



March 23, 2022

BOARD OF HEALTH MEETING

Videoconference

www.algomapublichealth.com

Meeting Book - March 23, 2022, Board of Health Meeting

Table of Contents

1. Call to Order

- a. Declaration of Conflict of Interest

2. Adoption of Agenda

- a. March 23, 2022, Board of Health Meeting Agenda 4

3. Delegation/Presentations

- a. COVID-19 Response - March 2022 7

4. Adoption of Minutes

- a. February 23, 2022 Board of Health Meeting Minutes 35
- b. Mar 9, 2022, Board of Health Special Meeting Minutes 39

5. Business Arising

6. Reports to Board

- a. Medical Officer of Health and Chief Executive Officer Report
 - i. Report of MOH CEO - Mar 23, 2022 41
- b. Finance and Audit
 - i. APH Unaudited Financial Statements for the period ending January 31, 2022 46
- c. Governance
 - i. Governance Chair Report - March 7, 2022 53
 - ii. 02-05-010 - Board Minutes - Posting-Circulation 54
 - iii. 02-05-088 - Stakeholder Communication 55

7. New Business

8. Correspondence

- a. Letter to the President of the Association of Local Public Health Agencies (aLPHa) regarding Health and Racial Equity: Denouncing Acts and Symbols of Hate 57

dated February 23, 2022.

b. Letter to the Minister of Health from Simcoe Muskoka Public Health regarding Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide dated March 16, 2022.

59

9. Items for Information

a. aPHa Information Break - March 2022

61

b. aPHa 2022 AGM Notice and Package

65

10. Addendum

11. In-Camera

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

a. Next Meeting Dates

15. Adjournment

Board of Health Meeting

AGENDA

March 23, 2022 at 5:00 pm

Video/Teleconference

BOARD MEMBERS

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

APH MEMBERS

Dr. John Tuinema - Acting Medical Officer of Health &
Director of Health Protection
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Health Promotion & Prevention
Leo Vecchio - Manager of Communications
Leslie Dunseath - Manager of Accounting Services
Liliana Bressan - Research Policy Advisor
Tania Caputo - Board Secretary
Tanya Storozuk - Executive Assistant

Guests: Nick Menardi, Manager, Covid-19 Response

** Recorded proceedings are available upon request*

1.0 Meeting Called to Order

S. Hagman

- a. Land Acknowledgment
- b. Declaration of Conflict of Interest

2.0 Adoption of Agenda

S. Hagman

RESOLUTION

THAT the Board of Health agenda dated March 23, 2022 be approved as presented.

3.0 Delegations / Presentations

- a. Health Protection - COVID Response update

*J. Tuinema,
N. Menardi*

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION

THAT the Board of Health minutes dated February 23, 2022 and Board of Health Special Meeting Minutes dated March 9, 2022, be approved as presented.

5.0 Business Arising from Minutes

- a. alPHa Winter Symposium report

*L. Caicco Tett,
D. Graystone*

6.0 Reports to the Board

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

J. Tuinema

- i. MOH Report - March 2022

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for March 2022 be accepted as presented.

b. Finance and Audit

L. Dunseath

ii. Unaudited Financial Statements ending January 31, 2022

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending January 31, 2022 as presented.

c. Governance

D. Graystone

i. Governance Committee Chair Report

RESOLUTION

THAT the Governance Committee Chair Report for March 2022 be accepted as presented.

ii. Policy #02-05-010 Board Minutes - Posting and Circulation

RESOLUTION

THAT the Board of Health has reviewed and approves **Policy #02-05-010 Board Minutes - Posting and Circulation**, as presented.

iii. Policy #02-05-088 Stakeholder Communication

RESOLUTION

THAT the Board of Health has reviewed and approves **Policy #02-05-088 Stakeholder Communication**, as presented.

7.0 New Business/General Business

S. Hagman

a. Algoma Vaccination Council Update

L. Caicco Tett

8.0 Correspondence

S. Hagman

a. Letter to the President of the Association of Local Public Health Agencies (ALPHA) regarding Health and Racial Equity: Denouncing Acts and Symbols of Hate dated February 23, 2022.

b. Letter to the Minister of Health from Simcoe Muskoka Public Health regarding Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide dated March 16, 2022.

9.0 Items for Information

S. Hagman

a. ALPHA Information Break - March 2022

b. ALPHA 2022 AGM Notice and Package

10.0 Addendum

S. Hagman

11.0 In-Camera

S. Hagman

For discussion of labour relations and employee negotiations, matters about identifiable individuals, **adoption of in camera minutes, security of the property of the board**, litigation or potential litigation.

RESOLUTION

THAT the Board of Health go in-camera.

12.0 Open Meeting

S. Hagman

Resolutions resulting from the in-camera meeting.

13.0 Announcements / Next Committee Meetings:

S. Hagman

Finance & Audit Committee Meeting

Wednesday April 13, 2022 @ 5:00 pm

Video Conference

Board of Health Meeting

Wednesday, April 27, 2022 @ 5:00 pm

Video Conference

14.0 Evaluation

S. Hagman

15.0 Adjournment

S. Hagman

RESOLUTION

THAT the Board of Health meeting adjourns.

Update:

Algoma Public Health's Pandemic Response to COVID-19

Dr. John Tuinema, Acting Medical Officer of Health

Nicholas Minardi, Manager of COVID-19 Response

March 23, 2022

Overview

- Core functions and standards for public health
- COVID-19 timeline
- Pandemic goals and response structure
- Public health in action – COVID-19 response operations
- Communicating COVID-19
- Innovations supporting response
- Looking ahead at next steps

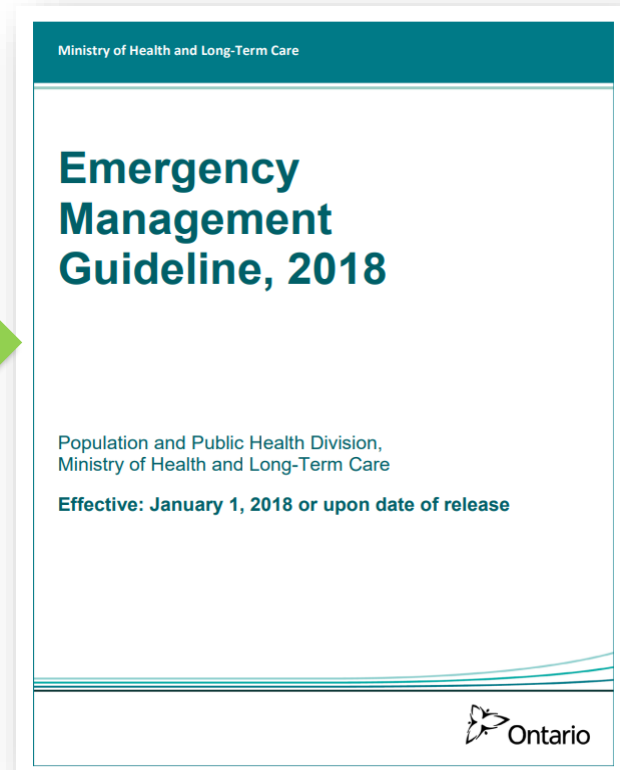
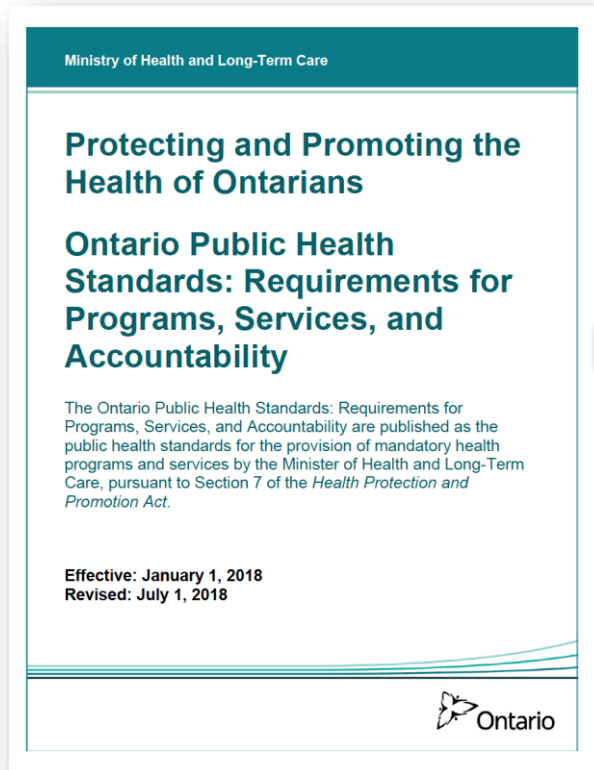


Core Functions of Public Health

- Population Health Assessment
- Health Surveillance
- Disease and Injury Prevention
- Health Promotion
- Health Protection
- Emergency Preparedness and Response



Ontario Public Health Standards



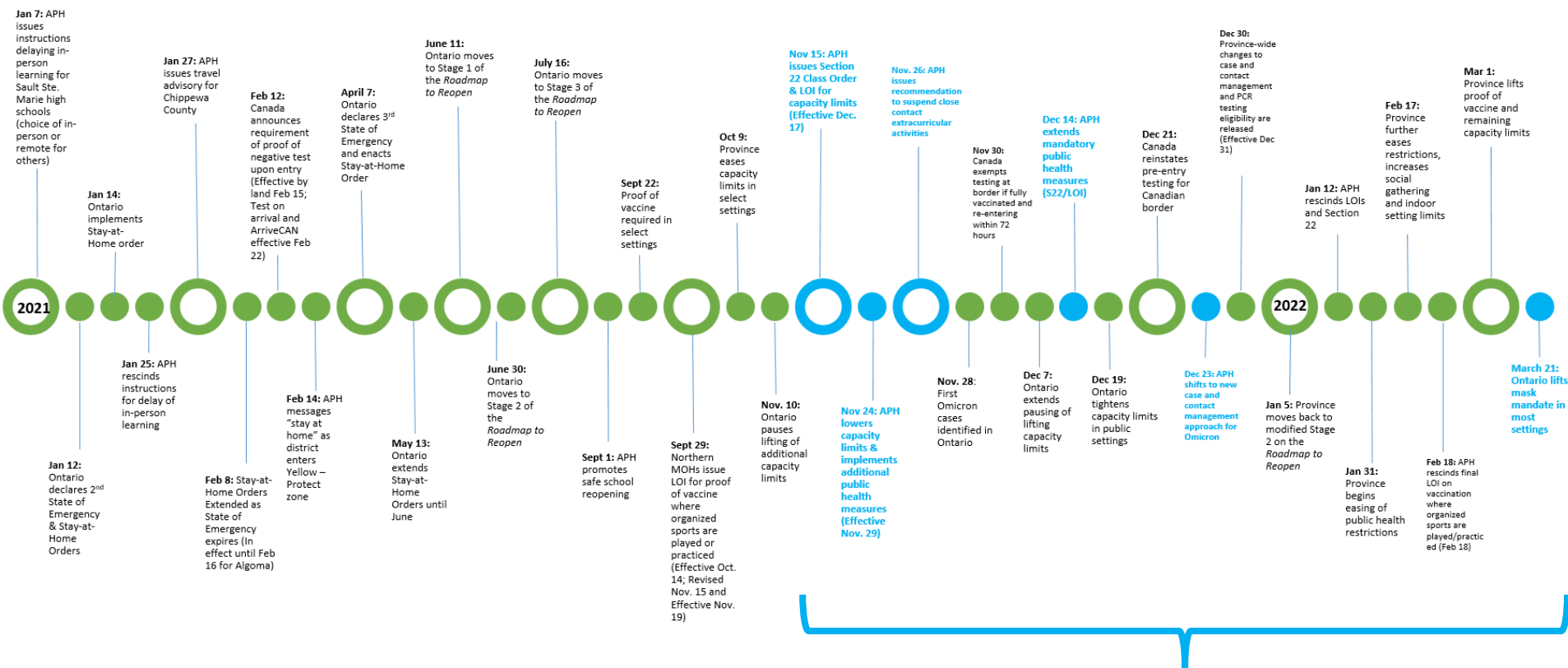
Pandemic Response Goals

1. Minimize serious illness and death related to COVID-19

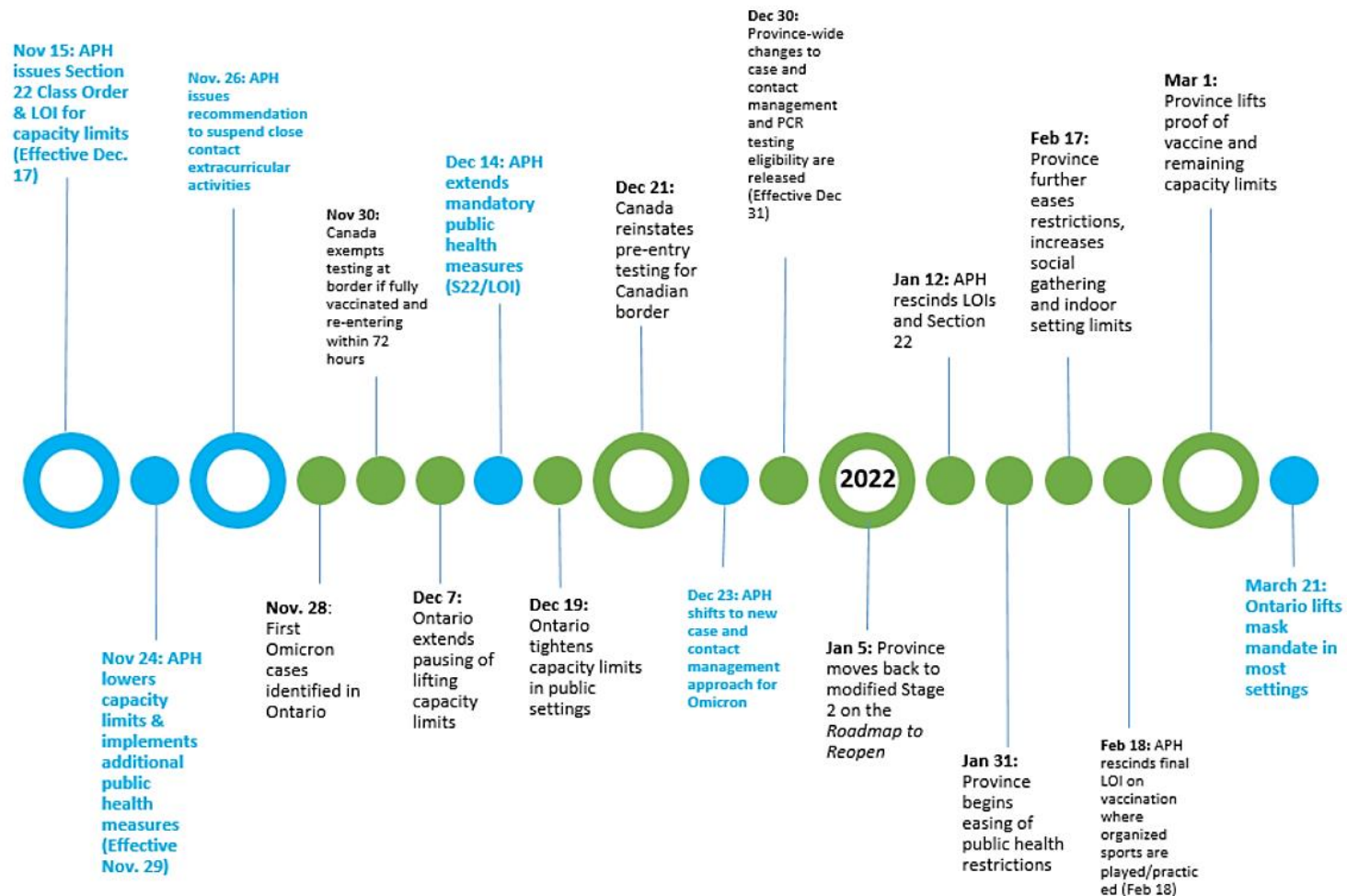
2. Minimize societal disruption (and preserve health care services)



