Algoma
PUBLIC HEALTH
Santé publique Algoma

January 24, 2024

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

Meeting Book - January 24, 2024, Board of Health Meeting

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Board of Health Meeting

AGENDA

Wednesday, January 24, 2024 - 5:00 pm

SSM Algoma Community Room | Videoconference

BOARD MEMBERS	APH MEMBERS
Deborah Graystone	Dr. Jennifer Loo - Medical Officer of Health & CEO
Sally Hagman	Dr. John Tuinema - Associate Medical Officer of Health &
Julila Hemphill	Director of Health Protection
Donald McConnell	Rick Webb - Director of Corporate Services
Luc Morrissette	Kristy Harper - Director of Health Promotion & Chief
Loretta O'Neill	Nursing Officer
Matthew Shoemaker	Leo Vecchio - Manager of Communications
Sonia Tassone	Leslie Dunseath - Manager of Accounting Services
Suzanne Trivers	Tania Caputo - Board Secretary
Jody Wildman	

STAFF GUEST: Nicole Lindahl, Manager of Emergency Preparedness and Response

1.0 Meeting Called to Order *Dr. J. Loo*

a. **Land Acknowledgment**

b. **Roll Call**

c. **Declaration of Conflict of Interest**

2.0 Election of Officers

a. **Appointment of Board of Health Chair for the year 2024.** *Dr. J. Loo*

b. **Appointment of Board of Health First Vice-Chair and Chair of the Finance and Audit Committee for the year 2024.** *Chair*

c. **Appointment of Board of Health Second Vice-Chair and Chair of the Governance Committee for the year 2024.** *Chair*

d. **Call for Committee Members for the Finance & Audit Committee and Governance Committee for the year 2024.** *Chair*

Finance and Audit Committee call for members :

Governance Committee call for members:

e. **Slate of officers and committee members.** *Chair*

RESOLUTION

Be it resolved that the following is the Board of Health slate of officers and committee members for the year 2024.

Board of Health Chair:	
First Vice-Chair & Chair of the Finance and Audit Committee:	
Second Vice-Chair & Chair of the Governance Committee:	
Finance and Audit Committee members:	
Governance Committee members:	

3.0 Signing Authority *Chair*

RESOLUTION

THAT By-Law 95-2 identifies that signing authorities for all accounts shall be restricted to:

i) the Chair of the Board of Health
ii) one other Board member, designated by Resolution
iii) the Medical Officer of Health/Chief Executive Officer
iv) the Director of Corporate Services

SO BE IT RESOLVED that signing authority is provided to _____ as the one other Board member, designated by resolution until the next election of officers.

4.0 Adoption of Agenda *Chair*

RESOLUTION

THAT the Board of Health agenda dated January 24, 2024 be approved as presented.

5.0 Delegations / Presentations

After Action Review - COVID-19 Pandemic: Overview of Key Findings and Recommendations *N. Lindahl*

6.0 Adoption of Minutes of Previous Meeting *Chair*

RESOLUTION

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

7.0 Business Arising from Minutes

a. Report back from November 2023 alPHa Symposium *D. Graystone*

b. Report back from Merger Feasibility Oversight Committee *S. Trivers*

c. Report back from Merger Feasibility Governance Workgroup *D. McConnell*

8.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports *Dr. J. Loo*

i. MOH Report - January 2024

- Program Highlights: Population Health Assessment – Community Health Profile 2024
- Public Health Champion Awards

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for January 2024 be accepted as presented.

b. Finance and Audit

i. Financial Statements *L. Dunseath*

RESOLUTION

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

9.0 New Business/General Business *Chair*

a. Provincial Appointee Extension

i. Policy 02-05-087 Board Member Terms of Office - for reference

RESOLUTION

THAT the Board of Health approve an exception to Policy 02-05-087 Board Member Terms of Office, in support of reappointment of Deborah Graystone as a provincial appointee to strengthen the continuity of the work and governance experience and leadership during this period of exploring a potential merger.

b. Special Meeting of the Board of Health

i. By-Law 95-1 To Regulate the Proceedings of the Board of Health - for reference

RESOLUTION

WHEREAS the Board of Health regularly meets on the fourth Wednesday of the month, and

WHEREAS By-Law 95-1 in the Board of Health Policies and Bylaws stipulates that the Board may, by resolution, alter the time, day, or place of any meeting.

THEREFORE, BE IT RESOLVED THAT this Board of Health agrees:

THAT a Special Board of Health meeting be held at 6:00 pm. Thursday, February 15, to discuss merger planning as set out in the provincial government's Strengthening Public Health plan; and

THAT the regular Board of Health meeting scheduled for 5:00 p.m. Wednesday, February 28, 2024, be rescheduled to 11:00 am. Tuesday, February 20.

10.0 Correspondence *Chair*

11.0 Items for Information *Chair*

a. alPHa Information Break - January 2024

12.0 Addendum *Chair*

13.0 In-Camera *Chair*

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.

14.0 Open Meeting *Chair*

Resolutions resulting from in-camera meeting.

15.0 Announcements / Next Committee Meetings: *Chair*

Finance & Audit Committee
Wednesday, February 21, 2024 @ 5:00 pm
Video Conference │SSM Algoma Community Room

Board of Health Special Meeting
TBD
Video Conference │SSM Algoma Community Room

Board of Health Meeting
TBD
Video Conference │SSM Algoma Community Room

Governance Committee
Wednesday, March 13, 2024 @ 5:00 pm
Video Conference │SSM Algoma Community Room

16.0 Evaluation *Chair*

a. November 2023 BOH Evaluation Summary

17.0 Adjournment *Chair*

RESOLUTION

THAT the Board of Health meeting adjourns.

After Action Review: COVID-19 Pandemic

Presenter: Nicole Lindahl

Date: January 24, 2024

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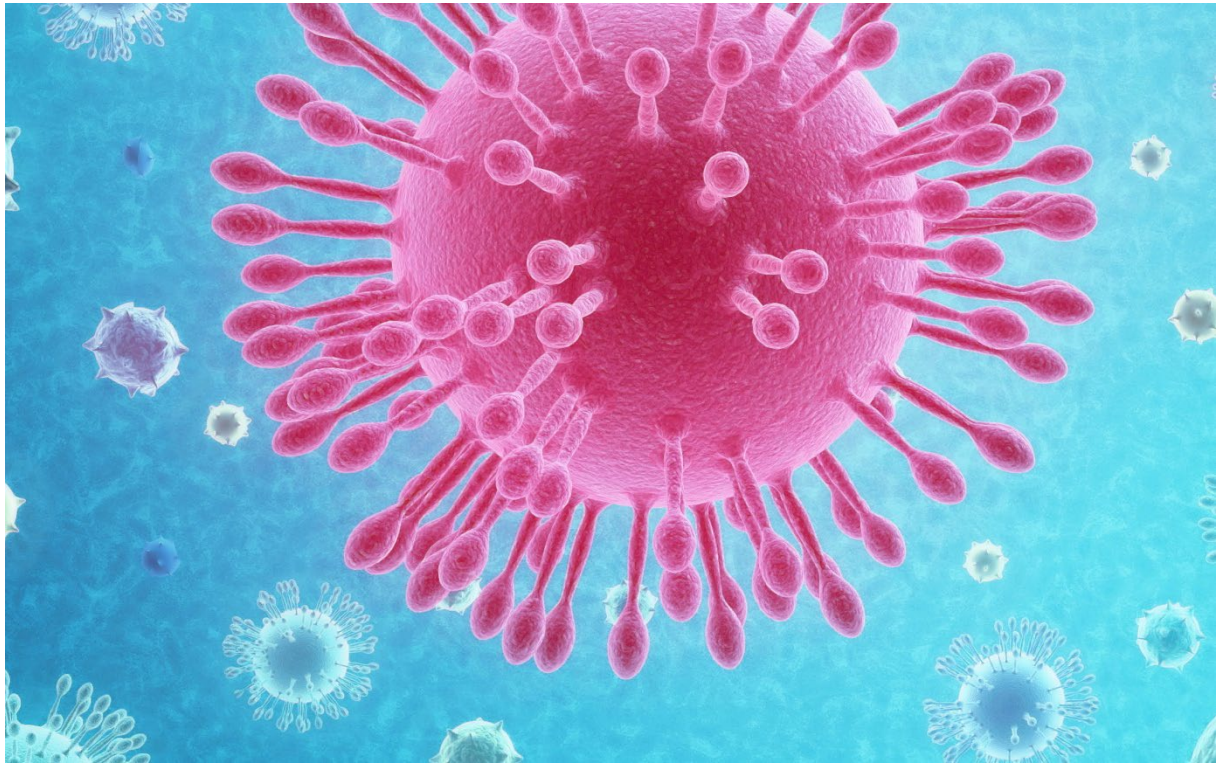
Overview

- COVID-19 Pandemic
- After-Action Review Process
- Key Findings & Recommendations
- Next Steps



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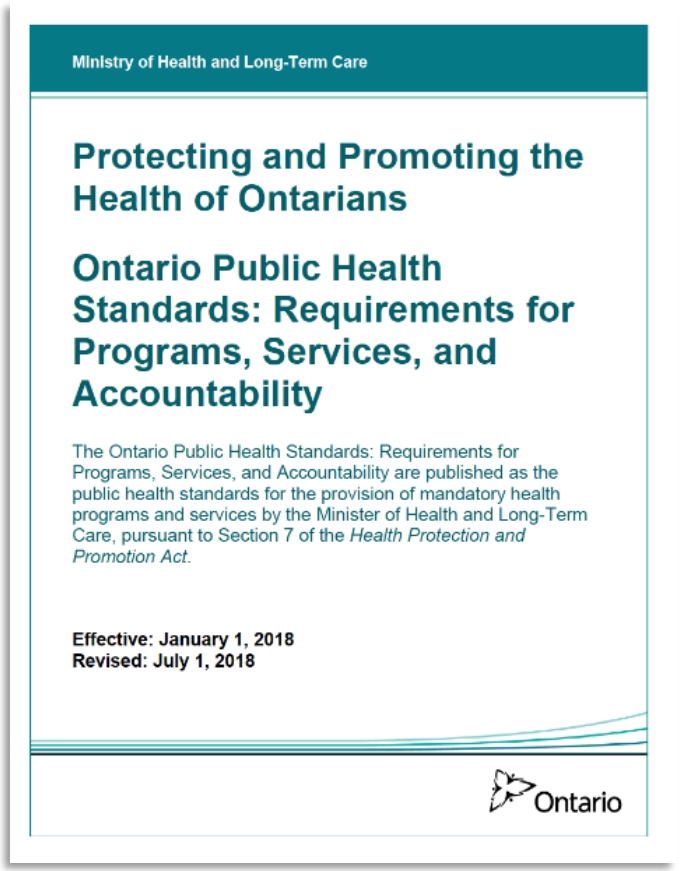
Strategic Directions

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

Improve the impact and effectiveness of Algoma Public Health programs.

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

Ontario Public Health Standards


Ministry of Health and Long-Term Care

Protecting and Promoting the Health of Ontarians

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the *Health Protection and Promotion Act*.

Effective: January 1, 2018
Revised: July 1, 2018

Ontario

Emergency Management

Emergencies can occur anywhere and at any time. Boards of health regularly experience new and emerging events ranging from infectious diseases such as SARS, the H1N1 influenza pandemic, and Ebola virus disease to extreme weather events and environmental hazards such as flooding and forest fires.

Effective emergency management ensures that boards of health are ready to cope with and recover from threats to public health or disruptions to public health programs and services. This is done through a range of activities carried out in coordination with other community partners.

This planning, and its associated activities, is a critical role in strengthening the overall resilience of boards of health and the broader health system. Ministry policy and expectations to support a ready and resilient health system will be outlined separately.

Goal

To enable consistent and effective management of emergency situations.

Program Outcome

- The board of health is ready to respond to and recover from new and emerging events and/or emergencies with public health impacts.

Requirement

1. The board of health shall effectively prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines.[5]

Ministry of Health, Ontario. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021.
https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

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COVID-19 Pandemic

“The structure and communication through a weekly IMS [meeting] were fundamental.”

- Internal AAR respondent

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COVID-19 Response

March 11 2020 → **2021** → **2022** → **May 3 2023**

Algoma Public Health (APH) activated its Emergency Response Plan (ERP) and implemented Incident Management System (IMS) concepts, to:

- Minimize serious illness and death
- Minimize societal disruptions and preserving health care services

APH deactivated ERP and "stood down" IMS

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March 11th, 2020, APH activated its Emergency Response Plan (ERP) and implemented Incident Management System (IMS)

March 17th, 2020

Ontario enacts declaration of emergency, followed by closures to public spaces.

July 17th, 2020

APH implements masking in indoor premises as more spaces across the province reopen.

October 3rd, 2020

Ontario pauses further reopening, advises close contact only within households, and implements masking legislation for indoor premises.

December 14th, 2020

Some areas of Ontario begin Phase 1 of vaccine rollout, APH begins **January 27th, 2021.**

December 26th, 2020

Ontario enters a 2nd provincial wide shut down, followed by declaring a 2nd state of emergency & a Stay-at-Home Order.

April 7th, 2021

Cases continue to rise in Ontario, 3rd State of Emergency is declared and a province-wide emergency break is imposed with additional restrictions.

June-July 2021

Ontario & Algoma gradually reopen together throughout the summer.

November 15 – 24th, 2021

Algoma Public Health issues a Section 22 class order & Letter of Instructions to prevent the spread of COVID-19 as cases in Algoma rise.

December 19th, 2021

Ontario begins to tighten capacity restrictions with raising cases of COVID-19 across the province.

December 31st, 2021

The province shifts case and contact management to focus on **only priority populations** in response to the rapidly spreading Omicron variant .

January 2022

APHs vaccine coverage peaks Q1 2022, at 89.4% 2-dose coverage for 18+.

