



March 27, 2024

## BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

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

# Meeting Book - March 27, 2024, Board of Health Meeting

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# Board of Health Meeting

## AGENDA

Wednesday March 27, 2024 - 5:00 pm

SSM Algoma Community Room | Videoconference

### BOARD MEMBERS

Deborah Graystone  
Sally Hagman - Chair  
Julila Hemphill  
Donald McConnell - 2nd Vice-Chair  
Luc Morrisette - 1st Vice-Chair  
Loretta O'Neill  
Matthew Shoemaker  
Sonia Tassone  
Suzanne Trivers  
Jody Wildman

### APH MEMBERS

Dr. Jennifer Loo - Medical Officer of Health & CEO  
Rick Webb - Director of Corporate Services  
Kristy Harper - Director of Health Promotion & Chief Nursing Officer  
Dr. John Harding - Public Health Physician  
Leo Vecchio - Manager of Communications  
Leslie Dunseath - Manager of Accounting Services  
Tania Caputo - Board Secretary

**GUESTS:** Nicole Lindahl - Manager of Emergency Preparedness and Response,  
Sarah Levitt, Brent Feeney, Elizabeth Walker - Ministry of Health

- 
- |  |  |
|--|--|
| <p><b>1.0 Meeting Called to Order</b></p> <p>a. Land Acknowledgment</p> <p>b. Roll Call</p> <p>c. Declaration of Conflict of Interest</p>  | <p><i>S. Hagman</i></p>  |
| <br>   |  |
| <p><b>2.0 Adoption of Agenda</b></p> <p><b>RESOLUTION</b></p> <p>THAT the Board of Health agenda dated March 27, 2024 be approved as presented.</p>  | <p><i>S. Hagman</i></p>  |
| <br>   |  |
| <p><b>3.0 Delegations / Presentations</b></p> <p>a. Ontario Seniors Dental Care Program</p> <p>b. Post Decision Debrief and Reflections</p>  | <p><i>N. Lindahl</i></p> <p><i>S. Levitt, B. Feeney, E. Walker</i></p> |
| <br>   |  |
| <p><b>4.0 Adoption of Minutes of Previous Meeting</b></p> <p><b>RESOLUTION</b></p> <p>THAT the Board of Health minutes dated February 20, 2024, and the Board of Health Special Meeting minutes dated February 28, 2024, be approved as presented.</p> | <p><i>S. Hagman</i></p>  |
| <br>   |  |
| <p><b>5.0 Business Arising from Minutes</b></p> <p>a. Household Food Insecurity</p> <p><b>RESOLUTION</b></p> <p>b. Commitment to Health Promotion and Chronic Disease Prevention</p> <p><b>RESOLUTION</b></p>  | <p><i>K. Harper</i></p>  |

## 6.0 Reports to the Board

*J. Loo*

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

#### i. MOH Report - March 2024

- Learners at APH - Mentoring the next generation of public health professionals

#### **RESOLUTION**

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

## 6.0 b. Finance and Audit

*L. Morrisette*

### i. Finance and Audit Committee Chair Report

#### **RESOLUTION**

THAT the Finance and Audit Committee Chair Report for March 2024 be accepted as presented.

### ii. Unaudited Financial Statements ending January 31, 2024

*L. Morrisette*

#### **RESOLUTION**

THAT the Board of Health approves the Unaudited Financial Statements for the period ending January 31, 2024, as presented.

### c. Governance Committee

*D. McConnell*

#### i. Governance Committee Chair Report

#### **RESOLUTION**

THAT the Governance Committee Chair Report for March 2024 be accepted as presented.

### ii. Policy 02-05-086 Sponsorship of Charitable Organizations

#### **RESOLUTION**

THAT the Board of Health has reviewed and approves **Policy 02-05-086 Sponsorship of Charitable Organizations** as presented.

### iii. Policy 02-05-010 Board Minutes Posting / Circulation

#### **RESOLUTION**

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

### iv. 02-05-065 Board of Health Reserve Funds

#### **RESOLUTION**

THAT the Board of Health has reviewed and approves **02-05-065 Board of Health Reserve Funds** as presented.

### v. Policy 02-05-075 Elections and Selection Process for Board Chair, Vice-Chairs or Committee Members

#### **RESOLUTION**

THAT the Board of Health has reviewed and approves **Policy 02-05-075 Elections and Selection Process for Board Chair, Vice-Chairs or Committee Members** as presented.

<b>7.0</b>	<b>New Business/General Business</b>	<i>S. Hagman</i>
<b>8.0</b>	<b>Correspondence - requiring action</b>	<i>S. Hagman</i>
<b>9.0</b>	<b>Correspondence - for information</b> <ul style="list-style-type: none"> <li>a. Letter to Algoma Public Health Board of Health and Public Health Sudbury and Districts from The Township of St. Joseph regarding Consultation for Public Health Unit Merger dated February 16, 2024.</li> <li>b. Letter from Middlesex-London Health Unit to the Minister of Health regarding Provincial and Federal restrictions on nicotine pouches dated March 22, 2024.</li> </ul>	<i>S. Hagman</i>
<b>10.0</b>	<b>Addendum</b>	<i>S. Hagman</i>
<b>11.0</b>	<b>In-Camera</b> For discussion of labour relations and employee negotiations, matters about identifiable individuals, <b>adoption of in camera minutes, security of the property of the board,</b> litigation or potential litigation. <div style="background-color: #cccccc; padding: 2px; text-align: center;"><b>RESOLUTION</b></div> <p>THAT the Board of Health go in-camera.</p>	<i>S. Hagman</i>
<b>12.0</b>	<b>Open Meeting</b> Resolutions resulting from in-camera meeting.	<i>S. Hagman</i>
<b>13.0</b>	<b>Announcements / Next Committee Meetings:</b>  <b>Finance &amp; Audit Committee</b> Wednesday, April 10, 2024 @ 5:00 pm SSM Algoma Community Room   Video Conference  <b>Board of Health</b> Wednesday, April 24, 2024 @ 5:00 pm SSM Algoma Community Room   Video Conference  <b>Governance Committee</b> Wednesday, May 10, 2024 @ 5:00 pm SSM Algoma Community Room   Video Conference	<i>S. Hagman</i>
<b>14.0</b>	<b>Evaluation</b>	<i>S. Hagman</i>
<b>15.0</b>	<b>Adjournment</b> <div style="background-color: #cccccc; padding: 2px; text-align: center;"><b>RESOLUTION</b></div> <p>THAT the Board of Health meeting adjourns.</p>	<i>S. Hagman</i>

# Ontario Seniors Dental Care Program

**Nicole Lindahl**

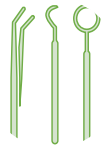
Manager of Emergency Preparedness & Response and Oral Health Services

March 27, 2024

# Overview



Public Health: Our Role in Oral Health Services



The Ontario Senior Dental Care Program (OSDCP)



OSDCP at APH: Program Review



What's Next?



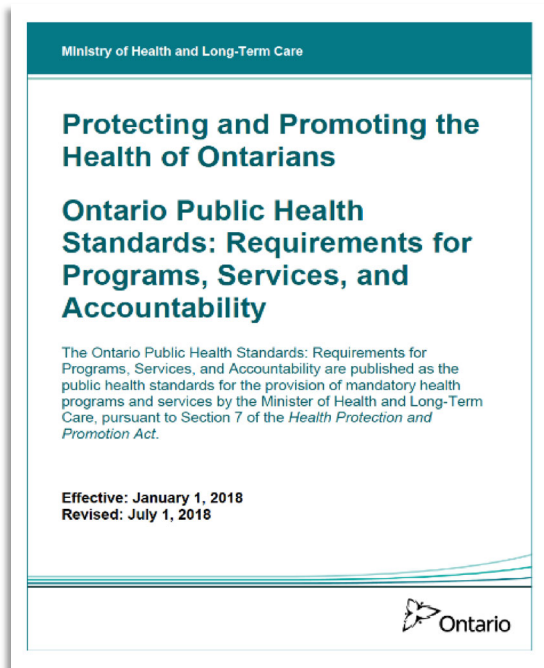


# Public Health: Our Role in Oral Health Services

# Strategic Direction

**Strategic Direction #1: Advance the priority public health needs of Algoma's diverse communities.**

# Oral Health: Embedded in the Public Health Approach



## School Health

### Goal

To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

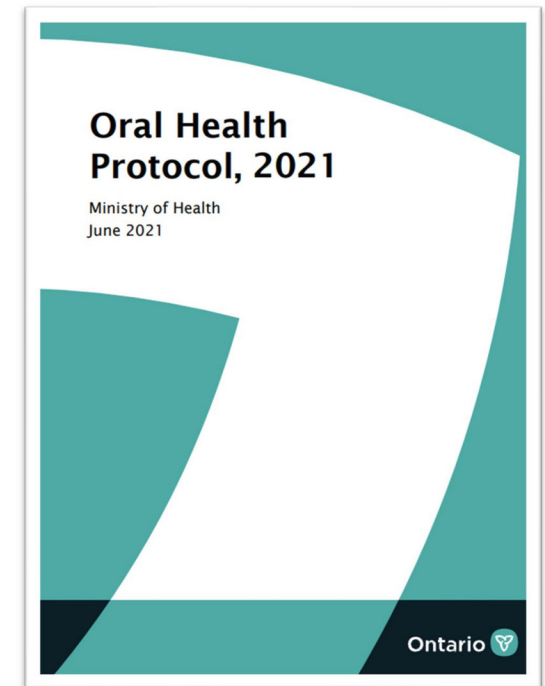
## Chronic Disease Prevention and Well-Being

### Goal

To reduce the burden of chronic diseases of public health importance<sup>6</sup> and improve well-being.

# Oral Health Protocol, 2021

- Updated in 2021 to reflect the **Ontario Senior Dental Care Program** and requirements to:
  - Conduct health promotion
  - Provide service navigation
  - Establish a dental home
  - Increase awareness of oral health services in the community
  - Encourage community uptake



# Publicly Funded Oral Health Programs

The Ontario Senior Dental Care Program is **one of many** publicly funded oral health programs in Ontario.

- School screenings and follow-ups
- Healthy Smiles Ontario (HSO) APH Clinic
- Children's Oral Health Initiative (COHI) with Garden River First Nation
- Fluoride varnish for high-risk preschool children

# Oral Health's Impact on Overall Health

- There is growing evidence linking gum disease to a variety of serious health conditions (e.g., heart disease, stroke, respiratory disorders)
- Dental care is part of **health promotion** and **protection** for healthy aging
  - Public health uniquely prioritizes **health equity** at the forefront of planning and service delivery

- Canadian Dental Association. Oral health- Good for life. 2021. [http://www.cda-adc.ca/en/oral\\_health/cfyt/good\\_for\\_life/](http://www.cda-adc.ca/en/oral_health/cfyt/good_for_life/)
- Ontario Dental Hygienists' Association. Dental hygiene facts- Oral care for seniors. 2016. Retrieved from <https://odha.on.ca/wp-content/uploads/2016/08/ODHA-Facts-seniors.v2.pdf>
- Li X, Kolltveit KM, Tronstad L, Olsen I. Systemic diseases caused by oral infection. Clin Microbiol Rev. 2000;13(4):547-58.

# Ontario Senior Dental Care Program





# The OSDCP – A Purposeful Approach to Reducing Health Inequities

- Launched by the provincial government in 2019, the purpose of the OSDCP is to:
  - Provide free, routine dental services for low-income seniors aged 65 and older.
  - Reduce unnecessary trips to the hospital, prevent chronic disease, and increase quality of life for seniors in Ontario.