COVID-19 Timeline: Health Protection Measures

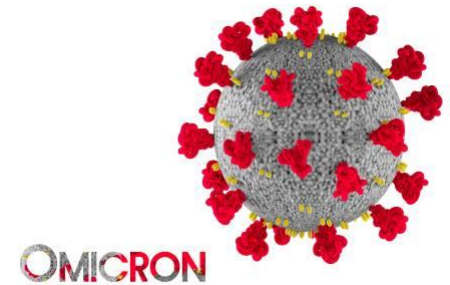


COVID-19 Timeline: Health Protection Measures

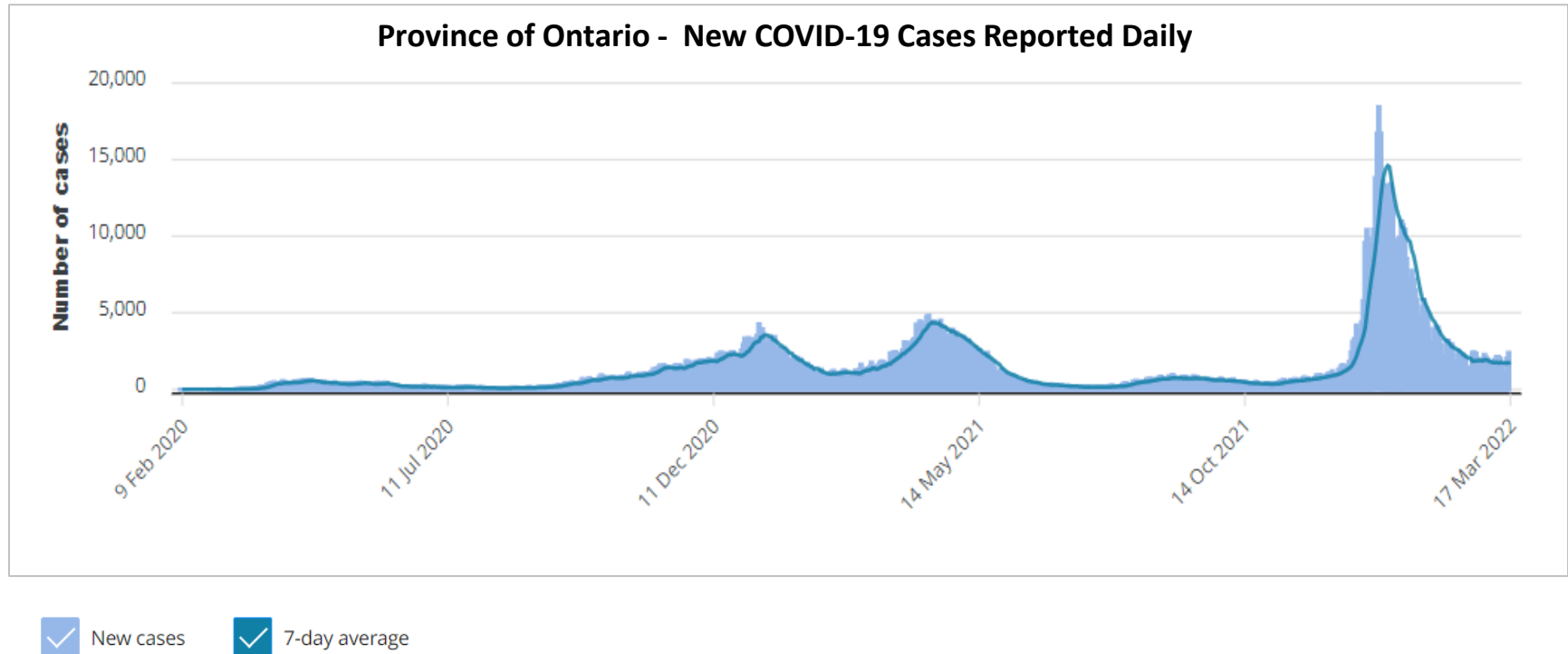


The Omicron Shift: An Overview

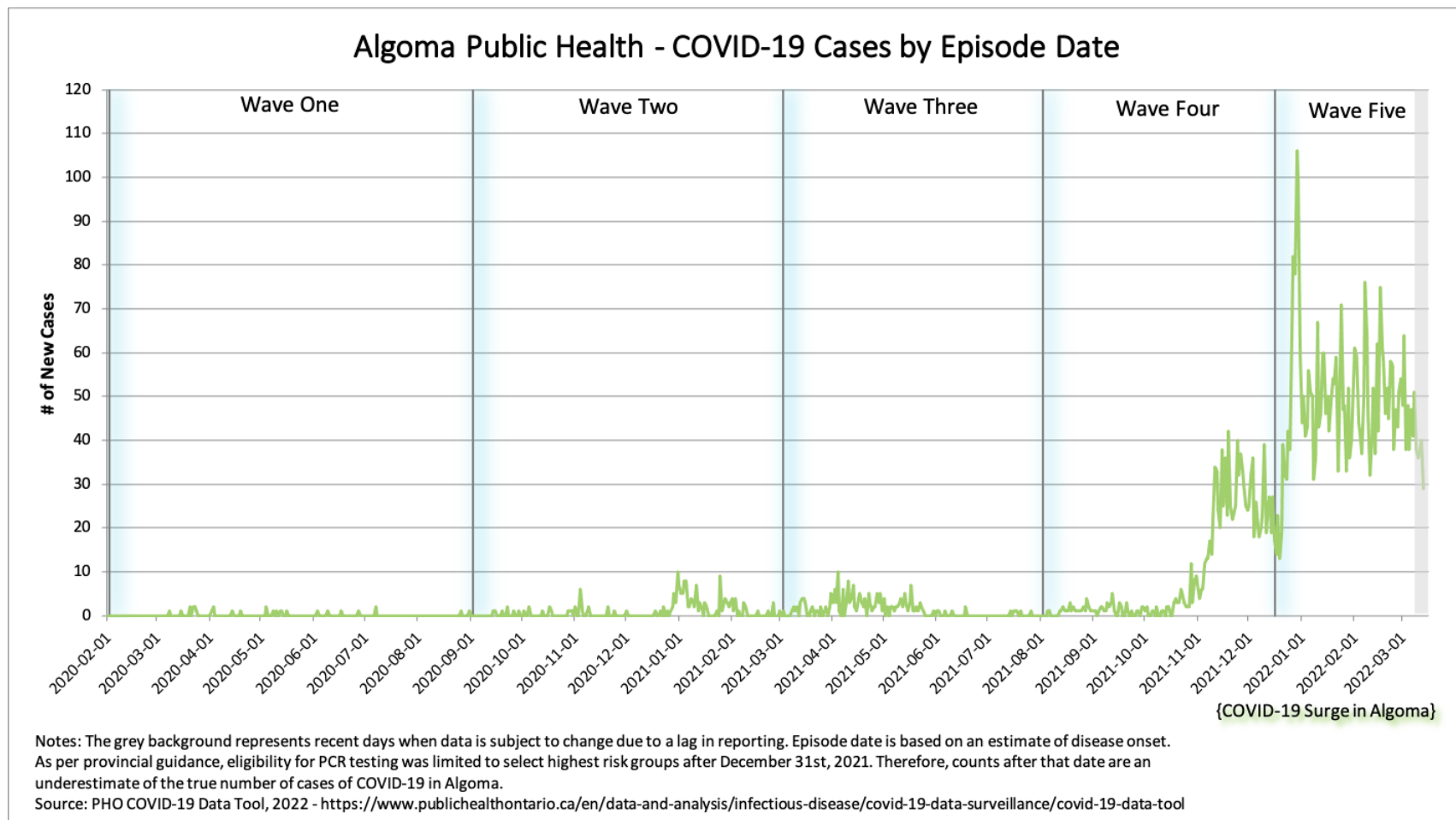
- Omicron Variant of Concern (VOC) is much more infectious, but also less severe
- Large increase in community transmission of COVID-19 and cases
- Shifted from a containment strategy to a **mitigation strategy**
- Changed our ability to monitor the pandemic



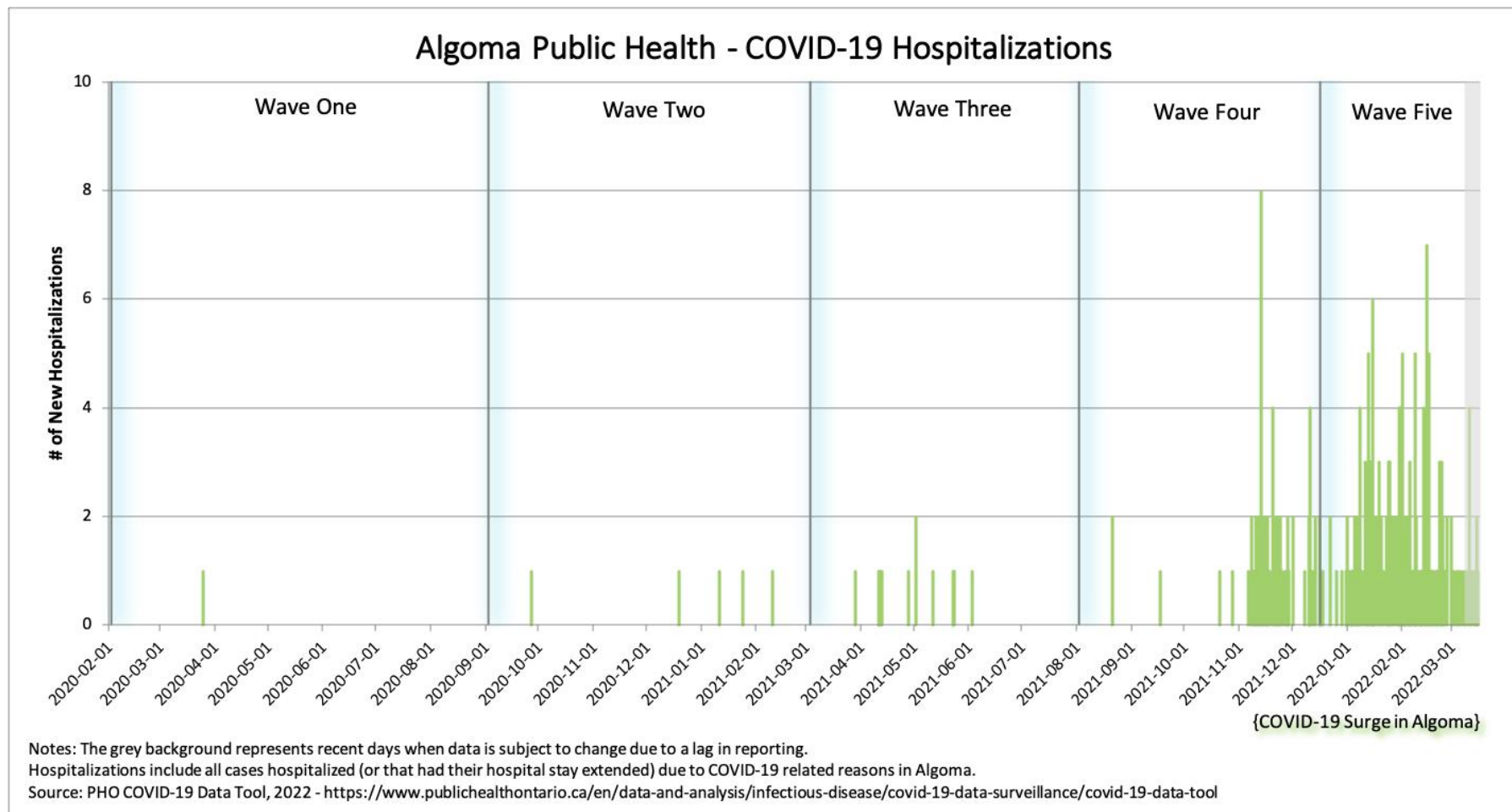
COVID-19 Timeline: A Provincial Data Snapshot



