



May 22, 2024

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

Meeting Book - May 22, 2024, Board of Health Meeting

Table of Contents

1. Call to Order	
a. Declaration of Conflict of Interest	
<hr/>	
2. Adoption of Agenda	
a. May 22, 2024, Board of Health Meeting Agenda	4
<hr/>	
3. Adoption of Minutes	
a. April 24, 2024, Board of Health Meeting Minutes	7
<hr/>	
4. Delegation/Presentations	
a. Public Health Nursing Practice	11
<hr/>	
5. Business Arising	
a. Healthy Babies Healthy Children Program	28
<hr/>	
6. Reports to Board	
a. Medical Officer of Health and Chief Executive Officer Report	
b. Finance and Audit	
i. APH Unaudited Financial Statements ending March 31, 2024	29
c. Governance	
i. May 8, 2024, Governance Committee Chair Report	36
ii. 02-05-020 Travel Policy	38
iii. 02-05-088 Stakeholder Communications	46
iv. 02-05-15 Conflict of Interest	48
v. 02-05-025 - Board Member Remuneration	51
vi. 02-04-030 - Procurement Policy	54
<hr/>	
7. New Business	
<hr/>	
8. Correspondence - requiring action	
<hr/>	
9. Correspondence for Information	

a. aPHa InfoBreak - May 2024	68
b. Letter to the Premier of Ontario, from APH Board of Health regarding Household Food Insecurity dated May 21, 2024.	86
c. Letter to the Premier of Ontario, Minister of Health , Associate Minister of Mental Health and Addictions from APH Board of Health regarding Commitment to Health Promotion and Chronic Disease Prevention dated May 21, 2024	88
d. Letter to the Minister of Health, Ontario and the Associate Minister of Mental Health and Addictions Ontario from APH Board of Health regarding Safeguarding our Youth from Nicotine Addiction dated May 21, 2024	90
e. Letter to the Minister of Health from APH Board of Health regarding Safeguarding our Youth from Nicotine Addiction dated May 21, 2024	92

10. Addendum

11. In-Camera

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

- a. Next Meeting Dates

15. Adjournment

Board of Health Meeting

AGENDA

Wednesday May 22, 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. John Tuinema - Acting Medical Officer of Health & CEO
Rick Webb - Director of Corporate Services
Kristy Harper - Director of Health Promotion & Chief Nursing Officer
Leo Vecchio - Manager of Communications
Leslie Dunseath - Manager of Accounting Services
Tania Caputo - Board Secretary

GUESTS: Carla Breton - Manager of Human Resources

- 1.0 Meeting Called to Order** *S. Hagman*
- a. Land Acknowledgment
 - b. Roll Call
 - c. Declaration of Conflict of Interest

- 2.0 Adoption of Agenda** *S. Hagman*

RESOLUTION

THAT the Board of Health agenda dated May 22, 2024 be approved as presented.

- 3.0 Delegations / Presentations**
- a. Public Health Nursing Practice *K. Harper*

- 4.0 Adoption of Minutes of Previous Meeting** *S. Hagman*

RESOLUTION

THAT the Board of Health meeting minutes dated April 24, 2024, be approved as presented.

- 7.0 Business Arising from Minutes**
- Healthy Babies Healthy Children Program - information *K. Harper*

- 8.0 Reports to the Board** *J. Tuinema*

- a. Medical Officer of Health and Chief Executive Officer Reports
 - i. MOH Report - May 2024
 - Indigenous Engagement Update

RESOLUTION

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

- b. Finance and Audit *L. Dunseath*
 - i. Unaudited Financial Statements ending March 31, 2024

RESOLUTION

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

c. Governance

i. Governance Committee Chair Report

RESOLUTION

THAT the Governance Committee Chair Report for May 8, 2024 be accepted as presented.

ii. Policy 02-05-020 Travel Policy

RESOLUTION

THAT the Board of Health approve **Policy 02-05-020 Travel** as presented.

iii. Policy 02-05-088 Stakeholder Communications

RESOLUTION

THAT the Board of Health approve **Policy 02-05-088 Stakeholder Communications** as presented.

iv. Policy 02-05-015 Conflict of Interest

RESOLUTION

THAT the Board of Health approve **Policy 02-05-015 Conflict of Interest** as presented.

v. Policy 02-05-025 Board Member Remuneration

RESOLUTION

THAT the Board of Health for approve **Policy 02-05-025 Board Member Remuneration** as presented.

vi. 02-04-030 Procurement Policy - Disposal of assets discussion

9.0 New Business/General Business

10.0 Correspondence - requiring action

S. Hagman

11.0 Correspondence - for information

S. Hagman

- a. alPHa Information Break - May 2024
- b. Letter to the Premier of Ontario, from APH Board of Health regarding Household Food Insecurity dated May 21, 2024.
- c. Letter to the Premier of Ontario, Minister of Health , Associate Minister of Mental Health and Addictions from APH Board of Health regarding Commitment to Health Promotion and Chronic Disease Prevention dated May 21, 2024
- d. Letter to the Minister of Health, Ontario and the Associate Minister of Mental Health and Addictions Ontario from APH Board of Health regarding Safeguarding our Youth from Nicotine Addiction dated May 21, 2024
- e. Letter to the Minister of Health from APH Board of Health regarding Safeguarding our Youth from Nicotine Addiction dated May 21, 2024

12.0 Addendum

S. Hagman

13.0 In-Camera

S. Hagman

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

RESOLUTION

THAT the Board of Health go in-camera.