Population aged 65+ years			
Algoma	Elliot Lake	North-Eastern Ontario	Ontario
26.5%	41.5%	23.3%	18.5%

- Ontario Ministry of Health. 2021. Dental care for low-income seniors. [Dental care for low-income seniors | ontario.ca](https://www.ontario.ca/page/dental-care-low-income-seniors)
- Population Estimates [2021] and Population projection [2024], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted: [22 Nov 2023]



# OSDCP Eligibility

- 65 years of age or older
- Resident of Ontario
- Meet the income requirements
- Have no other form of dental benefits, including private insurance or coverage under another government program

In Algoma, an estimated **3,792 people** are eligible for the program.

- Algoma Population 2021: Population Projections [2018-2031], Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario. Unpublished data.
- Ontario Ministry of Health. 2021. [Dental care for low-income seniors | ontario.ca](#).
- Ministry of Health and Long-Term Care (Spring, 2019). Overview of Ontario Seniors Dental Care Program - capital process [Confidential PowerPoint].

# OSDCP Service Coverage

- Check-ups, including scaling, fluoride and polishing
- Repairing broken teeth and cavities
- X-rays
- Removing teeth or abnormal tissue
- Anesthesia
- Treating infection and pain
- Treating gum conditions and diseases
- Dental prosthetics, including dentures\*

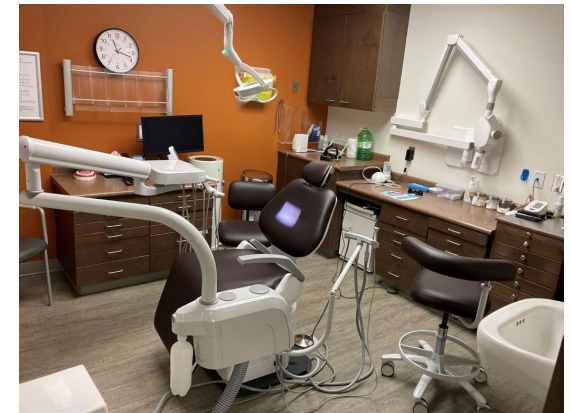
# OSDCP at APH: Program Review



# A Community Effort

- 5 Dentists: APH SSM clinic and community settings
- 4 Denturists: Community settings
- Registered Dental Hygienists
- Dental Health Educators
- Clerical Support
- Program Manager

# Elliott Lake (left) and SSM (centre, right)



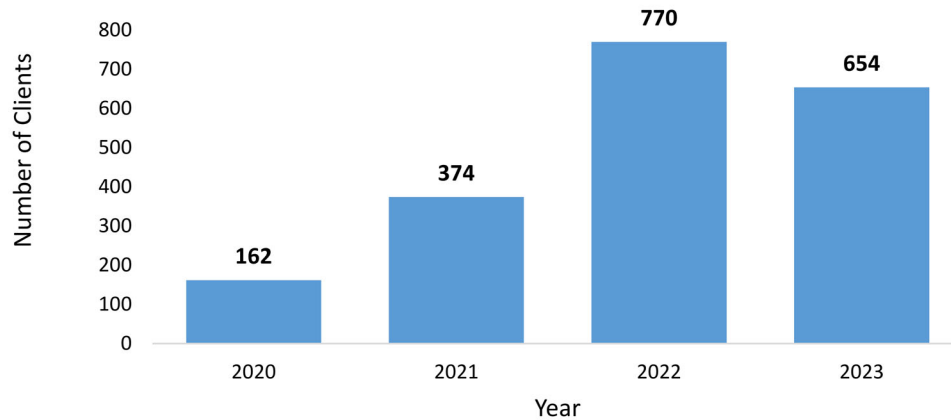


# Sault Algoma Denture Clinic

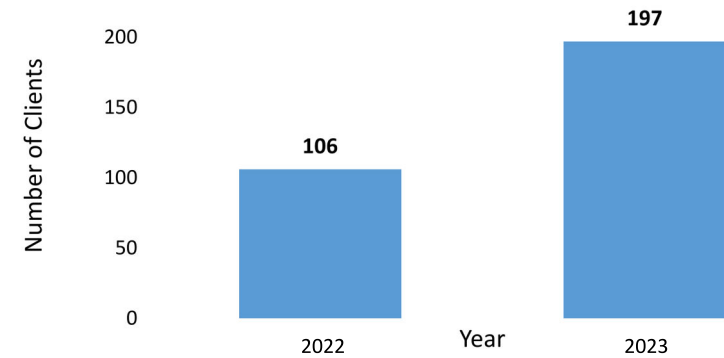


# OSDCP 2020-2023

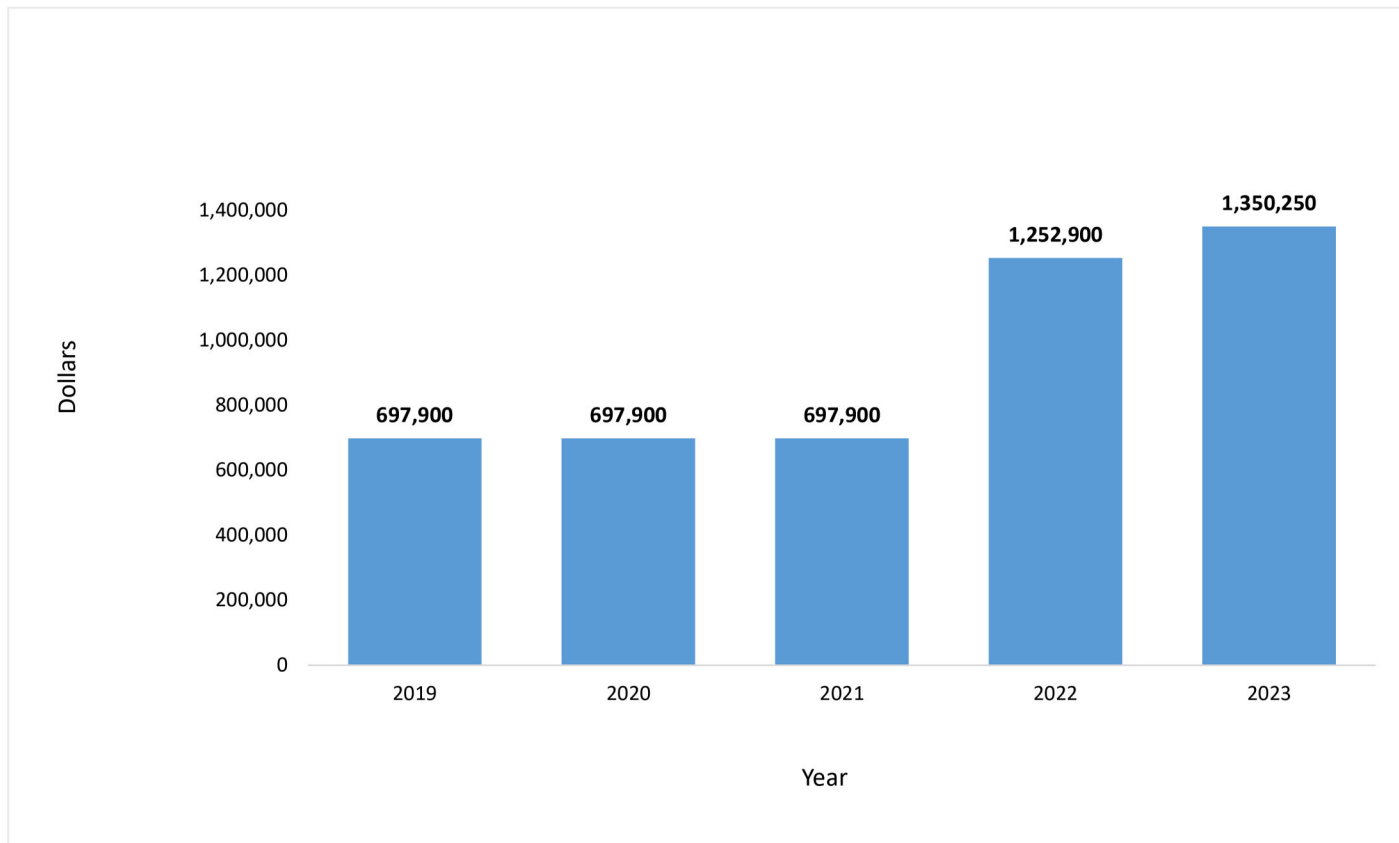
Number of clients (unique) who have received services through the OSDCP in Algoma



Number of clients who have received Dentures through the OSDCP in Algoma



# OSDCP Funding



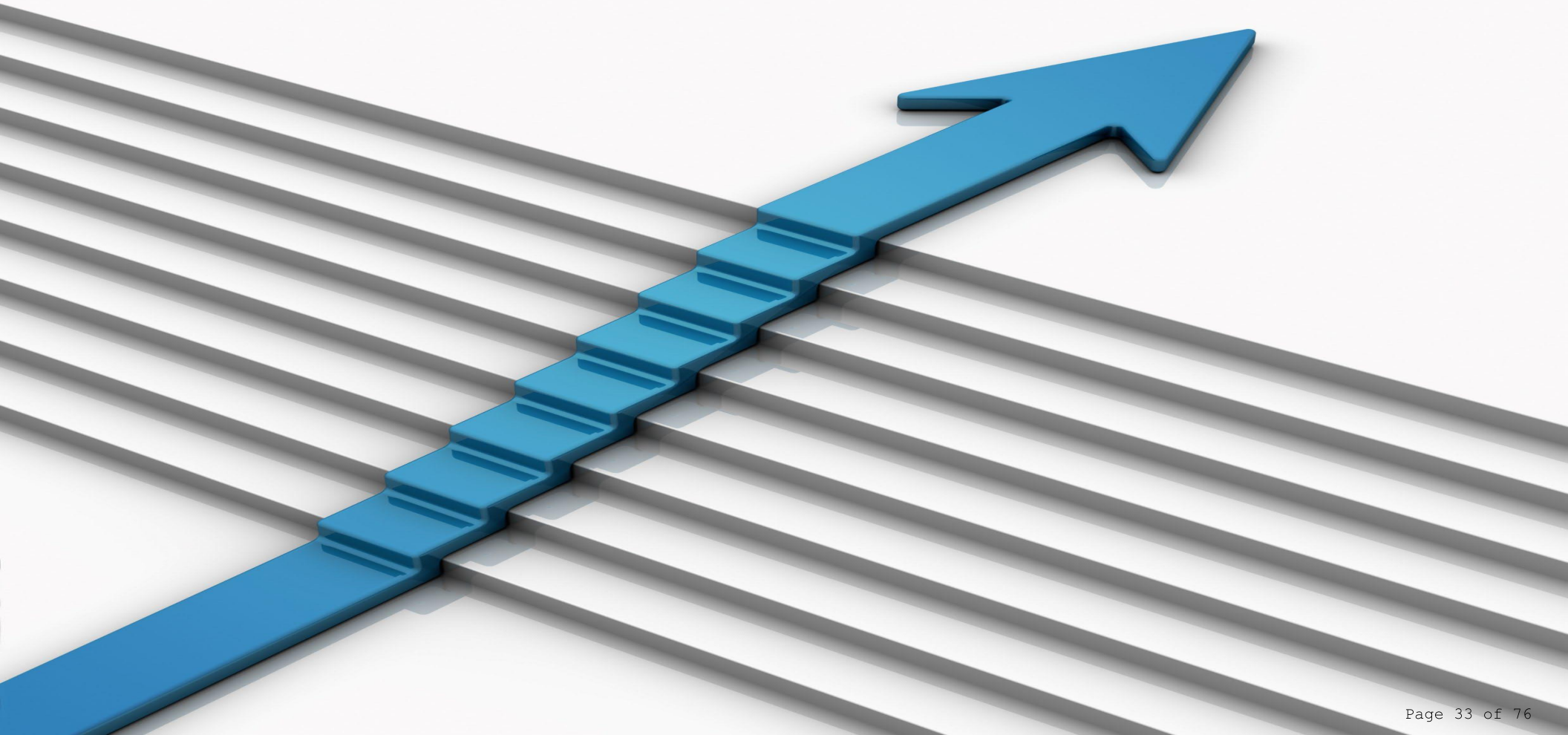


# OSDCP Clinics

Since the program began in 2020, APH has run:

- 327 in-house prevention clinics
- 168 in-house treatment clinics

# Next Steps



# Program Delivery Considerations

- Professional Fees and Dentures
- DHE recruitment
- High demand

# Canadian Dental Care Plan (CDCP)

- Aims to help ease financial barriers to accessing oral health care services.
- Not intended to be a replacement for existing dental benefits offered through employer/pension or private sponsored plans.
- Intended to fill gaps in coverage and complement existing provincial and territorial dental programs.
- [Canadian Dental Care Plan](#)
- [Canadian Dental Care Plan - Dental Benefits Guide](#)



*Questions?*

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH

<b>Date: March 27, 2024</b>	<b>Resolution No: 2024-</b>
<b>Moved:</b>	<b>Seconded:</b>
<b>Subject: Household Food Insecurity</b>	
<p><b>Whereas</b>, household food insecurity is the inadequate or insecure access to food due to financial constraints<sup>(1)</sup>, meaning a household does not have enough money for food; and</p> <p><b>Whereas</b>, the prevalence of household food insecurity in Algoma was 19.4% or approximately 1 in 5 households from 2020-2022<sup>(2)</sup>; and</p> <p><b>Whereas</b>, food insecurity is a serious public health problem that negatively impacts physical, mental, and social well-being, as well as life expectancy, and creates a heavy burden on the health care system with adults living in severely food insecure households incurring 121% higher health care costs compared to food secure households<sup>(3)</sup>; and</p> <p><b>Whereas</b>, each year Algoma Public Health conducts the Nutritious Food Basket survey to monitor food affordability in Algoma, the results of which consistently demonstrate the inadequacy of social assistance rates<sup>(4)</sup>; and</p> <p><b>Whereas</b>, Ontario Works rates have not increased since 2018 and are not indexed to inflation<sup>(5)</sup>; and</p> <p><b>Whereas</b>, economic policies that ensure adequate household income are needed to reduce food insecurity<sup>(1,3,6)</sup>; and</p> <p><b>Whereas</b>, the Board of Health of Algoma Public Health has previously endorsed and called on the provincial government to implement income-based policy interventions to effectively reduce household food insecurity, including raising social assistance to reflect costs of living and indexing Ontario Works to inflation (<a href="#">Resolution 2023-67</a>)<sup>(7)</sup>; and</p> <p><b>Whereas</b>, local Boards of Health and the Association of Local Public Health Agencies (alPHA) have called on the provincial government to use local food affordability findings to determine adequate social assistance rates: <a href="#">Motion #06-24</a> (Household Food Insecurity)<sup>(8)</sup>, <a href="#">A23-05</a> (Monitoring Food Affordability in Ontario and the Inadequacy of Social Assistance Rates)<sup>(9)</sup>; and</p> <p><b>Whereas</b>, the Ministry of Health intends to refine, refocus and re-level the roles and responsibilities of public health by conducting a sector-driven review of the Ontario Public Health Standards, with that the fully revised standards expected to be implemented by January 2025<sup>(10)</sup>; and</p> <p><b>Whereas</b>, at the February 20, 2024 meeting of the Board of Health of Algoma Public Health received a letter from the Board of Health for Public Health Sudbury &amp; Districts that 1) called on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation going forward; and 2) in the context of strengthening public health roles and responsibilities, urged all healthy system partners to remain committed to population health assessment and surveillance as it relates to monitoring food environments and, specifically, to monitoring food affordability<sup>(11)</sup>; and</p> <p><b>Therefore be it resolved</b> that the Board of Health of Algoma Public Health endorse the above mentioned letter from the Board of Health for Public Health Sudbury &amp; Districts;</p> <p><b>And furthermore</b>, that the Board of Health of Algoma Public Health send a similar letter to the provincial government.</p>	

## References:

1. Li T, Fafard St-Germain AA, Tarasuk V. Household food insecurity in Canada, 2022. Toronto: Research to identify policy options to reduce food insecurity (PROOF). 2023. Available from: [Household Food Insecurity in Canada, 2022 - PROOF \(utoronto.ca\)](https://www.utoronto.ca/household-food-insecurity-in-canada-2022-proof)
2. Public Health Ontario, Household Food Insecurity Estimates from the Canadian Income Survey: Ontario 2019-2022. Date extracted: August 28<sup>th</sup>, 2023.
3. Position Statement and Recommendations on Responses to Food Insecurity. Ontario Dietitians in Public Health. 2020. Available from: <https://www.odph.ca/centsless>
4. Food Affordability & Food Insecurity in Algoma: The 2023 Nutritious Food Basket Results and Recommendations. Algoma Public Health. 2024. Available from: <https://www.algomapublichealth.com/media/7095/aph-food-affordability-insecurity-report.pdf>
5. OW & ODSP Rates and the Ontario Child Benefit Current to September 2022. Income Security Advocacy Centre. 2022. Available from: <https://incomesecurity.org/ow-and-odsp-rates-and-the-ocb-as-of-september-2022/>
6. Dietitians of Canada Position Statement on Household Food Insecurity in Canada. Dietitians of Canada. 2024. Available from: [https://www.dietitians.ca/DietitiansOfCanada/media/Images/DC-Household-Food-Insecurity-Position-Statement\\_2024\\_ENG.pdf](https://www.dietitians.ca/DietitiansOfCanada/media/Images/DC-Household-Food-Insecurity-Position-Statement_2024_ENG.pdf)
7. Board of Health Meeting Minutes, June 28, 2023. Algoma Public Health. 2023. Available from: <https://www.algomapublichealth.com/media/6863/june-28-2023-boh-meeting-minutes-signed.pdf>
8. Motions: Board of Health for Public Health Sudbury and Districts. Motion 06-24, Household Food Insecurity. Public Health Sudbury and Districts. 2024. Available from: <https://www.phsd.ca/about/board-health/motions-approved-sudbury-district-board-health/household-food-insecurity-motion-06-24/>
9. alPHA Resolutions- Determinants of health. Resolution A23-5, Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates. 2023. Association of Local Public health Agencies. Available from: [https://www.alphaweb.org/page/Resolutions\\_SDOH](https://www.alphaweb.org/page/Resolutions_SDOH)
10. Strengthening Public Health [Presentation]. Ministry of Health, 2023. <https://www.algomapublichealth.com/media/6803/meeting-book-september-27-2023-board-of-health-meeting-website.pdf>
11. Letter to The Honorable Doug Ford Re: Household Food Insecurity. Public Health Sudbury and Districts. 2024. Available from: <https://www.algomapublichealth.com/media/7104/meeting-book-february-20-2024-board-of-health-meeting-website.pdf>

**CARRIED: Chair's Signature** \_\_\_\_\_

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

# Briefing Note

**To:** The Board of Health for the District of Algoma Health Unit  
**From:** Kristy Harper, Director of Health Promotion & Chief Nursing Officer  
Hilary Cutler, Manager of Community Wellness & School Health  
**Date:** 03/27/2024  
**Re:** Commitment to Health Promotion and Chronic Disease Prevention

---

☒ For Information

☐ For Discussion

☒ For a Decision

---

## **PURPOSE:**

Obtaining commitment and investment for health promotion and chronic disease prevention in the context of Public Health Strengthening and revision of the Ontario Public Health Standards (OPHS)<sup>(1)</sup>.

## **KEY MESSAGES:**

- Chronic diseases account for nearly 75% of the deaths in Ontario, despite being largely preventable, and cost the province \$10.5 billion in direct healthcare costs<sup>(2)</sup>.
- Health promotion is one effective strategy in addressing Ontario's healthcare crisis and can help strengthen local resilience to future threats and emergencies<sup>(3,4)</sup>.
- Since the onset of the COVID-19 pandemic, public health has been challenged with addressing immediate health risks that have required reallocating resources and limiting capacity for health promotion initiatives.
- As part of their goal to strengthen public health, the Ministry of Health is currently reviewing the Ontario Public Health Standards to refine, refocus and re-level the roles and responsibilities of public health<sup>(5)</sup>.
- It is critical that health promotion remains a core function of local public health, along with appropriate investments and resources, to continue leading upstream prevention initiatives to prevent chronic diseases.

## **Ontario Public Health Standards<sup>(1)</sup> Addressed in this Report**

- Chronic Disease Prevention and Well-Being
- Substance Use and Injury Prevention
- School Health
- Healthy Growth and Development

## **Strategic Directions<sup>(6)</sup> Addressed in this Report:**

Strategic Direction #1: Advance the priority public health needs of Algoma's diverse communities.

- a. Strengthen population health assessment to improve understanding of the distribution and determinants of health and disease, including local health disparities, and identify populations for public health and health equity action.

Strategic Direction #2: Improve the impact and effectiveness of APH programs.

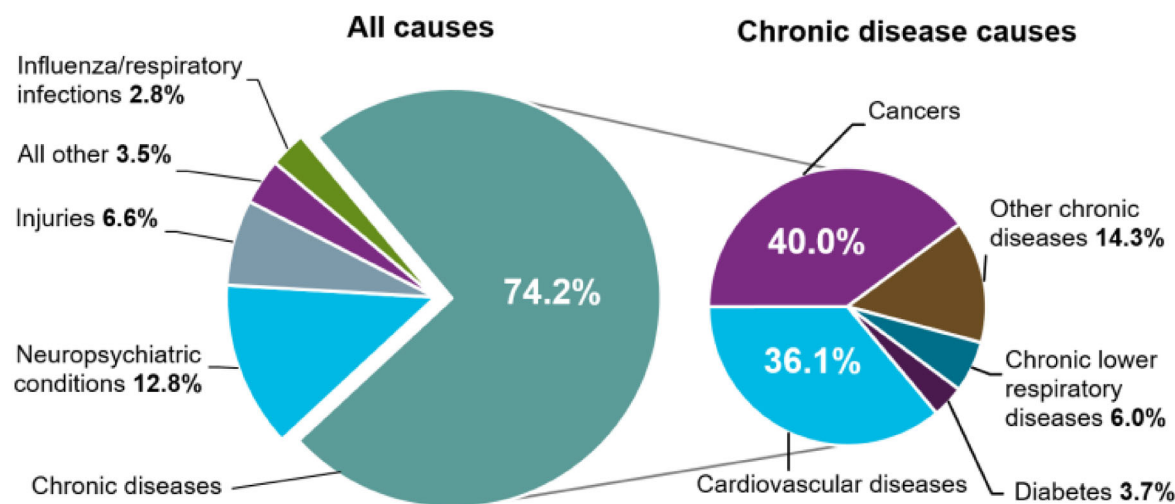
- a. Align programs to population health priorities and to the unique role of public health.