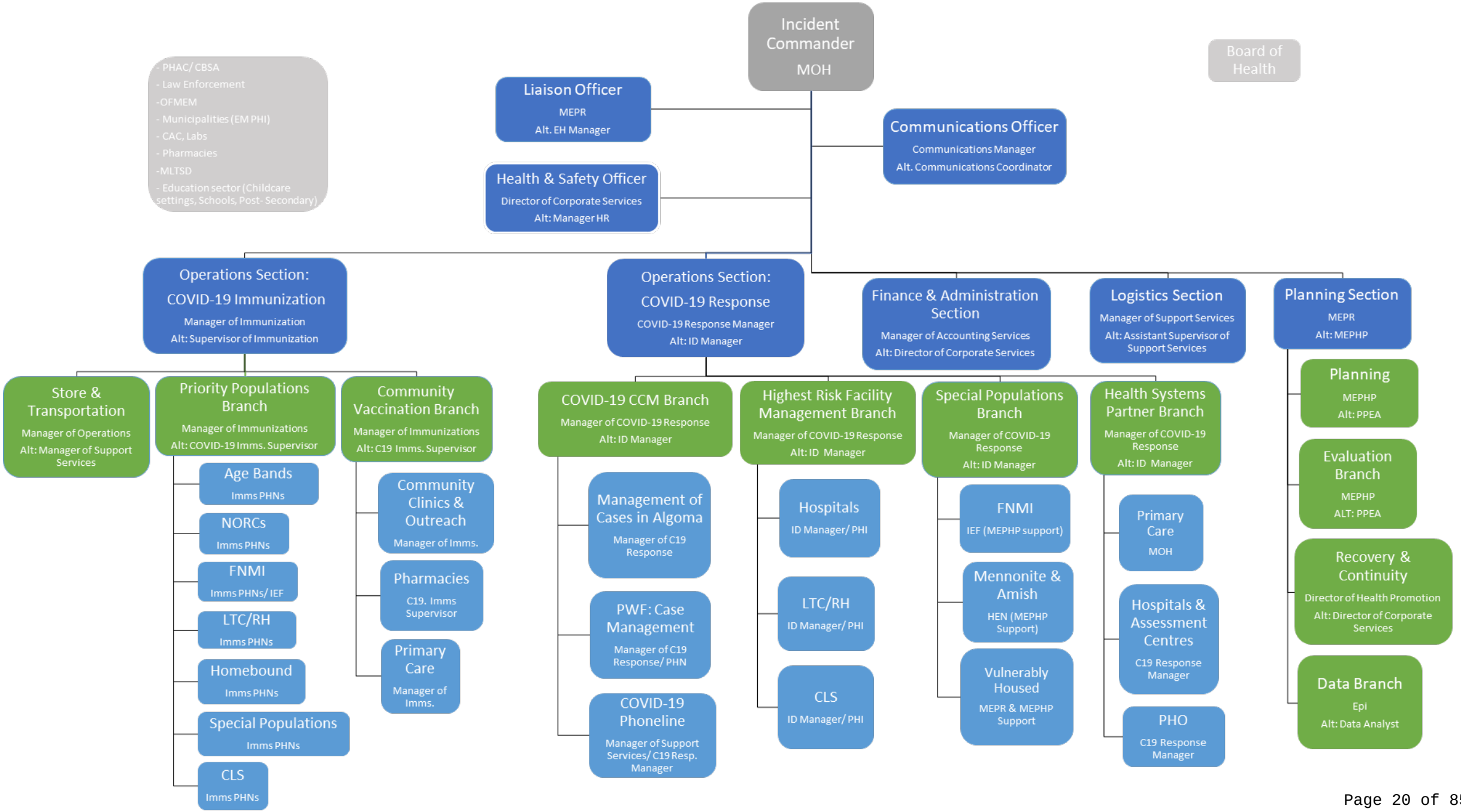
January 31st 2022 – onward

The province begins to ease restrictions throughout 2022.

APH rescinds LOIs throughout January.

No further provincial restrictions are placed throughout 2022, regardless of waves of transmission.

May 3rd, 2023, APH inactivated ERP and "stood down" IMS


- PHAC/ CBSA
- Law Enforcement
-OFMEM
- Municipalities (EM PHI)
- CAC, Labs
- Pharmacies
-MLTSD
- Education sector (Childcare settings, Schools, Post- Secondary)
Incident Commander
MOH
Board of Health
Liaison Officer
MEPR
Alt. EH Manager
Communications Officer
Communications Manager
Alt. Communications Coordinator
Health & Safety Officer
Director of Corporate Services
Alt: Manager HR
Operations Section: COVID-19 Immunization
Manager of Immunization
Alt: Supervisor of Immunization
Operations Section: COVID-19 Response
COVID-19 Response Manager
Alt: ID Manager
Finance & Administration Section
Manager of Accounting Services
Alt: Director of Corporate Services
Logistics Section
Manager of Support Services
Alt: Assistant Supervisor of Support Services
Planning Section
MEPR
Alt: MEPHP
Store & Transportation
Manager of Operations
Alt: Manager of Support Services
Priority Populations Branch
Manager of Immunizations
Alt: COVID-19 Imms. Supervisor
Community Vaccination Branch
Manager of Immunizations
Alt: C19 Imms. Supervisor
COVID-19 CCM Branch
Manager of COVID-19 Response
Alt: ID Manager
Highest Risk Facility Management Branch
Manager of COVID-19 Response
Alt: ID Manager
Special Populations Branch
Manager of COVID-19 Response
Alt: ID Manager
Health Systems Partner Branch
Manager of COVID-19 Response
Alt: ID Manager
Planning
MEPHP
Alt: PPEA
Evaluation Branch
MEPHP
ALT: PPEA
Recovery & Continuity
Director of Health Promotion
Alt: Director of Corporate Services
Data Branch
Epi
Alt: Data Analyst
Age Bands
Imms PHNs
NORCs
Imms PHNs
FNMI
Imms PHNs/ IEF
LTC/RH
Imms PHNs
Homebound
Imms PHNs
Special Populations
Imms PHNs
CLS
Imms PHNs
Community Clinics & Outreach
Manager of Imms.
Pharmacies
C19. Imms Supervisor
Primary Care
Manager of Imms.
Management of Cases in Algoma
Manager of C19 Response
PWF: Case Management
Manager of C19 Response/ PHN
COVID-19 Phoneline
Manager of Support Services/ C19 Resp. Manager
Hospitals
ID Manager/ PHI
LTC/RH
ID Manager/ PHI
CLS
ID Manager/ PHI
FNMI
IEF (MEPHP support)
Mennonite & Amish
HEN (MEPHP Support)
Vulnerably Housed
MEPR & MEPHP Support
Primary Care
MOH
Hospitals & Assessment Centres
C19 Response Manager
PHO
C19 Response Manager

Community Engagement

- Health sector
- Long term care homes
- Retirement homes
- First responder agencies
- Enforcement agencies
- Municipalities
- First Nation, Métis, and Inuit partners
- Childcare settings
- Primary, secondary, and post-secondary schools
- Workplaces
- Community organizations
- Congregate living settings
- Priority populations
- Social services
- Air and land border agencies
- Correctional facilities
- Emergency management organizations
- Provincial organizations or agencies

After-Action Review Process

“The direct liaisons were invaluable in developing a coordinated response.”

The After-Action Review

- Conducted after an emergency, to improve systems and processes in future
- A review of responses to an emergency or a public health event to identify:
  - best practices
  - gaps
  - lessons learned
- **Not** intended to evaluate a team/organization's performance

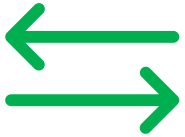
Public Health Ontario, Rapid Review. Best Practices for Conducting In- and After-Action Reviews as part of Public Health Emergency Management. (2022). Available from: https://www.publichealthontario.ca/-/media/Documents/B/2022/best-practices-after-action-review-phem.pdf?sc_lang=en

Overarching Questions

What actually happened?

What worked well?

What did not work?



What action(s) should be taken to improve response capacities?

Public Health Ontario, Rapid Review. Best Practices for Conducting In- and After-Action Reviews as part of Public Health Emergency Management. (2022). Available from: https://www.publichealthontario.ca/-/media/Documents/B/2022/best-practices-after-action-review-phem.pdf?sc_lang=en

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AAR Methodology

Review content from:

APH's incident action plans (IAPs)

COVID-19 epidemiological surveillance data

APH's public communications reach

APH human resource information

Internal after-action review survey

External after-action review survey

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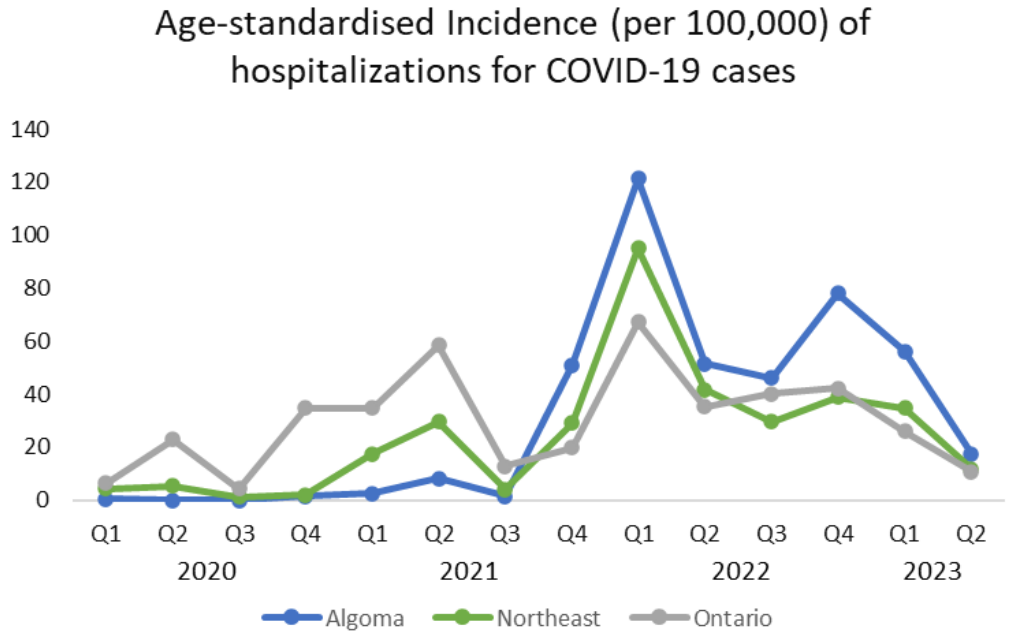
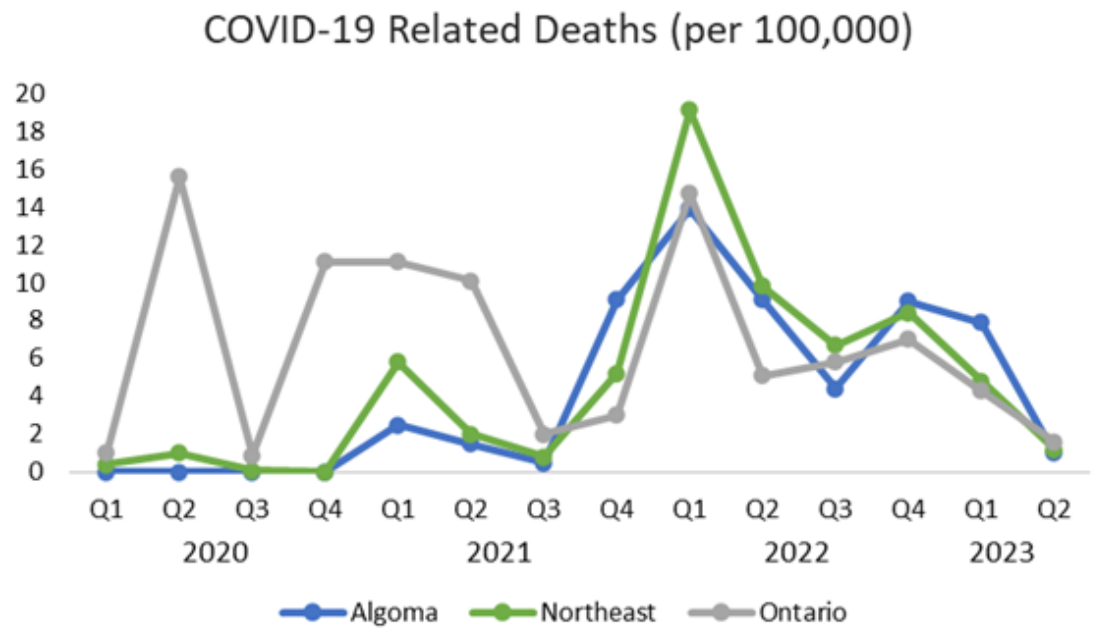
Key Findings & Recommendations

Our phone lines allowed great access to the public […] The mass emails that went out to businesses was another great method of communication.

What **actually** happened?

Health Determinants and Status: Morbidity and Mortality





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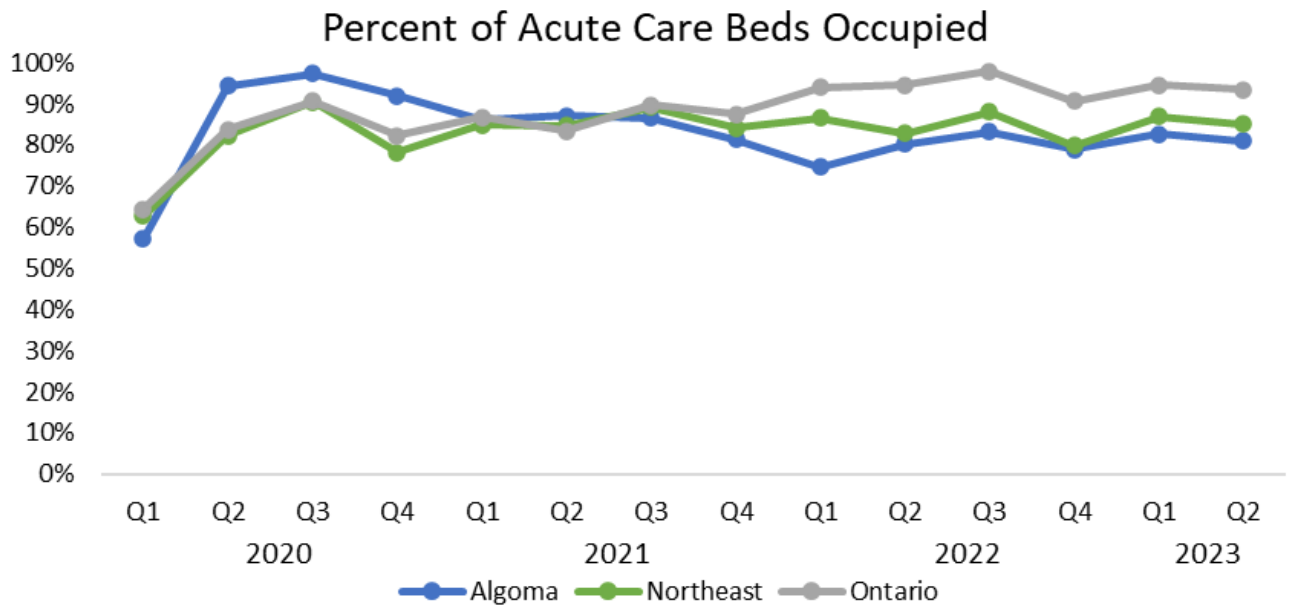
What actually happened?