14.0 Open Meeting

S. Hagman

Resolutions resulting from in-camera meeting.

15.0 Announcements / Next Committee Meetings:

S. Hagman

Finance & Audit Committee

Wednesday, June 12, 2024 @ 5:00 pm

SSM Algoma Community Room | Video Conference

Board of Health

Wednesday, June 26, 2024 @ 5:00 pm

SSM Algoma Community Room | Video Conference

16.0 Evaluation

S. Hagman

17.0 Adjournment

S. Hagman

RESOLUTION

THAT the Board of Health meeting adjourns.

Public Health Nursing Practice

Kristy Harper, Director of Health Promotion and Chief Nursing Officer

May 22, 2024

Agenda

- Overview of Public Health
- Public Health Nursing Practice & Competencies
- Nursing Workforce & Nursing Practice Support
- Public Health Nursing in Action
- Next Steps

Strategic Directions



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



Improve the impact and effectiveness of Algoma Public Health programs.



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

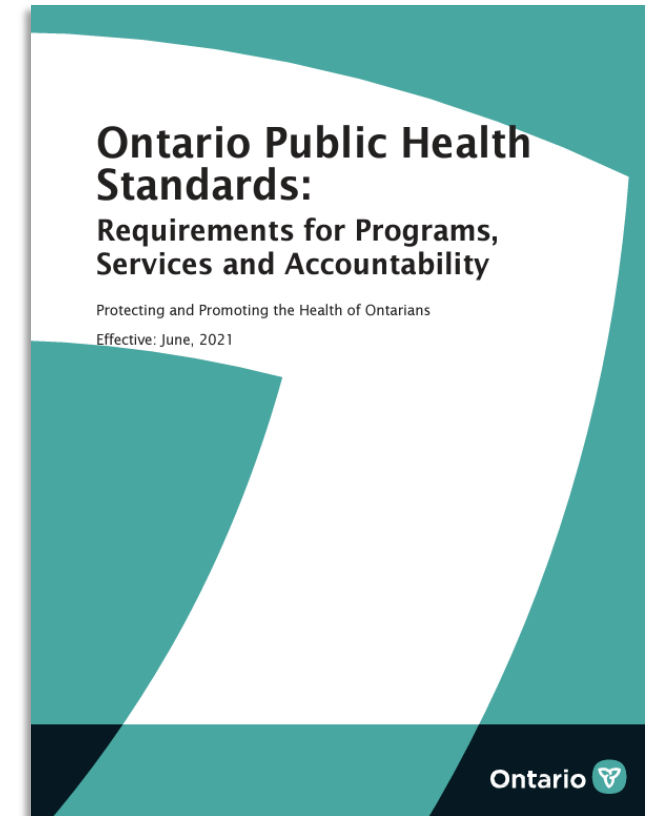
Overview of Public Health

Public health is defined as the organized efforts of society to keep people healthy and prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote health.

The goal of public health in Ontario is to improve and protect the health and well-being of the population of Ontario.

Public health focuses on **population health approach**, which includes efforts to promote health and prevent disease in populations.

Public health focuses on **health equity**, which includes efforts so that everyone has equal opportunities to attain their full health potential.



Core Functions of Public Health



Health Protection



Health Surveillance



Disease and Injury Prevention

Core Functions of Public Health



Population Health Assessment



Health Promotion



Emergency Preparedness and Response

Public Health Nursing Practice

A public health nurse is a nurse that blends knowledge from public health sciences, nursing science, and the social sciences to promote, protect and preserve the health of populations.

A public health nurse:

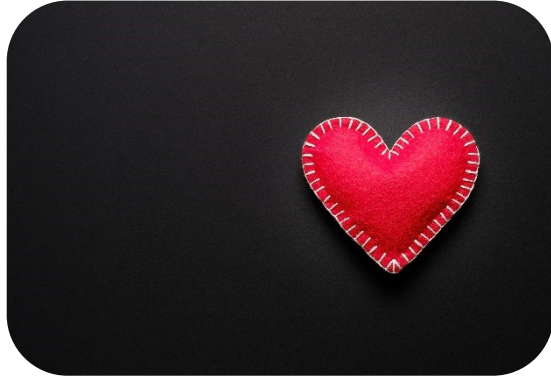
- Focuses on promoting, protecting and preserving the health of populations
- Focuses on populations and links the health and illness experiences of individuals, families and communities to health promotion practice
- Recognizes that a community's health is closely linked with the health of its members
- Recognizes that healthy communities and systems that support health contribute to overall health
- Practices in increasingly diverse settings with diverse partners to meet the health needs of populations