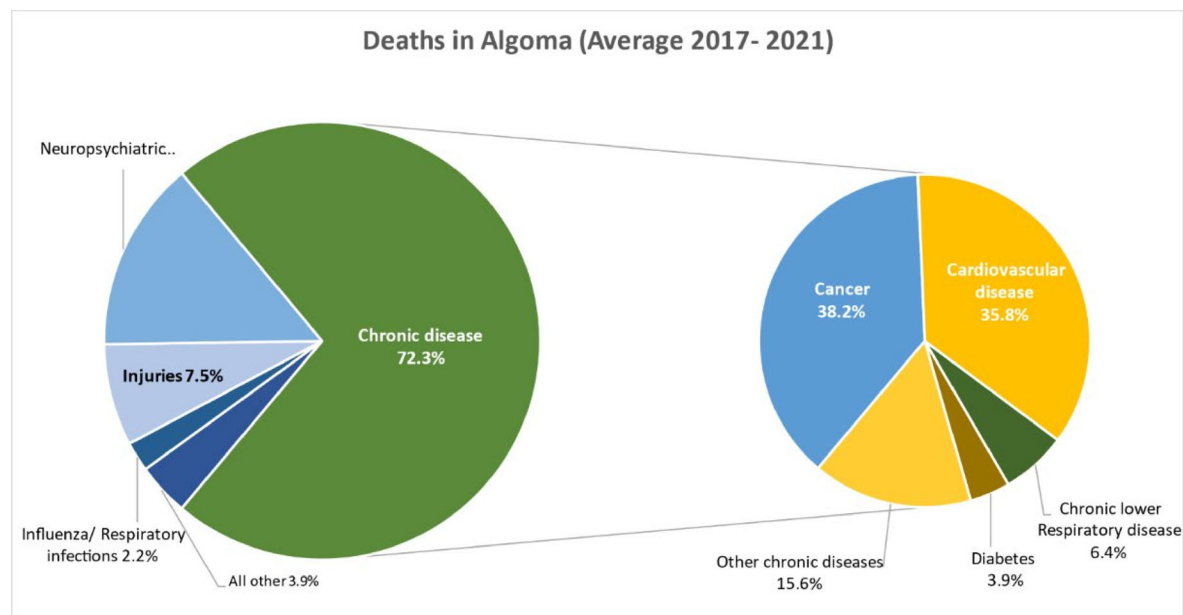
## Background

Chronic diseases are the leading cause of death in Ontario (nearly 75%), despite being largely preventable<sup>(2)</sup>. Chronic diseases include cancers, cardiovascular diseases, chronic lower respiratory diseases such as COPD, and diabetes. Figure 1 shows the percentage of deaths in Ontario in 2015 that were attributed to chronic diseases. Figure 2 shows the percentage of deaths in Algoma, averaged between 2017-2021, that were attributed to chronic diseases.

**Figure 1: Causes of death, all causes and chronic disease causes, Ontario, 2015<sup>(2)</sup>**



**Figure 2: Deaths in Algoma (Average 2017-2021)<sup>(7)</sup>**



The burden of chronic disease is often reported by determining direct costs to the healthcare system. It has been estimated that the four leading causes of chronic disease result in \$10.5 billion in annual direct healthcare costs<sup>(2)</sup>. It is also important to consider the burden that these chronic diseases have on people and the economy in terms of poor health, quality of life, years of life lost and lost productivity. Many incidences of chronic diseases could be prevented by ensuring everyone has the prerequisites required for good health and enabling all people to engage in healthy lifestyle behaviours, such as not smoking or consuming nicotine, eating well, being active, and reducing alcohol. In their 2023 Prevention System Quality Index report, Ontario Health states that “chronic disease prevention has never been more critical to improving the quality of life of Ontarians and building a sustainable healthcare system”<sup>(8)</sup>.

### **Health promotion**

The concept of health promotion originated in the 1974 report *A New Perspective on the Health of Canadians*, better known as The Lalonde Report<sup>(9)</sup>. The Ottawa Charter defines health promotion as “the process of enabling people to increase control over, and to improve, their health” and includes five key areas of action: building healthy public policy, creating supportive environments, developing personal skills, strengthening community action, and re-orienting health services<sup>(10)</sup>. The Lalonde Report and Ottawa Charter were revolutionizing in acknowledging that health is not just a result of individual behaviour and healthcare, but also the conditions and environment in which people live, work, play and grow-up. To this day, guided by this concept, public health continues to work alongside many disciplines and sectors to improve social, economic, and ecological conditions and ensure everyone has the resources they need for good health and well-being. Health Promotion Ontario’s *White Paper on the Value of Local Health Promotion in Ontario* recognizes that “health promotion is one of the most viable strategies that we have to sustain our healthcare system and will only become more important as our population continues to grow and age”<sup>(3)</sup>.

### **Upstream prevention**

Another key aspect of health promotion is the focus on upstream approaches to prevention which seek to address the root causes of disease. Upstream approaches have a much larger impact on reducing the amount of disease in the population, compared to downstream approaches which are aimed at early detection and disease management at the individual-level<sup>(3)</sup>. There are many upstream determinants that can increase risk for disease, such as income, education level, housing, food insecurity, early childhood development, employment and working conditions, social inclusion, and racism. These are commonly referred to as the social determinants of health and can account for between 30-55% of health outcomes<sup>(11)</sup>. Acting on these upstream determinants often involves challenging structural systems, policies and social norms that create health inequities and increase risk of chronic disease.

Below are just a few examples in which strategies for health promotion and disease prevention are utilized:

- Delivering positive parenting programs that strengthen child-caregiver relationships.
- Providing curriculum support and training for teachers to help students develop a healthy relationship with food and bodies.
- Working with city planners to inform policies and implement urban design concepts that promote physical activity and social connection.
- Advocating to government for income-based policies to reduce Household Food Insecurity.

- Dismantling colonial systems and taking actions towards Truth and Reconciliation.
- Co-leading the Sault Ste. Marie and Area Drug Strategy Committee.

### ***Public Health Strengthening and the Ontario Public Health Standards***

On September 27, 2023, the Board of Health for Algoma Public Health received a briefing note outlining the provincial government's intentions for strengthening public health. To optimize capacity, stability, and sustainability in public health and deliver more equitable health outcomes for Ontarians, the Ministry of Health is proceeding with a three-pronged strategy which includes: 1. Refining, refocusing and re-leveling roles and responsibilities, 2. Optimizing capacity by encouraging voluntary mergers, and 3. Stabilizing funding for three years and developing a new funding approach for 2026<sup>(5)</sup>.

The Ministry of Health intends to refine, refocus and re-level the roles and responsibilities of public health by conducting a sector-driven review of the Ontario Public Health Standards (OPHS), with implementation of the fully revised OPHS beginning January 1, 2025<sup>(5)</sup>. Given the significant burden of chronic disease on the health and well-being of Ontarians, it is critical to prioritize ongoing delivery and coordination of health promotion and chronic disease prevention initiatives by public health. Furthermore, it makes economic sense given the cost-effectiveness of health promotion initiatives and potential to reduce strain on the healthcare system<sup>(3)</sup>.

### **Next Steps**

That in the context of Public Health Strengthening, the Board of Health for Algoma Public Health urge the Ministry of Health to remain committed to investing in health promotion and chronic disease prevention.

### **References**

1. Ontario Public Health Standards: Requirements and Programs, Services and Accountability. Ontario Ministry of Health, 2021. <https://www.ontario.ca/page/ontario-public-health-standards-requirements-programs-services-and-accountability>
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11. Social Determinants of Health. World Health Organization. (n.d.) [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

<b>Date: March 27, 2024</b>	<b>Resolution No: 2024-</b>
<b>Moved:</b>	<b>Seconded:</b>
<b>Subject:</b> Commitment for Health Promotion and Chronic Disease Prevention	
<p><b>Whereas</b>, chronic diseases account for nearly 75% of the deaths in Ontario<sup>(1)</sup> and Algoma<sup>(2)</sup>, despite being largely preventable, and cost the province \$10.5 billion in direct health care costs<sup>(1)</sup>; and</p> <p><b>Whereas</b>, Health Promotion Ontario identifies health promotion as a viable strategy to sustain Ontario's healthcare system<sup>(3)</sup> and Ontario Health asserts that chronic disease prevention is critical to improve the quality of life of Ontarians<sup>(4)</sup>; and</p> <p><b>Whereas</b>, social determinants of health, such as income, education level, housing, food insecurity, early childhood development, employment and working conditions, social inclusion, and racism, increase risk of chronic disease and can account for between 30-55% of negative health outcomes<sup>(5)</sup>; and</p> <p><b>Whereas</b>, upstream approaches to prevention have a much larger impact on reducing the amount of disease in the population, compared to downstream approaches which are aimed at early detection and disease management at the individual-level<sup>(3)</sup>; and</p> <p><b>Whereas</b>, Algoma Public Health is a leader in health promotion and upstream disease prevention in our communities as aligned with the requirements under the Ontario Public Health Standards (OPHS)<sup>(6)</sup>; and</p> <p><b>Whereas</b>, the Ministry of Health intends to refine, refocus and re-level the roles and responsibilities of public health by conducting a sector-driven review of the OPHS<sup>(7)</sup> and it is critical to prioritize ongoing delivery and coordination of health promotion and chronic disease prevention initiatives by public health; and</p> <p><b>Therefore be it resolved</b> that in the context of Public Health Strengthening, the Board of Health for Algoma Public Health urge the Ministry of Health to remain committed to investing in health promotion and chronic disease prevention.</p>	
<b>References:</b> <ol style="list-style-type: none"> <li>1. The Burden of Chronic Diseases in Ontario: Key estimates to support efforts in prevention. Cancer Care Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario), 2019. <a href="https://www.publichealthontario.ca/-/media/documents/c/2019/cdburden-report.pdf?sc_lang=en">https://www.publichealthontario.ca/-/media/documents/c/2019/cdburden-report.pdf?sc_lang=en</a></li> <li>2. Death (Vital Statistics – Death), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Extracted October 5, 2023.</li> <li>3. White Paper on the Value of Local Health Promotion in Ontario. Health Promotion Ontario, 2023. <a href="https://www.healthpromotioncanada.ca/wp-content/uploads/2023/10/HPO-Value-of-Local-Health-Promotion-White-Paper.pdf">https://www.healthpromotioncanada.ca/wp-content/uploads/2023/10/HPO-Value-of-Local-Health-Promotion-White-Paper.pdf</a></li> <li>4. Prevention System Quality Index 2023. Ontario Health, 2023. <a href="https://www.ontariohealth.ca/sites/ontariohealth/files/PSQI_2023_Report_English.pdf">https://www.ontariohealth.ca/sites/ontariohealth/files/PSQI_2023_Report_English.pdf</a></li> <li>5. Social Determinants of Health [Internet]. World Health Organization. (n.d.) <a href="https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1">https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1</a></li> <li>6. Ontario Public Health Standards: Requirements and Programs, Services and Accountability. Ontario Ministry of Health, 2021. <a href="https://www.ontario.ca/page/ontario-public-health-standards-requirements-programs-services-and-accountability">https://www.ontario.ca/page/ontario-public-health-standards-requirements-programs-services-and-accountability</a></li> <li>7. Board of Health Briefing Note: Situational awareness of public health sector changes anticipated in 2023-2026. 23 Sep 2023. Algoma Public Health. <a href="https://www.algomapublichealth.com/media/6803/meeting-book-september-27-2023-board-of-health-meeting-website.pdf">https://www.algomapublichealth.com/media/6803/meeting-book-september-27-2023-board-of-health-meeting-website.pdf</a></li> </ol>	

CARRIED: Chair's Signature \_\_\_\_\_

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



*Algoma*  
**PUBLIC HEALTH**  
Santé publique Algoma

March 27, 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

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## APH AT-A-GLANCE

The events of the past month, as well as the content of this report to the Board of Health (BOH) offer a glimpse into APH's ongoing commitment to our third strategic direction: grow and celebrate an organizational culture of learning, innovation, and continuous improvement. Through guest speakers in celebration of Black History Month in February, as well as Employee Appreciation Day in March, APH staff had the opportunity to hear and reflect upon stories that speak to the tangible challenges of equity and inclusion, as well as hear some evidence-informed strategies on how to "walk our talk" and craft sustainable wellbeing and peak performance in our own lives. March also saw APH renew our collaborative partnership with the Maamwesying Ontario Health Team (MOHT), both practically in the resumption of routine meeting and dialogue between our respective organizations, and in symbolic affirmation through a signing ceremony, interwoven with a blanket exercise and learning opportunity for APH leadership.