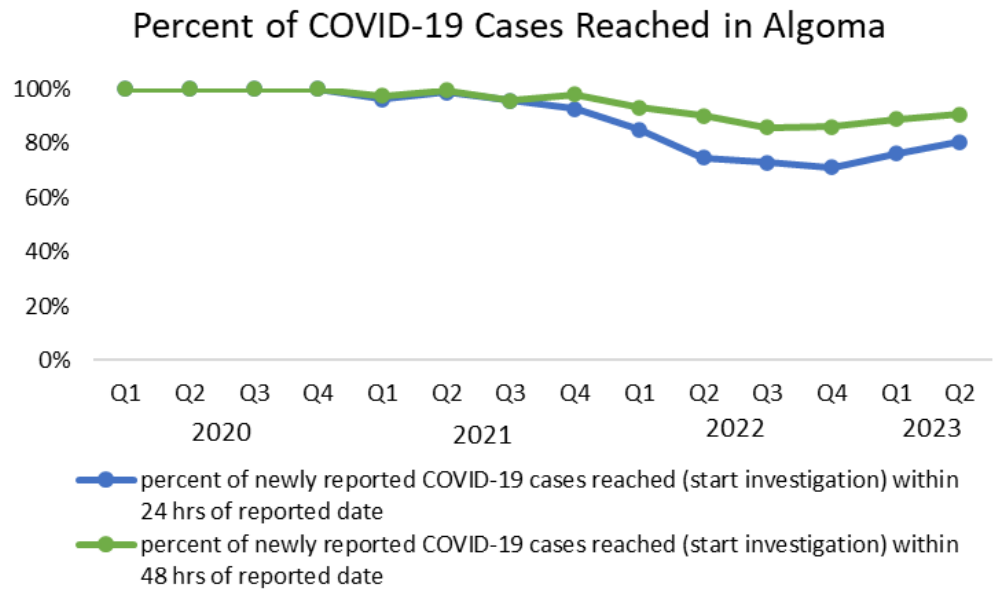
Health Determinants and Status: Morbidity and Mortality



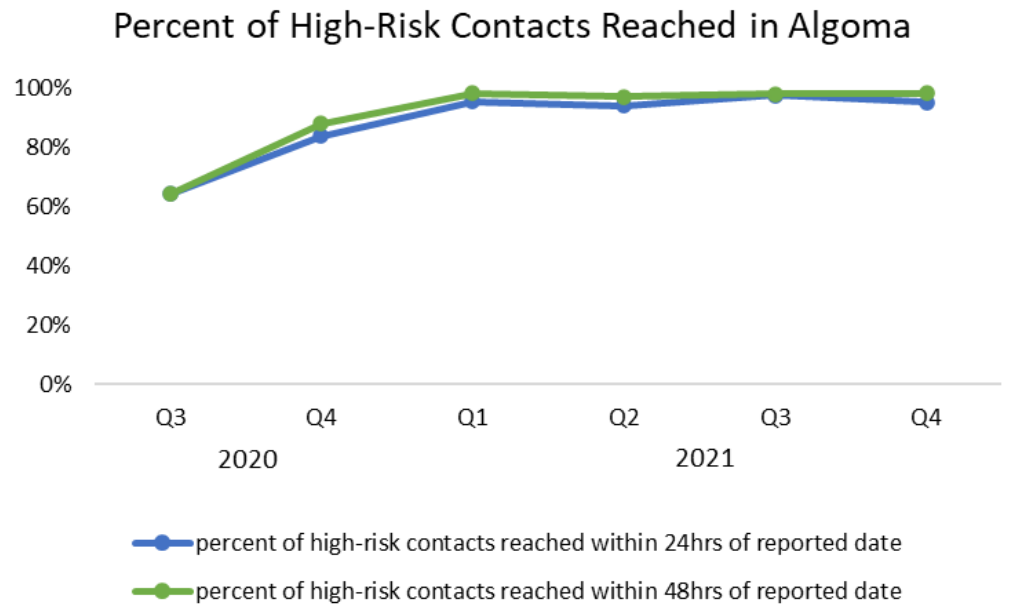
What actually happened?

Resources and Services: What we did

Percent of COVID-19 cases reached in 24 and 48 hours in Algoma



Percent of high-risk cases reached in 24 and 48 hours in Algoma



What actually happened?

Resources and Services: What we did

Outbreak incidence per 100,000 (# of outbreaks/population)

Location	2020	2021	2022	2023 (Q1 only)	Total (Q1 2020-Q2 2023)
Algoma	2.5	60.3	116.0	20.5	198.8
Northeast	7.9	59.8	98.3	21.2	187.2
Ontario	31.1	72.4	64.2	13.2	181.3

APH led COVID-19 doses administered

Year	2021	2022	2023 (Q1 & Q2)	Sum
Total APH led COVID-19 doses administered	119,163	25,101	2000	146,264

Overall COVID-19 mass immunization coverage by Q2 2023 (% with primary series)

Location	Coverage
Algoma	80.8%
Northeast	79.0%
Ontario	82.3%
North Bay Parry Sound	77.9%
Porcupine	79.2%
Sudbury	80.8%
Timiskaming	76.2%
Algoma	80.8%

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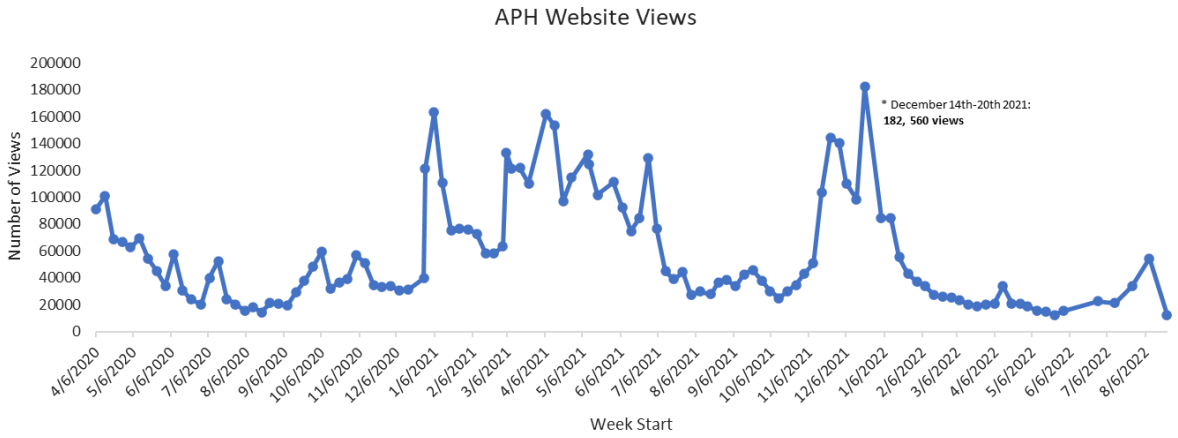
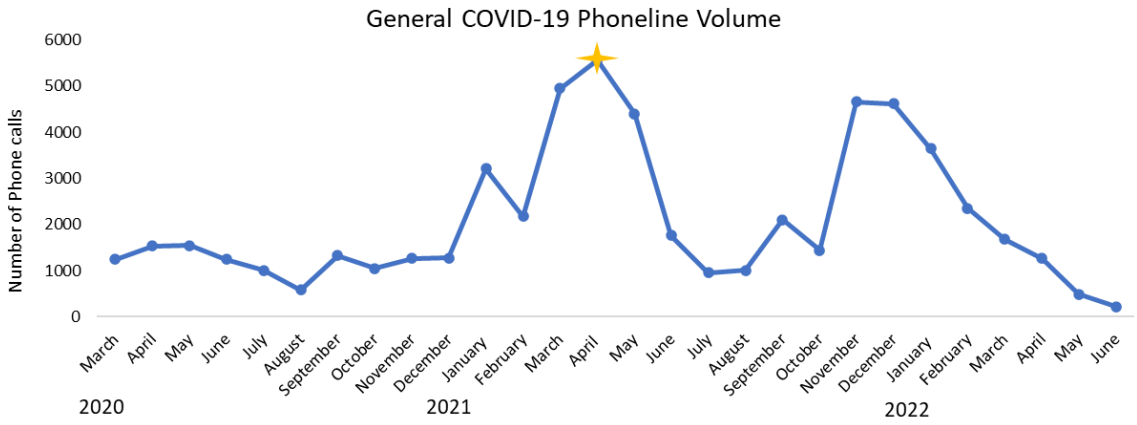
What actually happened?

Resources and Services: What we did

APH Website Views from April 2020-August 2022



APH's General COVID-19 Phoneline Volume from March 2020-June 2022.



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What actually happened?

Resources and Services: What it cost

- From 2020-2022, APH employees completed 205,250 hours of COVID-19 response related work, costing about $10.8 million.
- From 2021-2022, APH employees completed 82,723 in COVID-19 vaccine related work, costing around $3.7 million in labour.
- On a per capita basis, all APH COVID-19-related costs from 2020-2022 comes to $150.02 per person in Algoma.

In other words, APH provided the full breadth of pandemic response activities – from case and outbreak management, to media updates, to liaison support, to immunization – all for an investment of $50 per Algoma resident per year.

What actually happened?

Resources and Services: What it cost

- Snapshot of January 1st, 2021-September 18th 2021 additional staffing hours:
  - ONA and CUPE employees worked 5063.5 extra hours, marking a 166.3% increase in hours compared to 2019.
  - Leadership and non-union employees worked 3427 overtime hours.
- From 2020-2023 APH hired 143 employees specifically for COVID-related purposes.

What actually happened?

Recommendations:

1. Continued use of IMS to support the organization and management of future emergencies.

What worked well?

External partners:

- found APH's dedicated Liaisons the most useful of all APH resources and supports.
- were satisfied with all APH's response activities and the range of activities.
- were satisfied with APH's communication and organization of COVID-19 vaccine clinics.
- identified routine meetings and partner collaboration as useful.

APH employees:

- agreed that communication to external agencies and the public about COVID-19 prevention, mitigation, and immunization was effective and flexible.
- found the frequent meetings (internal and with external partners) worked well in APH's overall response.

What worked well?

Recommendations continued:

2. Prioritize role of Liaison Officer during emergency preparedness and response.
3. Use a wide range of communication methods for internal and external communications during emergency response.
4. Hold internal coordination meetings as part of the planning and operations cycle during emergency response.
5. Hold meetings as deemed necessary with partner response agencies to share information and coordinate response activities during an emergency response.

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What did not work?

APH employees:

- believe there is room for improving internal and external communications of ministry guidance, though the agency's communications relied heavily on their timeliness.
- found that there was need for adjustments in staffing across public health programs and response teams district wide, and an increased focus on employee well-being.

What did not work?

Recommendations continued:

6. Conduct an annual review of the Continuity of Operations Plan and associated plans and documents.
7. Develop an internal communications plan used for the implementation of the Continuity of Operations Plan.
8. Develop response activity monitoring templates and indicators for assessment of staffing needs to be implemented during an emergency response.

What actions should be taken to improve response capacity?

APH employees:

- said information was shared in a timely manner to inform their work; but we can improve conciseness of information and where it is stored.
- confirmed communication to external agencies and the public was effective, and improvements could be made in speed and simplicity.
- were aware of the Emergency Response Plan (ERP) and IMS, though they identified a need for additional training and awareness.
- suggested review and sharing of emergency planning documents (e.g.: APH's Continuity of Operations Plan, Emergency Response Plan, and emergency communications plans) and providing employees with training in emergency management and IMS.

What actions should be taken to improve response capacity?

Recommendations continued:

9. Conduct an annual review of the Emergency Response Plan and associated plans and documents.

10. Develop and implement an IMS and emergency management training program for all APH employees.

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Next Steps

[There is need for] More communication about our ERP and EM training as part of onboarding. Opportunity to prepare and run scenarios for emergency response to various issues (environmental, technological, etc.) to boost confidence and role clarity.

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Implementation

- The Emergency Management program plan for the coming years has been updated to reflect the recommendations coming from the AAR.
- In June, a further update on recommendation implementation will be provided.

Questions?

Chi-Miigwech. Merci. Thank You.

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January 24, 2024

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

TABLE OF CONTENTS

APH AT-A-GLANCE

APH's work in population health assessment and emergency management – two of the four foundational standards in the Ontario Public Health Standards – are highlighted in this month's presentation and report to the Board of Health (BOH). Both the Community Health Profile and the after-action report for APH's pandemic response also demonstrate APH's commitment to knowledge exchange and partner engagement, as well as the central processes of evaluation and continuous quality improvement that are key to our work, reflective of another foundational standard of effective public health practice. In particular, the COVID-19 after-action report contains informative indicators across four key areas: health status, community engagement, resources & services, and systems integration & responsiveness. These categories represent four quadrants of a "public health balanced scorecard," previously developed and implemented by researchers and public health practitioners in Ontario. In the upcoming months, more details will be coming to the BOH on how APH is enhancing our use of indicators and tools, such as the balanced scorecard concept, to bolster our work in evaluation, monitoring, and continuous improvement. In the context of this month's presentation, one stand-out indicator from the pandemic response is a striking statistic on return on investment: from 2020 to 2022, APH provided the full breadth of pandemic response activities district-wide – from case and outbreak management to media updates, to liaison support, to immunization – all for an investment of $50 per Algoma resident per year.

Speaking of dollars and cents, following the BOH's approval of APH's 2024 budget in November, APH management has proceeded to implement efficiencies, offer a voluntary retirement incentive program, and complete a limited workforce reduction to ensure we achieve a balanced budget. A total of six employees have been laid off across all staff groups, and the workforce reduction process is complete. There are no significant impacts to APH's delivery of programs and services as a result of these layoffs, and of note, the size of APH's workforce is now comparable to what it was prior to the COVID-19 pandemic.

As APH teams embark on a new year and continue to provide our routine programs and services in the new year, one major project at this time, particularly for our management team, is to support the merger feasibility study that the BOHs of APH and Public Health Sudbury & Districts (PHSD) resolved to conduct. APH staff worked with PHSD counterparts in December and January to collate a snapshot of our two organizations' current state, which BOH members reviewed at a joint education session in Sault Ste. Marie earlier this month. Work continues to be underway by both APH and PHSD staff and governors to consider a potential future state of a merged entity and what impacts this would have – both positive and negative – on service delivery, finances, the people of our agencies, and the broader public health system. Findings are expected to be made available to both BOHs next month for review, discussion, and further decision-making at the governance level.