Public Health Nursing Practice



- Public Health Nursing services and programs focus on improving health and improving the quality of life among **whole populations** through the principles of health promotion, disease prevention and health equity
- Public Health Nurses use health status indicators to identify health issues and coordinate/mobilize community-based action to address these issues
- The programs and services developed in response to identified health issues will impact the health of a population over the long term
- **Immediate results are seldom visible**

Public Health Nursing Competencies



**Public Health &
Nursing Sciences**



**Assessment &
Analysis**



**Policy, Planning,
Implementation
& Evaluation**



**Partnerships,
Collaboration &
Advocacy**

Public Health Nursing Competencies



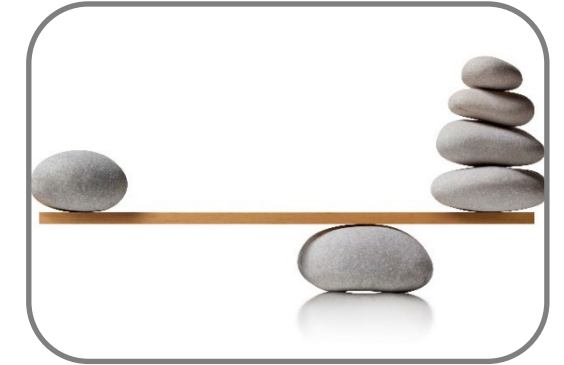
**Diversity &
Inclusiveness**



Communication



Leadership

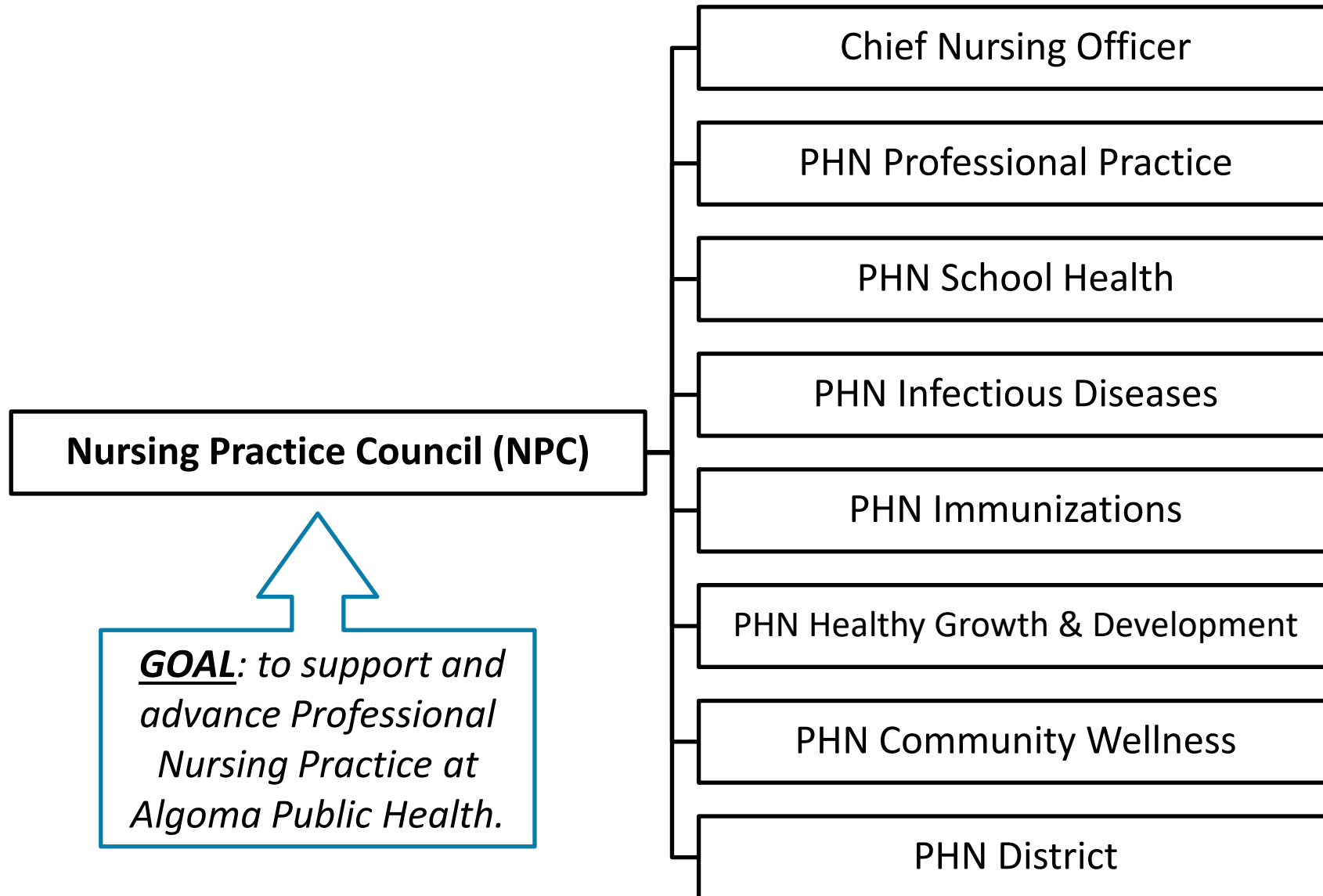


**Professional
Responsibility &
Accountability**



APH Nursing Workforce

Nursing Practice Support at APH



Nursing Practice Support at APH

The APH Nursing Practice Council objectives:

- Maintain consistent, centralized communication related to professional practice
- Review and support updates to policies, procedures, protocols and medical directives in alignment with nursing standards and scope
- Maintain consistency and quality in nursing documentation
- Support continuous quality improvement
- Strengthen public health nursing competencies
- Collaborate with Algoma schools of nursing education

Public Health Nursing in Action



Public Health Nursing in Action



Next Steps

- The unique role of public health remains critical in safeguarding the health and wellbeing of our communities as we continue to face existing and emerging public health challenges.
- Public health nursing is one of the many disciplines within the public health multidisciplinary team, which works to support and address public health challenges and improve population health.
- Leveraging standards of practice, technology, innovation, continuing to strengthen partnerships with community organizations, and advocating for supportive environments and healthy public policies are some of the strategies that can continue to enhance the impact of public health and public health nursing.



Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH

For Information

Healthy Babies Healthy Children

Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children (HBHC) program at 100%. Unfortunately, the HBHC budget has not been increased in many years, resulting in erosion in capacity due to inflationary pressures, such as collective agreement and salary commitment, travel costs, and operational and administrative costs. The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The APH Board of Health, along with others, have advocated for an increase in HBHC funding (APH BOH Resolution #2022-99, October 2022).

HBHC delivery requires significant human and material resources, such as the time to conduct home visits, and travel for visits across the Algoma district. It has also seen an increase in time and training required to respond to growing caseload complexity, as families are experiencing compounding needs such as mental health issues, housing insecurity, and social and emotional development issues, among others. There has also been an increase in newcomers, including families who are pregnant and with children from birth to school age (391 in 2011-2015 increased to 655 in 2016-2021).

In 2012 the Ministry implemented guidance changes to the delivery of service for HBHC, so data prior to 2012 is not available. Since 2013 the number of live births in Algoma has declined from 1028 to 824 in 2023. The number of children who are identified as eligible for early childhood screen (6 weeks postpartum to school entry) has remained stable from 2013 to 2023. In 2023, 91.2% of families in Algoma received the HBHC postpartum screen.

APH continues to use population health data to inform planning and we will soon have an updated *Community Health Profile*, which will include reproductive, maternal, child and youth data.



Algoma
PUBLIC HEALTH
Santé publique Algoma

May 22, 2024

Report of the Medical Officer of Health / CEO



SSM Chamber of Commerce 2023 Outstanding Business Achievement Award for Diversity
Christina Luukkonen, Tanya Storozuk, Rick Webb and Carla Breton accepted the award for Algoma Public Health.

Prepared by:
Dr. John Tuinema and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

TABLE OF CONTENTS	
APH At-a-Glance and Our Partnerships	Page 3
Program Highlight - An Indigenous Engagement Update	Pages 4-6

APH AT-A-GLANCE

Over the past month, APH was honoured to receive the Sault Ste. Marie Chamber of Commerce's Outstanding Business Achievement Award for Diversity. We are dedicated to promoting diversity, equity, and inclusion and are committed to addressing the calls to action for healthcare organizations in the final report of the Truth and Reconciliation Commission.

At APH, we have conducted numerous training sessions for all staff covering a wide range of topics. This includes workshops on understanding issues in the LGBTQ2 community, addressing anti-Black racism, and providing Indigenous training sessions such as the 'Blanket Exercise' for our leadership team. Additionally, we are in the process of implementing a new policy and training program on smudging in the workplace.

To further promote inclusivity, we have installed multilingual signage and are in the process of converting some restrooms to be open to all genders. We have also taken steps to recognize important days and events in the calendar to raise awareness and to demonstrate to our staff that APH is an open and welcoming workplace for all employees and clients.

While we are honoured to receive recognition from the Chamber of Commerce, we recognize that this work is ongoing. We are fully committed to continuing our efforts as we strive to fulfill our mission of providing healthcare for all.

PROGRAM HIGHLIGHT

Topic: Walking Together to Improve Health: An Indigenous Engagement Update

From: Corina Artuso, Indigenous Engagement Facilitator & Jasmine Bryson, Supervisor of Effective Public Health Practice

Ontario Public Health Standard Requirements addressed in this report: Foundational Standards, Health Equity (Requirement 3)

- The Board of Health shall engage in multi-sectoral collaboration with municipalities and other relevant stakeholders in decreasing health inequities in accordance with the *Healthy Equity Guideline, 2018*. Engagement with Indigenous communities and organizations, as well as with First Nation communities striving to reconcile jurisdictional issues, shall include the fostering and creation of meaningful relationships, starting with engagement through to collaborative partnerships, in accordance with the *Relationship with Indigenous Communities Guideline, 2018*⁽¹⁾.

