the Health & Social Services Committee recommends to the Regional Council that:

a) The correspondence of Wellington-Dufferin-Guelph's Board Chair respecting the basic income guarantee is endorsed; and

b) The Prime Minister of Canada, Ministers of Families, Children and Social Development, Finance and Health, Durham's MPs, alPHa, OPHA, OSNPPH and all Ontario boards of health are so advised.

Respectfully submitted,

Dr. Robert Kyle

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well.

March 2, 2016

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

Dear Minister Duclos:

I am writing today on behalf of Wellington-Dufferin-Guelph Public Health to request that the federal government study the merits of a basic income guarantee as a policy option for reducing poverty and as a measure to improve the health of all Canadians. Wellington-Dufferin-Guelph Public Health's Board of Health believes that health equity is an important part of building healthy communities which is why we urge you to give serious consideration to a basic income guarantee.

Income inequities are increasing in Canada as described in a number of recent reports, including a report released by Wellington-Dufferin-Guelph Public Health in 2011. The Low Income Measure (LIM) revealed that 11.4 percent of households in Wellington-Dufferin-Guelph (WDG) were low income. The rate of low-income households in WDG ranged widely among communities from 4.6 to 19.8 percent. Although just under 7 percent of children in WDG were living in households with low income, the rate in one Guelph neighbourhood was over 30 percent.

Another well-documented fact is that poverty has considerable negative impacts on health. Income may be the most important determinant of health as it influences health-related living conditions. A Wellesley Institute report presented compelling evidence that low income almost inevitably ensures poor health and significant health inequity in Canada. Canadians with the lowest incomes are more likely to suffer from chronic conditions such as diabetes, arthritis and heart disease, and to live with a disability. The report, *Poverty Is Making Us Sick* offered a comparison between the highest and lowest-income quintiles among Canadians and found that the lowest quintile had double the rates of diabetes and heart disease than those in the highest one. Those in the lowest quintile were 60 percent more likely to have two or more chronic conditions, four times more likely to live with disability, and three times less likely to have additional health and dental coverage.

160 Chancellors Way, Guelph, ON N1G 0E1
Telephone: 1-800-265-7293 | **Fax:** 519-836-7215 | **www.wdgpublichealth.ca**

PublicHealth
WELLINGTON-DUFFERIN-GUELPH
Stay Well

Research conducted across multiple countries found that countries with higher rates of income inequality had higher levels of health and social problems across all income levels. This pattern was consistent and included health issues such as mental illness, higher levels of obesity and lower life expectancy, educational achievements such as math and literacy scores, and community issues such as violence.

There has been widespread support for an investigation into and consideration of a basic income guarantee for all Canadians. In the public health sector, resolutions have been passed by the Association of Local Public Health Agencies (alPHa) and the Ontario Public Health Association (OPHA). Prior to the last federal election, the Canadian Public Health Association released a fact sheet calling on the next federal government to take leadership in adopting a national strategy to provide all Canadians with a basic income guarantee.

Support for a basic income guarantee has also emerged from municipalities. In December of 2015, the City of Kingston passed a resolution advocating for the federal and provincial governments to consider, investigate and develop a basic income guarantee for all Canadians. The City of Kingston resolution was forwarded to all municipalities in Ontario with a request that they consider supporting the initiative. To date the resolution has been endorsed by the cities of Cornwall, Belleville, Pelham, Peterborough and Welland.

Wellington-Dufferin-Guelph Public Health's strategic directions include "health equity" and "building healthy communities." Both of these strategic directions are intended to support advocacy efforts for the investigation into and consideration of a basic income guarantee for all Canadians. We urge you to move the government's intentions from the well-documented evidence in a number of recent reports to action, by studying the merits of a basic income guarantee. Poverty results in poor health and a basic income guarantee is a cost-effective policy option that will impact the lives and health of the poorest Canadians.

Sincerely,

Doug Auld, Board of Health Chair
Wellington-Dufferin-Guelph Public Health

Attachment: Basic Income Guarantee Board of Health Report

Ministry of Children and Youth Services

Minister's Office

56 Wellesley Street West
14th Floor
Toronto ON M5S 2S3
Tel.: (416) 212-7432
Fax: (416) 212-7431

Ministère des Services à l'enfance et à la jeunesse

Bureau de la ministre

56, rue Wellesley Ouest
14e étage
Toronto (Ontario) M5S 2S3
Tél. : 416 212-7432
Téléc. : 416 212-7431

Ontario

May 13, 2016

Dr. Penny Sutcliffe
Acting Medical Officer of Health
The District of Algoma Public Health
294 Willow Avenue
Sault Ste. Marie, Ontario
P6B 0A9

Dear Dr. Sutcliffe:

I recognize the importance of the Healthy Babies Healthy Children (HBHC) program in supporting vulnerable families who are at risk and helping children to achieve their full potential. I have heard from many public health units, municipalities and Boards of Health regarding the sustainability of the program.

In response, I have asked my ministry officials to undertake a third party review of the HBHC program. The purpose of the review is to assess if the existing HBHC delivery model best meets Ontario's needs, and to identify opportunities to address program sustainability and alignment with the Ministry of Children and Youth Services' mandate.

The input of the public health units will be an essential component in the review process. The consultants will be engaging each of the 36 public health units to understand the unique needs and challenges across the province. The name of the consulting team and details of the review process will be provided after the ministry selects the successful vendor to conduct the review. If you should have any questions pertaining to the review, you can forward them to Stacey Weber, Acting Director, Early Child Development Branch, by e-mail at stacey.weber@ontario.ca, or by phone at 416-327-7386.