The markings of a learning organization are not limited to special events. As highlighted in this month's report on learners, APH's commitment to cultivating a welcome environment for learners has been evident in recent years. Academic placements and paid studentships have not only supported the next generation of public health professionals and enhanced local public health recruitment, they have also broadened and strengthened our partnerships with post-secondary institutions. Furthermore, APH staff who take on the roles of mentors, preceptors, and supervisors have the added benefit of being "kept on our toes" through the inquiring minds of learners, where continuous improvement and keeping abreast of the latest evidence becomes a routinized part of day to day work.

As March draws to a close, APH approaches another temporary transition in physician leadership and coverage. We welcome back Dr. John Harding, who will be providing temporary AMOH and Acting MOH coverage for us during the respective leaves of Dr. John Tuinema and Dr. Jennifer Loo.

## PROGRAM HIGHLIGHT – Learners at APH

**Topic: Mentoring the next generation of public health professionals: Learners at APH**

**From:** Liliana Bressan, Manager of Infectious Diseases

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

- Organizational Requirements: Public Health Practice Domain: The board of health shall support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement.

**2021-2025 Strategic Priorities addressed in this report:**

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

[ ] Improve the impact and effectiveness of Algoma Public Health programs.

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

### **Key Messages**

- APH is committed to supporting mentoring and learning opportunities that build core competencies for effective public health practice, especially within the Northern Ontario context.
- Over 50 learners have joined the APH team since 2021 and have contributed meaningfully to work in health promotion and protection, as well as corporate and foundational services.
- APH is committed to continuing to offer opportunities for learners in 2024 and beyond.

### **Value of Mentoring and Welcoming Learners in Public Health**

As part of the *Core Competencies for Public Health in Canada*<sup>(2)</sup>, public health practitioners are required to contribute to team and organizational learning to advance public health goals, which can include participation in a mentorship program with other employees and learners.

Providing learner opportunities and mentorship in local public health, especially in northern Ontario, provides a multitude of benefits, including,

- Exposure to context of (i.e., culture, geography, etc.) and health inequities experienced in the north, and the knowledge and skills to practice public health effectively in Northern Ontario.<sup>(3)</sup>
- Working knowledge of the public health system and the context in which decisions and public health interventions are implemented.<sup>(4)</sup>
- Support for local public health recruitment, as several learners have joined our workforce after their academic training has been completed.<sup>(5)</sup>

### **Internal Support for Mentoring Learners**

APH is committed to offering learner opportunities that build core competencies for public health in the next generation of public health professionals. Throughout 2023, resources were developed to support mentorship and learners, including

- A preceptorship toolkit for APH staff mentoring learners, which included role definitions for preceptor and mentor, objectives for BScN (Bachelor of Science Nursing) students in Year 3 and 4 rotations, roles and expectations for students, preceptors and host agencies, information about community placements, and more.
- A new shared network resource that is populated with resources for staff on mentorship and placements for nursing students, including an orientation to public health nursing for students.
- A coordinated rotation for guest speaker presentations, providing learners with the opportunity to connect with interdisciplinary public health professionals to learn about their roles and the work of local

public health (i.e., Indigenous Engagement Facilitator, Program Planner and Evaluator, etc.).

- A collection of teaching materials on generational considerations in the workforce, presentations for students about joining APH for rotations, and orientation evaluation tools.

### Snapshot of Learners at APH, 2021 – 2024

Students, both paid and unpaid, have added value to APH teams to support core public health programming in health promotion and protection programs and clerical, communications, foundations, and strategic support services.

Year	Number of Academic Learners	Number of Paid Summer Students
2021	18	28
2022	16	10
2023	20	6

Learners included Bachelor of Science in Nursing students, Public Health and Preventive Medicine residents, dietetic interns, Master of Public Health students, environmental health practicum students, a nurse practitioner program learner, speech and language fieldwork learner, and a field epidemiologist, from the following schools:

- Northern Ontario School of Medicine University
- Sault College
- CTS Canadian Career College
- Brock University
- Saskatchewan Polytechnic School of Nursing
- Lakehead University
- Queen's University
- Conestoga College
- Toronto Metropolitan University
- Cape Breton University

Students provide added capacity to the agency through administrative and project support, while learning about the fundamentals of local public health and the role of various disciplines. For example:

- A field epidemiologist from the Public Health Agency of Canada is supporting population health assessment work (i.e., opioid surveillance evaluation, advanced analysis of syphilis in Algoma).
- Bachelor of Science in Nursing students with the school health team supported a review of the literature on the impacts of youth vaping initiatives and shared findings with the team, as well as a summary of key school-aged child and youth indicators for program planning.
- Master of Public Health students are providing foundational support through the development of capacity-building modules on evaluation and indicators, and support for a literature review on effective interventions to reduce the rate of sexually transmitted infections in a northern context.

As of March, in 2024, APH has had **5 academic learners** join our team, including two Master of Public Health students, two Bachelor of Science in Nursing students and one Public Health and Preventative Medicine Resident.

### Next Steps: 2024 and Beyond

APH continues to advertise opportunities for learners on the APH website Learners<sup>(6)</sup> page, which details eligibility, what to expect, placement availability, and the types of learner opportunities available. We are committed to continuing to offer student learning opportunities as mentorship capacity allows throughout 2024, especially for learners who are interested in living and working in the North.

## References

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**Algoma Public Health  
(Unaudited) Financial Statements      January 31, 2024**

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**Algoma Public Health**  
**Statement of Operations**  
**January 2024**

(Unaudited)

	Actual YTD 2024	Budget YTD 2024	Variance Act. to Bgt. 2024	Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ YTD Budget 2024
<b>Public Health Programs (Calendar)</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 1,110,142	\$ 1,110,142	\$ (0)	\$ 4,440,569	0%	100%
Provincial Grants - Cost Shared Funding	740,268	835,018	(94,750)	10,020,210	-11%	89%
Provincial Grants - Public Health 100% Prov. Funded	192,584	190,567	2,017	2,286,800	1%	101%
Provincial Grants - Mitigation Funding	0	0	-	0	-	-
Fees, other grants and recovery of expenditures	29,151	23,717	5,434	494,600	23%	123%
<b>Total Public Health Revenue</b>	<b>\$ 2,072,145</b>	<b>\$ 2,159,443</b>	<b>\$ (87,298)</b>	<b>\$ 17,242,179</b>	<b>-4%</b>	<b>96%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 1,201,063	\$ 1,196,535	\$ (4,528)	\$ 14,913,154	0%	100%
Public Health 100% Prov. Funded Programs	193,421	189,336	(4,086)	2,329,026	2%	102%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 1,394,484</b>	<b>\$ 1,385,871</b>	<b>\$ (8,613)</b>	<b>\$ 17,242,180</b>	<b>1%</b>	<b>101%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ 677,661</b>	<b>\$ 773,572</b>	<b>\$ (95,912)</b>	<b>\$ 0</b>		

**Healthy Babies Healthy Children (Fiscal)**

Provincial Grants and Recoveries	\$ 890,011	890,009	2	1,068,011	0%	100%
Expenditures	900,700	890,425	(10,275)	1,068,011	1%	101%
<b>Excess of Rev. over Exp.</b>	<b>(10,689)</b>	<b>(416)</b>	<b>(10,273)</b>	<b>(0)</b>		

**Public Health Programs (Fiscal)**

Provincial Grants and Recoveries	\$ 850,786	866,433	(15,647)	992,500	-2%	98%
Expenditures	742,542	756,567	14,025	992,500	-2%	98%
<b>Excess of Rev. over Fiscal Funded</b>	<b>108,245</b>	<b>109,867</b>	<b>(1,622)</b>	<b>-</b>		

**Fiscal Programs**

<b>Revenue</b>						
Provincial Grants - Community Health	\$ 210,130	\$ 210,128	\$ 2	\$ 262,153	0%	100%
Municipal, Federal, and Other Funding	114,447	114,447	-	114,447	0%	100%
Other Bill for Service Programs	0	0	-	-	#DIV/0!	#DIV/0!
<b>Total Community Health Revenue</b>	<b>\$ 324,577</b>	<b>\$ 324,575</b>	<b>\$ 2</b>	<b>\$ 376,600</b>	<b>0%</b>	<b>100%</b>
<b>Expenditures</b>						
Brighter Futures for Children	78,162	95,373	17,210	114,447	-18%	82%
Nurse Practitioner	136,229	135,128	(1,102)	162,153	1%	101%
Stay on Your Feet	80,004	83,333	3,330	100,000	-4%	96%
<b>Total Fiscal Community Health Programs</b>	<b>\$ 294,395</b>	<b>\$ 313,833</b>	<b>\$ 19,439</b>	<b>\$ 376,600</b>	<b>-6%</b>	<b>94%</b>
<b>Total Rev. over Exp. Fiscal Community Health</b>	<b>\$ 30,182</b>	<b>\$ 10,741</b>	<b>\$ 19,441</b>	<b>\$ (0)</b>		

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

**Algoma Public Health**
**Revenue Statement**

For One Month Ending January 31, 2024

(Unaudited)

	Actual YTD 2024	Budget YTD 2024	Variance Bgt. to Act. 2024	Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ Annual Budget 2024	Comparison Prior Year:		
							YTD Actual 2023	YTD BGT 2023	Variance 2023
Levies Sault Ste Marie	772,119	772,119	0	3,088,475	0%	25%	728,414	728,414	(0)
Levies District	338,023	338,024	(0)	1,352,094	0%	25%	318,891	318,891	(1)
<b>Total Levies</b>	<b>1,110,142</b>	<b>1,110,142</b>	<b>(0)</b>	<b>4,440,569</b>	<b>0%</b>	<b>25%</b>	<b>1,047,304</b>	<b>1,047,305</b>	<b>(1)</b>
MOH Public Health Funding	740,268	835,018	(94,750)	10,020,210	-11%	7%	732,934	732,933	1
<b>Total Public Health Cost Shared Funding</b>	<b>740,268</b>	<b>835,018</b>	<b>(94,750)</b>	<b>10,020,210</b>	<b>-11%</b>	<b>7%</b>	<b>732,934</b>	<b>732,933</b>	<b>1</b>
MOH Funding - MOH / AMOH Top Up	15,210	13,192	2,018	158,300	15%	10%	15,210	15,775	(565)
MOH Funding Northern Ontario Fruits & Veg.	9,784	9,783	1	117,400	0%	8%	9,784	9,783	1
MOH Funding Unorganized	44,200	44,200	0	530,400	0%	8%	44,200	44,200	0
MOH Senior Dental	115,224	115,225	(1)	1,382,700	0%	8%	104,408	104,408	(0)
MOH Funding Indigenous Communities	8,166	8,167	(1)	98,000	0%	8%	8,166	8,167	(1)
One Time Funding (Tobacco Cessation)	0	0	0	0	#DIV/0!	0%	0	0	0
OTF COVID-19 Extraordinary Costs	0	0	0	0	#DIV/0!	0%	0	0	0
<b>Total Public Health 100% Prov. Funded</b>	<b>192,584</b>	<b>190,567</b>	<b>2,017</b>	<b>2,286,800</b>	<b>1%</b>	<b>8%</b>	<b>181,768</b>	<b>182,333</b>	<b>(565)</b>
<b>Total Public Health Mitigation Funding</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>	<b>0%</b>	<b>0</b>	<b>86,483</b>	<b>(86,483)</b>
Recoveries from Programs	1,016	2,500	(1,484)	29,600	-59%	3%	898	2,500	(1,602)
Program Fees	3,240	3,717	(477)	45,000	-13%	7%	3,145	4,967	(1,822)
Land Control Fees	3,220	5,000	(1,780)	225,000	-36%	1%	3,275	10,000	(6,725)
Program Fees Immunization	9,935	3,750	6,185	45,000	165%	22%	3,403	4,167	(763)
HPV Vaccine Program	0	0	0	20,000	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	16,000	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	9,000	#DIV/0!	0%	0	0	0
Interest Revenue	11,740	8,750	2,990	105,000	34%	11%	17,822	2,732	15,090
Other Revenues	0	0	0	0	#DIV/0!	0%	0	1,250	(1,250)
<b>Total Fees and Recoveries</b>	<b>29,151</b>	<b>23,717</b>	<b>5,434</b>	<b>494,600</b>	<b>23%</b>	<b>6%</b>	<b>28,544</b>	<b>25,615</b>	<b>2,928</b>
<b>Total Public Health Revenue Annual</b>	<b>2,072,145</b>	<b>2,159,443</b>	<b>(87,298)</b>	<b>17,242,179</b>	<b>-4%</b>	<b>12%</b>	<b>1,990,550</b>	<b>2,074,670</b>	<b>(84,120)</b>
<b>Public Health Fiscal April 2023 - March 2024</b>									
Infection Prevention and Control Hub	502,840	502,840	0	603,400	0%	83%			
School Nurses Initiative	144,101	175,000	(30,899)	175,000	-18%	82%			
Needle Syringe Program	16,910	16,910	0	20,300	0%	83%			
New Purpose-Built Vaccine Fridge	9,250	9,250	0	11,100	0%	83%			
PHI Practicum Program	25,000	25,000	0	30,000	0%	83%			
Security System Upgrades	91,600	76,333	15,267	91,600	20%	100%			
Upgrade Network Switches	61,085	61,100	(15)	61,100	0%	100%			
<b>Total Provincial Grants Fiscal</b>	<b>850,786</b>	<b>866,433</b>	<b>(15,647)</b>	<b>992,500</b>	<b>-2%</b>	<b>86%</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Algoma Public Health**  
**Expense Statement- Public Health**  
 For One Month Ending January 31, 2024  
*(Unaudited)*