PROGRAM HIGHLIGHT – Population Health Assessment

Topic: Community Health Profile 2024

From: Dr. John Tuinema, Associate Medical Officer of Health, for (The Foundations and Strategic Support Team)

OPHS Standards

Foundational Standard: Population Health Assessment

Outcomes:

- The Board of Health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services.
- Planning and delivery of local public health programs and services align with the identified needs of the local population, including priority populations.
- Resources are allocated to reflect public health priorities and reallocated, as feasible, to reflect emergent public health priorities.
- Relevant public health practitioners and community partners receive timely information regarding risks in order to take appropriate action.
- The public, community partners, and healthcare providers are aware of relevant and current population health information.
- Relevant community partners have population health information, including information on health inequities, necessary for planning, delivering, and monitoring health services that are responsive to population health needs.

2021-2025 Strategic Directions addressed in this report:

***Strategic Direction #1*: Advance the priority public health needs of Algoma's diverse communities.**
Strengthen population health assessment to improve understanding of the distribution and determinants of health and disease, including local health disparities, and identify priority populations for public health and health equity action.

***Strategic Direction #2*: Improve the impact and effectiveness of APH programs.**
Use evidence and data to plan and evaluate for program effectiveness and impact.

Key Messages

- The Community Health Profile is a population health assessment that takes a deeper look at the health trends and social determinants of health in Algoma.
- The latest edition of the Community Health Profile is scheduled for release by mid-year and will be an opportunity to inform and engage local partners in aligning programs and services to Algoma's priority health needs.
- The first chapter is completed and is provided as a preview of what's to come.

Overview

Algoma Public Health released its most recent Community Health Profile (CHP) in 2018. The community health profile is a comprehensive population health assessment of our region. Although the pandemic and ongoing recovery has delayed the development of this report, APH has made significant progress in the next edition.

Population health assessment is one of six core functions of public health in Canada. Population health assessment includes the measurement, monitoring, analysis, and interpretation of population health data, knowledge and intelligence about the health status of populations and subpopulations, including the social determinants of health and health inequities[(1)].

Population health assessment differs from health surveillance. Health surveillance is more frequent and ongoing (often real-time or a weekly frequency), whereas population health assessment occurs every few years (2-5 years, depending on goals). The goal of health surveillance is timely detection of health trends in order to inform intervention. In contrast, the goal of population health assessment is to take a deeper look at broader trends, social determinants of health, and the interplay between them in order to inform planning.

The CHP is not just beneficial for APH's use but also helps to inform planning for community partners. The upcoming CHP will examine the following topic areas:

- COVID-19 overview
- Demographics and life expectancy
- Health Equity & First Nation, Métis, and Inuit Spotlight
- Preconception health, healthy parenting and families
- Healthy eating and active living
- Chronic diseases
- Oral Health
- Mental health
- Substance use & harm reduction
- Injuries & harm reduction
- Vaccine-preventable diseases
- Healthy sexuality
- Infectious diseases & harm reduction
- Environmental Health

APH has completed data collection and is reviewing the information for each chapter. Our first chapter is currently complete and is provided below as a preview of what's to come.

Next Steps:
Publication of the *Community Health Profile* will provide APH with an excellent opportunity to engage our communities and partners regarding health priorities. This knowledge-to-action process can lead to improved alignment of planning and service provision to local needs. Our knowledge translation plan is in progress but will include:

- Disseminating the report broadly throughout Algoma with communications support
- Providing opportunities following publication for partners and groups to discuss relevant content in light of our programs, planning, and services.

References

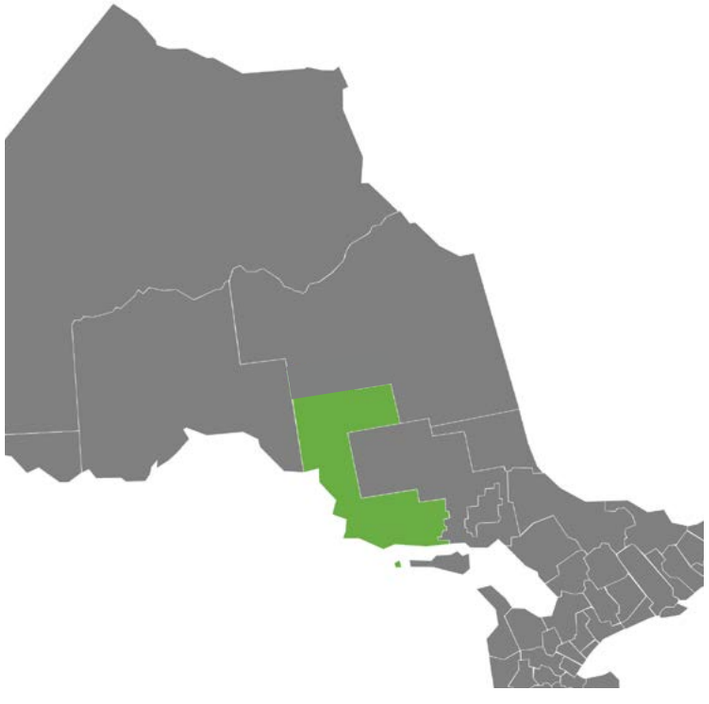
1. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. Ontario Ministry of Health; 2021. Available from: Ontario Public Health Standards: Requirements for Programs, Services and Accountability (gov.on.ca)

Algoma's Community Health Profile

Demographics & Life Expectancy

KEY MESSAGES:

- Algoma is home to an aging population, with a higher proportion of seniors aged 65 years and older compared to Northeast Public Health Units (NE PHUs) and Ontario.
- A male and female baby born in Algoma are expected to live to 77.2 and 81.6 years respectively.
- Infant mortality in Algoma has significantly reduced from 7.5 to 4.8 per 1,000 live births since 2000 to 2021.
- Algoma's all-cause mortality remains higher than the province.
- Lung cancer and accidental drug poisoning are the leading causes of preventable deaths in Algoma.



Geography

Algoma Public Health's (APH's) boundary covers over 41,000 square kilometers[1] and contains 21 municipalities, two large unorganized areas and numerous Indigenous communities. The region serviced by the health agency stretches over an eight-hour drive along Highway 17 from Spanish in the east to White River in the north.

Northern Ontario is serviced by seven public health units, five of which serve the Northeast region while the other two serve the Northwest. The Northeast public health units (NE PHUs) include Algoma Public Health, North Bay Parry Sound District Health Unit, Porcupine Health Unit, Public Health Sudbury & Districts, and Timiskaming Health Unit.

Note: Algoma Public Health's boundary differs slightly from the District of Algoma or the Census Division of Algoma, which are commonly used by Statistics Canada.

Fun fact:

The Algoma Public Health service area is as large as half of Lake Superior - the largest of the Great Lakes, whose surface area spans over 82,000 square kilometers.[2]

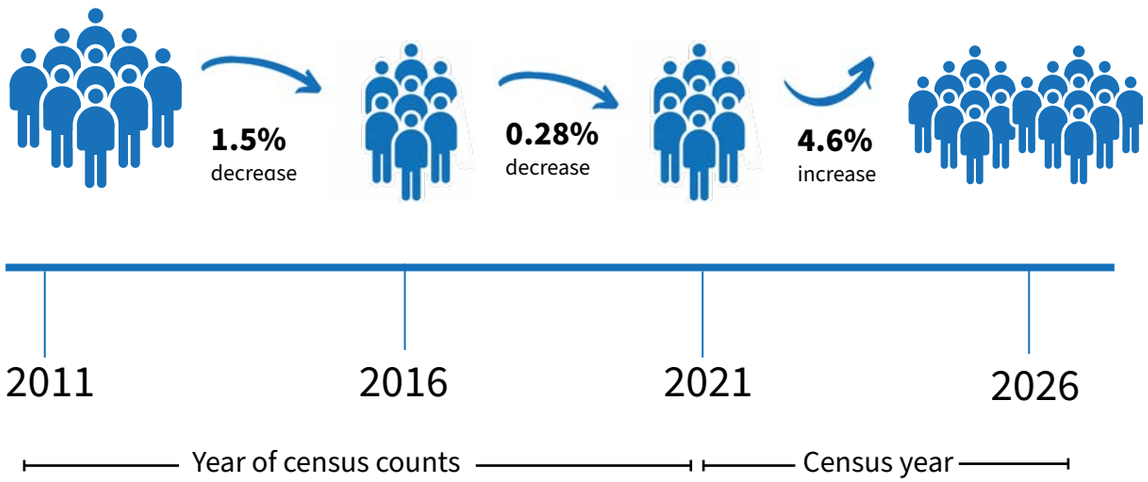
Algoma Public Health

Lake Superior

Population and Age

The population serviced by Algoma Public Health in 2021[1]

112,764



Algoma's population is comprised of[1]:

* Men+ **49.3%**

* Women+ **50.8%**

Average age of an Algoma resident[1]: **46.4**

26.5% of Algoma's population is aged 65 years and older

* Men+ includes men (and/or boys), as well as some non-binary persons.
* Women+ includes women (and/or girls), as well as some non-binary persons.

- The population declined from 2011 to 2016 by 1.5%,[1] and further from 2016 to 2021 by 0.28% and it is expected to grow by 4.6% between 2021 and 2026.[3]
- The average age in Algoma is higher than that of NE PHUs residents (44.7 years old) and Ontario residents (41.8 years old).[1]
- An alternate method of looking at age is to use the median, which is a measure that is less easily skewed by extreme values in the population. The median age of an Algoma resident is 50 years old, which compared to 46.8 and 41.6 years old in the NE PHUs and Ontario respectively.[1]
- Algoma has a higher percentage of seniors than both the NE PHUs (23.3%) and Ontario (18.5%).[1]
- By 2026, residents aged 65 years and older are projected to be 29.2% of Algoma's population.[3]

Population distribution by age group and gender, Algoma - 2021[3]

Life Expectancy

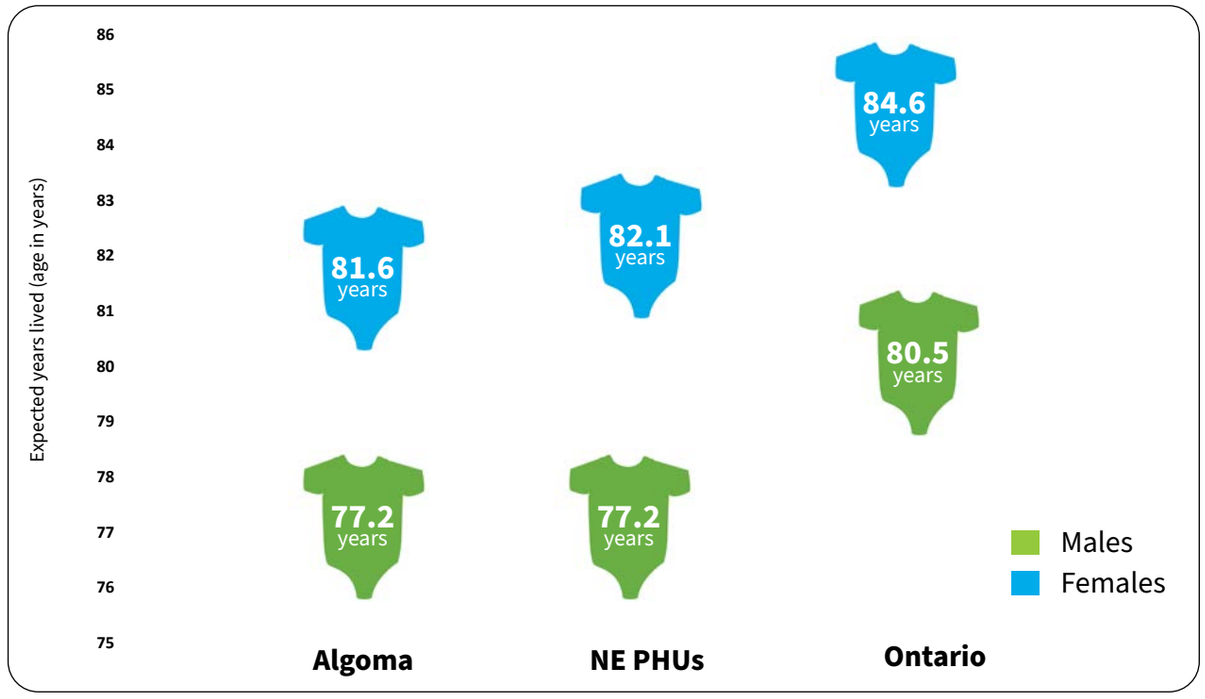
At birth

According to the data available from 2015–2017, life expectancy at birth has increased in Algoma.

Until updated Algoma-specific data becomes available, it is useful to refer to provincial level data for 2018 – 2020. This most recent data showed a decrease in life expectancy for boys and girls to 80.2 years and 84.5 years respectively.[6] This decrease is primarily attributed to deaths due to the COVID-19 pandemic.[4] Note, the COVID-19 specific death rate during 2020 in Algoma was 0 while it was 66.7 per 100,000 people in Ontario.