I would like to take this opportunity to convey my appreciation for your commitment, support and work in delivering the HBHC program, and in serving children and families in their respective communities as effectively as possible.

Sincerely

Tracy MacCharles
Minister

c: Mr. Alexander Bezzina, Deputy Minister
Mr. Lee Mason, Chair, The District of Algoma Public Health Board of Health
Ms. Stacey Weber, Acting Director, Early Child Development Branch

June 7, 2016

The Hon. Jane Philpott
70 Colombine Driveway,
Tunney's Pasture
Postal Location: 0906C
Ottawa, ON K1A 0K9
Hon.Jane.Philpott@Canada.ca

Dear Minister Philpott:

Re: Legislation for the International Code of Marketing of Breastmilk Substitute

On May 27, 2016 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Peterborough County-City Health Unit regarding the International Code of Marketing of Breastmilk Substitute (The Code) and requesting your government to advocate for legislation for the Code in Canada. The following motion was passed:

Motion No: 2016-51

Moved by: David Shearman **Seconded by: Mike Smith**

"That, the Board of Health does endorse the correspondence from Peterborough County-City Health Unit regarding legislation for the International Code of Marketing of Breastmilk Substitute."

Carried.

Sincerely,

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: The Right Hon. Justin Trudeau, Prime Minister of Canada
Dr. Gregory W. Taylor, Chief Public Health Officer, Public Health Agency of Canada
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
Association of Local Public Health Agencies
Ontario Boards of Health

Encl.

Peterborough County-City HEALTH UNIT
...because health matters!

April 27, 2016

The Hon. Jane Philpott
70 Colombine Driveway,
Tunney's Pasture
Postal Location: 0906C
Ottawa, ON K1A 0K9
Hon.Jane.Philpott@Canada.ca

Dear Minister Philpott:

On behalf of the Board of Health for the Peterborough County-City Health Unit, I am writing to express our concern about formula industry violations of the *International Code of Marketing of Breastmilk Substitute* (the Code), and to request that your government advocate for legislation of the Code in Canada.

The aim of the Code is to protect optimal health outcomes for infants through breastfeeding, and support appropriate use of breastmilk substitutes (i.e., baby formula). The Code focuses attention on how the infant formula industry influences consumers to support the use of breastmilk substitutes, thereby undermining maternal and child health. Violations of the Code in Canada are rampant, and easily spotted: targeting women purchasing maternity wear; advertisements in pregnancy and parenting magazines; invitations to mothers to sign up for "baby clubs" from which they receive free samples or coupons for formula. Even more concerning are Code violations through the health care system, including provision of free formula to health care facilities.

Our public health agency is committed to protecting and supporting breastfeeding as outlined in the Ontario Public Health Standards, and has achieved the World Health Organization's *Baby Friendly* designation, a best practice in infant feeding. Despite this commitment, local surveillance data indicates that while more than 90% of local mothers initiate breastfeeding, more than half of all local babies have received at least one formula supplement by the time they are two weeks old. These statistics speak to the normalization of formula feeding, and the effectiveness of the industry in undermining a mother's intention to breastfeed.

Despite Canada's adoption of the Code, there is currently no legislation in place to ensure that industry complies with the Code provisions. Such legislation would be an asset, given the important role of breastfeeding in maternal and child health, and the inability of industry to voluntarily adhere to this ethical framework.

Jackson Square, 185 King Street, Peterborough, ON K9J 2R8 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

In closing, I ask that Canada's commitment to maternal and child health, and the Code be honoured by legislation of the Code in Canada.

Yours in health,

Original signed by

Scott McDonald
Chair, Board of Health

cc: The Right Hon. Justin Trudeau, Prime Minister of Canada
Dr. Gregory W. Taylor, Chief Public Health Officer, Public Health Agency of Canada
Maryam Monsef, MP, Peterborough-Kawartha
Kim Rudd, MP, Northumberland-Peterborough South
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

Jackson Square, 185 King Street, Peterborough, ON K9J 2R8 P: (705) 743-1000 or 1-877-743-0101 F: (705) 743-2897 www.pcchu.ca

June 2, 2016

The Honourable Dr. Jane Philpotts
Health Canada
70 Colombine Driveway
Tunney's Pasture
Ottawa, ON K1A 0K9

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

Dear Ministers:

Re: Lyme Disease

On May 27, 2016, the Board of Health for the Grey Bruce Health Unit passed the following resolution.

Resolution No: 2016-52

Moved by: Gary Levine **Seconded by: David Shearman**

WHEREAS, the blacklegged tick, Ixodes scapularis, is expanding into new areas of Ontario, and can carry the bacteria, Borrelia bugdorferi, which causes Lyme disease; and

WHEREAS, people who are infected with Borrelia burgdorferi, may develop Lyme disease which can cause long-term consequences if not treated properly;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for the Grey Bruce Health Unit requests the Province of Ontario to increase funding to enhance environmental surveillance for the tick;

AND FURTHER THAT the Province of Ontario monitor the pattern of spread of the tick and the rate of tick infection in various areas of the province;

AND FURTHER THAT the Province of Ontario develop control measures for the tick;

AND FURTHER THAT the Province of Ontario increase the education to the population regarding personal protection, property management, testing and treatment.

Carried

Sincerely,

Hazel Lynn MD, FCFP, MHSc
Medical Officer of Health

Cc: Hon, Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada
Hon. Jane Philpott, Minister of Health
Hon. Kathleen Wynne, Premier of Ontario
Hon, Madeleine Meilleur, Attorney General for Canada
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
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
Dr. Catherine Zahn, President and CEO, Centre for Addiction and Mental Health
All Ontario Boards of Health

Encl.