	Actual YTD 2024	Budget YTD 2024	Variance Act. to Bgt. 2024	Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ Budget 2024	Comparison Prior Year:		
							YTD Actual 2023	YTD BGT 2023	Variance 2023
Salaries & Wages	849,458	834,215	(15,243)	10,236,246	2%	8%	\$ 868,326	\$ 891,590	\$ 23,264
Benefits	240,108	221,592	(18,516)	2,665,034	8%	9%	233,278	209,334	(23,945)
Travel	6,704	14,544	7,840	174,525	-54%	4%	3,460	13,233	9,773
Program	77,266	76,685	(581)	1,012,197	1%	8%	131,737	103,097	(28,640)
Office	11,008	5,033	(5,975)	60,400	119%	18%	8,303	6,867	(1,436)
Computer Services	67,371	77,375	10,004	926,000	-13%	7%	119,954	74,658	(45,296)
Telecommunications	22,129	20,334	(1,795)	244,000	9%	9%	23,328	22,083	(1,245)
Program Promotion	228	1,625	1,397	19,500	-86%	1%	0	3,885	3,885
Professional Development	955	4,259	3,304	51,105	-78%	2%	5,946	6,567	621
Facilities Expenses	68,249	81,416	13,167	977,000	-16%	7%	101,265	76,250	(25,015)
Fees & Insurance	12,890	10,674	(2,216)	418,750	21%	3%	7,424	12,792	5,368
Debt Management	38,118	38,118	0	457,421	0%	8%	38,118	38,118	0
	<b>\$ 1,394,484</b>	<b>\$ 1,385,870</b>	<b>\$ ( 8,614 )</b>	<b>\$ 17,242,178</b>	<b>1%</b>	<b>8%</b>	<b>\$ 1,541,139</b>	<b>\$ 1,458,474</b>	<b>\$ ( 82,665 )</b>



## **Notes to Financial Statements – January 2024**

### **Reporting Period**

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

### **Statement of Operations (see page 1)**

#### **Summary – Public Health and Non Public Health Programs**

APH has not yet received the 2024 Amending Agreement from the province identifying the approved funding allocations for public health programs. The annual budget for public health programs has been updated to reflect the Board approved budget as presented at the November 2023 Board of Health Meeting.

As of January 31, 2024, Public Health calendar programs are reporting a \$96K negative variance – which is driven by a \$9K negative variance in expenditures and a \$87K negative variance in revenue.

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

Our Public Health calendar revenues are 4% negative variance to budget for 2024.

For the 2024 calendar year, the province instructed public health units to plan for provincial base funding to be restored to the level provided under the 2020 cost-share formula, as well as base funding growth of 1%. These anticipated changes are reflected within the Board of Health approved 2024 budget, however cash flow payments from the Ministry have yet to be updated to reflect the same. APH anticipates a catch-up payment related to these funding changes in March or April.

Based on communications to date, there will be no availability of COVID 19 extraordinary funds or mitigation funding in 2024. One time funding requests to address financial pressures above and beyond what can be supported by the cost shared budget will also not be made available via the 2024 Annual Service Plan due to the Ministry on April 2, 2024. As communicated by the province, opportunities may become available in year based on ongoing assessments.

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 totaling \$603K for the 2023-24 fiscal year in order to support enhancement of IPAC practices in congregate care settings in Algoma's catchment area.

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

#### ***Facilities Expenses***

There is a \$13K positive variance associated with facilities expenses. This is timing driven only based on expected repairs and maintenance for the year. It is expected that this variance will close as we continue through the year.

### **Financial Position - Balance Sheet**

APH's liquidity position continues to be stable and the bank has been reconciled as of January 31, 2024. 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.

Please note that similar to previous years, the Balance Sheet as of January 31, 2024 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2023 annual audited financial statements are completed, the comparative balance sheet will be updated and provided.

# Governance Committee Report

March 6, 2024

## **Attendees:**

Deborah Graystone

Don McConnell – chair

Loretta O'Neill

Matthew Shoemaker (electronically)

## **Regrets:**

Sonia Tassone

## **APH Members:**

Dr. Jennifer Loo – Medical Officer of Health and CEO

Rick Webb – Director of Corporate Services

Tania Caputo – Board Secretary

## **Minutes**

- The Minutes of the Governance Committee meeting of September 13, 2023 were approved.

## **Policy Reviews**

- Sponsorship of Charitable Organizations – Policy 02–05–086 concerning the sponsorship of charitable organizations was reviewed and recommended for approval to the Board of Health.
- Travel – Policy 02–05–020 concerning employee and Board travel was reviewed and referred to staff for further comment including simplifying the accounting approval process for meals by considering a standard amount for each type of meal; and deleting the references in the policy to specific travel agencies and hotels in favour of a creating a preferred vendor list which can be updated by the Board subject to staff recommendation without the need to amend the policy.
- Board Minutes – Policy 02–05–010 concerning the posting and retention of Board Minutes was reviewed and recommended for approval to the Board of Health.
- Reserve Fund – Policy 02–05–065 concerning Board of Health reserve funds was reviewed and recommended for approval to the Board of Health subject to minor formatting changes.

- Board & Committee Elections – Policy 02–05–075 concerning the election of Board Chair, Vice Chair and committee chairs was reviewed and recommended for approval to the Board of Health.
- Stakeholder Communications – Policy 02–05–088 concerning communications was referred to staff for further comment including a general statement on who our stakeholders are and additional information on the status of our communications plan.

#### **Policy Format**

- The Committee agreed to consider standardizing the format for Board policies at a future meeting and including references for implementation responsibilities and monitoring procedures.

#### **Governance Committee Terms of Reference**

- The Committee agreed to schedule additional time to review the existing Terms of Reference at a future meeting.

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

<b>APPROVED BY:</b>	Board of Health	<b>REFERENCE #:</b>	02-05-086
<b>DATE:</b>	Original: Nov 28, 2018 Revised: Sep 23, 2020 <u>Reviewed: Feb-Mar 6, 2024</u>	<b>SECTION:</b>	Policies
		<b>SUBJECT:</b>	Sponsorship of Charitable Organizations

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### **PURPOSE**

To identify appropriate participation of APH employees with respect to charitable activities/events which the agency may participate in and the process by which this participation is carried out. This policy does not apply to collaborative project work for which the agency has an ongoing relationship with another organization to deliver programs or services consistent with the direction of the OPHS or to activities that employees may engage in outside of the terms of their employment.

### **BACKGROUND**

The delivery of our mandated core public health programs may directly or indirectly support charitable organizations. Participation in community events that align with core programs and OPHS requirements is beneficial for employee engagement, for our collaborative partnerships, and for the communities that we support.

However, the MOHLTC policy directs that health units may not redirect Ministry funds to charitable causes.<sup>1</sup> This includes direct donation of a monetary nature, supply of goods and services or human resources (employee time during work hours).

### **POLICY STATEMENT**

APH is in support of community partners and other charitable organizations in their efforts to improve the health of the community through fundraising and special promotion events. Occasionally, staff at the Health Unit will become involved in community events or initiatives. Activities should align with effective public health practice. The appropriateness of APH's active involvement with the event shall be determined by the senior management team when there is a potential human resource or financial commitment.

The following guidelines will assist in determining the suitability and extent of such activities:

- Activities closely align with public and population health goals.
- Activities and funds remain in Algoma or Northern Ontario.
- That use of APH infrastructure/ facilities does not incur additional cost to the agency. (e.g. use of parking lot, meeting rooms, kitchen facilities)
- Activities do not disrupt or reduce routine APH program activities.
- Activities do not display favouritism to a group/team merely because a member of that group is an APH employee (e.g. hosting club meetings)
- Activities do not involve direct fundraising by APH staff.

- Any activities that involve direct sponsorship with a private/for-profit corporation will be reviewed with the Board of Health.

•

For sponsorship by external agencies please see the Policy 01-04-015 Sponsorship by External Organizations (Employee Policy)

## **REFERENCES**

1. 2017 Program-Based Grants User Guide, Population and Public Health Division Ministry of Health and Long-Term Care January 2017, Non-Admissible Expenditures, Page 9

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

**APPROVED BY:** Board of Health

**REFERENCE #:** 02-05-010

**DATE:** Original: Feb 12, 1996  
Revised: Mar 28, 2018  
Revised: May 27, 2020  
Reviewed: Mar 23, 2022  
Reviewed:

**SECTION:** Policies

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

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### **POLICY:**

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

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

Addendum packages will be posted to the platform and the APH website as soon as they are available.

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

### **PROCEDURES:**

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

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

**APPROVED BY:** Board of Health

**REFERENCE #:** 02-05-065

**DATE:** Original: Jun 17, 2015  
Revised: Jun 24, 2017  
Reviewed: Apr 24, 2019  
Reviewed: Jan 28, 2022  
[Reviewed: Mar 27, 2024](#)

**SECTION:** Policies

**SUBJECT:** Algoma Board of Health  
Reserve Fund

### **PurposePURPOSE:**

To provide guidance on the establishment, maintenance, and use of a reserve fund.

### **POLICYPolicy:**

The Board of Health for the Algoma Public Health has established reserves as follows:

### **BackgroundBACKGROUND:**

The Health Protection and Promotion Act (the “Act”) requires, in section 72(1), that the expenses incurred by or on behalf of a Board of Health and the Medical Officer of Health/Chief Executive Officer (MOH/CEO) in the performance of their functions and duties under the Act or any other act shall be borne and paid by the Municipalities in the health unit served by the Board of Health.

Section 72(5) (1) of the Act requires the Board of Health to cause the preparation of an annual estimate of expenses for the next year. Such estimate of expenses may from time to time be too high or too low, resulting in an excess or a shortfall respectively of funds paid by the Municipalities.

The Board of Health considers it prudent and expedient to establish reserve funds, which include reserves, into which, inter alia, any excess funds received in any year be paid to be applied to cover any shortfall of funds in future years.

Section 417(1) of the Municipal Act empowers the Board of Health in each year to provide in its estimate of expenses for the establishment or maintenance of a reserve fund for any purpose for which it has authority to expend funds.

Section 417(2) of the Municipal Act only requires the approval of the Councils of the majority of the Municipalities in a health unit for the establishment and maintenance of a reserve fund if the Board of Health is required to obtain such approval for capital expenditures.