On average, a person born and living in Algoma lives for 3 years less than the provincial average life expectancy.[4]

Life expectancy at birth, 2015-2017[4]



At 65 years of age

A 65 year old person living in Algoma lives for 1 year less than the provincial average life expectancy.[4]

On average, females have a longer life expectancy than males in Algoma, the NE PHUs and Ontario.[4]

Life expectancy at 65 years of age[4]

	Algoma	NE PHUs	Ontario
Male	18.2	18.2	19.8
Female	21.2	21.1	22.6

Mortality Algoma

All cause mortality

Annual average death rate 2013-2019[9]

943.0
deaths per 100,000

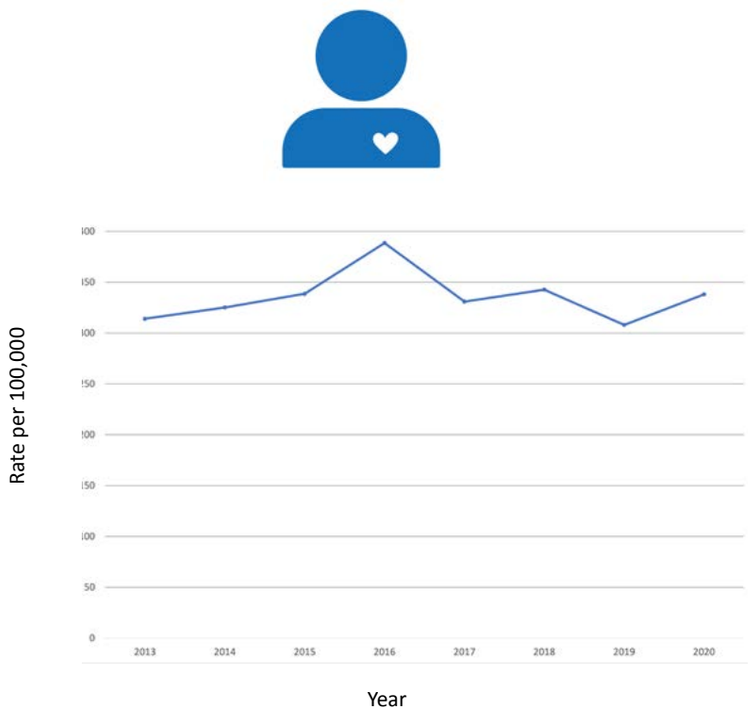
2021[9]

Algoma	NE PHUs	Ontario
873.4	**860.0**	**665.5**

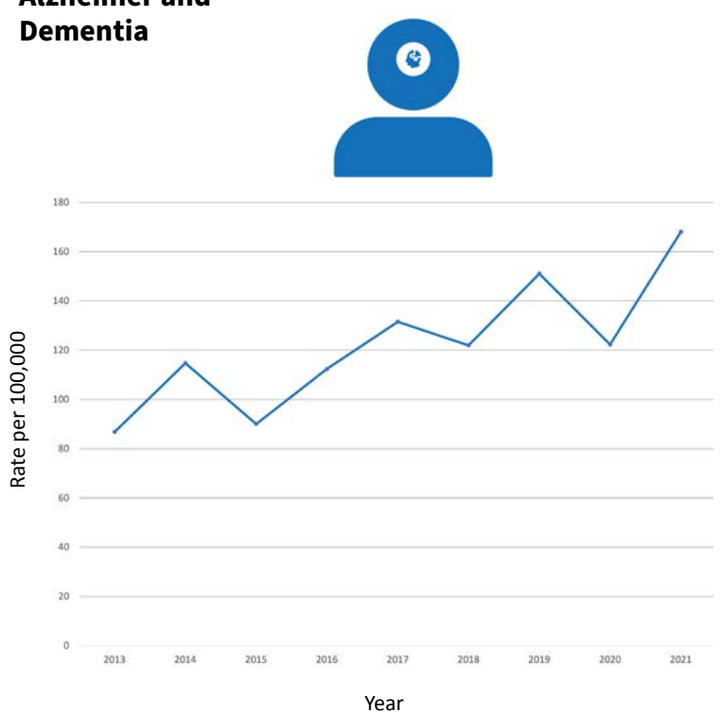
Overall death rate (per 100,000) in Algoma continues to be higher than the province.

Main causes of death[9]

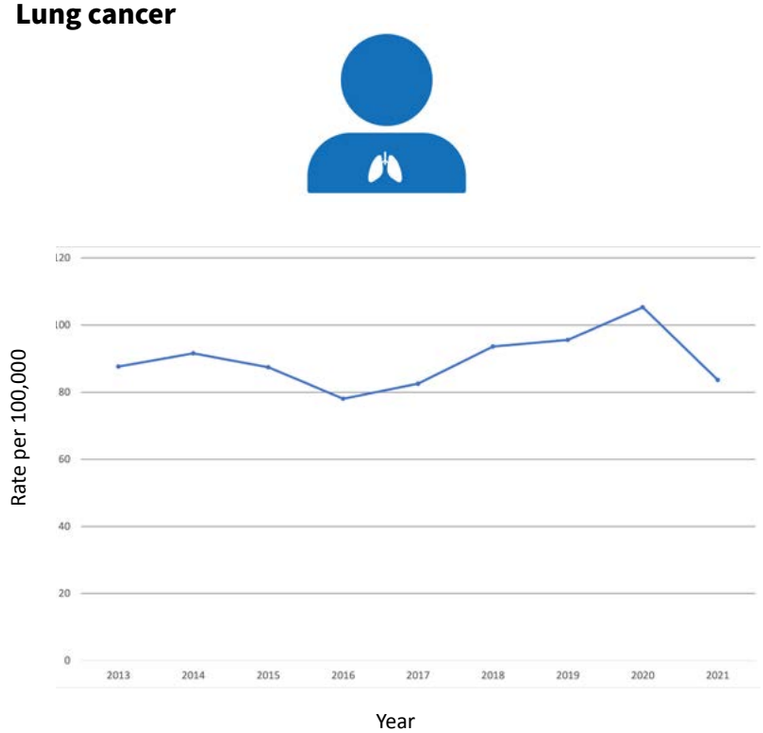
Heart diseases



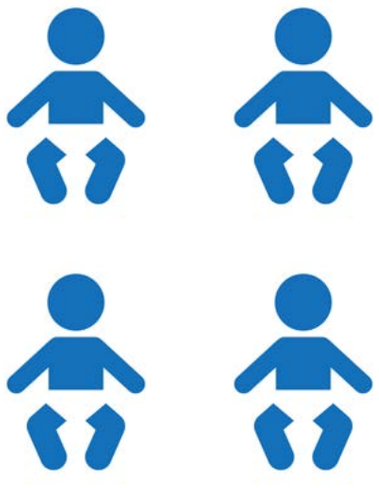
Alzheimer and Dementia



Lung cancer



Infant mortality



In Algoma, more than **4** babies die before their first birthday, out of every **1,000** live births.[8]

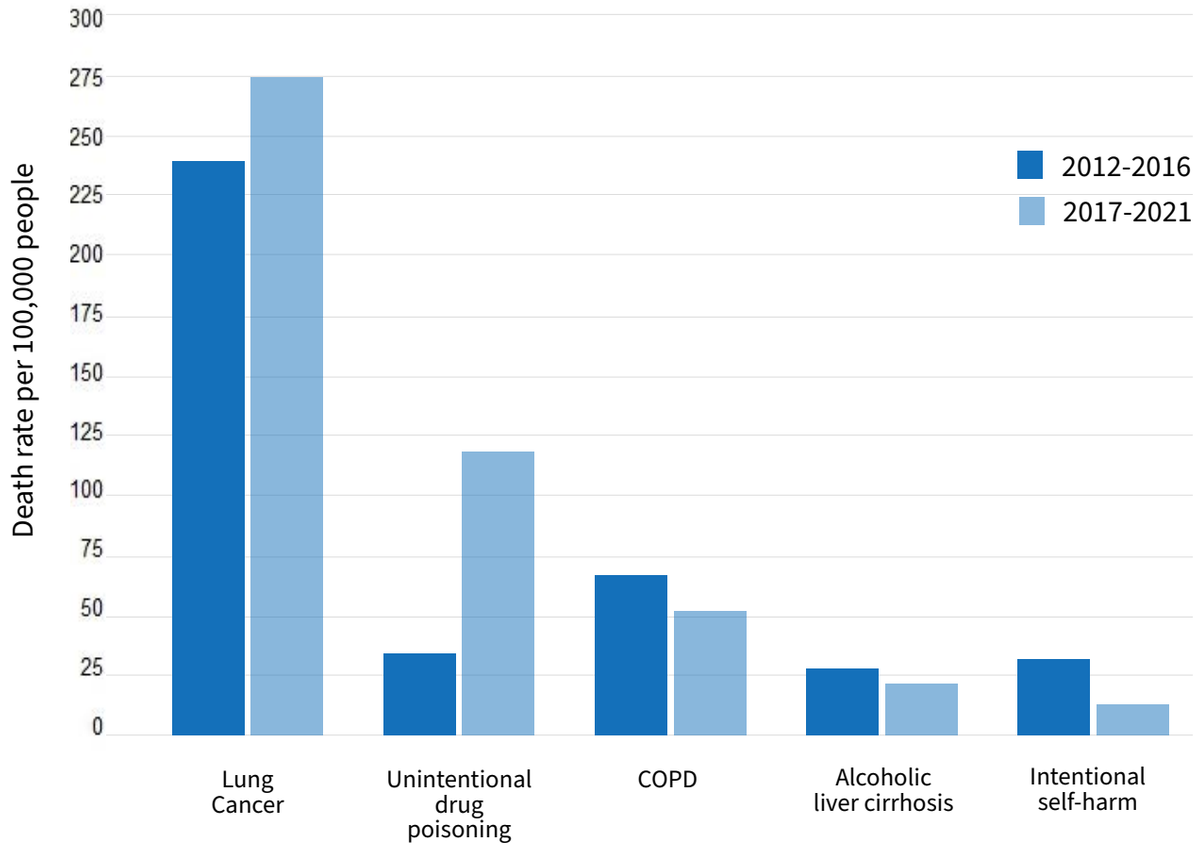
Premature mortality*

Between 2018-2020, the following deaths were premature[8, 10]

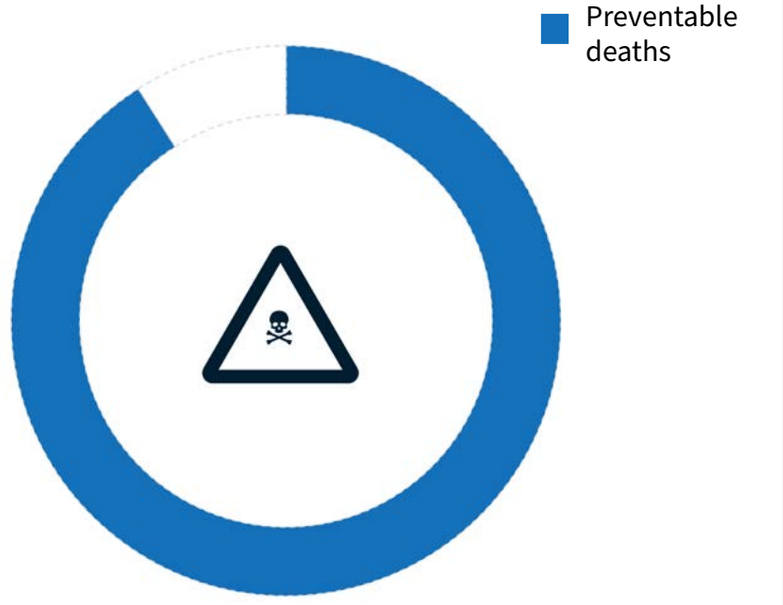
40% - Algoma
42.3% - NE PHUs
36.5% - Ontario

7 in 10
premature deaths can be potentially avoided through healthy behaviours and/or effective public health interventions[8] **

Top 5 leading causes of preventable deaths[8]



Unintentional drug poisonings



91%
of unintentional drug poisoning deaths from 2017-2021 were preventable[8]

* When someone dies before the age of 75, it is considered a premature death.

**Mortality from preventable causes focuses on premature deaths from conditions that could potentially be avoided through primary prevention efforts, such as lifestyle modifications or population-level interventions (for example, vaccinations and injury prevention). The indicator informs efforts aimed at reducing the number of initial cases, or incidence reduction, as deaths are prevented by avoiding new cases altogether. https://www.cihi.ca/en/indicators/avoidable-deaths

References

1. Statistics Canada Census Profile, 2021 Census of Population [Internet].2023. Available from: https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E.
2. About our Great Lakes: Lake by profile: Great Lakes Environmental Research Laboratory; n.d. [Available from: https://www.glerl.noaa.gov/education/ourlakes/lakes.html].
3. Intellihealth Ontario. Population (estimates 2011-2021 and projections 2022 onwards) [Internet].2023.
4. Statistics Canada. Table 13-10-0389-01 Life expectancy, at birth and at age 65, by sex, three-year average, Canada, provinces, territories, health regions and peer groups. [Internet].2023. Available from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310038901.
5. Statistics Canada. The Daily: Deaths, 2020 [Internet].2022. Available from: https://www150.statcan.gc.ca/n1/daily-quotidien/220124/dq220124a-eng.htm.
6. Statistics Canada. Table 13-10-0114-01 Life expectancy and other elements of the complete life table, three-year estimates, Canada, all provinces except Prince Edward Island [Internet].2023. Available from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310011401.
7. Ontario Ministry of Health. Vital stats: death report [Internet].2023.
8. Statistics Canada. Table 13-10-0753-01 Premature and potentially avoidable mortality, three-year period, Canada, provinces, territories, health regions (2018 boundaries) and peer groups [Internet].2023. Available from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310075301.
9. IntelliHealth Ontario. Ontario Mortality Data [2013 - 2021] [Internet].2023.
10. Laccetta G, De Nardo MC, Cellitti R, Angeloni U, Terrin G. 1 H-magnetic resonance spectroscopy and its role in predicting neurodevelopmental impairment in preterm neonates: A systematic review. Neuroradiology Journal. 2022;35(6):667-77.