Administration
Office of the Regional Clerk
1815 Sir Isaac Brock Way, PO Box 1042, Thorold, ON L2V 4T7
Telephone: 905-685-4225 Toll-free: 1-800-263-7215 Fax: 905-687-4977
www.niagararegion.ca

May 9, 2016

The Honourable Dr. Jane Philpotts
Health Canada
70 Colombine Driveway
Tunney's Pasture
Ottawa, ON K1A 0K9

Sent via email:
hon.jane.philpott@canada.ca

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

Sent via email:
ehoskins.mpp@liberal.ola.org

RE: Lyme Disease
Minute Item 9.3, CL 6-2016, April 28, 2016

Dear Ministers:

Regional Council at its meeting held on April 28, 2016, passed the following resolution:

Whereas the number of cases of ticks positive for Lyme disease is increasing throughout Ontario and specifically in Niagara Region;

Whereas the laboratory testing for and diagnosis of Lyme disease is sub-optimal; and

Whereas there are chronic sufferers of long term consequences of this disease.

NOW THEREFORE BE IT RESOLVED:

1. That Niagara Region **REQUEST** the Province of Ontario to increase funding for research aimed to enhance the testing for Lyme disease;

2. That Niagara Region **REQUEST** the Government of Canada to increase funding for research aimed to enhance the testing for Lyme disease and determine better treatment for long term outcomes of Lyme disease;

3. That this resolution **BE FORWARDED** to all Municipalities in Ontario for their endorsement; and

4. That this resolution **BE FORWARDED** to the Premier of Ontario, the Minister of Health and local Members of Provincial Parliament.

…/2

Please do not hesitate to contact me should you have any questions.

Yours truly,

Ralph Walton
Regional Clerk

cc: The Honourable K. Wynne, Premier of Ontario *Sent via email:* kwynne.mpp@liberal.ola.org
W. Gates, MPP (Niagara Falls) *Sent via email:* wgates-co@ndp.on.ca
The Honourable R. Nicholson, MP (Niagara Falls) *Sent via email:* rob.nicholson@parl.gc.ca
T. Hudak, MPP (Niagara West) *Sent via email:* tim.hudakco@pc.ola.org
D. Allison, MP (Niagara West) *Sent via email:* dean.allison@parl.gc.ca
The Honourable J. Bradley, MPP (St. Catharines) *Sent via email:* jbradley.mpp.co@liberal.ola.org
C. Bittle, MP (St. Catharines) *Sent via email:* chris.bittle@parl.gc.ca
C. Forster, MPP (Welland) Sent via email: cforster-op@ndp.on.ca
V. Badawey, MP (Niagara Centre) *Sent via email:* vance.badawey@parl.gc.ca
All Ontario Municipalities *Sent via email*

Office of the County Warden
789 Broadway Street, Box 3000
Wyoming, ON NON 1T0

Telephone: 519-845-0801
Toll-free: 1-866-324-6912
Fax: 519-845-3160

May 9, 2016

The Honourable Deb Matthews
Deputy Premier
President of the Treasury Board
Minister Responsible for the Poverty Reduction Strategy
Room 4320, 4th Floor, Whitney Block
99 Wellesley Street West
Toronto, ON M7A 1W3

The Honourable Helena Jaczek
Minister of Community and Social Services
6th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 1E9

Attention: The Honourable Ministers Matthews and Jaczek

Dear Minister Matthews and Minister Jaczek:

Re: Rising Cost of Healthy Food as Determined by the 2015 Nutritious Food Basket Cost Data

During its meeting on February 3, 2016, the County of Lambton Board of Health accepted a report from Lambton Public Health, reflecting results of the 2015 Nutritious Food Basket (NFB) cost data. As Ministers responsible for both the Poverty Reduction Strategy and Community and Social Services, we request that social assistance rates be increased to reflect the rising cost of healthy food as determined by the Nutritious Food Basket, and to index rates to inflation to keep up with the rising cost of living.

In 2013 and 2014, 8% of Lambton residents reported moderate or severe food insecurity. Local data indicates that it costs $869.46 per month to feed a family of four in Lambton County, and that a single person receiving Ontario Works has a shortfall of $160.55 every month after paying for rent and food.

Since 2009, prices for the NFB have increased by 17.5%, well above the consumer price index for the same period of time. When money is tight, many Lambton residents struggle to make ends meet by cutting their food budget.

We acknowledge your ongoing commitment to moving the needle on poverty in Ontario through the *Poverty Reduction Strategy*. On February 25, 2016 we learned that the Province's budget included pursuing a Basic Income Pilot under section E, "Towards a Fair Society". Certainly this could serve to address the concerns of household food security for individuals and families that have access to this pilot program. We recognize however, that not all communities will see the immediate impacts of the pilot and Lambton's Board of Health continues to have concerns about access to healthy food for its residents based on 2015 Nutritious Food Basket cost data.

Thank you for hearing our concerns, which are echoed across Ontario's Boards of Health. We look forward to hearing how these planned changes will impact residents of the County of Lambton who are struggling to meet their basic needs as costs continue to rise.

We encourage you to partner with Boards of Health to evaluate the Basic Income Pilot(s) in order to achieve a comprehensive understanding of the impacts of this program on population health.