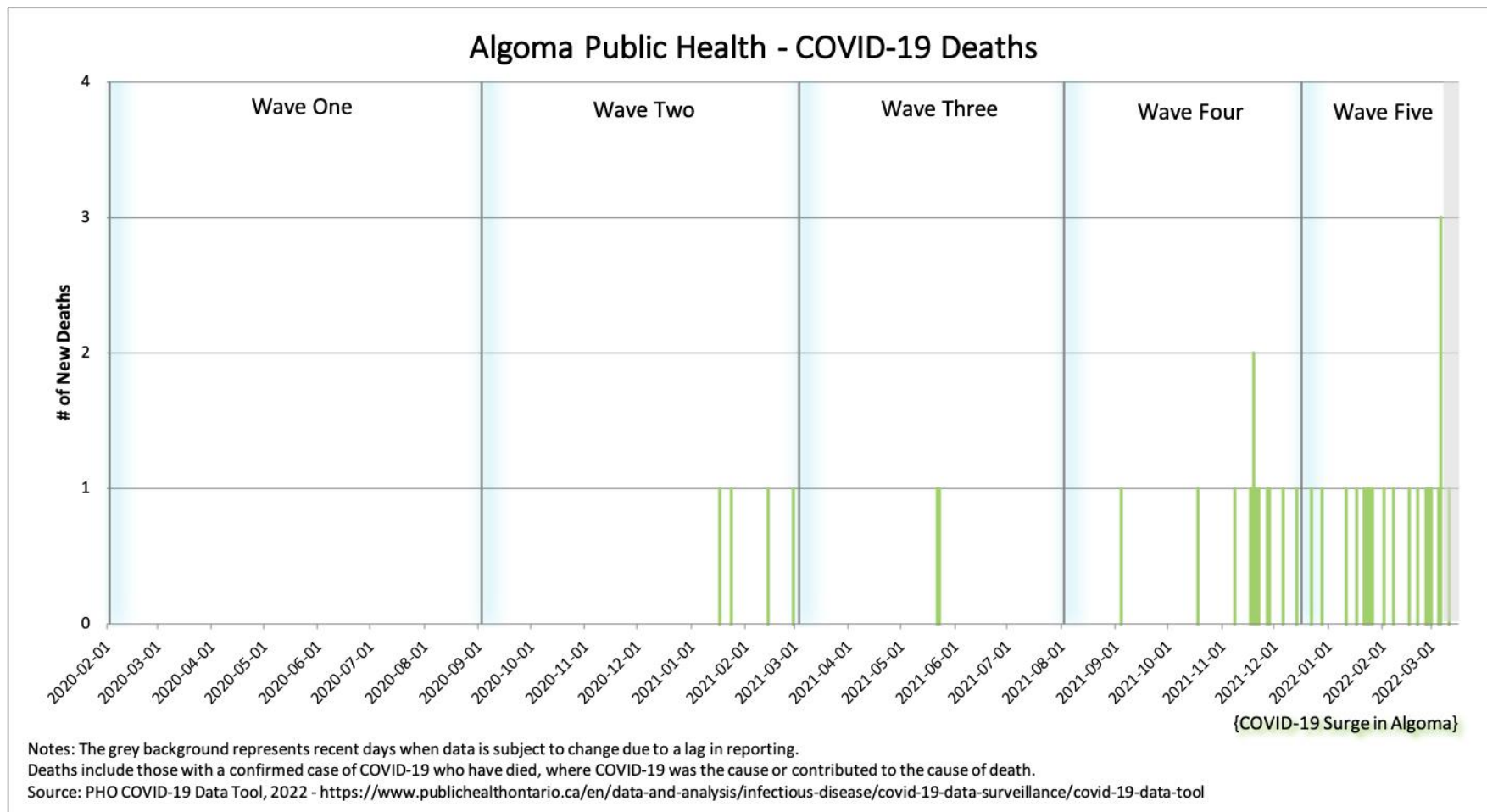
COVID-19 Timeline: A Local Data Snapshot



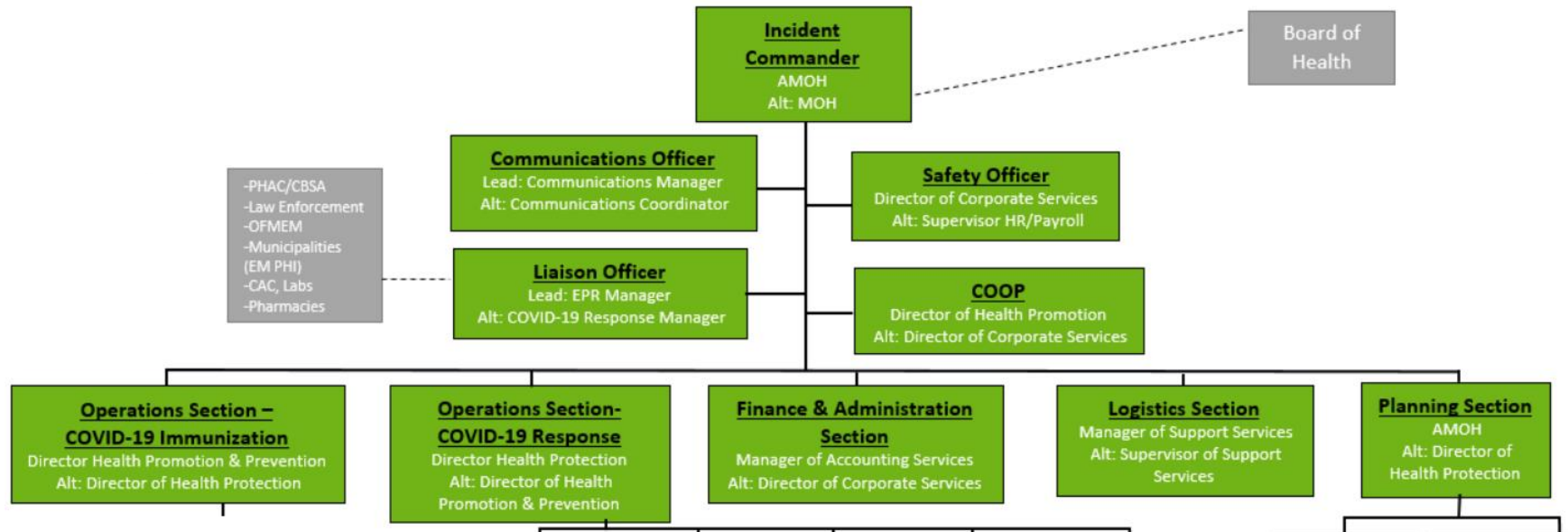
COVID-19 Timeline: A Local Data Snapshot



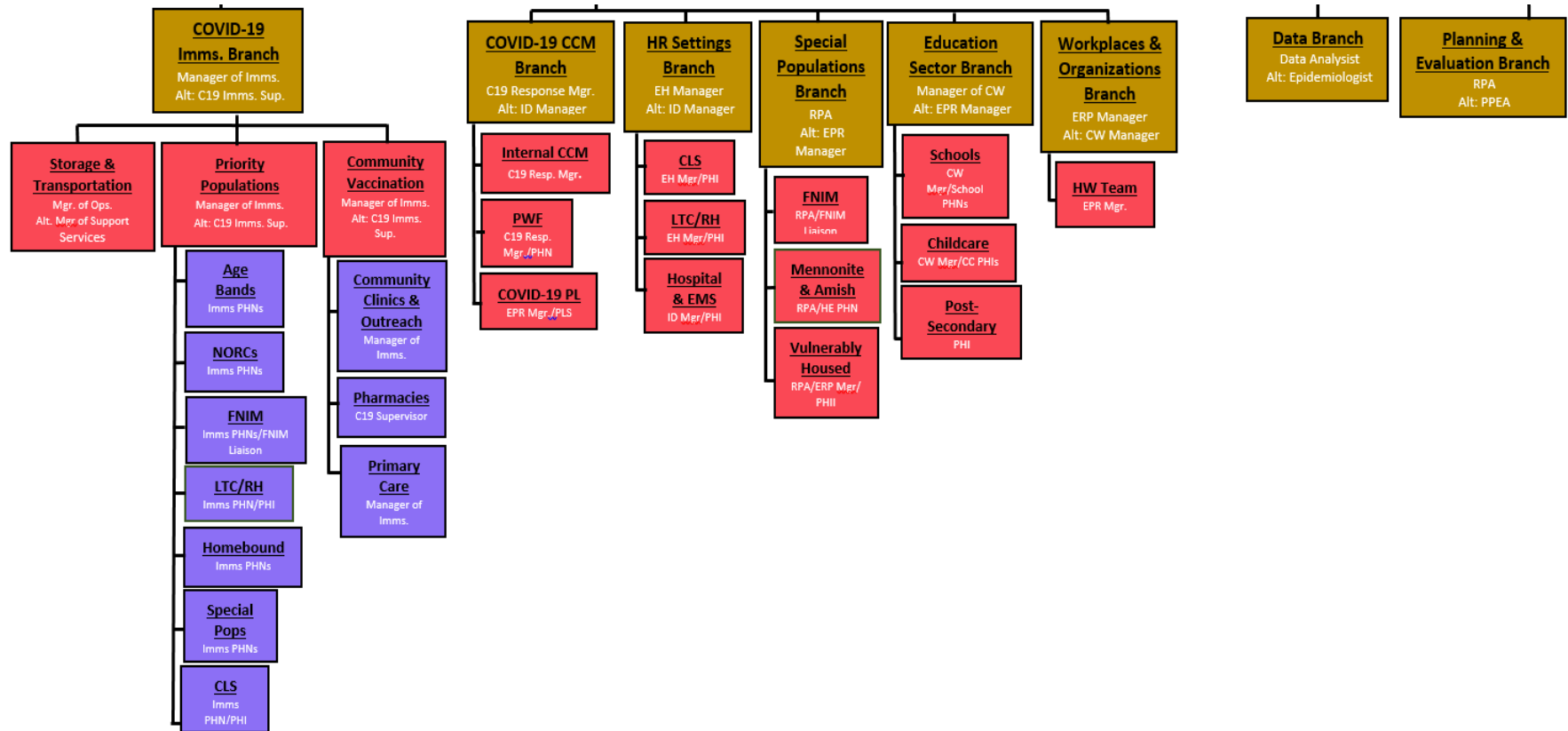
COVID-19 Timeline: A Local Data Snapshot



Incident Management Structure for Response



Incident Management Structure for Response



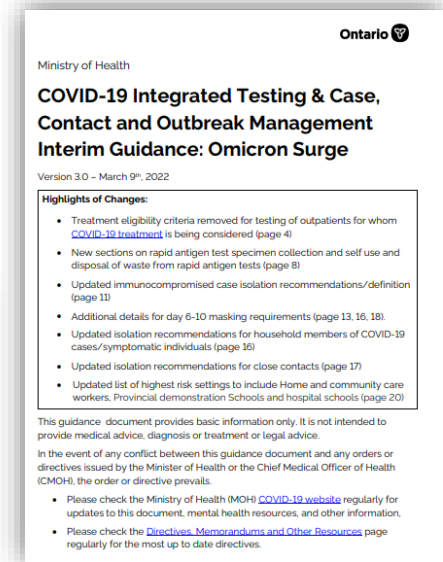
Public Health in Action: Testing

- Four COVID-19 Assessment Centers in Algoma
- PCR testing restricted to special populations at high risk and those who work, live, or volunteer in select high-risk settings
- As of March 15, 2022, over **243,000 tests** done on Algoma residents that Algoma Public Health is aware of through Ontario Laboratory Information Systems
- **Rapid Antigen Testing:**
 - Screening tool in various settings to mitigate transmission
 - At-home test for symptomatic individuals to assess likelihood of COVID-19 when unable to access PCR/ID Now



Public Health in Action: Case and Contact Management

- Omicron guidance shifted APH case management to **highest risk settings only** and resources were provided for self-led case management and contact notification
- Communications and APH website content became more critical in a 'self-serve' model for the public accessing guidance
- Public Health Inspectors led follow-up with facilities/organizations for contact tracing and intervention
- Provincial Work Force provided support for case notification



Public Health in Action: COVID-19 Phone Line

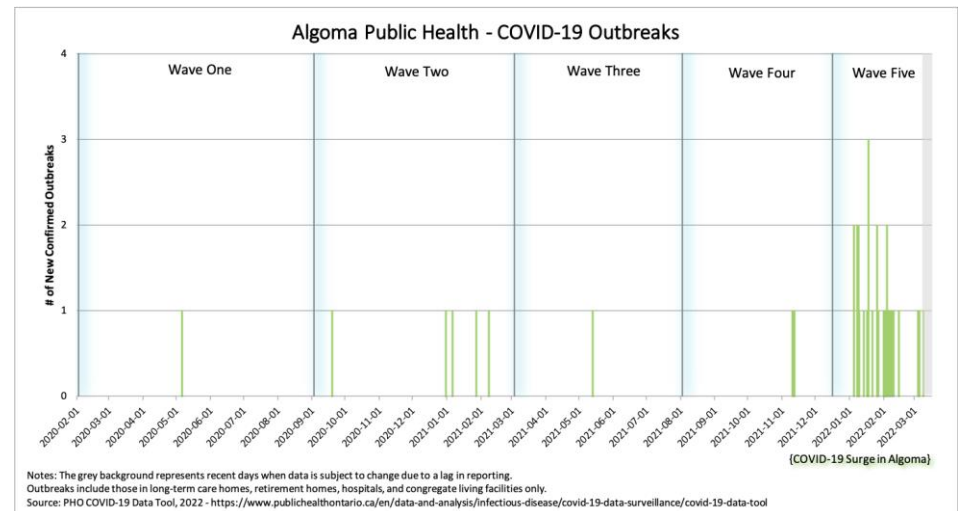
- COVID-19 phone line remains available **7 days a week**
- Provides access to 1:1 support from a local public health professional
- Responds to **all COVID-19-related inquiries** related to general COVID-19 information, guidelines, exposure notifications, travel, public health measures, screening, testing, vaccinations, and more
- Supports the **coordination of services** with partners, to ensure priority populations and those impacted by COVID-19 have wraparound support while in isolation
- Continues to answer **over 300 calls a week** in March 2022



COVID-19 Phone Line:
705-759-5404 or 1-866-892-0172 ext. 5404.
Available 7 days a week, 9:00 am – 4:00pm.