2021-2025 Strategic Priorities addressed in this report:

[X] 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 the shared goal of Truth and Reconciliation. A permanent Indigenous Engagement Facilitator has been hired, and an organizational Truth and Reconciliation Action Committee has been launched.
- APH has been working to create a culturally safer environment through initiatives such as including Anishinaabemowin and Ililimowin on our building signs, a collaborative Indigenous art initiative in office entry ways, as well as a commitment to on-going cultural safety training for all staff.
- APH signed a collaborative partnership agreement with Maamwesying Ontario Health Team, committing to inclusive approaches and strategies to prioritize health equity for all.

Indigenous Peoples across Algoma

14.3% of people within the Algoma region self-identify as Indigenous, including First Nation (8.8%), Metis (5.0%) and Inuit (0.05%)⁽²⁾. Algoma Public Health (APH) delivers services and programs within the traditional territories of eight First Nation communities – Michipicoten, Missanabie-Cree, Batchewana, Garden River, Thessalon, Mississauga, Serpent River, and Sagamok First Nations, and within the traditional territory of the Huron-Superior Regional Métis Community, represented by the Historic Sault Ste. Marie Métis Council and the North Channel Métis Council as part of the Métis Nation of Ontario. APH also provides services and programs to urban/rural Indigenous communities throughout Algoma.

Public Health's Role

Local public health is called to build meaningful relationships and collaborate with Indigenous communities and organizations in culturally safe, culturally humble, and trauma-informed ways.⁽³⁾ APH's strategic plan includes meaningfully engaging clients, partners, and communities based on shared goals and accountabilities⁽⁴⁾ and our work with Indigenous communities is guided by the four wise principles of respect, commitment, trust, and self-determination as a foundation for mutually beneficial engagement⁽⁵⁾.

Walking Together to Improve Health

APH hires a permanent Indigenous Engagement Facilitator (IEF)

To support relationship building and engagement, APH finalized the hiring of a permanent IEF as a member of the Foundations and Strategic Support Team (FASST) in June of 2022. This position functions in an ambassador role. The IEF works with Indigenous health partners to identify shared priorities, preferences and strengths; clarify roles; and support timely communication and knowledge sharing. The IEF also supports internal capacity building and is coordinating the development of a comprehensive Truth and Reconciliation Strategy for APH with Indigenous partners.

APH launches the Truth and Reconciliation Action Committee (TRAC)

To advance health equity through program, organizational and community-level action toward the shared goal of Truth and Reconciliation, APH launched TRAC in April of 2024. This committee is a revitalization of the former Indigenous Engagement Working Group, updated to reflect the evolution of our relationships with Indigenous partners. It is comprised of membership across APH's health protection and health promotion programs and corporate services. TRAC will support the development, implementation and evaluation of APH's Truth and Reconciliation Strategy, serving as a nexus for Indigenous engagement across the organization.

APH collaborates with partners to create a more welcoming and culturally humble, and safer environment

APH worked with Indigenous partners and language carriers to include Anishinaabemowin and Illilimowin on APH building signs in 2023. APH has also been collaborating with Indigenous partners to showcase local Indigenous artwork and APH's land acknowledgement in all APH office entryways. In this way, we show respect for the original Peoples of this land and our shared focus on health equity. Opportunities for Indigenous cultural sensitivity training were shared with all programs. Thirty-two employees attended sessions held from February 2023-March 2024. Training opportunities will be shared with employees as they become available.

APH signs a collaborative partnership agreement with Maamwesying Ontario Health Team (MOHT)

In March of 2024, APH signed a collaborative partnership agreement with the MOHT in a ceremony that included a blanket exercise for Leadership. The MOHT is an Indigenous-led and Indigenous-informed Ontario Health Team. The MOHT geography includes eleven First Nation communities, eight of which are aligned with APH, as well as the urban Indigenous populations in Sault Ste Marie.⁽⁶⁾ In partnership, we commit to creating culturally humble and safer spaces, supporting Indigenous health in Indigenous hands, and embracing inclusive approaches and strategies to prioritize health equity for all.

Next Steps: 2024 and Beyond

Next steps include formalizing the Truth and Reconciliation Strategy through TRAC and Indigenous partners; finalizing an agency smudging policy, procedures and associated employee education; coordinating mandatory employee cultural safety training (implementation anticipated by mid-year); and coordinating ceremonies as deemed appropriate by partners during National Indigenous History month to honour the local artists, languages and communities working with APH to create culturally safer spaces. We continue to walk together to improve health equity through respect, commitment, trust and self-determination.

References

1. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. Ontario Ministry of Health; 2021. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf
2. Statistics Canada. Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001
3. [Internet].2023. Available from: <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>

4. Relationship with Indigenous Communities Guideline, 2018. Ontario Ministry of Health and Long-term Care, 2018. Available from: https://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Relationship_with_Indigenous_Communities_Guideline_en.pdf
5. Strategic plan. Algoma Public Health; 2022. Available from: <https://www.algomapublichealth.com/about-us/strategic-plan/>
6. Talking together to improve health: Literature review. Talking Together to Improve Health Project Team; 2017. Available from: <https://www.publichealthontario.ca/-/media/documents/l/2018/ldcp-firstnations-engagement-survey-summary.pdf?la=en>
7. Maamwesying North Shores Community Health Services Inc. Maamwesying Ontario Health Team and Algoma Public Health Sign Collaboration Agreement: 2024. Available from: <https://maamwesying.ca/moht-aph-sign-collaboration-agreement/>.