Sincerely,

Warden Bev MacDougall
Chair, County of Lambton Board of Health

cc: The Honourable Kathleen Wynne, Premier of Ontario
M.P.P. Bob Bailey, Sarnia-Lambton
M.P.P. Monte McNaughton, Lambton-Kent-Middlesex
Ontario Boards of Health
County of Lambton Lower-Tier Municipalities
Linda Stewart, Association of Local Public Health Agencies
Dr. Sudit Ranade, Medical Officer of Health
Andrew Taylor, General Manager, Public Health Services Division
Margaret Roushorne, General Manager, Social Services Division

Algoma
PUBLIC HEALTH
Santé publique Algoma

www.algomapublichealth.com

June 1, 2016

Paul Belair, Chief Executive Officer
Ontario Finnish Resthome Association
725 North Street
Sault Ste. Marie, Ontario P6B 5Z3

Dear Mr. Belair:

On behalf of the Algoma Board of Health we wish to extend our congratulations to the Ontario Finnish Resthome Association for being selected as one of 10 recipients across Ontario to receive the Ministry of Health's 2016 Heather Crowe Award. Heather Crowe is recognized for playing a central role in the creation of legislation to protect people from second-hand smoke. The Ontario Finnish Resthome Association is truly an organization that exemplifies the spirit of the Heather Crowe award by demonstrating a commitment to promoting a Smoke-Free healthy living and work environment for all of its staff, residents and visitors.

Your association, on May 31, 2013, was one of the first to establish Smoke-Free multi-unit housing in Algoma and your leadership raised the bar for other landlords across the district. It is recognized that your work did not stop there and on May 31, 2015, a 100% Smoke-Free Property policy was implemented. Throughout the planning and implementation of your Smoke-Free policies, your association has demonstrated a thorough and comprehensive approach, recognizing not only the harmful effects of exposure to secondhand smoke but also the addictive nature of tobacco. The efforts made by the wellness committee to provide extensive and innovative resources and supports for staff who smoke were a significant piece to the success of the policies.

As the province of Ontario celebrates the 10 year anniversary of the Smoke-Free Ontario Act, The Ontario Finnish Resthome Association stands apart in its outstanding contributions towards a Smoke-Free Ontario in addressing change at the highest level of policy development.

Sincerely,

T. Hanlon

Tony Hanlon, Ph.D.
Chief Executive Officer

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P.O. Box 194
9B Lawton Street
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Wawa, ON P0S 1K0
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alPHa Summary
Bill 210 – The Patients First Act
An Act to amend various Acts in the interest of patient-centred care

Bill 210, the long-anticipated legislation related to the proposals for health system reform that were laid out in the Patients First Discussion Paper was introduced for first reading in the Ontario Legislature on June 2 2016.

In his introduction of Bill 210, The Minister of Health and Long-Term Care stated that "this bill would make amendments to the Local Health System Integration Act, 2006, and various other acts to expand the mandate of local health integration networks to make LHINs accountable for primary care planning, responsible for the management and delivery of home care, and formalize linkages between LHINs and public health units". The related Ontario News Release includes a reference to "ensuring that public health has a voice in health system planning" as part of those formalized linkages.

Most of the legislative changes would be made to the Local Health System Integration Act, with a view to authorizing the expanded service roles of the LHINs (mainly those that currently reside with Community Care Access Centres) and the enhanced planning and coordination functions that were described in the Patients First discussion paper.

There are amendments to both the Health Protection and Promotion Act and the LHIN Act that formalize relationships between LHINs and Medical Officers of Health as well as Boards of Health. These changes do not include a transfer of public health funding and accountability agreements to the LHINs from the MOHLTC, as originally proposed in the discussion paper.

alPHa is pleased to provide its members with this overview of the changes most relevant to their interests.

EXCERPTS FROM THE BILL 210 EXPLANATORY NOTE OF INTEREST TO PUBLIC HEALTH (*alPHa editorial notes in italics*)

- The Bill amends the Local Health System Integration Act, 2006 and makes related amendments to several other Acts. (*Most of the amendments to other Acts are simply the removal of references to CCACs. Two changes to the HPPA are described below*).

- The Lieutenant Governor in Council is given the power to change the geographic area of local health integration networks by regulation. (*It is alPHa's understanding that the Ministry appreciates the difficulties with the current misalignment between LHIN and PHU boundaries and intends to address them*).

- Local health integration networks are required to establish geographic sub-regions in their local health system for the purposes of planning, funding and service integration. They must develop strategic directions and plans for these sub-regions in their integrated health service plan. (*This is included simply with reference to their potential bearing on the intended relationships with medical officers and boards of health*)

- Local health integration networks are given the ability to provide funding to health service providers in respect of services provided in or for the geographic area of another network. (*see note below*)

- New procedures and requirements are provided for service accountability agreements. The provision about local health integration networks not being allowed to enter into agreements or other arrangements that restrict or prevent an individual from receiving services based on the geographic area in which the individual resides is re-enacted in a new section. (*This and the point above are included here to highlight the fact that the Patients First discussion paper suggested that public health funding and accountability agreements would be transferred to LHINs from the MOHLTC. This was a major concern for alPHa's members and we are pleased that the Patients First Act does not follow through on this change. Boards of health are not identified as "health service providers", the entities to which these and other changes to LHIN authority will apply*).

- Health Protection and Promotion Act: Medical officers of health are required to engage with their local health integration networks. The Chief Medical Officer of Health is given the power to issue directives to local health integration networks, rather than CCACs. (*Details of the changes are presented in a table in the next section*).