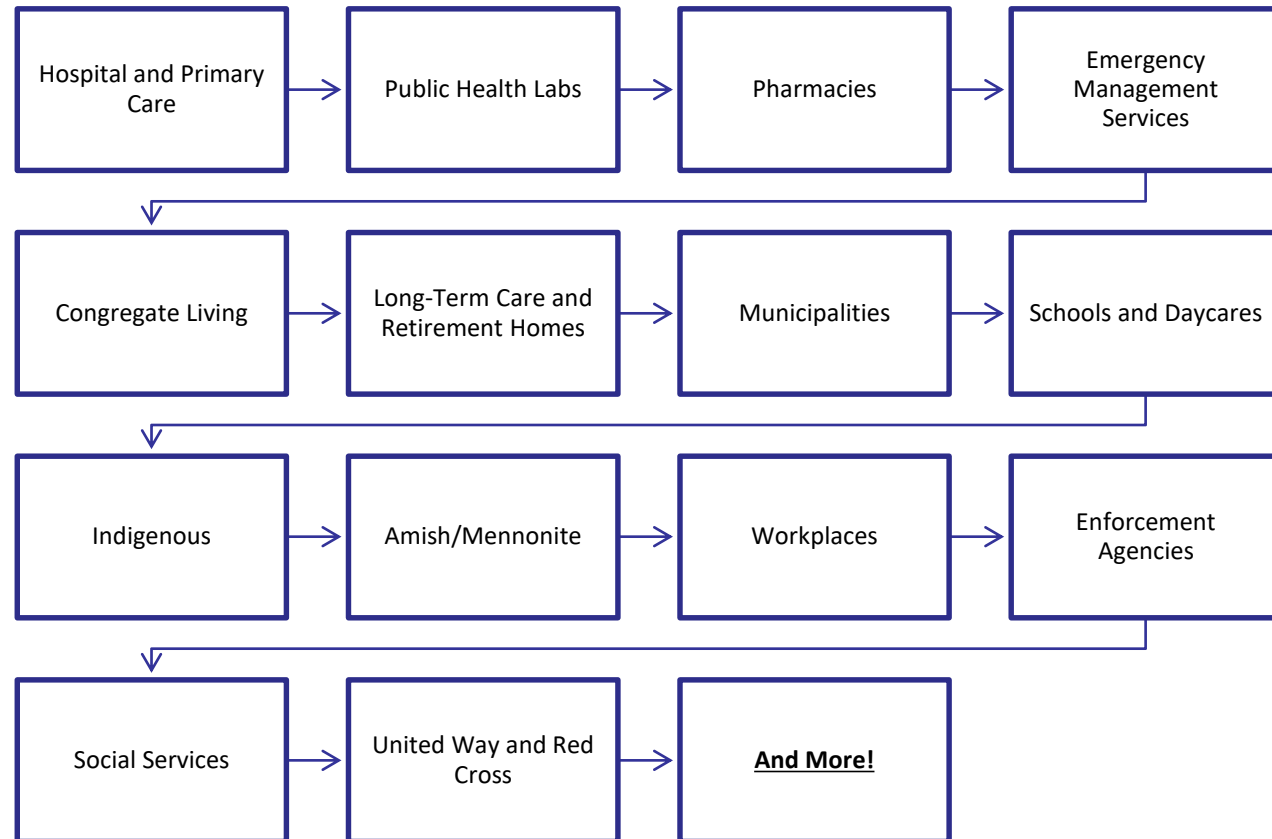
Public Health in Action: Facility and Outbreak Management

- Notifying high-risk settings of positive cases
- Determine if definition for outbreak is met, declare an outbreak, assign outbreak number, notify laboratories, and surveillance test affected locations to identify degree of spread
- Identify close contacts, assess for early intervention
- Identify opportunities/areas where transmission may have occurred
- Identify and reinforce Personal Protective Equipment and Infection Prevention and Control (IPAC) measures
- Work to implement mechanisms for cohorting
- Host daily check-ins
- Declare an outbreak over



Working with Partners

- Federal
- Provincial
- Northern
- Local



Communications: Public Health in the Media

114 Media Requests



Ontario Today

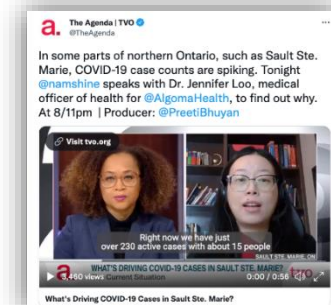


Website views: 1, 345, 029

News Conferences



TVO Agenda



Reach: 1, 200, 292
Engaged: 1, 357, 033



Impressions: 487, 000
Mentions: 645

Confirmed active COVID-19 cases climbs to 353 after 33 more reported today

By Content Team - November 29, 2021 @ 7:38 pm

Like 0



Image credit: Algoma Public Health

PostPandemic / News / Local News / Canada

COVID case numbers soared "quickly and dramatically;" now highest in Ontario

Data shows that the region's positive cases in recent days are now over 170 cases per 100,000.

Elaine Della-Mattia

Nov 29, 2021 • November 29, 2021 • 4 minute read • [Join the conversation](#)



Algoma Public Health to reassess COVID restrictions in two weeks



Christian D'Avino
CTV Northern Ontario.ca
Videojournalist

[Follow](#) | [Contact](#)

Updated Nov. 30, 2021 10:13 a.m. EST

Published Nov. 29, 2021 6:02 p.m. EST

Share



SAULT STE. MARIE - Despite surging COVID-19 cases in Algoma, it will take at least two weeks to reassess if current restrictions in the region are sufficient to slow the spread of the disease.

That's according to Algoma Public Health's medical officer of health, who spoke to media Monday to discuss the newest restrictions for the region, as COVID-19 cases continue climbing.

Dr. Jennifer Loo told reporters the current average number of local COVID-19 is 170 cases per 100,000 people, which was higher than the 130 cases per 100,000 provincial average when Ontario went into a state of emergency.

"With regards to the new restrictions, it does take at least one to two weeks from the implementation of measures, for us to see their benefit down the road," said Loo.

The mandatory measures that came into effect Monday restrict the number of attendees at social gatherings and organized public events to a

CORONAVIRUS COVERAGE

* Northern Ontario COVID-19 coverage

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Algoma Public Health has reported 40 new cases of COVID-19

Algoma Public Health has reported that there are forty (40) new cases of COVID-19 in the Algoma District, all from Sault Ste. Marie and area. Nineteen (19) are close contacts of confirmed cases, eight (8) have an unknown source of infection, and thirteen (13) are still being investigated to determine their source of infection. There are currently 330 active cases of which 15 are in hospital, in the Algoma District.

APH reports 33 new cases of COVID-19 in the Sault

That brings the total number of cases to 1,121 in the region since the beginning of the pandemic.

Village Media
Nov 29, 2021 6:31 PM



Algoma Public Health. Darren Taylor/SooToday



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Home > Health > APH reports 15th COVID-19 related death - 34 new cases

Health / News

APH reports 15th COVID-19 related death – 34 new cases

By Content Team - November 27, 2021

ELLIOTLAKE TODAY.com

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HOME > LOCAL NEWS

Active COVID case count rises to 330 in Algoma following 40 new cases in Sault area

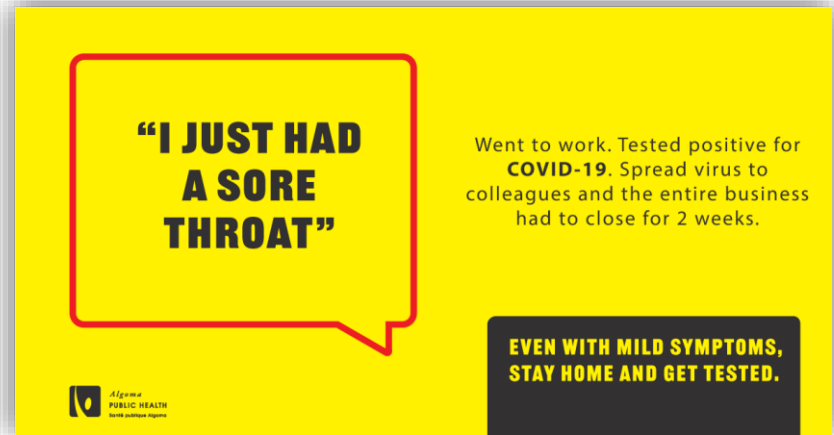
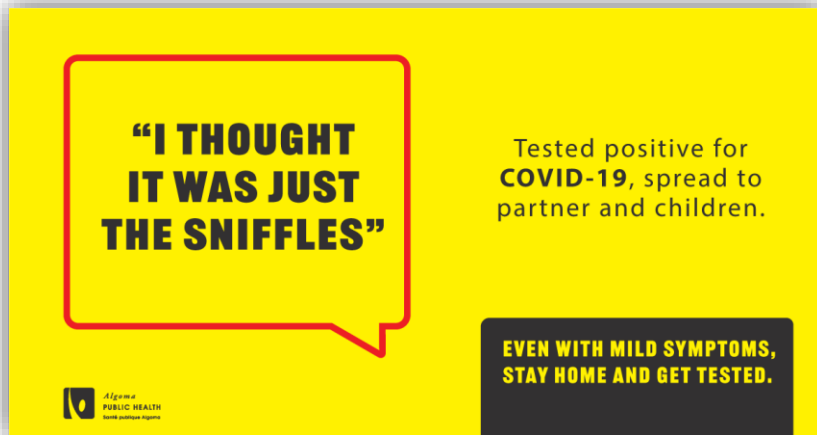
Of the new cases 19 were infected through close contact with a confirmed case and the source of infection for eight others is not known

Village Media
Nov 28, 2021 5:41 PM
Updated Nov 28, 2021 7:53 PM



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Santé publique Algoma

Communications: #StopTheSurge



Communications: #StopTheSurge

"I THOUGHT IT WAS JUST A COLD"

...I should have stayed home

Tested positive for **COVID-19**.

EVEN WITH MILD SYMPTOMS, STAY HOME AND GET TESTED.


Algoma PUBLIC HEALTH
 Santé publique Algoma

When you see icy roads ahead, you slow down.

Let's slow the spread of **COVID-19**.

STOP THE SURGE


Algoma PUBLIC HEALTH
 Santé publique Algoma

Stay Safe Over The Holidays



STOP

PROTECT OUR COMMUNITY

#STOPTHESURGE

STEP 1:

AVOID NON-ESSENTIAL TRAVEL

STAY HOME. SAVE LIVES.

Do not travel outside of Algoma.

STEP 2:

GATHERING LIMITS

IT'S ILLEGAL TO GATHER INDOORS WITH PEOPLE NOT FROM YOUR HOUSEHOLD.

STEP 3:

FEELING UNWELL?

STAY HOME. GET TESTED

BOOK AN APPOINTMENT AT YOUR LOCAL ASSESSMENT CENTRE.

Hard to know if it's just a runny nose or migraine, so why take the chance.

STEP 4:

DON'T GET TOO CLOSE!

PHYSICAL DISTANCING 101

A step back is a way to show someone you care.

PUBLIC NOTICE

Important Notice to Patients

A message to the patients of the Theobald Medical Clinic.

Most of you will be aware that the medical care in our area is under threat. The reason is that the situation is very complex, and there is a need to work with the current state of the health care system and to make changes.

The Theobald Medical Clinic and its staff are committed to maintaining the quality of care for all patients. We will continue to do our best to provide care to all patients of the Theobald Medical Clinic, regardless of the situation. We will continue to work with the health care system to ensure that we can provide the best possible care for all patients.

We are now through the winter months, and it is a time when we are seeing a lot of patients with colds and flu. We are seeing a lot of patients with colds and flu, and we are seeing a lot of patients with colds and flu. We are seeing a lot of patients with colds and flu, and we are seeing a lot of patients with colds and flu.

Thank you all for the best this holiday season.

With sincerity,
William Crawford, MD, C.C.P.A.

VOLUNTEER OPPORTUNITY

JOIN OUR PATIENT AND FAMILY ADVISORY COMMITTEE

The Theobald Medical Clinic is looking for people to join our Patient and Family Advisory Committee. This committee will help us to improve the quality of care for all patients. We are looking for people who are interested in helping us to improve the quality of care for all patients. We are looking for people who are interested in helping us to improve the quality of care for all patients.

Now Hiring

Birchland Plywood-Veneer Ltd.

Located in Theobald, ON

GENERAL LABOUR & MATERIAL HANDLERS

ARE YOU?

- Flexible & available to work flexible shifts
- Able to perform physical labour in an industrial setting
- Willing to learn & follow company safety policies

WE OFFER:

- Competitive rate with potential for overtime & opportunities for advancement
- Health & Dental benefits
- A Company Pension Plan

APPLY TODAY!

FAX: 709-642-2498, ATTN: HR
Email: humanresources@birchlandplywood.com

"I THOUGHT IT WAS JUST A SMOKERS COUGH"

...I should have stayed home

Went to work. Tested positive for **COVID-19**.
Spread to shift partner, who spent a week in hospital.


Algoma PUBLIC HEALTH
 Santé publique Algoma

EVEN WITH MILD SYMPTOMS, STAY HOME AND GET TESTED.