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

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

Algoma Public Health
Statement of Operations
March 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
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	\$ 1,110,142	\$ 1,110,142	\$ (0)	\$ 4,440,569	0%	100%
Provincial Grants - Cost Shared Funding	2,220,797	2,505,053	(284,256)	10,020,210	-11%	89%
Provincial Grants - Public Health 100% Prov. Funded	592,271	571,700	20,571	2,286,800	4%	104%
Provincial Grants - Mitigation Funding	0	0	-	0	-	-
Fees, other grants and recovery of expenditures	98,128	71,150	26,978	494,600	38%	138%
Total Public Health Revenue	\$ 4,021,338	\$ 4,258,045	\$ (236,707)	\$ 17,242,179	-6%	94%
Expenditures						
Public Health Cost Shared	\$ 3,582,109	\$ 3,741,057	\$ 158,948	\$ 14,913,154	-4%	96%
Public Health 100% Prov. Funded Programs	611,706	570,834	(40,871)	2,329,026	7%	107%
Total Public Health Programs Expenditures	\$ 4,193,814	\$ 4,311,891	\$ 118,077	\$ 17,242,180	-3%	97%
Total Rev. over Exp. Public Health	\$ (172,476)	\$ (53,847)	\$ (118,630)	\$ 0		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 1,068,011	1,068,011	0	1,068,011	0%	100%
Expenditures	1,068,011	1,068,011	0	1,068,011	0%	100%
Excess of Rev. over Exp.	-	(0)	0	(0)		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 1,116,801	992,500	124,302	992,500	13%	113%
Expenditures	1,001,106	992,500	(8,606)	992,500	1%	101%
Excess of Rev. over Fiscal Funded	115,696	0	115,696	-		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 262,153	\$ 262,153	\$ -	\$ 262,153	0%	100%
Municipal, Federal, and Other Funding	114,947	114,947	-	114,947	0%	100%
Other Bill for Service Programs	0	0	-	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	\$ 377,100	\$ 377,100	\$ -	\$ 377,100	0%	100%
Expenditures						
Brighter Futures for Children	114,947	114,947	0	114,947	0%	100%
Nurse Practitioner	162,153	162,153	-	162,153	0%	100%
Stay on Your Feet	100,000	100,000	0	100,000	0%	100%
Total Fiscal Community Health Programs	\$ 377,100	\$ 377,100	\$ 0	\$ 377,100	0%	100%
Total Rev. over Exp. Fiscal Community Health	\$ 0	\$ (0)	\$ 0	\$ (0)		

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

Algoma Public Health
Revenue Statement

For Three Months Ending March 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	YTD BGT	Variance
							2023	2023	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)
Total Levies	1,110,142	1,110,142	(0)	4,440,569	0%	25%	1,047,304	1,047,305	(1)
MOH Public Health Funding	2,220,797	2,505,053	(284,256)	10,020,210	-11%	22%	2,198,803	2,198,800	3
Total Public Health Cost Shared Funding	2,220,797	2,505,053	(284,256)	10,020,210	-11%	22%	2,198,803	2,198,800	3
MOH Funding - MOH / AMOH Top Up	35,140	39,575	(4,435)	158,300	-11%	22%	45,630	47,325	(1,695)
MOH Funding Northern Ontario Fruits & Veg.	29,350	29,350	0	117,400	0%	25%	29,350	29,350	0
MOH Funding Unorganized	132,600	132,600	0	530,400	0%	25%	132,600	132,600	0
MOH Senior Dental	345,681	345,675	6	1,382,700	0%	25%	313,225	313,225	0
MOH Funding Indigenous Communities	24,500	24,500	(0)	98,000	0%	25%	24,500	24,500	(0)
OTF COVID-19 Extraordinary Costs	25,000	0	25,000	0	#DIV/0!	100%	(6,954)	0	(6,954)
Total Public Health 100% Prov. Funded	592,271	571,700	20,571	2,286,800	4%	26%	538,351	547,000	(8,649)
Total Public Health Mitigation Funding	0	0	0	0	#DIV/0!	0%	0	259,450	(259,450)
Recoveries from Programs	14,878	7,500	7,378	29,600	98%	50%	2,694	2,500	194
Program Fees	10,650	11,150	(500)	45,000	-4%	24%	10,777	14,900	(4,123)
Land Control Fees	13,675	15,000	(1,325)	225,000	-9%	6%	11,275	30,000	(18,725)
Program Fees Immunization	23,355	11,250	12,105	45,000	108%	52%	12,271	22,500	(10,229)
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	35,070	26,250	8,820	105,000	34%	33%	51,628	8,196	43,432
Other Revenues	500	0	500	0	#DIV/0!	100%	0	3,750	(3,750)
Total Fees and Recoveries	98,128	71,150	26,978	494,600	38%	20%	88,644	81,846	6,798
Total Public Health Revenue Annual	4,021,338	4,258,045	(236,707)	17,242,179	-6%	23%	3,873,103	4,134,401	(261,298)
Public Health Fiscal April 2023 - March 2024									
Infection Prevention and Control Hub	603,400	603,400	0	603,400	0%	100%			
School Nurses Initiative	144,101	175,000	(30,899)	175,000	-18%	82%			
RSV Adult Prevention Program	155,200	0	155,200	155,200	#DIV/0!	100%			
Needle Syringe Program	20,300	20,300	0	20,300	0%	100%			
New Purpose-Built Vaccine Fridge	11,100	11,100	0	11,100	0%	100%			
PHI Practicum Program	30,000	30,000	0	30,000	0%	100%			
Security System Upgrades	91,600	91,600	0	91,600	0%	100%			
Upgrade Network Switches	61,100	61,100	0	61,100	0%	100%			
Total Provincial Grants Fiscal	1,116,801	992,500	124,301	1,147,700	11%	97%	0	0	0