Section 52(4) of the Act only requires the Board of Health to seek the approval of the Councils of the majority of Municipalities in a health unit for capital expenditures made to acquire and hold real property.

To obviate the need to seek the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit to establish and maintain a reserve fund, the reserve fund will contain a restriction that the funds therein shall not be used for capital expenditures to acquire real property without first obtaining the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit as required by section 52(4) of the Act.



Motion: 2015-91 ALGOMA BOARD OF HEALTH UNIT RESERVE FUNDSTHEREFORE BE IT RESOLVED THAT PROCEDURE

- ~~1)~~1. The Board of Health forthwith establish and maintain reserve funds for Working Capital, Land Control, Human Resources Management, Public Health Initiatives and Response, Corporate Contingencies, and Facility and Equipment Repairs and Maintenance; and,
- ~~2)~~2. The reserve funds shall be used and applied only to pay for expenses incurred by or on behalf of the Board of Health and the Medical Officer of Health in the performance of their functions and duties under the Health Protection and Promotion Act or any other Act; and,
- ~~3)~~3. None of the reserve funds shall be used or applied for capital expenditures to acquire and hold real property unless the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit have been first obtained pursuant to section 52(4) of the Act; and,
- ~~4)~~4. The Board of Health in each year may provide in its estimates for a reasonable amount to be paid into the reserve funds provided that no amount shall be included in the estimates which ~~is~~ are to be paid into the reserve funds when the cumulative balance of all the reserve funds in the given year exceeds 15 percent of the regular operating revenues for the Board of Health approved budget for the mandatory cost-shared programs and services; and,
- ~~5)~~5. All lease revenues, received by the Board of Health under leases of part of its premises, in excess of the actual operating costs attributable to the leased premises, shall be paid annually into the reserve funds; and,
- ~~6)~~6. Any over-expenditures in any year shall be paid firstly from the reserve funds, and only when the reserve funds shall have been exhausted will the Board of Health seek additional funds from the Municipalities to pay for such over-expenditures; and,
- ~~7)~~7. Any excess revenues in any year resulting from an overestimate of expenses shall be paid into the reserve funds; and,
- ~~8)~~8. The MOH/CEO shall, ~~will~~ with Board approval, in each year, direct the allocation of excess funds to such reserve fund or funds as the MOH/CEO shall decide; and,
- ~~9)~~9. The MOH/CEO shall be entitled to transfer funds from one reserve fund to another reserve fund at any time and from time to time.

The MOH/CEO shall be responsible for the management of the reserves in accordance with respective Board of Health motions and ~~Board~~ By-law 2015-01 To Provide for the Management of Property.~~4-~~

The approval of the Board of Health shall be required for any transfers from the Board's reserves that constitute part of the annual budget approval process or that are in excess of \$50,000 per transaction.

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

**APPROVED BY:** Board of Health

**REFERENCE #:** 02-05-075

**DATE:** Original: Sep 27, 2017  
Reviewed: Mar 27, 2019  
Revised: Mar 24, 2021  
Revised: May 25, 2022  
Reviewed: Mar 27, 2024

**SECTION:** Policies

**SUBJECT:** Election of Chair, Vice-Chairs  
or Committee Members

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### **PURPOSE**

1. To ensure that the Board of Health for the District of Algoma Health Unit (the Board) utilizes fair, reasonable and efficient methods to elect its Chair, Vice-Chair, and appoint committee members.
2. To promote the involvement of all Board members by encouraging participation on standing committees.
3. To ensure for representation from across entire district on each committee to allow for an authentic voice in discussions.
4. To detail the process to elect the Chair of the Board, the First Vice-Chair of the Board (Chair of the Finance and Audit Committee), the Second Vice-Chair of the Board (Chair of the Governance Committee), and to appoint the two Standing Committee members -Governance Committee and Finance and Audit Committee at the first meeting of the Board each year.
5. To hold the election/selection process at the first meeting of every year.
6. It is the policy of Algoma Public Health to follow all applicable regulations as set out in the Municipal Act and the Health Promotion and Prevention Act when conducting elections at APH.

### Reference Bylaw 95-1 To Regulate the Proceedings of the Board

At the first meeting of each new year, chaired by the Medical Officer of Health/Executive Officer, as the first order of business, the Board of Health elects:

1. a Chairperson of the Board of Health
2. A first Vice Chair/Chair of the Finance Committee
3. A second Vice Chair/Chair of the Governance Committee

The Medical Officer of Health/Executive Officer is responsible to call for nominations from the floor for the position of Chairperson, and to chair the meeting until the Chairperson is elected. Refer to Robert's Rules of Order for procedures used for nominations, elections, and voting.

### **Nominations for Chair of the Board, First Vice Chair/Chair of Finance Committee and Second Vice Chair/Chair of Governance Committee**

The Secretary to the Board will send a call out for expressions of interest by email for nominations prior to the first Board meeting of the new year.

Candidates may nominate themselves or another Board member for any position. Seconders are not required. If the number nominated is equal to the number of positions available at hand, then the member(s) will be considered acclaimed. If the number nominated is more than the number of positions available at hand, then a formal election process will be held. A call for nominations will occur three times.

**PROCEDURE:****Call for Nominations**

Board Chair/MOH/CEO or  
Delegate:

1. Call for nomination to the seat at hand.  
*"Nominations are now open for the position of \_\_\_\_\_.  
 This is the first call." Any names are written down. "This is the  
 second call for nominations for the position of \_\_\_\_\_."  
 New names are noted. "This is the third and final call for  
 nominations for the position of \_\_\_\_\_." Final names  
 are recorded. "Nominations are closed for the position of  
 \_\_\_\_\_."*
2. Once the nomination call is completed, nominees will be asked if they accept the nomination.  
*"\_\_\_\_\_, you have been nominated for the position of  
 \_\_\_\_\_. Do you accept the nomination to stand?"*  
 Any nominee that does not accept will have their name removed from the nomination call list.
3. If only one is received, that person is acclaimed for the position. If more than one nomination is received, a formal election process will take place. See Election of Board Chair or Board Vice-Chair.

**Election of Board Chair**

MOH/CEO or Delegate:

1. Read out the names of the candidates in the order they were nominated.
2. Each member will have up to two minutes to explain their candidacy platform
3. The vote will be conducted by secret ballot. Each board member will write the candidate they are voting for on a piece of paper.
4. The candidate with the most votes will be ordered, and the seat will be filled.
5. In the event of a tie, the other nominees will be dropped from the vote, and a re-ballot will occur with the remaining nominees.
6. In the event of a tie for the seat still exists after a second ballot, the tied members' names will be put into a container and a name drawn out.
7. Successful candidates of the election process will be considered appointed to the seat at hand.
8. Should no one be nominated for the position of Board Chair, the process will continue for the remaining positions of the Vice-Chairs.

9. The First Vice-Chair would then become the acting Chair until that position is filled formally.

### **Election of Board Vice-Chairs**

- |                     |  |
|---------------------|--|
| Elected Board Chair | <ol style="list-style-type: none"><li>1. Takes charge of the meeting and proceeds with the election of the Vice-Chairs.</li><li>2. Follow the same procedure for electing a chair.</li></ol> |
|---------------------|--|

### **Selection Procedure for Committee Members**

- |                             |  |
|-----------------------------|--|
| Board Chair                 | <ol style="list-style-type: none"><li>1. Call for names to be submitted of Board members interested in sitting on a specific committee.</li></ol>  |
| Board Members               | <ol style="list-style-type: none"><li>2. Submit a form with their name or verbally notify the Board Chair and provide any information they believe is pertinent to being selected for a committee.</li></ol>   |
| Board Chair and Vice-Chairs | <ol style="list-style-type: none"><li>3. Collect completed forms of interested board members and discuss who will be on each committee.</li><li>4. Members will be placed on one committee to allow for the most possible people to take part.</li><li>5. Should there remain any vacancies on the committees, they will be filled by appointment through application to the Chair and Vice-Chairs and serve the remainder of the term of the committee.</li></ol> |



## The Corporation of the Township of St. Joseph

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

February 16, 2024

Algoma Public Health

[BOH@algomapublichealth.ca](mailto:BOH@algomapublichealth.ca)

Public Health Sudbury & Districts

[quesnelr@phsd.ca](mailto:quesnelr@phsd.ca)

### **Re: Consultation Regarding Public Health Unit Merger**

Dear Algoma Public Health and Public Health Sudbury & District Boards of Health,

At their February 7, 2024 meeting, Council for The Township of St. Joseph discussed the letter from both health units requesting input on a potential merger.

Council is troubled by the fact that Municipalities concerned do not know anything about the province's funding formula, since their funding formula review is not going to be completed until 2025. This makes it very difficult for council to make a decision to support or oppose this merger based on financial concerns.

Council is also concerned that Algoma Municipalities will lose representation in our area because provincial legislation limits the board size to 13 no matter whether Algoma Public Health remains as it is now or if it merges.

Lastly, Council does not feel the timelines suggested allow for appropriate consultation and decision making.

We appreciate your request for comment and input from the communities you serve and hope you will take them into consideration.

Respectfully,

Amanda Richardson  
Clerk Administrator

cc

Premiere Doug Ford

Ontario Public Health

Ontario Ministry of Health and Long-Term Care

MPP Michael Mantha

**March 22, 2024**

The Honourable Mark Holland  
Minister of Health  
House of Commons  
Ottawa, ON  
K1A 0A6

**Re: Recommendation for Provincial and Federal Restrictions on Nicotine Pouches**

Dear Minister Holland:

The Middlesex-London Health Unit (MLHU), on behalf of Ontario's Southwest Tobacco Control Area Network (SWTCAN), wishes to express our sincere, wholehearted support of Health Canada's recent announcement to address the increasing interest and non-therapeutic use of nicotine-containing products, including nicotine pouches, among youth. This announcement deeply resonates with our shared commitment to safeguard the health and well-being of our communities, and is in line with our support and endorsement of the Windsor-Essex County Board of Health Resolution Report entitled "*Steps Toward Limiting Nicotine Addiction in Youth*", attached as Appendix A. The SWTCAN, comprised of Chatham-Kent Public Health, Grey Bruce Public Health, Huron Perth Public Health, Lambton Public Health, Middlesex-London Health Unit, Southwestern Public Health, and the Windsor-Essex County Health Unit, applauds Health Canada's determined pursuit of regulatory measures to tackle youth appeal, access, and use of nicotine products.

Currently, the administrative decision by Health Canada to approve Zonnice nicotine pouches for sale under the *Natural Health Products Regulations* has meant that flavoured nicotine pouches are now available for purchase in all kinds of retail settings, primarily convenience stores and gas stations, displayed alongside candy, chips, and gum. The pouches come in colourful packaging and in a variety of sweet and fruity flavours, which are particularly appealing to younger consumers. Other brands of nicotine pouches, including "Zyn" and "KlinT" have found their way to the retail shelves in southwestern Ontario. Large video advertisements and branded display units promote the sale of nicotine pouches in the same retail settings where commercial tobacco and vaping products are available for purchase. The spectrum of available nicotine products is growing as the commercial tobacco and vapour product industry capitalize on gaps in the current regulatory framework.

The rapid emergence of nicotine pouches in the market has meant that provincial governments have had insufficient time to establish their own regulatory frameworks to respond to the sale of these products, with the exception of British Columbia and Quebec. On March 20, 2024, Health Canada issued a public advisory to (a) use authorized nicotine pouches only as directed for quitting smoking, and (b) avoid unapproved nicotine pouches in Canada. As Health Canada works to create a regulatory framework, the SWTCAN continues to express its support for the implementation of federal and provincial regulations targeting the retail sale and promotion of flavored nicotine pouches, and other nicotine-containing products that have not yet been proven effective as cessation aids. Specifically:

- that the federal government takes swift action to close the regulatory gap that permits the sale of nicotine pouches and other nicotine-containing products that have not yet been proven effective as cessation aids to individuals under 18 years of age; and,
- that the provincial government consider taking action to embed restrictions on the flavouring, sale, display, and promotion of nicotine pouches and other nicotine-containing products under the *Smoke-free Ontario Act, 2017*.