Innovations Supporting COVID-19 Response

1. COVID-19 Vaccines

- First dose administered in Algoma on January 27, 2021
- Shared effort by public health, Indigenous partners, primary care, hospital, long-term care, and pharmacy partners
- Mass immunization, in-office, community, pop-up, mobile, and school-based clinics
- Targeted approach to reach highest-risk groups and increase access

From January 27th, 2021 – March 17th, 2022:

- 258,339 doses of COVID-19 vaccine administered across Algoma
- 84.9 % of eligible population (5+) in Algoma received two doses
- 61.6% of eligible population (18+) in Algoma received three doses

During the “**booster dose blitz**” from December 13, 2021 – February 2, 2022, Algoma partners administered over **47,000 doses!**



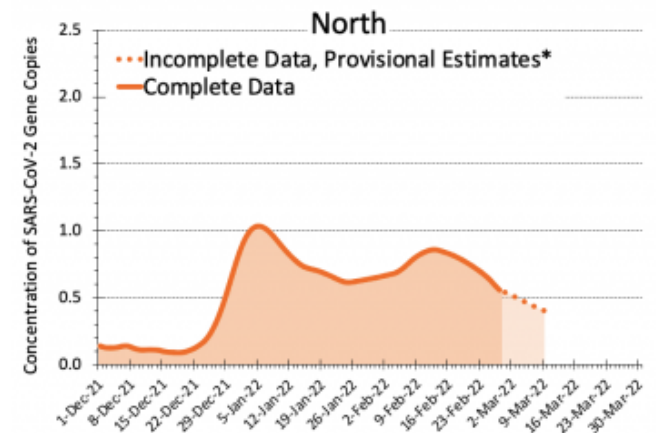
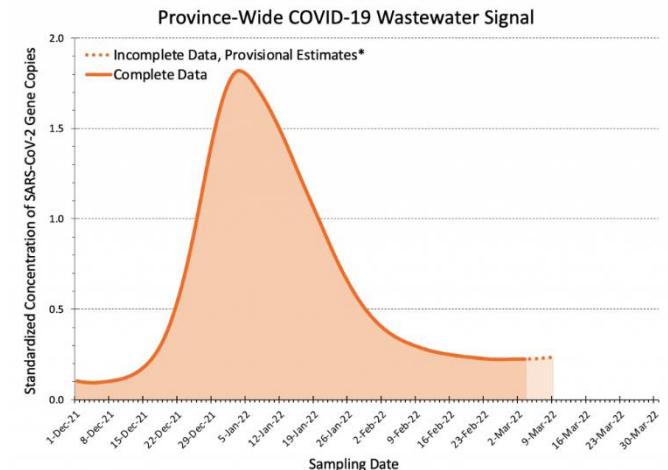
Innovations Supporting COVID-19 Response

2. Wastewater Surveillance (WWS) Program

- SARS-CoV-2 virus is shed through stools, whether a person is symptomatic or asymptomatic
- WWS measures the amount of SARS-CoV-2 virus in wastewater samples from wastewater treatment plants and pumping stations
- Findings provide a pooled estimate of COVID-19 infection trends in the community
- Algoma is currently sampling the Sault Ste. Marie East Wastewater Treatment Plant, with a watershed population of approximately 52, 000 people

How can WWS help us?

- Monitoring for the presence of infection within a community
- Tracking trends in infection within a community
- Screening for infections at a targeted site (e.g. LTC) to implement additional testing and mitigation measures



Science Table: COVID-19 Advisory for Ontario.

Resources:

Public Health Ontario. (2021). [Wastewater surveillance of COVID-19](#).
Science Table: COVID-19 Advisory for Ontario. (2022). [Ontario dashboard. Tracking Omicron](#). Accessed 13 March 2022.
Science Table: COVID-19 Advisory for Ontario. (2021). [The role of wastewater testing for SARS-CoV-2 surveillance](#).

Innovations Supporting COVID-19 Response

3. COVID-19 Treatments and Therapies

- Treatments continue to be developed
- Key innovations in treatment for mild disease:

Sotrovimab

- Authorized by Health Canada: July 30, 2021
- Monoclonal antibody treatment
- Intravenous (IV) therapy

**Nirmatrelvir/Ritonavir
(Paxlovid)**

- Authorized by Health Canada: January 17, 2022
- Oral antiviral treatment



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Looking Ahead

- **The goals have not changed. The strategy has adapted.**
- **Ongoing COVID-19 Work**
 - Routinize COVID-19 response work
 - Maintain preparedness for response to potential surges in cases, new variants of concern, etc.
- **COVID-19 Recovery**
 - Assess opportunities to improve core infectious disease practices
 - Continue to build on community partnerships, knowledge, and skills developed
 - Return human resources to core public health work (over 50% of APH workforce has been deployed)
 - Strengthen high-risk programming sustained during the pandemic
 - Restore core programs and services, considering lessons learned, backlogs, and post-pandemic public health priorities in Algoma
 - Rebuild public health with a focus on strategic advocacy, policy, and evidence



Thank You!

Questions?



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March 23, 2022

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. John Tuinema and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

TABLE OF CONTENTS

APH At-a-Glance	Page 2
Program Highlights	Page 3 - 4

APH AT-A-GLANCE

COVID-19 Pandemic Response in Algoma

The number of high-risk cases in Algoma has remained at a plateau. Restrictions have loosened province-wide, but this has not yet led to a significant increase in high-risk cases. Hospitalizations remain low following a peak occurring early on in the Omicron wave. This is in keeping with what we know about this new variant, as it is significantly more transmissible but generally less severe.

The provincial government and Ministry of Health have detailed their plans for the [final stages of re-opening](#). On March 14th, vaccination policy requirements were lifted for those sectors where they were mandatory. On March 21st, masking requirements are being lifted in almost all settings, except for those with the highest risk (e.g. long-term care homes, congregate living settings, public transit, clinics providing health services, etc.). Schools will no longer require masking, and other school requirements such as cohorting will also be lifted. Masking, in general, has been a requirement since the early months of the pandemic and, unlike other measures, has not yet been relaxed or removed. This means there is some uncertainty as to the impact this change will have. APH will continue to monitor important indicators and act accordingly if needed.

COVID-19 immunization efforts continue, and strategies have shifted from high-volume immunization to more targeted approaches. Of those eligible, 54.3% of the (5+) population have received 3 doses, and 84.9% have received 2 doses of COVID-19 vaccine. In the 50+ population, 75.5% have received three doses of vaccine.

COVID-19 Pandemic Recovery

Following interruptions by the November-December Delta variant wave and the current Omicron wave, APH has re-initiated recovery planning and implementation. The pandemic has strengthened APH as an organization in many ways but has also significantly reduced capacity for the routine work of public health. Early plans to repatriate employees back to core public health work are in development. In the coming weeks and months, we will need to address the many complexities of COVID recovery, such as returning to in-person work, integrating new approaches to routinizing and managing COVID in high-risk settings, completing a population health assessment to better understand the health of our communities post-pandemic, and restoring public health program and services while maintaining a health equity lens.

Although challenges in recovery exist, there are many opportunities to build on strengths and successes arising from the pandemic. As APH returns to routine work, the aim is to use this opportunity to examine past processes and identify areas for enhancing the work of public health and its impact on community health and wellbeing. It is critical that lessons learned from COVID-19 are translated to new, evidence-informed ways of support the needs of our partners and communities. COVID-19 is one of many health risks in our community, and the reduction in pandemic-related workload will help us devote more resources to areas such as health promotion and disease and injury prevention, such as further action in addressing the opioid crisis.

PROGRAM HIGHLIGHT

Topic: Helping Seniors Smile: Ontario Seniors Dental Care Program (OSDCP) Update

From: Hilary Cutler, Manager – Child & Family Services
Laurie Zeppa, Director of Health Promotion & Prevention

Health Equity Goal¹: Public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

Program Standard Requirements¹ addressed in this report:

- *Health Equity, Requirement #2:* The board of health shall modify and orient public health interventions to decrease health inequities in accordance with the *Health Equity Guideline, 2018* (or as current), and by designing strategies to decrease health inequities experienced by priority populations.
- *Chronic Disease Prevention and Well-being, Requirement 5:* The board of health shall provide the Ontario Seniors Dental Care Program in accordance with the *Oral Health Protocol, 2021* (or current).

Key Messages

- The OSDCP works to improve health and reduce health inequities for low-income seniors in Algoma.
- OSDCP services offered in 2021 included hygiene, restorative care, and denture services.
- The costs associated with dentures and the introduction of oral surgery will result in financial pressures for the OSDCP in 2022, therefore, additional funding has been requested.
- The Oral Health program is developing a performance management system to evaluate the OSDCP's efficiency and effectiveness in meeting program objectives.

The OSDCP – A Purposeful Approach to Reducing Health Inequities

Launched by the provincial government in 2019, the purpose of the OSDCP² is to:

- Provide free, routine dental services for low-income seniors aged 65 and older.
- Reduce unnecessary trips to the hospital, prevent chronic disease, and increase quality of life for seniors in Ontario.

Aligned with the public health foundational goal of reducing health inequities, the OSDCP works to improve health by addressing one key social determinant of health; income. The provision of dental services for people experiencing low-income can yield many health benefits, from treatment of longstanding dental issues to increased confidence.³ In addition, the health system benefits when oral health is supported, and individuals are healthier, through reduced primary care visits and use of emergency services for preventable health outcomes. By (a) reducing the complications associated with untreated dental conditions (e.g. infections), (b) restoring functionality (e.g. dentures), and (c) maintaining proper oral hygiene (e.g. routine cleanings) for eligible clients, the program will effectively

¹ Ministry of Health & Long-Term Care. (2021). [Ontario public health standards: Requirements for programs, services, and accountability](#).

² Government of Ontario. (2021). [Dental care for low-income seniors](#).

³ Sheikh, H. & Doucet, B. (2021). [Canadians should be able to access dental care with a health card instead of a credit card](#).

meet its objectives to reduce unnecessary trips to the hospital, prevent chronic disease, and increase quality of life for low-income seniors in Ontario.

A Year in Review – 2021 Program Data

Algoma Public Health (APH) offers a blended OSDCP service delivery model across the district, with one clinic located at APH in Sault Ste. Marie, and service providers located in private practices in other areas of Sault Ste. Marie, Wawa, and Elliot Lake. The basket of services available to Algoma OSDCP clients includes: hygiene, restorative care, dentures, and referral to the oral surgeon, if required.

In Algoma, an estimated 3,792 people are eligible for the program.⁴ Among those eligible, roughly 1,500 people are expected to use the OSDCP annually.⁵ Throughout 2021, various aspects of the program were paused due to limitations in funding (e.g. pause in denture services from May-September) and human resources within APH (e.g. hygiene clinics were offered sporadically pending staff availability due to re-deployment to the COVID-19 response). Therefore, the data presented below underestimates a normal, full-year of operation.

Through the course of 2021⁶:

- 105 unique hygiene clients were supported at APH,
- 287 unique treatment clients were supported across the district, and
- 119 sets of dentures were provided across the district.

From September to December 2021, the average number of dentures approved was 15 per month. Based on this uptake and approval of services, it is estimated that **180 sets of dentures could be approved in 2022**, causing significant budget pressures. In addition to denture needs increasing financial demand on the program, the addition of oral surgeon consults and/or treatment for clients who require this service in 2022 is also very costly and will exceed budget without additional support.

To address budgetary pressures on the delivery of the OSDCP, in February of 2022, APH requested additional funding from the provincial government to sustain denture demands.

Next Steps – A Performance Management System to Measure Program Efficiencies and Effectiveness

The establishment of a performance management system for the OSDCP will include the development and evaluation of indicators that will help describe how well the program is or is not meeting its intended objectives. OSDCP delivery in 2021, while somewhat interrupted, provided some baseline data on clinic efficiencies (e.g. number of clients seen for hygiene, treatment, and dentures). Other metrics currently being developed for use in assessing program performance in 2022 include:

- Client satisfaction, including qualitative data collected from clients on ease of booking, accessibility, care received, and quality of care,
- Wait times monitoring, and
- Hospital emergency department monitoring for low-income seniors seeking emergency oral health care.

⁴ Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario. Algoma Population 2021: Population Projections [2018-2031].

⁵ Ministry of Health and Long-Term Care. (Spring, 2019). Overview of Ontario Seniors Dental Care Program - capital process [Confidential PowerPoint].

⁶ Oral Health Information Support System. Accessed March 10, 2022.

**Algoma Public Health
(Unaudited) Financial Statements January 31, 2022**

<u>Index</u>	<u>Page</u>
Statement of Operations	1
Statement of Revenues - Public Health	2
Statement of Expenses - Public Health	3
Notes to the Financial Statements	4-6
Statement of Financial Position	7

Algoma Public Health
Statement of Operations
January 2022
(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	\$ 1,047,304	\$ 1,047,304	\$ (0)	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	725,676	725,675	1	8,708,100	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	135,584	159,417	(23,833)	5,313,000	-15%	85%
Provincial Grants - Mitigation Funding	0	0	-	1,037,800	#DIV/0!	#DIV/0!
Fees, other grants and recovery of expenditures	13,722	16,552	(2,830)	379,075	-17%	83%
Total Public Health Revenue	\$ 1,922,286	\$ 1,948,948	\$ (26,662)	\$ 19,627,191	-1%	99%
Expenditures						
Public Health Cost Shared	\$ 1,355,467	\$ 1,465,357	\$ 109,891	\$ 17,772,296	-7%	93%
Public Health 100% Prov. Funded Programs	114,276	154,575	40,298	1,854,895	-26%	74%
Total Public Health Programs Expenditures	\$ 1,469,743	\$ 1,619,932	\$ 150,189	\$ 19,627,191	-9%	91%
Total Rev. over Exp. Public Health	\$ 452,543	\$ 329,016	\$ 123,527	\$ 1		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 901,576	890,011	(11,565)	1,068,011	1%	101%
Expenditures	736,333	890,376	(154,042)	1,068,011	-17%	83%
Excess of Rev. over Exp.	165,243	(365)	165,607	-		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 1,365,774	1,512,093	146,319	1,883,241	-10%	90%
Expenditures	906,186	1,237,437	(331,251)	1,883,241	-27%	73%
Excess of Rev. over Fiscal Funded	459,588	274,656	184,932	-		

Community Health Programs (Non Public Health)

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

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 1,708,130	\$ 1,708,121	\$ 9	\$ 2,059,744	0%	100%
Municipal, Federal, and Other Funding	114,447	95,373	19,075	120,769	20%	120%
Other Bill for Service Programs	0	0	-	-		
Total Community Health Revenue	\$ 1,822,577	\$ 1,803,493	\$ 19,084	\$ 2,180,513	1%	101%
Expenditures						
Brighter Futures for Children	95,241	95,372	131	120,769	0%	100%
Infant Development	513,686	537,281	23,595	644,317	-4%	96%
Preschool Speech and Languages	459,078	545,893	86,815	733,971	-16%	84%
Nurse Practitioner	137,237	135,461	(1,776)	162,153	1%	101%
Stay on Your Feet	24,254	83,333	59,079	100,000	-71%	29%
Rent Supplements CMH	296,243	349,419	53,176	419,303	-15%	85%
Bill for Service Programs	10,669	0	(10,669)	(0)	#DIV/0!	#DIV/0!
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	\$ 1,536,409	\$ 1,746,760	\$ 210,351	\$ 2,180,513	-12%	88%
Total Rev. over Exp. Fiscal Community Health	\$ 286,168	\$ 56,733	\$ 229,435	\$ (0)		