Algoma Public Health
Expense Statement- Public Health
 For Three Months Ending March 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	2,482,079	2,515,736	33,657	10,236,247	-1%	24%	\$ 2,512,194	\$ 2,674,773	\$ 162,579
Benefits	702,688	708,722	6,034	2,665,034	-1%	26%	700,024	628,000	(72,024)
Travel	15,981	43,631	27,650	174,526	-63%	9%	21,964	39,700	17,736
Program	287,369	242,550	(44,819)	1,012,197	18%	28%	416,422	322,723	(93,699)
Office	15,676	15,100	(576)	60,400	4%	26%	21,173	20,600	(573)
Computer Services	193,836	231,500	37,664	926,000	-16%	21%	269,895	223,973	(45,922)
Telecommunications	56,704	61,001	4,297	244,000	-7%	23%	74,213	66,250	(7,963)
Program Promotion	8,405	4,875	(3,530)	19,500	72%	43%	7,840	11,250	3,410
Professional Development	4,304	12,776	8,472	51,105	-66%	8%	13,378	20,106	6,728
Facilities Expenses	211,883	244,249	32,366	977,000	-13%	22%	289,648	228,750	(60,898)
Fees & Insurance	100,534	117,396	16,862	418,750	-14%	24%	105,784	105,375	(409)
Debt Management	114,355	114,355	0	457,421	0%	25%	114,355	114,355	0
	\$ 4,193,814	\$ 4,311,891	\$ 118,077	\$ 17,242,180	-3%	24%	\$ 4,546,890	\$ 4,455,855	\$ (91,035)

Notes to Financial Statements – March 2024

Reporting Period

The March 2024 financial reports include three months of financial results for Public Health programming. All other non-funded public health programs are reporting twelve 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 March 31, 2024, Public Health calendar programs are reporting a \$119K negative variance – which is driven by a \$118K positive variance in expenditures and a \$237K negative variance in revenue.

Public Health Revenue (see page 2)

Our Public Health calendar revenues are 6% 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. The Ministry has shared that a catch up payment related to these funds will be made in May 2024.

In early January 2024 the Ministry requested public health units to forecast anticipated spend on COVID immunization programming for the months of January through March 2024 only. Based on the forecast provided, APH was approved for \$25,000 in one time funding to address base funding pressures for the first three months of the calendar year. Based on communications to date, there will be no further 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 were also not made available via the 2024 Annual Service Plan (which was 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 \$1,148K 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, RSV adult prevention program 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.

In March 2024, the Ministry confirmed that IPAC Hub funding will continue in the 2024-25 fiscal year and in the years following, with formal planning and funding meetings with individual hubs to be forthcoming in the new fiscal year.

Public Health Expenses (see page 3)

Travel Expenses

There is a \$28K positive variance associated with travel expenses. This variance is likely timing driven and would expect the trend to vary throughout the year depending on professional development and district travel initiatives planned by public health staff.

Program Expenses

There is a \$45K negative variance associated with programs. This is driven by pressures identified within demand for our Ontario Senior Dental program (externally sourced professional services for maintenance, preventative and denture services). We note that APH has requested an increase to base funding totaling \$641K for the 100% funded Ontario Senior Dental program alongside the 2024 Annual Service Plan to fund these identified pressures. We await response to this request, however continue to service our communities based on demand considering conversations with the Ministry where APH has been instructed to continue programming as planned, with funding opportunities to continually be made available to address ongoing pressures.

Computer Services

There is a \$38K positive variance associated with computer services based on some re-alignment of computer support time to IT infrastructure projects funded by one time funding and completed in March 2024, as well as timing of purchase of computer equipment. This gap is expected to close as we begin the process to upgrade our network server equipment as approved by the Board in February 2024.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of March 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.