EXCERPTS FROM THE TEXT OF BILL 210 OF INTEREST TO PUBLIC HEALTH

1. (1) Subsection 2 (1) of the *Local Health System Integration Act, 2006* is amended by adding the following definition:

"medical officer of health" has the same meaning as in the *Health Protection and Promotion Act*; ("médecin-hygiéniste")

4. (2) Section 5 (*"The objects of a local health integration network are to plan, fund and integrate the local health system to achieve the purpose of this Act, including"***), of the Act is amended by adding the following clause:**

(e.1) to promote health equity, reduce health disparities and inequities, and respect the diversity of communities in the planning, design, delivery and evaluation of services;

9. Section 10 of the Act is amended by adding the following subsection:

Medical officer of health engagement

(3.1) A local health integration network shall ensure that its chief executive officer engages with each medical officer of health for any health unit located in whole or in part within the geographic area of the network, or with the medical officer of health's delegate, on an ongoing basis on issues related to local health system planning, funding and service delivery.

13. (2) Section 15 of the Act is amended by adding the following subsection:

Consultations

(4) A local health integration network shall engage and seek advice from each board of health for any health unit located in whole or in part within the geographic area of the network in developing its integrated health service plan.

39. *Health Protection and Promotion Act* is amended *(the current sections of the HPPA are provided for your reference).*

HPPA Section 67 Current	***HPPA Section 67 Amended with the addition of the following subsections***
67. (1) The medical officer of health of a board of health reports directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act. 1997, c. 30, Sched. D, s. 7 (1). **Direction of staff** (2) The employees of and the persons whose services are engaged by a board of health are subject to the direction of and are responsible to the medical officer of health of the board if their duties relate to the delivery of public health programs or services under this or any other Act. R.S.O. 1990, c. H.7, s. 67 (2); 1997, c. 30, Sched. D, s. 7 (2). **Management** (3) The medical officer of health of a board of health is responsible to the board for the management of the public health programs and services under this or any other Act. 1997, c. 30, Sched. D, s. 7 (3). **Area of authority** (4) The authority of the medical officer of health of a board of health under this Act and the regulations is limited to the health unit served by the board of health. R.S.O. 1990, c. H.7, s. 67 (4).	**Engagement with LHIN** (5) The medical officer of health of a board of health shall engage on issues relating to local health system planning, funding and service delivery with the chief executive officer or chief executive officers of the local health integration network or networks whose geographic area or areas cover the health unit served by the board of health. **Delegation** (6) A medical officer of health may only delegate his or her responsibilities under subsection (5) to another medical officer of health for a health unit within the relevant local health integration network, with the agreement of that other medical officer of health.
HPPA Section 77.7 (6) Current	HPPA Section 77.7 (6) Amended
"health care provider or health care entity" means: 2. A service provider within the meaning of	"health care provider or health care entity" means: 2. A service provider within the meaning of

the *Long-Term Care Act, 1994* who provides a community service to which that Act applies. 3. A community care access corporation within the meaning of the *Community Care Access Corporations Act, 2001*. 5. A pharmacy within the meaning of Part VI of the *Drug and Pharmacies Regulation Act*.	the *Home Care and Community Services Act, 1994* who provides a community service to which that Act applies. **Paragraph 3 of the definition of "health care provider or health care entity" in subsection 77.7 (6) of the Act is repealed.** **(4) Paragraph 5 of the definition of "health care provider or health care entity" in subsection 77.7 (6) of the Act is repealed and the following substituted:** 5. A pharmacy within the meaning of the *Drug and Pharmacies Regulation Act.* **(5) The definition of "health care provider or health care entity" in subsection 77.7 (6) of the Act is amended by adding the following paragraph:** 9.1 A local health integration network within the meaning of the *Local Health System Integration Act, 2006*.

OTHER INFORMATION

Ontario News Release: http://bit.ly/1UxCciA
Full text of Bill 210: http://bit.ly/1TSTUAg
alPHa News Release: Attached
Summary of Related alPHa Correspondence: Attached

Members should be aware that alPHa has been very active on this since the Patients First discussion paper was released in December of 2015. It has been the major point of discussion for the alPHa Board and its Committees (including the Boards of Health and COMOH Sections), with internal meetings dedicated to responses and scenario planning as well as external ones with partners at all levels of the Ministry of Health and Long-Term Care. alPHa will remain active on behalf of its members as the specifics of the formalized relationship between LHINs and Local Public Health are developed.

We hope that you find this information useful.

alPHa
Association of Local PUBLIC HEALTH Agencies

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Providing Leadership in Public Health Management

NEWS RELEASE

June 2, 2016 **For Immediate Release**

Minister Affirms the Importance of Public Health to the Health of Ontarians and the Sustainability of the Health Care System

TORONTO – Today, the Ontario government introduced the *Patients First Act*. The proposed legislation calls on the Local Health Integration Networks (LHINs) to work more closely with local public health units. The expected outcome would be a health care system that better meets patients' needs. More importantly, the outcome would be a health care system that better prevents people from becoming patients in the first place.

"The Association of Local Public Health Agencies (alPHa) applauds this initiative to reorient the health care system toward disease prevention and health promotion," says alPHa President, Dr. Valerie Jaeger. "Along with our health care colleagues, we are strong advocates for health and we know that an effective health care system contributes to the health of individuals and communities. We are pleased at the opportunity and the health dividends that the *Patients First Act* represents."

However, alPHa also recognizes that these proposals only encompass one of the five pillars in the Ottawa Charter for Health Promotion. Introduced by the World Health Organization (WHO) 30 years ago, the Charter maps out five strategies or pillars to keep individuals and communities healthy: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and finally, reorienting health care services so that opportunities for disease prevention are acted on. This last pillar is a focus of the public health-related proposals in the *Patients First Act*.