To provide the necessary time for provincial governments to work with Health Canada to respond to this emerging nicotine delivery device, the SWTCAN further recommends that Health Canada reclassify nicotine pouches as a prescription product or enact a suspension and temporary moratorium on the approval and sale of all nicotine pouches until appropriate regulatory measures are in place.

**[www.healthunit.com](http://www.healthunit.com)**

Nicotine is a highly addictive substance, with substantial evidence documenting the adverse effect of nicotine on the developing brains of youth and young adults. The Middlesex-London Health Unit and the public health units within SWTCAN remain committed to working collaboratively with our school, municipal, provincial, and federal partners to prevent nicotine dependence, to promote cessation, and to protect communities through the promotion and enforcement of health protective policies.

The Middlesex-London Board of Health reviewed further information, which has been attached to this letter (Report No. 16-24 and Appendix A).

Sincerely,



Matthew Newton-Reid  
Board Chair



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



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

Cc: Ontario Boards of Health  
Hon. Sylvia Jones, Ontario Minister of Health  
Arielle Kayabaga, Member of Parliament, London West  
Karen Vecchio, Member of Parliament, Elgin-Middlesex-London  
Lianne Rood, Member of Parliament, Lambton-Kent-Middlesex  
Lindsay Mathyssen, Member of Parliament, London-Fanshawe  
Peter Fragiskatos, Member of Parliament, London North Centre  
Teresa Armstrong, Member of Provincial Parliament, London-Fanshawe  
Hon. Rob Flack, Member of Provincial Parliament, Elgin-Middlesex-London  
Terence Kernaghan, Member of Provincial Parliament, London North Centre  
Peggy Sattler, Member of Provincial Parliament, London West

**www.healthunit.com**

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 16-24**

**TO:** Chair and Members of the Board of Health

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

**DATE:** 2024 March 21

---

**RECOMMENDATION FOR PROVINCIAL AND FEDERAL RESTRICTIONS ON  
NICOTINE POUCHES**

**Recommendation**

*It is recommended that the Board of Health:*

- 1) Receive Report No. 16-24 re: "Recommendation for Provincial and Federal Restrictions on Nicotine Pouches" for information;
- 2) Endorse the Windsor-Essex County Board of Health Resolution Report, attached as [Appendix A](#); and
- 3) Direct staff to submit a letter to Health Canada on behalf of the seven public health units in southwestern Ontario, attached as [Appendix B](#).

---

**Report Highlights**

- Health Canada authorized nicotine pouches containing 4 mg of nicotine under the *Natural Health Products Regulations*, raising concerns nationwide due to their accessibility, marketing, and appeal to youth.
- The Windsor-Essex County Board of Health Resolution Report, attached as [Appendix A](#), calls for swift federal action to curb sales to those under 18 years of age and calls for provincial restrictions on the flavoring, sale, display, and promotion of nicotine pouches under the *Smoke-Free Ontario Act, 2017*.
- Health Unit staff prepared a letter for submission to Health Canada on behalf of the seven public health units in southwestern Ontario, attached as [Appendix B](#), endorsing the Windsor-Essex County Board of Health Resolution Report.

**Current Landscape of Nicotine Products in Canada**

Nicotine pouches made by Imperial Tobacco Canada Ltd. were officially authorized for sale by Health Canada as a natural health product on July 18, 2023, under the *Natural Health Products Regulations* as nicotine replacement therapy and a smoking cessation aid. Each package contains 10 or 24 pouches, and each pouch contains up to 4 milligrams of nicotine. The amount of nicotine in a cigarette can vary, depending upon the brand (11.9 to 14.5 mg of nicotine); however, those who smoke will only absorb 1 to 1.5 mg of nicotine from a single stick. This means that one pouch may contain nicotine that is the equivalent of up to 4 cigarettes.



The classification of nicotine pouches as a natural health product allowed the pouches to fall beyond the scope of the federal *Tobacco and Vaping Products Act (TVPA)* and the provincial *Smoke-Free Ontario Act (SFOA)*, 2017, which regulate the marketing, retail sale and display, and public use of commercial tobacco and vaping products. Presently, in Ontario, nicotine pouches are available for purchase at convenience stores and gas stations, displayed alongside candy, chips, and gum. The pouches come in colourful packaging and in a variety of sweet and fruity flavours, which are particularly appealing to younger consumers. Large video advertisements and branded display units promote the pouches as a quitting aid, while the producers of these products continue to manufacture and market commercial tobacco and vaping products. The spectrum of available nicotine products is growing as the tobacco industry capitalizes on gaps in the current regulatory framework.

### Reaction and Regulatory Approaches Across Canada

Due to nicotine's highly addictive nature and its adverse effects on the developing brains of youth and young adults, the approval by Health Canada [sparked significant concern](#) among health organizations across Canada. The advertising of nicotine pouches is governed federally; however, where these products can be sold, including age and advertising restrictions at retail, rest with provinces and territories. Youth-friendly advertising, substantial marketing and distribution strategies, and flavoured nicotine products that lack age restriction regulations are a local public health concern. Retailers are reporting that they are challenged to keep the different brands of nicotine pouches and gum produced by the tobacco industry in stock across Middlesex-London, and packaging is being littered in schools and in parks.

Until recently, Québec was the sole Canadian province with a regulatory framework limiting the sale of nicotine replacement therapy products, including nicotine pouches to pharmacies. However, on February 7, 2024, British Columbia enacted regulation to restrict the sale of nicotine pouches to behind the counter at pharmacies, requiring consultation with a pharmacist prior to purchase. At the time of drafting this report, no additional measures have been taken by other provinces.

### Next Steps

In January 2024, the Windsor-Essex County Board of Health passed a resolution report, attached as [Appendix A](#), calling for immediate federal and provincial regulatory action. The Resolution Report calls on the federal government to take swift action to address the regulatory gap allowing nicotine pouch sale to individuals under 18 years of age. Furthermore, the resolution calls on the provincial government to regulate the retail sale of nicotine pouches under the *Smoke-free Ontario Act, 2017*. An endorsement letter was prepared by Health unit staff on behalf of the Southwest Tobacco Control Area Network (i.e., the seven public health units in southwestern Ontario), attached as [Appendix B](#). With Board of Health direction, the letter would be submitted to Health Canada and copied to the Ontario Ministry of Health.

This report was prepared by the Social Marketing and Health System Partnerships Team.



**Alexander Summers, MD, MPH, CCFP, FRCPC**  
Medical Officer of Health



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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Substance Use and Injury Prevention Standard (requirements 2 and 3) as outlined in the [Ontario Public Health Standards](#)
- The [Tobacco and Vaping Products Act](#)
- [The Smoke-free Ontario Act, 2017](#)
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
  - Our public health programs are effective, grounded in evidence and equity.

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation: An Organizational Plan](#), specifically ensuring the use of culturally appropriate language.**



## Windsor-Essex County Health Unit Board of Health

### RECOMMENDATION/RESOLUTION REPORT

#### Steps toward Limiting Nicotine Addiction in Youth;

#### *Local, Provincial, and Federal Restrictions on Nicotine Pouches*

**Date: Thursday, January 18<sup>th</sup>, 2024**

#### ISSUE/PURPOSE

The recent availability of Nicotine Pouches under the brand name “Zonnic” has triggered widespread concern from health organizations across Canada, including the Canadian Cancer Society, Heart and Stroke, and the Canadian Lung Association, who have issued calls for immediate federal action to regulate their sale to youth (von Stackelberg, 2023). Health Canada has approved the products under their *Natural Health Products* designation as a Nicotine Replacement Therapy (NRT) which can be used to quit smoking. Each package contains either 10 or 24 pouches with each pouch contains up to 4mg of nicotine, the equivalent of up to 2 cigarettes (Marsh, 2023).

Nicotine is highly addictive and has permanent adverse effects on the developing brains of youth and concerns regarding the nicotine pouches are rooted in their marketing and distribution approach being attractive to young people. An approach which includes attractive colours and targeted promotions, fruity flavouring which includes sweeteners, and a lack of regulations which makes it legal for children and youth to purchase these products. The similarities in purpose, advertising, and the range of flavors offered by nicotine pouches relative to the already popular vaping products poses a significant risk of sparking a trend comparable to rapid uptake of vaping amongst youth.

#### BACKGROUND

Nicotine pouches were approved for sale in Canada on July 18, 2023 as a *Natural Health Product*. The nicotine pouches are currently outside the scope of the federal *Tobacco and Vaping Products Act* (TVPA) and the provincial *Smoke-free Ontario Act (SFOA) 2017* which regulate tobacco and vaping products by restricting their advertisement, display, and public use. As a result, the nicotine pouches are currently being sold at convenience stores and gas stations, placed alongside items such as candy and chips. The pouches are sold in vibrant packaging and various sweet and fruity flavours which are attractive to younger populations.

The recent growth in popularity of vaping products serves as an example of the importance of moving quickly to mitigate the risk of these new products (University of Waterloo & Brock University, 2023). Although research on the health effects of using nicotine pouches is still emerging, the effects of using oral NRTs include mouth ulcers, mouth and throat soreness, and coughing (M. Jackson et al., 2023). For youth and young adults who develop a dependence on nicotine, lasting negative impacts on the cognitive abilities, growth, and development can also occur (Stein et al., 1998; Ren & Lotfipour, 2019). Most concerning, given the highly addictive nature of nicotine, dependence can lead to further use of vaping product, tobacco products, or other drugs (Leslie, 2020).

The Windsor-Essex County Health Unit (WECHU) has consistently engaged businesses, school administrators, students, parents, and municipalities to inform these groups about the health consequences of tobacco and vaping

and has worked closely with them to develop policies, and enforce provincial regulations pertaining to smoking and vaping in public areas. The WECHU is committed to working closely with these same partners to better understand the best ways to keep residents, in particular young people, safe from these products however, until such time that a regulatory framework is established at the federal and provincial levels it is possible that the uptake of these products in Windsor and Essex County will escalate in a similar manner to vaping products.

## PROPOSED MOTION

**Whereas**, Health Canada has approved Nicotine Pouches for sale under a *Natural Health Product* designation which does not provide restrictions on advertising or sale to minors; and

**Whereas**, there is no evidence to demonstrate the efficacy of Nicotine pouches as a smoking cessation aid; and

**Whereas**, the emergence of nicotine pouch products produced by Imperial Tobacco Canada, under the brand name “Zonnic” has occurred rapidly without the same regulations applied to other nicotine products; and

**Whereas**, the marketing and accessibility of Zonnic Pouches raises concerns regarding its appeal to youth populations; and

**Whereas**, the Nicotine Pouches fall outside existing provincial regulations on tobacco and vaping products; and

**Whereas**, there are significant concerns regarding the risks to youth and young adults who do not smoke and parallels between nicotine pouch use and vaping.

**Now therefore be it resolved** that the Windsor-Essex County Board of Health strongly encourages the federal government to take immediate action to close the regulatory gap that permits the sale of nicotine pouches to people under the age of 18; and

**FURTHER THAT**, the Windsor-Essex County Board of Health strongly encourages the province of Ontario to take immediate action to embed restrictions on the flavouring, sale, display, and promotion of nicotine pouches under the provincial *Smoke-free Ontario Act, 2017*; and

**FURTHER THAT**, the Windsor-Essex County Health Unit works closely with local municipalities to review tobacco/vape-free public place bylaws to include additional nicotine products; and

**FURTHER THAT**, the Windsor-Essex County Health Unit works closely with local schools and boards to update policies to ensure products like nicotine pouches, and other emerging products that are tobacco or nicotine related are prohibited on school property.

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