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

Algoma Public Health
Revenue Statement

For One Month Ending January 31, 2022

(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Bgt. to Act. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ Annual Budget 2022	Comparison Prior Year:		
							YTD Actual 2021	YTD BGT 2021	Variance 2021
Levies Sault Ste Marie	737,931	737,931	(0)	2,951,725	0%	25%	670,847	670,847	0
Levies District	309,373	309,373	0	1,237,491	0%	25%	281,248	281,248	0
Total Levies	1,047,304	1,047,304	(0)	4,189,216	0%	25%	952,095	952,095	0
MOH Public Health Funding	725,676	725,676	0	8,708,100	0%	8%	565,990	565,990	0
MOH Funding Needle Exchange	0	0	0	0	0%	0%	0	0	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	2,050	2,050	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	64,158	64,158	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	32,676	32,676	0
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	0	0	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	1,292	1,292	0
MOH Funding Infection Control	0	0	0	0	0%	0%	12,968	12,968	0
MOH Funding Diabetes	0	0	0	0	0%	0%	8,750	8,750	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	25,294	25,294	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	12,500	12,500	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	0	0	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	0	0	0
Total Public Health Cost Shared Funding	725,676	725,676	0	8,708,100	0%	8%	725,678	725,678	0
MOH Funding - MOH / AMOH Top Up	15,276	15,775	(499)	189,300	-3%	8%	13,092	13,092	0
MOH Funding Northern Ontario Fruits & Veg.	9,784	9,783	1	117,400	0%	8%	9,784	9,784	0
MOH Funding Unorganized	44,200	44,200	0	530,400	0%	8%	44,200	44,200	0
MOH Senior Dental	58,158	81,492	(23,334)	977,900	-29%	6%	58,158	58,158	0
MOH Funding Indigenous Communities	8,166	8,167	(1)	98,000	0%	8%	8,166	8,166	0
One Time Funding (Pandemic Pay)	0	0	0	0	0%	0%	0	0	0
OTF COVID-19 extraordinary costs mass immis	0	0	0	3,400,000	#DIV/0!	0%	(6,954)	(6,954)	0
Total Public Health 100% Prov. Funded	135,584	159,417	(23,833)	5,313,000	-15%	3%	126,446	126,446	0
Total Public Health Mitigation Funding	0	0	0	1,037,800	#DIV/0!	0%	86,484	86,484	0
Recoveries from Programs	880	833	47	11,625	6%	8%	880	1,000	(120)
Program Fees	7,269	4,884	2,385	50,000	49%	15%	14,849	15,000	(151)
Land Control Fees	3,000	5,000	(2,000)	183,000	-40%	2%	2,425	3,000	(575)
Program Fees Immunization	780	4,166	(3,386)	50,000	-81%	2%	1,595	2,000	(405)
HPV Vaccine Program	0	0	0	9,500	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	23,500	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	7,000	#DIV/0!	0%	0	0	0
Interest Revenue	1,793	1,667	126	20,000	8%	9%	952	1,000	(48)
Other Revenues	0	0	0	24,450	#DIV/0!	0%	0	0	0
Total Fees and Recoveries	13,722	16,551	(2,829)	379,075	-17%	4%	20,701	22,000	(1,299)
Total Public Health Revenue Annual	1,922,286	1,948,947	(26,661)	19,627,191	-1%	10%	1,911,404	1,912,703	(1,299)
Public Health Fiscal April 2021 - March 2022									
Vaccine Refrigerators	6,176	6,166	10	7,400	0%	83%			
Infection Prevention and Control Hub	713,660	810,668	(97,008)	1,060,000	-12%	67%			
Practicum	16,663	16,668	(5)	20,000	0%	83%			
School Nurses Initiative	582,756	582,750	6	700,000	0%	83%			
Sr Dental Capital Upgrades	46,519	95,841	(49,322)	95,841	-51%	49%			
Total Provincial Grants Fiscal	1,365,774	1,512,093	(146,319)	1,883,241	-11%	73%	0	0	0

Notes to Financial Statements – January 2022

Reporting Period

The January 2022 financial reports include one month of financial results for Public Health. All other non-funded public health programs are reporting ten months of results from operations year ending March 31, 2022.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of January 31, 2022, Public Health calendar programs are reporting a \$124K positive variance driven by a \$150K positive variance in expenditures and a \$27K negative variance in revenues.

Our Healthy Babies Healthy Children and Stay on Your Feet fiscal programs continue to report surpluses based on staff vacancies and re-deployment of work to the COVID programs throughout the fiscal year. We expect these surpluses to continue throughout the remainder of the fiscal year to end of March 2022. Also of particular note, any surplus amounts associated with the Infant Development and Preschool Speech programs as at the end of the fiscal year will be used for wrap up costs associated with these programs - acknowledging that these programs will no longer be offered through APH as of March 31, 2022.

Public Health Revenue (see page 2)

Overall, our Public Health revenues are on budget for 2022. Of note, is a \$23K negative variance associated with the Ontario Senior Dental program. This is based on the fact that the 2022 Public Health budget approved by the Board assumed a \$280K increase in costs & revenues associated with this program – for which approval has not yet been provided by the Province. *If* approval is provided for these requested funds, a mid-year catch up payment would be expected.

Mitigation funding from the province will continue for the 2022-2023 fiscal year.

The province has confirmed that one time extraordinary cost reimbursement for the COVID 19 programs will continue through 2022, with approval and on-going funding to be based off of our Annual Service Plan and quarterly submissions to the province.

The COVID-19: School-Focused Nurses Initiative has been extended to December 31, 2022.

Notes Continued...

Public Health Expenses (see page 3)

Salary & Wages

There is a \$54K positive variance associated with Salary & Wages driven by position vacancies at the beginning of the year, as also noted throughout the course of 2021. Recruitment efforts are ongoing.

Benefits

There is a \$18K positive variance associated with Benefits, also tied to position vacancies.

Travel

There is a \$11K positive variance associated with Travel expenses. This is a result of APH employees continuing to work virtually as opposed to travelling throughout the district or attending meetings outside of the district.

Programs

There is a \$47K positive variance associated with Programs. This is largely driven by the continued focus of our staff redeployment to COVID 19 immunization and response programs in January, preventing our regular mandatory programming to be operating a regular capacity.

Computer Services

Computer services for 2022 are over-budgeted based on the true cost of IT projects coming in significantly below expected/budgeted costs.

Professional Development

There is a \$7K positive variance for Professional Development. At this time there has been limited spending for professional development, as staff availability is extremely tight and limited opportunities for professional development due to COVID-19.

Facilities Expense

There is a \$24K negative variance associated with facilities expenses which is driven by continued increased janitorial and security requirements associated with COVID 19 response and needs.

COVID-19 Expenses

COVID-19 Response

This program includes case and contact management as well as supporting the information phone lines. January YTD expenses were \$566K. The majority of this consists of salaries and

Notes Continued...

benefits costs of APH staff that under normal circumstances would be working in their assigned public health programs.

COVID-19 Mass Immunization

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. January YTD expenses were \$349K.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of January 31, 2022. Cash includes \$1.40M in short-term investments.

Long-term debt of \$4.47 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. \$265k of the loan relates to the financing of the Elliot

Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

Please note that similar to previous years, the Balance Sheet as of January 31, 2022 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2021 annual audited financial statements are completed, the comparative balance sheet will be updated and provided.

Algoma Public Health
Expense Statement- Public Health
For One Month Ending January 31, 2022
(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ Budget 2022	Comparison Prior Year:		
							YTD Actual 2021	YTD BGT 2021	Variance 2021
Salaries & Wages	942,633	996,423	53,790	11,957,080	-5%	8%	\$ 749,495	\$ 800,380	\$ 50,885
Benefits	213,270	230,792	17,522	2,769,505	-8%	8%	183,471	197,377	13,906
Travel	6,131	17,066	10,936	204,798	-64%	3%	4,017	9,450	5,433
Program	59,259	106,476	47,217	1,277,709	-44%	5%	41,690	55,891	14,201
Office	3,952	5,617	1,665	67,400	-30%	6%	9,807	9,000	(807)
Computer Services	50,949	72,216	21,268	866,598	-29%	6%	91,226	89,156	(2,070)
Telecommunications	26,521	28,333	1,812	339,996	-6%	8%	20,753	21,273	520
Program Promotion	3,859	8,117	4,258	97,400	-52%	4%	3,948	2,731	(1,217)
Professional Development	407	7,178	6,771	86,141	-94%	0%	1,526	2,000	474
Facilities Expenses	123,755	99,820	(23,935)	1,197,843	24%	10%	83,357	81,364	(1,993)
Fees & Insurance	3,139	12,025	8,886	332,300	-74%	1%	5,693	5,000	(693)
Debt Management	38,118	38,118	0	457,421	0%	8%	38,408	38,408	0
Recoveries	(2,250)	(2,250)	0	(27,000)	0%	8%	(6,330)	(6,330)	0
	\$ 1,469,743	\$ 1,619,932	\$ 150,190	\$ 19,627,191	-9%	7%	\$ 1,227,061	\$ 1,305,700	\$ 78,639

Governance Committee Meeting

March 7, 2022

Attendees Virtually:

Deborah Graystone - Chair

Brent Rankin

Musa Onyuna

APHU Members Attended Virtually:

Dr. Jennifer Loo – MOH

Dr. John Tuinema – AMOH & Director of Health Promotion

Antoinette Tomie – Director of Corporate Services

Tania Caputo - Board Secretary

Tanya Storozuk – Executive Assistant

A revised and updated Policy and By-Law tracking table was presented.

There was a discussion about By-Law #95-1, which was reviewed. It was determined that the corporate seal is no longer a requirement. Amendments to include more generic titles of staff to avoid title changes and subsequent policy changes and this policy will return to Governance Committee for review in May this year.

Policy 02-05-001 Composition and Accountability of the Board of Directors was reviewed.

There is a small difference in one aspect of the HPPA and our policy. It was decided to seek legal consult from the ministry to clarify. The committee decided to leave the language as noted in the policy until clarification is received.

Policy #02-05-010 Board Minutes - Posting and Circulation – No amendments were made. It was reviewed and approved.

Policy #02-05-088 Stakeholder Communication – No amendments were made. It was reviewed and approved.

Governance Terms of Reference were reviewed and accepted without amendments.

A document providing all board members terms of office was presented for information purposes. Continued encouragement for provincial appointees was recommended.

A resolution was made to accept the document The Algoma Public Health - Risk Management Document as presented.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-010

DATE: Original: Feb 12, 1996
~~Revised: Sep 22, 2015~~
Revised: Nov 25, 2015
Revised: Mar 28, 2018
Revised: May 27, 2020
Reviewed: Mar 23, 2022

SECTION: Policies

SUBJECT: Board Minutes/Packages –
Posting/Circulation/Retention

POLICY:

Algoma Public Health utilizes electronic board management software for access to agenda packages for board members. Agenda packages will be posted to the platform on the Friday prior to the scheduled board meeting. The agenda package is also posted to the APH website for public access with the exception of unapproved minutes. Once the meeting minutes have been approved by the Algoma Public Health Board, the approved minutes will then be posted on the website.

Algoma Public Health Board “In-Camera” documentation will be posted to the platform along with the Board Meeting Package to allow Board Members time to become familiarized with information prior to meetings. Board members should not make copies, save to desktop, photograph, or download in any format any version of the in-committee documentation to save. Minutes of “In-Camera” sessions will be passed while in the next “In-Camera” session. Once the meeting is complete the “In-Camera” package will be removed from the platform.

Addendum packages will be posted to the platform and the APH website as soon as it is available.

Access, storage and retrieval of this information will be in accordance with general standards of APH and the Municipal Act section 239.2 and Section 239.3.

PROCEDURES:

- | | |
|-----------------------------------|---|
| Secretary to the Board of Health: | 1) Will upload the Board package and In-Camera package to the electronic board management platform on the Friday prior to the scheduled Board meeting. |
| | 2) Will post the Board package to the Algoma Public Health Website and email the link to municipalities on the Friday prior to the scheduled Board meeting. In-Camera documentation will not be included. |
| Board: | 3) Will access the meeting package(s) on an electronic board management platform prior to the board meeting. |
| Secretary to the Board of Health: | 4) Maintain a binder of the original signed approved Board minutes plus signed resolutions by the Board Chair for each Board meeting on a yearly basis. |
| | 5) Allow onsite access to Board of Health members to review the “In-Camera” binder as required with reasonable notice. |

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

APPROVED BY:	Board of Health	REFERENCE #:	02-05-088
DATE:	Original: May 27, 2020 Reviewed: Mar 23, 2022	SECTION:	Policies
		SUBJECT:	Stakeholder Communication

PURPOSE:

Effective communication with all stakeholders is a key foundational activity of Algoma Public Health.

The Board of Health supports the staff of APH to share information with its stakeholders that complies with the Personal Health Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act, Health Protection and Promotion Act, Accessibility for Ontarians with Disabilities Act, French Language Services Act, and Emergency Management and Civil Protection Act. APH will also follow directives from the Ministry of Health and best practices identified by organizations such as Public Health Ontario, Public Health Agency of Canada and the World Health Organization.

The Board recognizes APH's duty to communicate accurate, honest, meaningful, and understandable information (or expert advice in the absence of sufficient evidence) in a timely manner to stakeholders, through various means, with the aim to protect the individuals and the public supported by APH while protecting the privacy of individuals.

The Board also recognizes that effective and ongoing communication by APH during public health emergencies is critical in order to be transparent and accountable and to foster trust in the health unit by stakeholders to optimize the success of public health interventions.