The landmark, internationally acclaimed Charter has guided public health practice around the world. It also put Canada on the map as a global leader, not only for its illness care system, but also for its public health system—tackling the underlying conditions that keep people healthy.

alPHa's Past President, Dr. Penny Sutcliffe emphasized that, "Health, of course, is about much more than access to health care. An accessible, quality health care system is an essential but insufficient ingredient in creating opportunities for health for all. Working on the other four Charter pillars is critical if Ontarians are to be the healthiest they can be and if the health care system is to be sustainable." Dr. Sutcliffe added, "This is what local public health units do every day in collaboration with many community partners. The health opportunities presented by the *Patients First Act* will not be realized if its implementation means an erosion of the capacity of Ontario's local public health system to work on all pillars of the Ottawa Charter."

alPHa wholeheartedly supports measures that will improve the health care system. We are also committed to comprehensive public health action – action which a recent report by the Institute for

Clinical Evaluative Sciences (ICES) estimates has saved the Ontario health care system almost $5 billion in the last 10 years.

These are the health dividends of an effective public health system – dividends that can then be reinvested in all the things that really matter to health – education, transportation, child care, municipal infrastructure, drinking water, reconciliation with Indigenous communities, housing, food security, jobs, family supports, and more – so that all Ontarians can live healthier and be ill less frequently, while knowing that a more accessible and patient-centred quality health care system is there for us when we need it.

About alPHa

The Association of Local Public Health Agencies (alPHa) is a non-profit organization that provides leadership to Ontario's boards of health and local public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.

- 30 -

For more information regarding this news release, please contact:

Linda Stewart
Executive Director
(416) 595-0006 ext. 22
linda@alphaweb.org

SUMMARY OF alPHa CORRESPONDENCE RELATED TO PATIENTS FIRST (most to least recent)

alPHa News Release - Patients First Act

June 2 2016 alPHa News Release following the introduction of Bill 210, the Patients First Act.

alPHa Brief - Patients First Response

April 29 2016 - single-page summary of alPHa's response to the Patients First discussion paper, distributed to members for use during meetings with MPPs and other local advocacy activities.

alPHa Letter - Patients First

April 28 2016 alPHa letter to the Minister of Health and Long-Term Care that responds to his April 20 memo to Boards and MOHs regarding health system transformation, noting its omission of any specific reference or response to alPHa's February 28 recommendations on the Patients First discussion paper.

MOHLTC Memo - Patients First

April 20 2016 memo from the Minister of Health and Long-Term Care to alPHa's members regarding his vision for public health's role in the Patients First health care system transformation plan.

alPHa Letter - Patients First Expert Panel

March 4 2016 alPHa letter responding to the Patients First Discussion Paper proposal to establish an Expert Panel to advise on deepening and formalizing linkages between LHINs and Public Health Units. Includes a recommendation to include the current alPHa President as a member.

alPHa Letter - Thanks to Deputy Minister

March 2 2016 letter from the alPHa President thanking Deputy Minister Bob Bell for joining the February 25th Section meetings for dialogue with our members.

alPHa Letter - Thanks to Deputy Minister

March 2 2016 letter from the alPHa President thanking Deputy Minister Bob Bell for joining the February 25th Section meetings for dialogue with our members.

alPHa Letter - Patients First Response

February 29 2016 alPHa response to the Ministry of Health and Long-Term Care discussion paper, "Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario".

MOHLTC Letter - Health System Discussion Paper

December 17 letter to the alPHa President from the Minister of Health and Long-Term Care inviting input to the engagement processes related to the just-released Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario discussion paper.

alPHa News Release - MOHLTC Discussion Paper

December 17 alPHa News Release congratulating the Minister of Health on the release of his proposed vision for the health system in Ontario (Patients First - A Proposal to Strengthen Patient Centred Health Care in Ontario).

alPHa
Association of Local
PUBLIC HEALTH
Agencies

June 2016
DISPOSITON OF RESOLUTIONS

alPHa Resolutions Session, 2016 Annual General Meeting
Monday, June 6, 2016
Champagne Ballroom, 2nd Floor
Novotel Toronto Centre
45 The Esplanade
Toronto, Ontario

RESOLUTIONS CONSIDERED
at June 2016 alPHa Annual General Meeting

Resolution Number	Sponsor	Title	Action from Conference
A16-1	alPHa Board of Directors	Change to Quorum in Constitution	Carried
A16-2	Thunder Bay District Board of Health	Amending alPHa Resolution Submission Guidelines	Carried as amended
A16-3	Council of Ontario Medical Officers of Health	Health-Promoting Federal, Provincial and Municipal Infrastructure Funding	Carried
A16-4	Haliburton, Kawartha, Pine Ridge District Health Unit	Enactment of Legislation to Enforce Infection Prevention and Control Practices Within Invasive Personal Service Settings (PSS) under the *Health Protection and Promotion Act*	Carried as amended
A16-5	Thunder Bay District Board of Health	Healthy Babies Healthy Children 100% Funding	Carried
A16-6	Middlesex-London Board of Health	Advocate for a Comprehensive Province-Wide Healthy Eating Approach Integrating the Recommendations in the Senate's Report on Obesity and the Heart and Stroke Foundation Sugar, Heart Disease and Stroke Position Statement, including Taxation of Sugar-Sweetened Beverages	Carried as amended

alPHa RESOLUTION A16-1

TITLE: **Change to Quorum in Constitution**

SPONSOR: **alPHa Board of Directors**

WHEREAS alPHa's Board of Directors allows for up to 21 voting members; and

WHEREAS alPHa's Constitution defines quorum at Board of Directors meetings as the fixed number twelve (12); and

WHEREAS this fixed number is based on the assumption of a full complement of Directors on the Board; and

WHEREAS alPHa's Board of Directors, at full complement contains seven (7) Board of Health voting representatives, seven (7) Council of Ontario Medical Officers of Health voting representatives, and seven (7) Affiliate Organization voting representatives; and