Algoma Public Health
(Unaudited) Financial Statements November 30, 2023

Algoma Public Health
Statement of Operations
November 2023
(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ YTD Budget 2023
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	**$ 4,189,217**	$ 4,189,216	$ 1	$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	**8,120,947**	8,122,767	(1,820)	8,861,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	**2,084,023**	2,094,904	(10,881)	3,363,439	-1%	99%
Provincial Grants - Mitigation Funding	**951,322**	951,317	5	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	**474,029**	425,102	48,927	452,384	12%	112%
Total Public Health Revenue	**$ 15,819,539**	$ 15,783,305	$ 36,233	$ 17,904,039	0%	100%
Expenditures						
Public Health Cost Shared	**$ 14,375,232**	$ 14,333,798	$ (41,434)	$ 15,618,691	0%	100%
Public Health 100% Prov. Funded Programs	**2,457,116**	2,094,903	(362,213)	2,285,349	17%	117%
Total Public Health Programs Expenditures	**$ 16,832,348**	$ 16,428,702	$ (403,647)	$ 17,904,040	2%	102%
Total Rev. over Exp. Public Health	**$ (1,012,810)**	$ (645,396)	$ (367,413)	$ 0		
Healthy Babies Healthy Children (Fiscal)						
Provincial Grants and Recoveries	**$ 712,011**	712,008	3	1,068,011	0%	100%
Expenditures	**697,550**	712,845	15,296	1,068,011	-2%	98%
Excess of Rev. over Exp.	**14,461**	(837)	15,299	(0)		
Public Health Programs (Fiscal)						
Provincial Grants and Recoveries	**$ 770,885**	740,367	30,518	992,500	4%	104%
Expenditures	**575,283**	613,233	37,950	992,500	-6%	94%
Excess of Rev. over Fiscal Funded	**195,602**	127,133	68,469	-		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	**$ 158,104**	$ 158,102	$ 2	$ 262,153	0%	100%
Municipal, Federal, and Other Funding	**114,447**	114,447	-	114,447	0%	100%
Total Community Health Revenue	**$ 272,551**	$ 272,549	$ 2	$ 376,600	0%	100%
Expenditures						
Brighter Futures for Children	**62,407**	76,298	13,891	114,447	-18%	82%
Nurse Practitioner	**107,963**	108,102	139	162,153	0%	100%
Stay on Your Feet	**62,399**	66,667	4,268	100,000	-6%	94%
Total Fiscal Community Health Programs	**$ 232,769**	$ 251,067	$ 18,298	$ 376,600	-7%	93%
Total Rev. over Exp. Fiscal Community Health	**$ 39,782**	$ 21,482	$ 18,300	$ (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 Eleven Months Ending November 30, 2023
(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Bgt. to Act. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Annual Budget 2023	*Comparison Prior Year:* *YTD Actual 2022*	*YTD BGT 2022*	*Variance 2022*
Levies Sault Ste Marie	2,913,655	2,913,655	0	2,913,655	0%	100%	2,951,725	2,951,725	(0)
Levies District	1,275,562	1,275,562	0	1,275,561	0%	100%	1,237,491	1,237,491	0
Total Levies	**4,189,217**	**4,189,217**	**0**	**4,189,216**	**0%**	**100%**	**4,189,216**	**4,189,216**	**(0)**
MOH Public Health Funding	8,120,947	8,122,767	(1,820)	8,861,200	0%	92%	8,040,497	8,040,492	5
Total Public Health Cost Shared Funding	**8,120,947**	**8,122,767**	**(1,820)**	**8,861,200**	**0%**	**92%**	**8,040,497**	**8,040,492**	**5**
MOH Funding - MOH / AMOH Top Up	167,310	173,525	(6,215)	189,300	-4%	88%	166,685	173,525	(6,840)
MOH Funding Northern Ontario Fruits & Veg.	107,622	107,617	5	117,400	0%	92%	107,622	107,617	5
MOH Funding Unorganized	486,200	486,200	0	530,400	0%	92%	486,200	486,200	0
MOH Senior Dental	1,235,017	1,237,729	(2,712)	1,350,250	0%	91%	1,009,739	1,017,519	(7,780)
MOH Funding Indigenous Communities	89,828	89,833	(5)	98,000	0%	92%	89,828	89,833	(5)
One Time Funding (Tobacco Cessation)	5,000	0	5,000	0	#DIV/0!	100%			0
OTF COVID-19 Extraordinary Costs	(6,954)	0	(6,954)	1,078,089	#DIV/0!	-1%	2,019,246	2,026,200	(6,954)
Total Public Health 100% Prov. Funded	**2,084,023**	**2,094,904**	**(10,881)**	**3,363,439**	**-1%**	**62%**	**3,879,320**	**3,900,894**	**(21,574)**
Total Public Health Mitigation Funding	**951,322**	**951,317**	**5**	**1,037,800**	**0%**	**92%**	**946,995**	**951,313**	**(4,318)**
Recoveries from Programs	10,899	29,167	(18,268)	10,000	-63%	109%	(24,859)	26,617	(51,475)
Program Fees	38,046	54,633	(16,587)	79,600	-30%	48%	34,559	47,326	(12,767)
Land Control Fees	189,425	215,000	(25,575)	225,000	-12%	84%	241,820	178,000	63,820
Program Fees Immunization	63,291	82,500	(19,209)	50,000	-23%	127%	22,075	45,826	(23,751)
HPV Vaccine Program	9,996	0	9,996	9,500	#DIV/0!	105%	5,194	0	5,194
Influenza Program	730	0	730	23,500	#DIV/0!	3%	220	0	220
Meningococcal C Program	1,479	0	1,479	7,000	#DIV/0!	21%	3,740	0	3,740
Interest Revenue	159,963	30,052	129,911	32,784	432%	488%	70,878	18,337	52,541
Other Revenues	200	13,750	(13,550)	15,000	-99%	1%	16,000	6,417	9,583
Total Fees and Recoveries	**474,029**	**425,102**	**48,927**	**452,384**	**12%**	**105%**	**369,626**	**322,522**	**47,103**
Total Public Health Revenue Annual	**15,819,538**	**15,783,307**	**36,231**	**17,904,039**	**0%**	**88%**	**17,425,654**	**17,404,437**	**21,216**
Public Health Fiscal April 2023 - March 2024									
Infection Prevention and Control Hub	402,272	402,267	5	603,400	0%	67%			
School Nurses Initiative	175,000	175,000	0	175,000	0%	100%			
Needle Syringe Program	13,530	13,533	(3)	20,300	0%	67%			
New Purpose-Built Vaccine Fridge	7,398	7,400	(2)	11,100	0%	67%			
PHI Practicum Program	20,000	20,000	0	30,000	0%	67%			
Security System Upgrades	91,600	61,067	30,533	91,600	50%	100%			
Upgrade Network Switches	61,085	61,100	(15)	61,100	0%	100%			
Total Provincial Grants Fiscal	**770,885**	**740,367**	**30,518**	**992,500**	**4%**	**78%**	**0**	**0**	**0**

Algoma Public Health

Expense Statement- Public Health

For Eleven Months Ending November 30, 2023

(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Budget 2023	*Comparison Prior Year: YTD Actual 2022*	*YTD BGT 2022*	*Variance 2022*
Salaries & Wages	9,762,215	9,930,308	168,093	10,833,060	-2%	90%	$ 9,440,804	$ 10,283,894	$ 843,090
Benefits	2,486,651	2,329,598	(157,053)	2,541,380	7%	98%	2,194,629	2,402,783	208,154
Travel	166,128	145,567	(20,561)	158,800	14%	105%	126,888	172,979	46,091
Program	1,480,516	1,134,066	(346,450)	1,237,163	31%	120%	1,089,152	1,207,078	117,926
Office	53,794	75,533	21,739	82,400	-29%	65%	53,165	61,783	8,618
Computer Services	865,373	821,234	(44,139)	895,892	5%	97%	804,677	781,379	(23,298)
Telecommunications	268,217	242,915	(25,302)	265,000	10%	101%	300,752	300,234	(518)
Program Promotion	32,405	41,250	8,845	45,000	-21%	72%	37,522	77,854	40,332
Professional Development	43,167	73,722	30,555	80,424	-41%	54%	36,820	78,963	42,143
Facilities Expenses	861,624	846,997	(14,627)	924,000	2%	93%	1,163,145	1,014,192	(148,953)
Fees & Insurance	392,955	368,208	(24,747)	383,500	7%	102%	339,852	320,275	(19,577)
Debt Management	419,302	419,302	0	457,421	0%	92%	419,302	419,302	0
Recoveries	0	0	0	0	#DIV/0!	0%	(6,750)	(24,750)	(18,000)
	$ 16,832,347	$ 16,428,700	$ (403,647)	$ 17,904,040	**2%**	**94%**	$ 15,999,958	$ 17,095,966	$ 1,096,008

Notes to Financial Statements – November 2023

Reporting Period

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

Statement of Operations (see page 1)

Summary – Public Health and Non-Public Health Programs

In November 2023, APH received the revised 2023 Amending Agreement from the province identifying the approved funding allocations for APH's cost-shared and 100% funded programming. The annual budgets for public health programs have been updated to reflect these allocations. The following allocations/changes from the previous year are of significant note:

- A 1% or $88,000 increase to base funding for cost-shared mandatory programs (pro-rated for the months of April through December)
- A $129,800 annualized increase in base funding for the Ontario Senior Dental Care Program (pro-rated for the months of April through December).
- One-time fiscal funding totalling $931,400 for special initiatives (including COVID school-focused nurses, which were funded from April through June of 2023)

As of November 30, 2023, Public Health calendar programs are reporting a $367K negative variance – which is driven by a $404K negative variance in expenditures.

Public Health Revenue (see page 2)

Our Public Health calendar revenues are within 1% of budget for 2023.

Although the province has confirmed that one-time extraordinary cost reimbursement for the COVID-19 programs will continue through 2023 (with approval and ongoing funding to be based on our Annual Service Plan and quarterly submissions to the province), no allocations have been provided to date. Our Annual Service Plan was submitted to the Ministry on April 3, 2023, and our Q3 Standards Activity report was submitted to the Ministry on October 31, 2023, forecasting the need for $621K in COVID-19 one-time funds for the 2023 calendar year.

For the fiscal year ending March 2024, funding has been approved totaling $993K, which includes continuation of the COVID School Focused Nurse initiative (which expired in June 2023) and $61K of one-time funding related to upgrading of essential IT network switches which has been carried over from fiscal 2022-23, as approved by the Ministry in March 2023. Other initiatives for which one-time fiscal funding has been provided for include the needle syringe program, new purpose-built vaccine fridge, PHI practicum and capital security system upgrades. This amount also includes continued IPAC Hub funding for which APH received formal approval for funding totalling $603K for the 2023-24 fiscal year in order to support enhancement of IPAC practices in congregate care settings in Algoma's catchment area.

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

Public Health Expenses (see page 3)

Salaries & Benefits
There is a $11K positive variance associated with salaries and benefits. This is driven by gapped position vacancies, which are largely offset by the increased cost of non-statutory benefits caused by significantly increased usage and fee rates year over year.

Travel
There is a $21K negative variance associated with travel expenses. This is a result of management and front-line staff increasing travel related to district recovery work and also increased travel related to professional development opportunities.

Programs
There is a $346K negative variance associated with programs. This is driven by ongoing COVID recovery initiatives (leadership and workforce development programs), physician coverage as well as increasing program demand for our Ontario Senior Dental program. We note that APH has requested an increase to base funding for the 100% funded Ontario Senior Dental program with the 2023 Annual Service Plan to fund these identified pressures. Although only a portion of our request has been approved to date, conversations with the Ministry related to required funding to maintain this program are ongoing, and APH has been instructed to continue programming as planned, with in-year funding opportunities to come to address ongoing pressures. On December 7, APH submitted a formal request for one-time funding totalling $503K in order to reimburse for total forecasted pressures in this program identified for January 1 through December 31st, 2023.

Telecommunications
There is a $25K negative variance associated with telecommunications driven by ongoing needs associated with implementation of retrofitting our office telecommunication systems for current needs based on full staff return to the office (which will result in cost savings of at least $3K per month moving forward).

COVID-19 Expenses

COVID-19 Response
This program includes case and contact management as well as supporting the information phone lines. October year-to-date expenses were $245K (versus $1,972K this time last year).

COVID-19 Mass Immunization
This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. October year-to-date expenses were $269K (versus $1,084K this time last year).

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

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable, and the bank has been reconciled as of November 30, 2023. Cash includes $2.1M in short-term investments.

Long-term debt of $4.1 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. $239k of the loan relates to the financing of the Elliot Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of November 2023	November 2023	December 2022
Assets		
Current		
Cash & Investments	$ 5,096,421	$ 6,759,408
Accounts Receivable	847,699	1,550,507
Receivable from Municipalities	29,936	6,482
Receivable from Province of Ontario		
Subtotal Current Assets	5,974,056	8,316,397
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,246,512	1,319,570
Payable to Gov't of Ont/Municipalities	2,274,387	4,628,303
Deferred Revenue	271,134	317,901
Employee Future Benefit Obligations	2,849,656	2,849,656
Term Loan	3,702,106	3,702,106
Subtotal Current Liabilities	10,343,795	12,817,535
Net Debt	(4,369,739)	(4,501,139)
Non-Financial Assets:		
Building	23,012,269	23,012,269
Furniture & Fixtures	2,113,823	2,113,823
Leasehold Improvements	1,583,166	1,583,166
IT	3,284,893	3,284,893
Automobile	40,113	40,113
Accumulated Depreciation	-12,619,708	-12,619,708
Subtotal Non-Financial Assets	17,414,556	17,414,556
Accumulated Surplus	13,044,817	12,913,417

APPROVED BY:	Board of Health	**REFERENCE #:**	02-05-087
DATE:	Original: Jun 26, 2019 Revised: Mar 24, 2021 Reviewed: Mar 22, 2023	**SECTION:**	Policies
		SUBJECT:	Board Member Terms of Office

The Algoma Public Health Board believes that its members, to be effective, should be appointed according to skills and attributes. Terms of Members should comply with Municipal and Provincial legislative requirements.

PURPOSE:

To ensure skill and experience is maintained with staggering of appropriate terms of office and regular turnover while maintaining experience and expertise.

BOARD MEMBERSHIP:

The Algoma Public Health Board may have a maximum of 15 members to represent the various jurisdictions with the Algoma catchment area. A skills and attributes matrix will facilitate a qualified and effective Board Membership. The Board of Health, through the Chair, Governance Chair and the Medical Officer of Health/CEO, will review the Board of Health Membership annually and complete the following tasks:

- request municipalities to submit the name of the new member when a current board member's term of office expires and send a letter of recommendation.

- notify the Public Appointment Secretariat, Ministry of Health, regarding provincial appointee: due to a resignation, vacancy or reappointment application and send a letter of recommendation

All Boards of Health have a legislative duty to comply with the Health Protection and Promotion Act (HPPA) as per below articles:

The Lieutenant Governor in Council may appoint one or more persons as members of a board of health, but the number of members so appointed shall be less than the number of municipal members of the board of health. R.S.O. 1990, c. H.7, s. 49 (3).

The term of office of a municipal member of a board of health continues during the pleasure of the council that appointed the municipal member but, unless ended sooner, ends with the ending of the term of office of the council. R.S.O. 1990, c. H.7, s. 49 (7).

The Algoma Public Board of Health Policy 02-05-001 describes the geographic jurisdiction and subsequent representation required for the Algoma Public Health Unit.

Provincial Board Members shall:

1. Apply through the appropriate provincial process for Provincial Appointees; skills and attributes required by the Algoma Board of Health will ensure the best quality of Board Membership

2. According to the Policy 02-05-001, Provincial appointees are appointed for a three-year term and may be renewed for one additional term not to exceed six years.

Municipal Board Members shall:

1. Be appointed by each appropriate Municipality with consideration of APH's skills and attributes matrix at the beginning of each term of office of the Municipal council.

2. The term of office of appointed Municipal members should extend for the duration of their 4-year term with an option of one additional term not to exceed eight years.

Prior to municipal or provincial appointments, the chair of APH Board of Health will recommend reappointment of members.