POLICY:

- 1) The Board of Health is accountable to ensure that a communication plan is developed and regularly reviewed for various scenarios related to interactions with municipalities and stakeholders or that can impact public health (e.g., environmental and human disasters, infectious disease outbreaks, etc.). Communication will be designed to meet the needs of stakeholders and will be made available in French when required. Communication will align with these principles:
 - a) Communication will occur with all appropriate stakeholder(s) should a public health related threat or event occur;
 - b) Information communicated will comply with freedom of information and privacy legislation and established best practices as determined by APH based on relevant sources to protect the health of residents served by APH;
 - c) Individuals with the authority to share information with stakeholders and the media are identified;

- d) Information is shared with the appropriate stakeholders and the public in a timely manner with the appropriate sequence of the release of information (i.e., individual stakeholders are informed prior to public posting and sharing with the media);
- e) APH will, to the best of their ability, communicate information or expert advice that is accurate, honest, meaningful, and understandable and will communicate as frequently as required and reasonable;
- f) Communication with municipal councils will occur after every municipal election cycle to ensure the orientation of newly elected council members on APH's role; and
- g) Communication with municipal councils will occur after the yearly budget has been established for APH; a meeting may be scheduled with the council if requested.

February 23, 2022

VIA ELECTRONIC MAIL

Dr. Paul Roumeliotis
President
Association of Local Public Health Agencies
480 University Avenue, Suite 300
Toronto, ON M5G 1V2

Dear Dr. Roumeliotis:

Re: Health and Racial Equity: Denouncing Acts and Symbols of Hate

At its meeting on February 17, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #08-22:

WHEREAS the reduction of health inequities is a goal of Ontario's public health programs and services as set out in the Ontario Public Health Standards (OPHS), health equity is a Foundational Standard of the OPHS, and programs and services must be implemented in accordance with the Health Equity Guideline which includes the requirement to apply anti racist, anti-oppressive, and culturally safe approaches to public health practice; and

WHEREAS the Vision of the Board of Health for Public Health Sudbury & Districts, Healthier communities for all, is further guided by its Mission and Strategic Plan, both of which prioritize action in support of health equity; and

WHEREAS the Board of Health for Public Health Sudbury & Districts is a leader among Ontario local public health agencies in their longstanding commitment to health and racial equity, including notably, the September 2019 endorsement of the Racial Equity Action Framework for Improved Health Equity; and

WHEREAS recent events in Ontario have included public displays of racism, anti-Semitism and discrimination, all detrimental to optimal health for all and prompting the Ontario Public Health Association (OPHA) on January 31, 2022, to issue the following statement:

While the right to protest is a fundamental element of our democracy, OPHA is disturbed by the hate filled racist and white supremacist symbols and messages flowing from the demonstrations in Ottawa. We denounce all forms of hate, bigotry, racism, antisemitism, and discrimination. Acts and

Sudbury

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

Elm Place

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

Sudbury East / Sudbury-Est

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

Espanola

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

Île Manitoulin Island

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

Chapleau

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

toll-free / sans frais

1.866.522.9200

phsd.ca



symbols of hate are unwelcome and should not be tolerated. Silence is not acceptable. We urge political leaders from all levels & parties to speak out against such hate and racism, and to promote the importance of vaccines and other public health measures that are protecting all of us, especially the most vulnerable, against illness, hospitalization, & death. Change can only happen when we stand up and speak out. Let's work together to build a society that values diversity, inclusion, and optimal health for all.

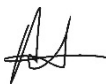
THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the January 31, 2022, statement of the OPHA; and

FURTHER THAT the Board of Health encourage other Ontario boards of health and the Association of Local Public Health Agencies to do the same; and

FURTHER THAT that this resolution be shared with all boards of health, the Association of Local Public Health Agencies, area Honorable Members of Parliament and Provincial Parliament, the Ontario Public Health Association, the Association Municipalities of Ontario (AMO), among other stakeholders.

A reduction of health inequities is a goal of Ontario's public health programs and services as set out in the OPHS. Both alPHA and local Boards of Health have a long-standing history of supporting various health equity measures (e.g., food security, Truth and Reconciliation Commission calls to action, living wage, low-income dental, use of a health equity lens, national pharmacare, extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance). Thanks to efforts like these, public health addresses the social determinants of health and promotes health equity. There is still work to be done. Recent events in Ontario have included public displays of racism, anti-Semitism and discrimination, all detrimental to optimal health for all. In supporting health for all, it is important that public health not remain silent and instead state that acts and symbols of hate are unwelcome and should not be tolerated. Thank you for your consideration of this important matter.

Sincerely,



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

cc: All Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pageen Walsh, Executive Director, Ontario Public Health Association
Jamie McGarvey, President, Association of Municipalities Ontario
Jamie West, Member of Provincial Parliament, Sudbury
France G  linas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Paul Lefebvre, Member of Parliament, Sudbury
Marc Serr  , Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing

March 16, 2022

The Honourable Christine Elliott
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Elliott:

Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide

On March 16, 2022, the Simcoe Muskoka District Health Unit (SMDHU) Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Simcoe Muskoka and province-wide. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

In the 19 months of available data since the start of the pandemic (March 2020 to September 2021) there have been 245 opioid-related deaths in Simcoe Muskoka. This is nearly 70% higher than the 145 opioid-related deaths in the 19 months prior to the start of the pandemic (August 2018 to February 2020), when our communities were already struggling in the face of this crisis. The first nine months of 2021 saw an opioid-related death rate more than 33% higher than the first nine months of 2020, suggesting the situation has not yet stabilized.

As such, the SMDHU Board of Health urges your government to take the following actions:

1. Create a multisectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

Midland:
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives, that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.
8. Fund a fulltime position of a Drug Strategy Coordinator/Lead for the Simcoe Muskoka Opioid Strategy.

The SMDHU Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response. Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services, as our Board called for in 2018. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair
Simcoe Muskoka District Health Unit

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health
Ontario Boards of Health
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Mayors and Municipal Councils in Simcoe Muskoka

From: [allhealthunits](#) on behalf of [Loretta Ryan](#)
To: [All Health Units](#)
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] Information Break - March 2022
Date: Friday, March 11, 2022 2:36:11 PM
Attachments: [image004.png](#)
[image005.png](#)
[image007.png](#)

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

PLEASE ROUTE TO:

All Board of Health Members

All Members of Regional Health & Social Service Committees

All Senior Public Health Managers



March 11th, 2022

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

-

**Notice of alPHA Conference and Annual General Meeting
June 14, 2022**

alPHA's 2022 Annual General Meeting (AGM) and Conference will be held online on June 14th! We are excited to announce that Eastern Ontario Public Health Unit will be co-hosting and the University of Toronto's Dalla Lana School of Public Health will be providing support for the event.

Please click here for the [June 2022 alPHA AGM Notice and Package](#) or click on the links below for the individual documents:

-

- [Notice for the 2022 alPHA Annual General Meeting](#)
- [Call for 2022 alPHA Resolutions](#)
- [Call for 2022 alPHA Distinguished Service Awards](#)
- [Call for Board of Health Nominations](#)

In addition, the [Conference poster](#), [Conference Sponsorship package](#), and [alPHA Fitness Challenge](#) are also available.

Further details regarding registration and the conference program will be available in the coming weeks. In the meantime, please don't forget to hold the date: June 14th!

**Winter Symposium and Section Meetings
Public Health Resilience - Friday, February 25, 2022**

The alPHA Winter Symposium, *Public Health Resilience*, and Section Meetings took place on February 25th. We had a wonderful turnout and insightful presentations from all of our speakers. We would like to thank all attendees who came to the symposium. The event would not have been possible without your support!

alPHA is pleased to announce that [Symposium Proceedings](#) are now available on the alPHA website. You will need your login ID and password to access this document.

An acknowledgment goes out to all of our speakers including the Hon. Christine Elliott (Deputy Premier and Minister of Health), Jamie McGarvey (President, AMO), Dr. Theresa Tam, (Chief Public Health Officer of Canada), Dr. Kieran Moore (Chief Medical Officer of Health), Colleen Geiger (President and CEO (acting), Public Health Ontario), Dr. Brian Schwartz (Vice President, Public Health Ontario), Dr. Samir Patel (Chief, Microbiology and Laboratory Science (acting), Public Health Ontario), Dr. Jessica Hopkins (Chief Health Protection and Emergency Preparedness Officer, Public Health Ontario), Dr. Christopher Simpson (Executive Vice-President, Medical, Ontario Health), Dr. Sara Allin (Associate Professor, DLSHP), Dr. Charles Gardner (Chair, Ontario Medical Officers of Health), and Tim Arnold (Leaders for Leaders).

We would be remiss if we didn't thank Dr. Paul Roumeliotis, alPHA President and Chair of the symposium,

Dr. Charles Gardner, COMOH Section Chair, and Wess Garrod, BOH Section Chair for their leadership roles at the event. Many thanks to our alPha Board members who also took on the role of moderator: Trudy Sachowski, Vice President, Carmen McGregor, Past President, Dr. Robert Kyle, Treasurer, Steven Rebellato, Affiliate Executive Representative, Cynthia St. John, Affiliate Representative, and René Lapierre, BOH Representative. A special shoutout goes to alPha staff Loretta Ryan, Gordon Fleming, and Melanie Dziengo

Our thanks to the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support, especially Andrew Morrisson from EOHU and Obadiah George from DLSPH. Thank you too to Akanksha Ganguly for notetaking and other conference support.

Thank you to everyone who filled out the event survey. Your feedback helps us with planning future events. The winner of the survey draw from the Winter Symposium is Syd Gardiner!

Request for Photos

Do you have a photo showing alPha members in action we can share with attendees at the Annual Conference? We want to continue to profile the key role public health is playing in the pandemic response. Please send your images to: info@alphaweb.org

alPha Fitness Challenge

The alPha fitness challenge is back! And this time...no paperwork!

All members are encouraged to engage in fitness activities that are at least 30 minutes in length during the month of May. Participate and share pictures on Twitter tagging [@PHAgencies](#) #PublicHealthLeaders. Photos will be profiled during the June 14th Conference.

The Fitness Challenge flyer can be found [here](#).

The EQ Edge - Leadership Success Through Emotional Intelligence

This virtual half-day workshop specifically for Public Health professionals will take place on Wednesday, May 25th, 2022 - 1:00pm - 4:30pm EST. Whether you're a manager, a team member, on a board, or working in the community, emotional intelligence (EQ) is increasingly becoming one of the most important skills any professional can have. Join this half-day online workshop to understand what emotional intelligence is, assess your EQ effectiveness, and learn simple strategies that increase your EQ. **NOTE – space is limited to 25 participants, so register today!** [Click here for more information.](#)

Peel Medical of Health awarded with a key to the city

Earlier this month, Mississauga Mayor Bonnie Crombie [awarded alPha member, Dr. Lawrence Loh, with a key to the city](#). Dr. Loh has been instrumental in keeping Peel Region and Mississauga residents safe during the COVID-19 pandemic. Congratulations, Dr. Loh!

COVID-19 Update

As part of the response to COVID-19, alPha continues to represent the public health system and work with key stakeholders. To keep members up-to-date, alPha shares Ministry of Health Situation Reports and COVID-19-related news. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alPha.

[Visit the Ministry of Health's page on guidance for the health sector](#)
[View the Ministry's website on the status of COVID-19 cases](#)
[Go to Public Health Ontario's COVID-19 website](#)
[Visit the Public Health Agency of Canada's COVID-19 website](#)
[alPha's recent COVID-19 related submissions can be found here](#)

alPha Correspondence

Through policy analysis, collaboration, and advocacy, alPha's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Correspondence since the last Newsletter:

[alPha Letter - 2022 Pre-Budget Submission, January 19, 2022](#)

[alPha Speaking Notes - Pre Budget, Jan 19, 2022](#)

[AOPHBA Letter - Bill 116 Redeployment](#)

In case you missed it, here are alPha's most recent position paper and the executive summary:

[alPha Report: PH Resilience 2022](#)

A complete online library is available [here](#).

Boards of Health: Shared Resources

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

- [Orientation Manual for Boards of Health](#)
- [Review of Board of Health Liability, 2018](#)
- [Legal Matters: Updates for Boards of Health](#)
- [Ontario Boards of Health by Region](#)
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [List of Health Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)

PHO Resources

Variants of Concern

- [COVID-19 Omicron Variant Sub-lineage BA.2: Available Evidence and Risk Assessment](#)
- [Omicron in Ontario: Risk Analysis for Approaching Public Health Measures in Winter 2022](#)
- [Cycle Threshold Values of S-Gene Target Failure COVID-19 Cases in Ontario: December 6 to December 30, 2021](#)

Check out PHO's [Variants of Concern](#) web page for the most up-to-date resources.

Health Care Resources

- [Cohorting Strategies to Facilitate Bed Flow in Acute Care Settings](#)
- [COVID-19 Transmission through Short and Long-Range Respiratory Particles](#)
- [Universal Mask Use in Health Care](#)

Check out PHO's [Health Care Resources](#) page for a comprehensive list of all health care resources.

Upcoming PHO Events

- April 12 | [PHO Rounds: Public Health Nurse-Delivered Group Cognitive Behavioural Therapy for Postpartum Depression](#)

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

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

Upcoming DLSPH Events, Courses and Webinars

The Dalla Lana School of Public Health hosts many public health-related events, from regular seminar series, featured guest speakers, and professional development opportunities. View all events by day, month, or type of event [here](#). You can explore all past webinars [here](#).