WHEREAS from time-to-time there are vacancies in voting positions making quorum difficult to achieve; and

WHEREAS the Constitution may be amended at any general meeting of the Association; and

WHEREAS notice of the proposed amendment must be sent to every member at least thirty (30) days prior to the general meeting;

NOW THEREFORE BE IT RESOLVED that the Constitution of the Association of Local Public Health Agencies be revised such that quorum is defined as the simple majority of filled voting positions on the Association's Board of Directors;

AND FURTHER that quorum be additionally defined to include no less than one-third of the filled positions from each of the Board of Health voting representatives; Council of Ontario Medical Officers of Health voting representatives, and Affiliate Organization voting representatives;

AND FURTHER that the members of the Association are asked to approve these constitutional changes at the June 2016 Annual General Meeting.

ACTION FROM CONFERENCE: **Resolution CARRIED**

alPHa RESOLUTION A16-2

TITLE: **Amending alPHa Resolution Submission Guidelines**

SPONSOR: **Thunder Bay District Board of Health**

WHEREAS resolutions facilitate the formation of policy for the Association of Local Public Health Agencies (alPHa); and

WHEREAS resolutions make a substantive and significant contribution to the Association's public profile and agenda for action; and

WHEREAS timelines have been established for the submission of resolutions to alPHa; and

WHEREAS these established timelines provide for the necessary time required for review and categorization of submissions; and

WHEREAS the call for submissions allows for ample time for the members of the Association to format and submit any resolutions; and

WHEREAS resolutions received after the submission cut-off date are not subjected to the same review process by membership;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) undertake to review its Procedural Guidelines for alPHa Resolutions and that recommendations regarding the submission of late resolutions be brought back to the Annual General Meeting.

ACTION FROM CONFERENCE: **Resolution CARRIED AS AMENDED**

alPHa RESOLUTION A16-3

TITLE: **Health-Promoting Federal, Provincial and Municipal Infrastructure Funding**

SPONSOR: **Council of Ontario Medical Officers of Health**

WHEREAS the design of communities and transportation systems significantly impacts on the health and health equity of the population; and

WHEREAS these impacts include physical activity, nutrition, obesity, air quality, injuries, and their related health conditions, as well as social and psychological wellbeing; and

WHEREAS alPHa and OPHA have passed resolutions advocating for the Ontario provincial government to apply a *Health In All Policies* framework; and

WHEREAS there are clear, evidence-informed recommendations for the design of communities and transportation systems to improve health and health equity in the population; and

WHEREAS health and health equity-promoting design of communities and transportation systems also achieves economic, environmental and quality of life benefits; and

WHEREAS local public health agencies in Ontario are working with partner agencies and with their communities to achieve health and health equity-promoting community and transportation system design, in keeping with the Ontario Public Health Standards; and

WHEREAS the federal government through Infrastructure Canada is offering substantial funding grants for community and transportation infrastructure; and

WHEREAS these funding grants could serve as a substantial opportunity to achieve health and health equity -promoting design for community and transportation infrastructure; and

WHEREAS the objectives for these funds do not specifically include the improvement of population health; and

WHEREAS the criteria cited for these funds do not include built form features known to improve health and health equity, such as complete and compact design supportive of active transportation and public transit; and

WHEREAS the potential for such grants to achieve health and health equity-promoting community and transportation system design would be increased by including population health as an objective and with health and health equity-promoting design criteria; and

WHEREAS notwithstanding the leadership provided by the provincial government in Ontario in health and health equity-promoting design, it would also be beneficial for Ontario provincial funding sources to require the objective of population-health improvement, and health and health-equity promoting criteria for community and transportation system design;

WHEREAS notwithstanding the leadership provided by the municipal governments in Ontario in health and health equity-promoting design, it would also be beneficial for municipal governments to officially pursue population-health improvement through the design of communities and transportation systems, applying evidence-informed design criteria to this end;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) endorse the pursuit of health and health equity through the design of communities and transportation systems; and

AND FURTHER that alPHa request that the federal Ministers of Infrastructure and Communities, Health, Transportation, Finance, and the Environment and Climate Change include improving population health as an objective, and include evidence informed health and health equity-promoting design criteria for federal community and transportation infrastructure funding;

AND FURTHER that alPHa request that the Ontario Ministers of Economic Development Employment and Infrastructure, Health and Long-Term Care, Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness), Municipal Affairs and Housing, Transportation, Finance, the Poverty Reduction Strategy, and the Environment and Climate Change include improving population health as an objective, and include evidence informed health and health equity-promoting design criteria for provincial community and transportation infrastructure funding;

AND FURTHER that the Prime Minister, the Premier of Ontario, the Chief Public Health Officer of Canada, the Chief Medical Officer of Health for Ontario, the Ontario Professional Planners Institute, the Canadian Institute of Planners, the Association of Municipalities of Ontario, the Federation of Canadian Municipalities, the Ontario Public Health Association and the Canadian Public Health Association be so advised;

AND FURTHER that alPHa advocate for health and health equity through the design of communities and transportation systems as opportunities arise on an ongoing basis.