APPROVED BY:	Board of Health	**BY-LAW #:**	95-1
DATE:	Original: Dec 13, 1995 Revised: Jun 28, 2017 Reviewed: Nov 20, 2019 Revised: Sep 22, 2021 Revised: Sep 28, 2022	**SECTION:** **SUBJECT:**	By-laws To Regulate the Proceedings of the Board of Health

The Board enacts as follows:

1. Interpretation

In this By-law:

a) "Act" means the Health Protection and Promotion Act. R.S.O. 1990, Chapter H.7 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 57 of the Act which reads:

e) At the first meeting of the Board of Health each year, the members of the Board shall elect one of the members to be Chair and one to be Vice-Chair of the Board for the year;

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

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

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

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

j) "Quorum" means a majority of the current members of the Board (MOHLTC Communication 2016) and that there must be at least five current members of the Board;

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

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

m) "Conflict of Interest" as per A.P.H. policy 02-05-015: Conflict of Interest.

2. General

a) The Board shall hold the first meeting 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.

b) The Board shall consist of the members as prescribed under the Act.

c) 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.

d) 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.

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

f) 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.

g) 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 in agreement.

3. Meetings

a) Regular Meetings:

i. 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.;

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

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

iv. 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.

b) Special Meetings:

i. 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).

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

iii. 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.

4. 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 meetings.

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 no 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.

5. 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. Delegations / Presentations

v. Adoption of Minutes of Previous Meeting

vi. Business Arising from Minutes

vii. Report of Medical Officer of Health

viii. Reports of Committees

ix. New Business / General Business

x. Correspondence

xi. Items for Information

xii. Addendum

xiii. In-Camera

xiv. Open Meeting

xv. Announcements / Next Committee Meetings

xvi. 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.

6. 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 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 within 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.

7. Rules of Debate and Conduct of Members of the Board

a) 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.

b) 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.

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

c) If the Chair desires to leave the Chair for the purpose of taking part in the debate or otherwise, the Chair shall vacate the Chair to one of the Vice-Chairs during the debate prior to the beginning of the debate to fill his place until he resumes the Chair.

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

e) 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.

f) 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.

g) A motion for introducing a 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.

h) Every motion presented to the Board shall be written.

i) 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.

j) When a matter is under debate, no motion shall be received other than a motion:

i. to adopt,

ii. to amend,

iii. to defer action,

iv. to refer,

v. to receive,

vi. to adjourn the meeting or

vii. that the vote be now taken.

k) A motion

i. to refer or defer shall take precedence over any other amendment or motion except a motion to adjourn.

ii. to refer shall require direction as to the body to which it is being referred and is not debatable.

iii. to defer must include a reason and a time period for the deferral and is not debatable.

l) 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.

m) 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 one of the Vice-Chairs during debate on the motion and reassume the Chair following the vote.

8. Duties of the Secretary for the Board

a) It shall be the duty of the Secretary:

i. to attend or cause an assistant to attend all meetings of the Board;

ii. 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

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

iv. to give all notices required to be given to the members.

9. Appointment and Organization of Committees

a) 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). When a new member(s) join the Board after the first meeting of the year, the Board shall appoint the new member(s) to one of the standing committees.

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

10. Conduct of Business in Committees

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

b) It shall be the duty of the Committee:

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

ii. 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

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

11. Procedures of the Board Covered by other By-laws

a) The procedures of the Board with respect to:

i. incurring of liabilities and paying of accounts;

ii. authority for expenditures;

iii. audits;

iv. budgets and settlements;

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

12. Short Name

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

13. Execution of Documents

a) 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 any particular contract, arrangement, conveyance, mortgage, obligation, or other document or any class of contracts, arrangements, conveyances, mortgages, obligations or documents.

b) In general, unless changed by a resolution of the Board, the following applies:

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

ii. Leases for real estate, mortgages or other loan documents will be signed by the Chair of the Board and by the Medical Officer of Health or Chief Executive Officer/Chief Administrative Officer;

iii. Leases or purchase agreements for vehicles, as approved in budgets, will be signed by the Senior Financial Leader of A.P.H. and/or the Medical Officer of Health or a Senior Administrative Leader(should two signatures be necessary);

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

v. Purchase of service agreements with service providers for financial, building and corporate services will be signed by the Medical Officer of Health or Senior Financial Leader of A.P.H. or Senior Administrative Leader.

14. Duties of Officers

a) The Chair of the Board shall:

i. preside at all meetings of the Board;

ii. represent the Board at public or official functions or designate another Board member to do so;

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

iv. complete performance appraisals according to Policy #02-05-080 of the Medical Officer of Health/CEO/CAO using input from the Medical Officer of Health/CEO/CAO as well as the members of the Board, with the results of this appraisal being shared with the Board members in-camera;

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

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

15. Amendments

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

16. Dismissal of Medical Officer(s) of Health

a) A decision by the Board of Health to dismiss a Medical Officer of Health from office is not effective unless:

i. the decision is carried by the vote of two-thirds of the members of the Board; and

ii. the minister consents in writing to the dismissal. R.S.O. 1990 c.H7, s.66(1)

b) The Board of Health shall not vote on the dismissal of a Medical Officer of Health unless

the Board has given to the Medical Officer of Health:

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

ii. a written statement of the reason for the proposal to dismiss the Medical Officer of Health; and

iii. an opportunity to attend and to make representation to the Board at the meeting. R.S.O. 1990, c.H7, S.66(2)

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

a) 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))

b) 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/CEO (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 28th day of September 2016
Revised and passed by the Algoma Public Health Board on this 28th day of June 2017
Revised and passed by the Algoma Public Health Board on this 22nd day of September 2021
Revised and passed by the Algoma Public Health Board on this 28th day of September 2022

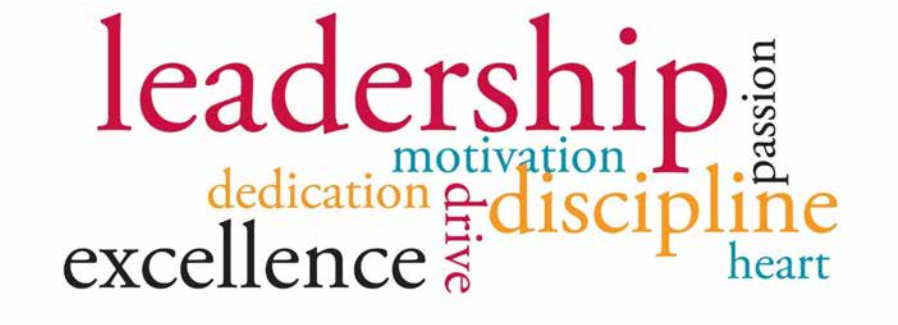
PLEASE ROUTE TO:
All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

January 18, 2024

January 2024 InfoBreak

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

Leader to Leader - A Message from alPHa's President - January 2024



Happy New Year to all in local public health in Ontario. I hope everyone has had the opportunity for a happy, healthy and rejuvenating time with friends and family during the holiday season. Certainly, such restoration has been well-earned and critically important to our own well-being as we continue the mandate of keeping the people of Ontario healthy.

The 2024 year is upon us, and with it the promise of new challenges and opportunities. As I indicated in the December issue of the *Information Break*, alPHa now has a new 2024-2027 Strategic Plan to guide our work; I will be providing an update on this at the February 14-16, 2024 Symposium (to be held virtually). The Symposium features a number of topics and speakers that are key to the future of local public health. The draft Winter Symposium Program and the BOH Section Agenda can be found here. The events that week include a climate change workshop titled, *Building Climate Resilient Health Systems,* and second workshop called *Thriving in Change: Building Resilience in Turbulent Times*, reflecting what we have witnessed in recent years and the work of local public health to address the challenges to come. alPHa is also providing its support for The Ontario Public Health Convention (TOPHC) taking place virtually (April 3) and in-person (March 26); I look forward to attending and assisting as alPHa President, and I thank and acknowledge the alPHa Board, membership and staff in all that we have done and do.

After so much time working remotely, I also look forward to engaging with many of you in-person at the alPHa conference June 5-7 in Toronto. The opportunity to meet in person and to share together will be very enjoyable, providing much additional benefit to our physical and mental well-being. alPHa will share more information about this exciting event at the Winter Symposium.

Our engagement with the province as they proceed with the Strengthening Public Health initiative (revising the Ontario Public Health Standards, voluntary mergers, and determining the long-term funding for local public health) continues as a top priority for alPHa, throughout 2024 and beyond.

An immediate task for alPHa is a submission for the provincial pre-budget consultation, making the case for public health as a critically important investment. We continue building on our past work using our survey data on the resilience of local public health and the return on our work (as communicated in our infographic and submission). To this end, it is important our submission also aligns with the most current of circumstances, as well as with input from the alPHa membership. With this in mind. I thank the many who provided such input into our letter, and I would like to thank Steven Rebellato, Affiliate Representative on the alPHa Board of Directors, for his deputation, made on behalf of alPHa on January 17th, to the Minister of Finance. Please note, a copy of the deputation is appended to the linked pre-budget submission (above).

With the new year comes the question of what will come and the promise of opportunity. I am always inspired by the excellence of our work in local public health, and I look forward to doing what I can as President to help achieve all that we can over the 2024 year.

Dr. Charles Gardner
alPHa President

Happy New Year from the alPHa Staff!

We would like to wish you all a very happy new year full of health, joy, and happiness!

Please note our mailing address has changed to:
PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7

Please update your records accordingly for correspondence, payments, and other remittances. Our telephone number and e-mail addresses remain the same.

Additionally, if your health unit has not yet moved to credit card or electronic fund transfers (EFTs) for payment, alPHa requests that you do so.

For further information, please contact info@alphaweb.org.

2024 Budget Consultations

Ontario

alPHa has sent a submission, which focused on the financial requirements for a stable, locally based public health system. This includes budget pressures facing public health units, and funding for effectively meeting the Ontario Public Health Standards and the Healthy Babies Healthy Children program.

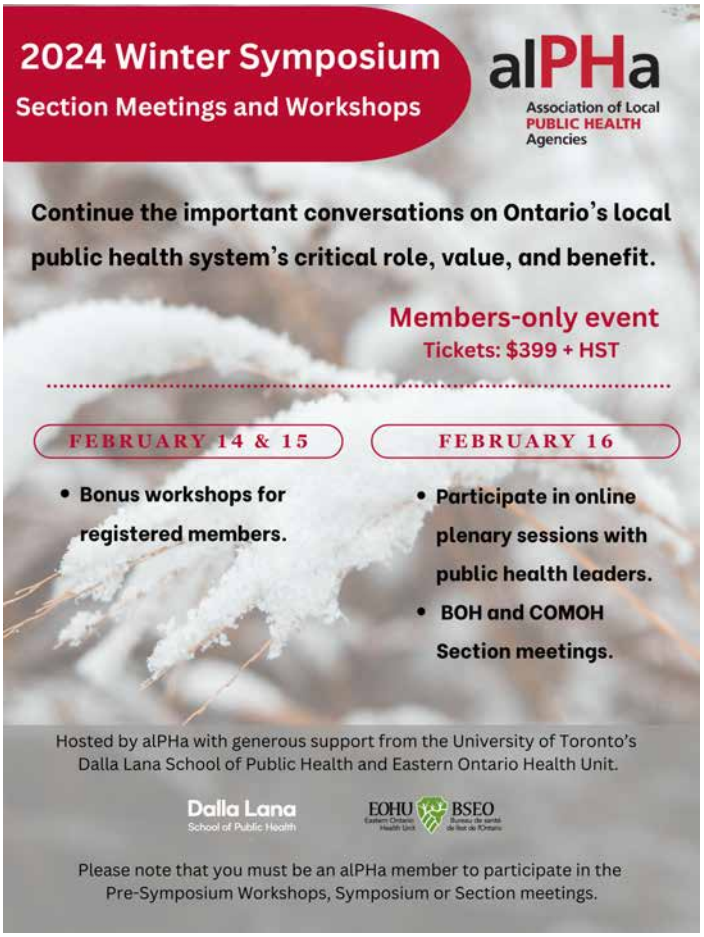
Steven Rebellato, Affiliate Representative on the alPHa Board of Directors, presented at the 2024 Pre-Budget Deputation to the Minister of Finance on Wednesday, January 17th. He spoke about the financial requirements for a stable, locally based public health system, noting the restoration the $47-million in provincial annual based funding, the Ontario Public Health Standards review, and the Strengthening Public Health Initiative.

You can read the submission and deputation here. Please note, these are linked as one document.

alPHa members are encouraged to participate and share their ideas with the government in the following ways:

- Survey: The government's online survey will close on January 31, 2024. Take the survey.
- Written Submissions: We encourage our members to provide submissions of their own to ensure local perspectives are considered. The government's submissions portal is open until January 31, 2024. Submissions to the government.
- Mail your submission to:
  The Honourable Peter Bethlenfalvy
  Minister of Finance
  c/o Budget Secretariat
  Frost Building North, 3rd Floor
  95 Grosvenor Street
  Toronto, Ontario M7A 1Z1
- Attend an in-person consultation in your area: email MOFconsultations@ontario.ca for more information.
- Additional information from the government can be found here: Further Information on 2024 Budget Consultations.

Registration is now open for the 2024 alPHa Winter Symposium, Section Meetings, and Workshops!



Registration is now open for the online 2024 Winter Symposium, Section Meetings, and Workshops that are taking place February 14th-16th! This event will discuss a variety of issues of key importance to public health leaders and you won't want to miss out.

On Friday, February 16th, from 8:30 a.m. to 4:30 p.m., there is an exciting lineup of Symposium and Boards of Health Section meeting topics, with a focus on Strengthening Public Health (including revising the Ontario Public Health Standards, voluntary mergers, and long-term funding for local public health) and key speakers: Dr. Charles Gardner, President, alPHa; Kelly Pender, Chief Administrative Officer, County of Frontenac; Dr. Piotr Oglaza, Medical Officer of Health and CEO, KFL&A and Wess Garrod, Chair, Board of Health, KFL&A; Franger Jimenez; John Allen, Partner, Allen & Malek LLP and Dr. Robert Kyle, Chair, alPHa – ONCA Compliance Working Group; Michael Sherar, President and CEO, Public Health Ontario; Dr. Kieran Moore, Chief Medical Officer of Health (invited); and Sabine Matheson, Principal, StrategyCorp.

In conjunction with the Symposium and Section meetings, we are holding two workshops. The first one, *Building Climate Resilient Health Systems*, is on Wednesday, February 14th, from 9 a.m. to 4:30 p.m. The workshop objectives are: to assist alPHa members in recognizing the importance of climate change to local public health, its programming, and its impact and risk to Ontario and need for ongoing planning; to achieve a shared understanding of the roles of local public health regarding climate change mitigation and adaptation; to share perspectives regarding the status of

challenges from, action on and response to climate change among local public health agencies; and to assist alPHa members in developing tools needed to manage heat-related adaptation and 2024 preparation.