Upcoming events include:

- March 19-20, 2022 [10th World Breast Pathology and Breast Cancer Conference](#)
- March 22, 2022 [Understanding and Address Anti-Semitism](#)
- March 23, 2022 [CanPath COVID-19 Antibody Study Results Webinar](#)
- March 30, 2022 [Health Policy for the Anthropocene](#)

News Releases

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

Association of Local Public Health Agencies
480 University Avenue, Suite 300 | Toronto ON | M5G 1V2
416-595-0006 | www.alphaweb.org | info@alphaweb.org



Take Care,

Loretta

Loretta Ryan, CAE, RPP
Executive Director

Association of Local Public Health Agencies (alPHA)

480 University Avenue, Suite 300

Toronto, ON M5G 1V2

Tel: 416-595-0006 ext. 222

Cell: 647-325-9594

loretta@alphaweb.org

www.alphaweb.org





Association of Local
PUBLIC HEALTH
Agencies

ANNUAL CONFERENCE - June 14, 2022

This package contains the following information:

Notice of the 2022 alPHa Annual General Meeting

Call for 2022 alPHa Resolutions

Call for 2022 alPHa Distinguished Service Awards

Call for Board of Health Nominations to the alPHa Board of Directors



Photo Credit: City of Cornwall

N O T I C E

2022 ANNUAL GENERAL MEETING

NOTICE is hereby given that the 2022 Annual General Meeting of the **ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (alPHa)** will be held online on **Tuesday, June 14, 2022, at 10:15 AM Eastern Daylight Time** at the *2022 Annual Conference*, for the following purposes:

1. To consider and approve the minutes of the 2021 Annual General Meeting;
2. To receive and adopt the annual reports from the President, Executive Director, Section Chairs and others, as appropriate;
3. To consider and approve the Audited Financial Statement for 2021-2022;
4. To appoint an auditor for 2022-2023; and
5. To transact such other business as may properly be brought before the meeting.

DATED at Toronto, Ontario March 11, 2022.

BY THE ORDER OF THE BOARD OF DIRECTORS.



Loretta Ryan
Executive Director



Call for Resolutions

alPHA members are invited to submit resolutions for consideration at the 2022 alPHA Annual General Meeting & Resolutions Session during the *Annual Conference* in June.

It is important that resolutions are drafted using the "**Procedural Guidelines for alPHA Resolutions**" found by [clicking here](#). Members are also encouraged to visit alPHA's [extensive library](#) of past resolutions to ensure consistency with or to build upon existing positions where appropriate.

Please note that resolutions should be limited to **one** operative clause **per issue** (other than specific directions on whom to advise) to allow for focused advocacy and monitoring.

Who may submit?

- A member board of health.
- the alPHA Board of Directors, the alPHA Executive Committee, an alPHA Section (i.e. COMOH or Boards of Health) or a Section Executive Committee.
- An Affiliate member organization.

When is the deadline to submit?

- **Friday, April 8, 2022, 4:30 PM** for resolutions that request amendments to the alPHA Constitution.
- **Friday, April 22, 2022, 4:30 PM** for all resolutions that do not request amendments to alPHA's Constitution.
- **Late Resolutions:** Resolutions received after the deadline may still be considered under the criteria for Late Resolutions. We ask that the sponsor submit them along with supporting materials to the alPHA office as soon as possible after the deadline for review and advance distribution to the membership. Late resolutions will only be debated at the AGM if time allows and if delegates agree to consider these by a two-thirds majority vote.

When will resolutions be debated by the alPHA membership?

- There will be a special session to consider resolutions on June 14th, 2022, immediately following the Annual General Meeting portion of the *Annual Conference*.

How may I submit the resolutions?

- Only electronic submissions in **MS Word** will be accepted. Please [click here](#) to download a template.

Please email Submissions to: Loretta Ryan, Executive Director, alPHA loretta@alphaweb.org.

CALL FOR NOMINATIONS

alPHA Distinguished Service Award

The Distinguished Service Award (DSA) is awarded annually by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.

How many awards are given yearly?

- A maximum of one award per Section and Affiliate organization may be presented in any given year.
- On occasion, an award may be given to individuals outside alPHA for their contributions to public health. No more than one such nomination will be considered in any given year.

Who is eligible to receive the DSA?

- Eligibility is open to individuals who fall under the following categories and have served a member board of health in alPHA for at least three years:
 - A member of alPHA's Boards of Health Section.
 - A member of the Council of Ontario Medical Officers of Health.
 - A member of one of alPHA's seven affiliated organizations (i.e., AOPHBA, APHEO, ASPHIO, HPO, OAPHD, ODPH, OPHNL).
- Consideration may also be given to individuals outside the alPHA membership who have made outstanding contributions to public health in Ontario.

Who deserves the DSA?

- Eligible recipients have:
 - Demonstrated exceptional qualities of leadership in their own milieu.
 - Achieved tangible results through lengthy service and/or distinctive acts.
 - Displayed exemplary devotion to public health at the provincial level.

Who can nominate?

- Any member of alPHA including Board of Health members, Medical and Associate Medical Officers of Health, and Affiliate representatives may nominate. Please note that three (3) Section or Affiliate members of alPHA must sign the nomination form.
- In the case of nominations of *non-members of alPHA*, nominations must come from any three (3) active members of alPHA; only alPHA members may nominate potential candidates.
- The Award is presented on behalf of each of alPHA's various membership groups, i.e., the Boards of Health Section, Council of Ontario Medical Officers of Health (COMOH), and the seven Affiliate organizations of alPHA. **Therefore, nominations must be issued by the nominee's Section or Affiliate organization** (i.e., nominations of Board of Health members must come from the Board of Health Section; nominations of Medical/Associate Medical Officer of Health must come from the Council of Ontario Medical Officers of Health; and nominations of senior public health staff must come from the nominee's respective Affiliate organization). If you want to recommend an individual for nomination by their Section or Affiliate

organization, please contact the Chair or President of the respective Section or Affiliate organization.

What materials must accompany the nomination form?

1. Signatures of the nominator and two (2) other supporting voting members of alPHA.
2. A **cover letter explaining why the nominee is deserving of this award**. Since the members of the Selection Committee more than likely will not know the nominee, they will base their assessment on what is conveyed to them in the cover letter. The letter should tell the Selection Committee what the nominee has achieved and why it is outstanding.
3. A service record or curriculum vitae that includes the following:
 - Personal achievements at the local level.
 - Special or distinctive services on behalf of public health provincially.
 - Leadership and contributions on behalf of alPHA and/or one of its Sections; an Affiliated organization; or a provincial public health organization.

Where should I send the nominations to?

- Nomination forms along with all relevant accompaniments should be emailed to Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org.

When is the deadline to submit nominations?

- **Friday, April 15, 2022, 4:30 PM.**

Who selects the DSA recipients?

- All nominations are reviewed by the Executive Committee of alPHA.
- In the event of a tie, the alPHA Board of Directors will determine the Award recipient.

How are Award recipients notified?

- Award recipients are notified in writing by alPHA approximately one month prior to the conference date.
- Award recipients will be recognized during the *Annual Conference*.

Who can I contact if I have further questions on the Awards?

- Loretta Ryan, Executive Director, alPHA, 416-595-0006 ex. 222, email: loretta@alphaweb.org.



2022 NOMINATION FORM

Distinguished Service Award

I HEREBY NOMINATE THE FOLLOWING INDIVIDUAL TO RECEIVE THE *alPHA* DISTINGUISHED SERVICE AWARD:

Nominee: _____

Title: _____

Health Unit/Agency/Organization: _____

Mailing Address: _____

Email: _____

Telephone: _____

Membership Group within alPHA (choose one):

BOH	COMOH	AOPHBA	APHEO	ASPHIO
HPO	OAPHD	ODPH	OPHNL	OTHER

NOMINATOR'S SIGNATURE:

Name (please print): _____

Title: _____

Health Unit/Agency/Organization: _____

Email: _____

Signature: _____ Date: _____

SUPPORTING SIGNATURES (*must be different from nominator*):

1. _____ Name (please print): _____

2. _____ Name (please print): _____

This completed form **must** be accompanied by a **cover letter** and **service record**, or curriculum vitae, to at least include a list of personal achievements at the local level, special or distinctive services on behalf of public health provincially and contributions on behalf of alPHA and/or one of its Sections, Affiliated organizations or a provincial health organization.

Please forward by Friday, April 15, 2022, 4:30 PM

to: Loretta Ryan, Executive Director, Association of Local Public Health Agencies, loretta@alphaweb.org

CALL FOR BOARD OF HEALTH NOMINATIONS 2022-2024 alPHa BOARD OF DIRECTORS



alPHa is accepting nominations for **three** Board of Health representatives to fill positions on its Board of Directors from the following regions and for the following terms:

<ol style="list-style-type: none"> 1. East 2. Central West 3. South West 	}	2-year term each (June 2022 to June 2024)
--	---	--

See the attached appendix for boards of health in each of these regions.

Each position will fill a seat on the Boards of Health Section Executive Committee and a seat on the alPHa Board of Directors. If you are an active member of a Board of Health/Regional Health Committee who is interested in running for a seat, please consider standing for nomination.

Qualifications:

- Active member of an Ontario Board of Health (or regional public health committee) that is a member organization of alPHa.
- Knowledge and skills in the areas of not-for-profit governance: policy, finance, programs and human resources.
- Previous volunteer leadership experience in a not-for-profit is an asset but not a requirement.
- Strong commitment to public health and the work of the organization.

An election to determine the representatives will be held at the Boards of Health Section Meeting on June 14, 2022, at the alPHa Annual Conference. All nominees must be present.

Nominations close **4:30 PM, Friday, May 27, 2022.**

Serving on the alPHa Board is an important opportunity for you to:

- Play a part in making alPHa a stronger leadership organization for public health agencies in Ontario.
- Represent your colleagues at the provincial level.
- Participate in discussion reflecting common concerns of public health agency management across the province.
- Expand your contacts and strengthen relationships with Medical Officers of Health, Public Health Unit senior staff and board of health members and lend your expertise to the development of alPHa position papers and official response to issues affecting all public health agencies.
- Participate on provincial ad hoc or advisory committees.

Continued

Duties of a Director:

- Make decisions in the best interest of the Association's long and short-term goals, objectives, priorities, and initiatives using a thorough understanding of alPha's Constitution, Strategic Plan, policies, and procedures, including the Code of Conduct.
- Prepare for, attend and actively participate in Board meetings and the Annual General Meeting.
- Approve Strategic Plan, Annual Budget, and Annual Report.
- Review and approve major contracts and grants.
- Complete tasks as assigned by the President and the Executive Committee.
- Provide written and verbal reports, as appropriate.
- Participate on ad hoc committees and sub-committees, as appropriate.
- Provide input and consultation to the alPha President and Executive Director, as needed.
- Hire and evaluate the Association's Executive Director.
- Serve as a public figure and spokesperson for the Association, as appropriate.

How is the alPha Board structured?

- There are 22 directors on the alPha Board.
 - 7 from the Boards of Health Section.
 - 7 from the Council of Ontario Medical Officers of Health (COMOH).
 - 1 from each of the 7 Affiliate Organizations of alPha.
 - 1 from the Ontario Public Health Association Board of Directors.
- There are three (3) committees of the alPha Board: Executive Committee, Boards of Health Section Executive, and COMOH Executive.

What is the Boards of Health Section Executive Committee of alPha?

- This is a committee of the alPha Board of Directors comprising seven (7) *Board of Health representatives*.
- It includes a Chair and Vice-Chair who are chosen by the Section Executive members; and
- Members of the Section Executive attend all alPha Board meetings and participate in teleconferences throughout the year.

How long is the term on the Boards of Health Section Executive/alPha Board of Directors?

- A full term is two (2) years with no limit to the number of consecutive terms.
- Mid-term appointments will be for less than two years.

What is the time commitment for a Section Executive member/Director of alPha?

- alPha Board meetings are held four (4) times a year; a fifth and final meeting is held at the June *Annual Conference*.
- Boards of Health Section Executive Committee teleconferences are held five (5) times throughout the year.
- The Chair of the Boards of Health Section Executive participates on alPha Executive Committee teleconferences that are held five (5) to ten (10) times a year. Other ad hoc meetings may be held.

Are my expenses as a Director of the alPha Board covered?

- Any travel expenses incurred by an alPha Director during Association meetings are *not* covered by the Association but are the responsibility of the Director's sponsoring health unit.

How do I stand for consideration for appointment to the alPHA Board of Directors?

- Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy (maximum 200 words) and a copy of the motion from your Board of Health supporting your nomination to alPHA by **May 27, 2022**.
- All nominees are required to attend and participate in the alPHA Boards of Health Section Executive Elections on June 14, 2022.

Who should I contact if I have questions on any of the above?

- Loretta Ryan, alPHA, 416-595-0006 ex. 222, email: loretta@alphaweb.org

Appendix to Nomination and Consent Form – alPHA Board of Directors 2022-2024

Central West Region

Boards of health in this region include:

Brant
Haldimand-Norfolk
Halton
Hamilton
Niagara
Waterloo
Wellington-Dufferin-Guelph

East Region

Boards of health in this region include:

Eastern Ontario
Hastings Prince Edward
Kingston Frontenac Lennox & Addington
Leeds Grenville & Lanark
Ottawa
Renfrew

South West Region

Boards of health in this region include:

Chatham-Kent
Grey Bruce
Huron Perth
Lambton
Middlesex-London
Southwestern
Windsor-Essex

_____, a Member of the Board of Health of
(Please print nominee's name)

_____, is HEREBY NOMINATED
(Please print health unit name)

as a candidate for election to the alPHA Board of Directors for the following Boards of Health Section Executive seat from (*choose one using the list of Board of Health Vacancies on previous pages*):

- ☐ East (2-year term)
- ☐ Central West (2-year term)
- ☐ South West Region (2-year term)

SPONSORED BY:

1) _____
(Signature of a Member of the Board of Health)

2) _____
(Signature of a Member of the Board of Health)

Date: _____

I, _____, HEREBY CONSENT to my nomination
(Signature of nominee)

and agree to serve as a **Director of the alPHA Board** if appointed.

Date: _____

IMPORTANT:

1. Nominations close **4:30 PM, May 27, 2022**, and must be submitted to alPHA by this deadline.
2. A **biography** of the nominee outlining their suitability for candidacy, as well as a **motion passed by the sponsoring Board of Health** (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted along with this nomination form on separate pages by the deadline.

There is a 200-word limit for the biography. Links may be included in the biography but not attachments. Candidates are encouraged to include a photo.

3. Email the completed form, biography and copy of Board motion, to Loretta Ryan at loretta@alphaweb.org.