ACTION FROM CONFERENCE: **Resolution CARRIED**

alPHa RESOLUTION A16-4

TITLE: **Enactment of Legislation to Enforce Infection Prevention and Control Practices Within Invasive Personal Service Settings (PSS) under the *Health Protection and Promotion Act***

SPONSOR: **Haliburton, Kawartha, Pine Ridge District Health Unit**

WHEREAS Ontario has no legislation governing infection prevention and control practices to minimize the risk of blood borne disease transmission from practices/procedures performed at invasive Personal Service Settings (PSS); and

WHEREAS The Personal Service Setting Protocol under the *Ontario Public Health Standards* (OPHS) governs the activities of public health units regarding PSS infection control; and

WHEREAS The OPHS mandate one inspection per year for invasive personal service settings, whichis the same frequency for non-invasive PSS such as a hair salon; and

WHEREAS Public Health Inspectors (PHIs), in accordance with the OPHS and best practices, inspect invasive PSS without provincial legislation that outlines legal requirements for infection control needs and operator responsibilities; and

WHEREAS Infection prevention and control practices are a major component of assessing invasive PSS to minimize the transmission risks of blood-borne disease; and

WHEREAS Invasive PSS such as tattoo/body modification establishments or other invasive PSS require extra attention and time for PHIs to mitigate risk to the public by ensuring operators have adequate infection prevention and control practices in place; and

WHEREAS An enforcement program should include set fines to be established for offences that are prosecuted under Part I of the *Provincial Offences Act* that can be settled out of court by payment of the amount written on the offence notice;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies strongly recommends and urgently requests the Government of Ontario to enact legislation implementing infection prevention and control requirements for invasive personal service settings under the *Health Protection and Promotion Act* with a suitable enforcement program such as short-form wording under the *Provincial Offences Act* to allow for the enforcement of non-compliance with the legislation under the *Health Protection and Promotion Act*;

AND FURTHER that an appropriate inspection frequency of invasive personal services settings be determined and included in the Infection Prevention and Control in Personal Services Settings Protocol, 2015 (or as current) under the Ontario Public Health Standards;

AND FURTHER that the province be asked to provide the necessary funding to accomplish these goals;

AND FURTHER that the Premier of Ontario, the Minister of Health and Long-Term Care, the Chief Medical Officer of Health, the Association of Supervisors of Public Health Inspectors of Ontario, the Canadian Institute of Public Health Inspectors and the Ontario Public Health Association are so advised.

ACTION FROM CONFERENCE: **Resolution CARRIED AS AMENDED**

alPHa RESOLUTION A16-5

TITLE: **Healthy Babies Healthy Children 100% Funding**

SPONSOR: **Thunder Bay District Board of Health**

WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the Healthy Babies Healthy Children program is a mandatory program for Boards of Health; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008; and

WHEREAS collective agreement settlements, travel costs, pay increments and accommodation costs have increased the costs of implementing the HBHC program, the management and administration costs of which are already offset by the cost-shared budget for provincially mandated programs; and

WHEREAS the HBHC program has made every effort to mitigate the outcome of the funding shortfall, this has becoming increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urgently request the Minister of Children and Youth Services to fully fund all program costs related to the Healthy Babies Healthy Children program, including all staffing and administrative costs.

ACTION FROM CONFERENCE: **Resolution CARRIED**

alPHa RESOLUTION A16-6

TITLE: **Advocate for a Comprehensive Province-Wide Healthy Eating Approach Integrating the Recommendations in the Senate's Report on Obesity and the Heart and Stroke Foundation Sugar, Heart Disease and Stroke Position Statement, including Taxation of Sugar-Sweetened Beverages**

SPONSOR: **Middlesex-London Board of Health**

WHEREAS In Ontario, between 1978 and 2004 the prevalence of overweight children aged 12-17 increased from 14% to 29% and obese from 3% to 9% (Shields, 2006) Youth who are overweight and obese are at higher risk of being overweight or obese in adulthood (Singh, Mulder, Twisk, van Mechelen & Chinapaw, 2008); and

WHEREAS The etiology of obesity is complex and involves interactions between genetics, social and environmental factors; and

WHEREAS A comprehensive approach has been found to be most effective to bring about social change in order to improve health and wellbeing and reflected in the five elements of the Ottawa Charter for Health Promotion, World Health Organization(WHO), 1986, building healthy public policy, reorienting the health services, creating supportive environments, strengthening community action, developing personal skill; and

WHEREAS As part of a comprehensive approach, specific policy measures such as taxation can have a measurable impact, particularly when they are large enough to affect consumer behaviour, and revenues are redirected toward prevention efforts (Sturm et al, 2010); and

WHEREAS The Senate's Report on Obesity describes an innovative, whole-of-society approach to address this important issue — and urges bold but practical steps that can and must be taken to help Canadians achieve and maintain healthy weights (2016); and

WHEREAS It is estimated that Canadians consume as much as 13% of their total calorie intake from added sugars (Brisbois et al, 2014); and

WHEREAS In children higher intake of Sugar Sweetened Beverages has been associated with a 55% increased risk of being overweight or obese compared to children with lower intake (Te Morenga, Mallard & Mann, 2012); and

WHEREAS WHO recommends the consumption of free sugar, both added and natural sugars be limited to 10% of total energy intake to reduce the risk of overweight, obesity and tooth decay (2015); and

WHEREAS The position paper, Sugar, Heart Disease and Stroke by the Heart and Stroke Foundation identifies a comprehensive approach to address the overconsumption of sugar, sweetened (energy dense, nutrient poor) beverages which evidence shows is linked to overweight and obese children (2014);

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to develop a province-wide comprehensive strategy to promote healthy eating and the taking into considerations the recommendations in the Senate's Report on Obesity and the Heart and Stroke Foundation Sugar, Heart Disease and Stroke Position Statement, including taxation of sugar-sweetened beverages.

AND FURTHER that alPHa request an update on the progress of the Healthy Kids Panel's recommendations.

ACTION FROM CONFERENCE: Resolution CARRIED AS AMENDED

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