On the afternoon of Thursday, February 15th, from 1 p.m. to 3 p.m., we will hold the second workshop: *Thriving in Change: Building Resilience in Turbulent Times* with Tim Arnold from Leaders For Leaders. This workshop is designed to help you navigate the tricky and turbulent moments you face in the workplace. The interactive session integrates change management, emotional intelligence, and resilience, providing you with a holistic toolkit to thrive amidst unprecedented change, tight timelines, and high-stress work environments.

These workshops are being offered at no additional cost to Symposium registrants and you will be registered automatically when you sign up for the Winter Symposium. Separate registrations are not available for individual events.

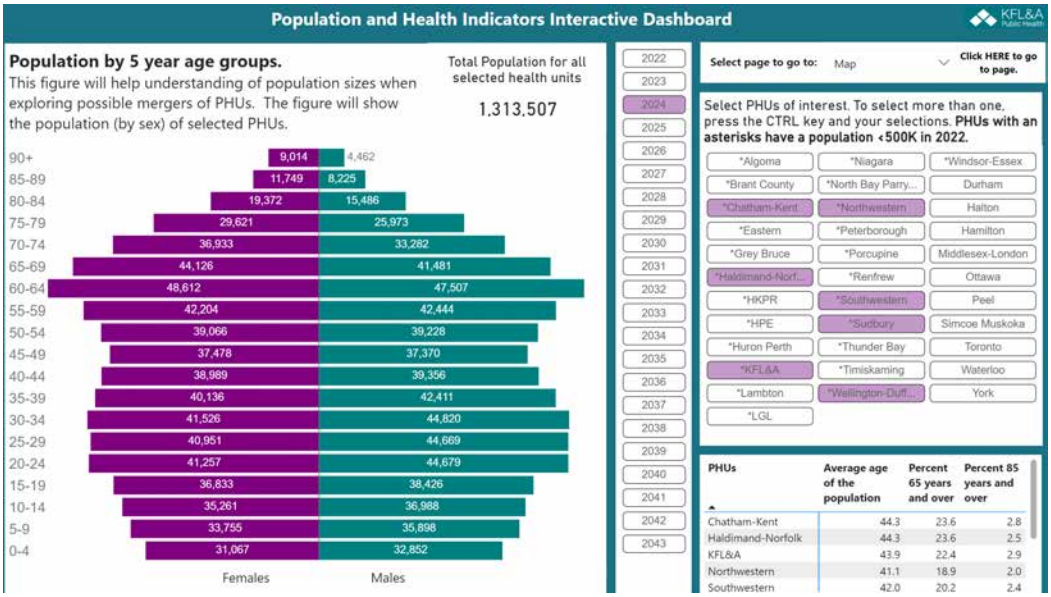
The following documents can be accessed by clicking on the links below:

- Event flyer
- Symposium draft program
- BOH Section Meeting draft agenda
- Building Climate Resilient Health Systems workshop draft agenda
- Thriving in Change: Building Resilience in Turbulent Times workshop

Registration is for alPHa members only, (please note, you do not need to create an account on the alPHa website in order to register for the event) and the cost is $399+HST (and is inclusive of the Symposium, Workshops, and Section Meeting and you only need to register once to attend all of the events). The closing date to register is Wednesday, February 7, 2024. Please note, the best way to pay for your registration is via credit card or Electronic Fund Transfer.

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

Population and Health Indicators Interactive Dashboard



KFL&A would like to share with members the population dashboard they created to facilitate exploratory discussions regarding voluntary mergers between Boards of Health. To view the dashboard, click here. **Please note, this will be featured as part of a session at the Winter Symposium.**

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 information, orientation materials, best practices, case studies, by-laws, resolutions, and other resources. **In particular, alPHa is seeking resources to share regarding the province's Strengthening Public Health Initiative, including but not limited to, voluntary mergers and the need for long-term funding for local public health.** If you have a best practice, by-law or any other resource that you would like to make available via the newsletter and/or the website, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the alPHa website include:

- Orientation Manual for Boards of Health (Revised Feb. 2023)
- Review of Board of Health Liability, 2018, (PowerPoint presentation, Feb. 24, 2023)
- Legal Matters: Updates for Boards of Health (Video, June 8, 2021)
- Obligations of a Board of Health under the Municipal Act, 2001 (Revised 2021)
- Governance Toolkit (Revised 2022)
- Risk Management for Health Units
- Healthy Rural Communities Toolkit
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview (for Provincial Appointees to BOH)
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit
- Map: Boards of Health Types
- NCCHPP Report: Profile of Ontario's Public Health System (2021)
- The Municipal Role of Public Health(2022 U of T Report)
- Boards of Health and Ontario Not-for-Profit Corporations Act

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Calling all Executive Assistants/Administrative Assistants!

alPHa is excited to announce that registration has opened for the Executive Assistant/Administrative Assistant Workshop! This virtual event will be held on

$149+HST and the final day to register is Wednesday, February 7th, 2024.

The workshop, called *Thriving in Change: Building Resilience in Turbulent Times*, will be put on by Tim Arnold from Leaders For Leaders and will "help you navigate the tricky and turbulent moments you face in the workplace. This interactive session seamlessly integrates change management, emotional intelligence, and resilience, providing you with a holistic toolkit to thrive amidst unprecedented change, tight timelines, and high-stress work environments."

To learn more about this event, you can view the flyer here.

Please note, you do not need to create an account on the alPHa website in order to register for the workshop. However you must be an Executive Assistant/Administrative Assistant to a medical officer of health/board of health at a health unit to participate.

alPHa would also like to thank Melissa Ziebarth from Renfrew County District Health Unit and Kathy Proksch from Region of Waterloo, Public Health for being part of the Workshop Planning Committee and for their assistance with planning this event.

We hope to see you online February 14th!

Hold the date for the 2024 alPHa Conference and AGM!

The alPHa Conference and AGM will be held in-person June 5-7, 2024 in Toronto. Further details, including accommodation information, will be shared at the alPHa Winter Symposium.

Association of Municipalities of Ontario (AMO) letter and Rural Ontario Municipal Association (ROMA) Conference

On Monday, January 15, AMO sent a letter to the Hon. Sylvia Jones, addressing Health Human Resources issues. They address burnout and fatigue leading to staff leaving the health system (or finding more flexible work elsewhere). They also address how public health, if adequately staffed, can ease the pressure on the acute and primary care system. If you want to read more, click here.

Are you an alPHa member attending the ROMA Conference that is taking place January 21-23 and/or attending meetings or making a deputation at this event? Don't forget alPHa has numerous resources available to you, including the recent pre-budget submission.

Ontario Public Health Directory Update

alPHa is in the process of updating the Ontario Public Health Directory and After-Hours Emergency list. If you have any updates, please review both documents, highlight the changes, and send it to communications@alphaweb.org by Friday, February 2, 2024.

How to Stay Healthy in the Winter Infographic

Want to improve your physical and mental health during the winter months? Our latest infographic can help! Check it out for tips on how to stay healthy, improve your mental health, and ensure you prevent seasonal respiratory illnesses.

Don't forget to head to alPHa's website to read more of our infographics to help you improve your health and wellness.

Affiliates Update

Affiliates

Association of Local Public Health Agencies

Ontario Dietitians in Public Health (ODPH)

ODPH authored a communication to members of the National Finance Committee of the Senate of Canada urging their support of bill S-233, National Framework for a Guaranteed Livable Basic Income Act. Progress on bill S-233 can be found here.

Congratulations to ODPH Peer Recognition Awards winners, Marcia Dawes, Region of Peel Public Health, and Lauren Kennedy, Peterborough Public Health, who were

honoured for their contributions to public health dietetics.

TOPHC 2024

TOPHC
The Ontario Public Health Convention

Registration for TOPHC 2024 has launched! Here's what you can expect:

- In-person workshops: March 26, 2024 - (at Beanfield Centre, Toronto); Interactive workshops, with opportunities for in-person networking. The cost to attend in-person workshops is $125.
- Virtual session: April 3, 2024 - An exciting program with a variety of interactive presentations that will inspire ideas and spark conversations with colleagues. The cost to attend the virtual convention is $250, which includes access to the 2024 Virtual Library for six months following the event. Discounts for multiple registrations are available.

There are six confirmed workshops on a variety of topics, including: advancing health equity, avoiding burnout, wildfire season, chronic disease prevention, enteric outbreaks, and rapid review basics. Here is the program-at-a-glance.

For more info, visit the TOPHC website: tophc.ca

RRFSS - Use it or lose it!

One of the benefits of RRFSS is that the survey runs continuously and PHUs can join annually or three times during the year (January, May and September). To date, 29 Ontario health units have used RRFSS at some point over the years to help fill their data gaps.

This flexibility also means it gives PHUs the ability to skip months or years of RRFSS data collection and currently RRFSS membership is at its all time low. This is in part

due to the pandemic; PHUs have had to shift priorities away from risk factor surveillance to deal with competing priorities and financial constraints. If RRFSS membership does not increase, the sustainability of the surveillance system is in jeopardy. Therefore, if your PHU is considering joining RRFSS, we urge you to do it sooner rather than later.

There are many proven benefits to joining RRFSS and a July 2023 survey of RRFSS-participating health units highlighted that full control over survey content and specifications and the timely delivery of data as benefits of RRFSS. Additional benefits include:

- Fast response to emerging issues
  - e.g., In the summer of 2020, RRFSS quickly developed 12 new COVID-19-related modules that were available to health units on the new RRFSS online survey.

- Timely data
  - Data is delivered three times per year, about two months following the end of a four-month data collection cycle.

- Fills data gaps
  - RRFSS provides much-needed local data to understand local health inequities that are not available from the CCHS.

- Customizable data
  - PHUs have complete control over survey content, with the ability to choose or develop locally-relevant questions (current questions can be found here).

- Collaboration
  - PHUs share expertise and reduce their survey costs by sharing the administrative costs associated with CATI setup, data collection and datafile preparation by ISR.

- Supports local economy
  - ISR is a non-profit academic research centre that employs only local Ontario resident interviewers with no outsourcing or automated recordings.

For more information about joining the longest running **local** risk factor surveillance system in the world, contact Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca.

Calling all Ontario Boards of Health: Level up your expertise with our NEW training courses designed just for you!

Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

BOH Governance training course
Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

Social Determinants of Health training course
Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Speakers are Monika Turner and Loretta Ryan.

Reserve your spot for in-person or virtual training now! Visit our website to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.

Additionally, thank you to all the public health agencies who have shown interest in our BOH courses. alPHa staff are currently coordinating the bookings and are pleased to see the uptake.

BrokerLink Insurance

In partnership with alPHa, BrokerLink is proud to offer preferred home and auto insurance rates for members. An annual insurance review is a great opportunity to

consider any major life events or changes made in the last year that may require adjustments to your insurance coverage. Check out BrokerLink's reasons to do an Annual Insurance Review on your policies prior to their renewal date, and learn about the 2024 Grand Group Giveaway here.

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alPHa Correspondence

Through policy analysis, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. A complete online library of submissions is available here. These documents are publicly available and can be shared widely.

- alPHa Letter - 2023 Ontario Budget
- AMO Letter - Health Human Resources

Public Health Ontario

Public Health Ontario | Santé publique Ontario

Updated Respiratory Virus Outbreaks Considerations for Public Health Planning

This updated resource outlines key considerations for public health units to support facilities in their jurisdiction to prepare for and respond to respiratory virus outbreaks and the mix of viruses that may circulate during a typical respiratory virus season. Topics covered include: immunization, monitoring, testing, anti-viral use, cohorting, staffing, outbreak declaration and communications.

Hand Hygiene

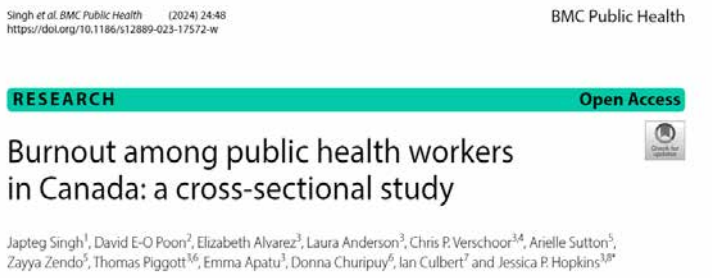
PHO's has released a suite of seven new hand hygiene resources to support education and training, hand hygiene product placement and skin care assessment, as part of a health care setting's overall hand hygiene program. They include:

- Hand Hygiene Product Placement
- Maintenance of Hand Hygiene Products and Equipment Checklist
- Hand Hygiene Product Placement Checklist Patient, Resident, or Client and Hallway Area
- Effect of Cleaning and Sterilization Processes on the Cutting Efficiency of Dental Burs
- How to Protect Your Skin: A Self-Assessment Checklist
- Caring For Your Hands
- Four Moments of Hand Hygiene
- FAQ: Glove Use and Hand Hygiene

Additional Resources

- Canadian Health Equity Related Glossaries
- Smoke-Free Series: Post-Consumer Waste of Tobacco and Vaping Products
- Carbapenemase-producing Enterobacteriaceae in Ontario: 2022 Annual Summary
- Ontario Respiratory Virus Tool

Burnout among public health workers in Canada: A cross-sectional study


Singh et al. BMC Public Health (2024) 24:48
https://doi.org/10.1186/s12889-023-17572-w

BMC Public Health

RESEARCH Open Access

Burnout among public health workers in Canada: a cross-sectional study

Japteg Singh[1], David E-O Poon[2], Elizabeth Alvarez[3], Laura Anderson[3], Chris P. Verschoor[3,4], Arielle Sutton[5], Zayya Zendo[5], Thomas Piggott[3,6], Emma Apatu[3], Donna Churipuy[6], Ian Culbert[7] and Jessica P. Hopkins[3,8*]

A new study led out of Public Health Ontario and, published in BMC Public Health, finds 79 per cent of public health workers in Canada meet criteria for burnout and 49 per cent of participants reported harassment because of their work during the pandemic. Read more here.

Upcoming DLSPH Events and Webinars

Dalla Lana School of Public Health

- CQ Seminar - Navigating tensions in paradigm bridging: Methodological lessons learned in Inuit Nunangat (Jan. 19)
- CanPath Trainee Research Webinar: The Built Environment, Metabolites, and Cancer Risk (Jan. 22)
- Vaccine Access, Equity and the Importance of Communication (Jan. 22)
- Health Inc. 3.3: How the baby food industry influences infant and young child feeding (Jan. 25)
- Stage International Speaker Seminar Series (ISSS) with Michael Wu (Feb. 2)

News Releases

The most up to date news releases from the Government of Ontario can be accessed here.

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