Algoma Public Health
Statement of Financial Position
(Unaudited)

	March 2024	December 2023
Date: As of March 2024		
Assets		
Current		
Cash & Investments	\$ 5,120,395	\$ 4,663,966
Accounts Receivable	1,570,904	2,089,635
Receivable from Municipalities	59,606	6,482
Prepaid Expenses	330,235	128,517
<i>Subtotal Current Assets</i>	7,081,141	6,888,600
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,659,926	1,402,404
Payable to Gov't of Ont/Municipalities	3,204,941	3,426,716
Deferred Revenue	280,411	280,411
Employee Future Benefit Obligations	2,835,275	2,835,275
Term Loan	3,308,095	3,308,095
<i>Subtotal Current Liabilities</i>	11,288,647	11,252,901
Net Debt	(4,207,506)	(4,364,301)
Non-Financial Assets:		
Building	23,072,474	23,072,474
Furniture & Fixtures	2,145,864	2,145,864
Leasehold Improvements	1,583,164	1,583,164
IT	3,372,128	3,372,128
Automobile	40,113	40,113
Accumulated Depreciation	-13,300,309	-13,300,309
<i>Subtotal Non-Financial Assets</i>	16,913,434	16,913,434
Accumulated Surplus	12,705,927	12,549,133

Governance Committee Report

May 8, 2024

Attendees:

Don McConnell – Chair

Loretta O'Neill

Sonia Tassone

Regrets:

Deborah Graystone

Matthew Shoemaker

APH Members:

Rick Webb – Director of Corporate Services

Tania Caputo – Board Secretary

Minutes

- The Minutes of the Governance Committee meeting of March 6, 2024 were approved as amended.

Policy Reviews

- Travel – Policy 02–05–020 concerning Board and employee travel was reviewed and recommended for approval to the Board of Health. Significant amendments include using 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 separate preferred vendor list.
- Stakeholder Communications – Policy 02–05–088 concerning communications was reviewed and recommended for approval to the Board of Health.
- Governance Committee Terms of Reference – The Committee agreed to defer this item until all Committee members can be present.
- Conflict of Interest – Policy 02–05–015 concerning the disclosure of conflicts of interest was reviewed and recommended for approval to the Board of Health. The only recommended amendment was the deletion of “for direction” as part of any discussion with the Chair and/or Board as individual members must determine if they have a conflict or perceived conflict rather than relying on outside direction.
- Board Member Renumeration – Policy 02–05 –025 concerning renumeration and expenses at meetings and conferences was reviewed and recommended for approval to the Board of Health.
- Procurement – Policy 02–04–030 concerns accountability and transparency when procuring goods and services for the Algoma Health Unit's programs and services. This

matter was brought to the Committee's attention by staff given the recent Board discussion on disposal of surplus goods. It is noted that this is a Board policy and not an administrative policy. Section 9.3 outlines a five-part method to be used when disposing of surplus goods. The Committee agreed that this policy had been followed.

- Consistency of Board and Administrative Policies – The Committee agreed that where there is a Board policy which is unclear or may be inconsistent with other Board or administrative policies, this matter should be brought to the Chair's attention. The Chair may choose to ask the Board to refer this matter to the Governance Committee for a recommendation.

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

APPROVED BY: ~~Medical Officer of Health~~ [Board of Health](#) **REFERENCE #:** 02-05-020
DATE: Original: Mar 1991 **SECTION:** Policies
Revised: Mar 22, 2023
Revised: June 28, 2023 **SUBJECT:** Travel
Revised: [May 22, 2024](#)

PURPOSE:

This document's purpose is to ensure that employees and board members understand the policy and procedures for Algoma Public Health (APH) business travel.

APH will reimburse employees and board members for all reasonable and necessary expenses while travelling on authorized APH business. APH assumes no responsibility to reimburse employees and board members for expenses that are not in compliance with this policy.

TRAVEL POLICY:

APH's Travel Policy must be followed, and the Travel Expense Report completed if any of the following conditions are true:

- An employee or board member ~~is travelling~~ [travels](#) outside the district of Algoma.
- An employee or board member requires accommodations within the district for at least one night.
- An employee or board member ~~is travelling~~ [travels](#) more than 250 km within one day.

Travel not meeting the above criteria may be eligible for compensation through the Kilometre and Incidental Claim Expense Claim Policy (Reference# 01-03-002).

The below scenarios will serve as a guide:

Scenario One

~~An e~~Employee/board member ~~travelling~~ [travels](#) between Sault Ste. Marie and Elliot Lake ~~and will spend~~ [spending](#) one night in the destination location.

- Departure time is 1:00 pm, and ~~they~~ [they](#) will return to Sault Ste. Marie at 3:00 pm the next day.
Admissible meal expenses ~~would~~ include:
 - Dinner the night of travel
 - Breakfast the next day (assuming not provided at the hotel)
 - Lunch the next day

Scenario Two

~~An e~~Employee/board member ~~travelling~~ [travels](#) between Elliot Lake and Blind River ~~and will return~~ [returning](#) to origin the same day (114 total km).

- No admissible meal expenses are permitted.

Scenario Three

~~An e~~Employee/board member ~~travelling~~ travels from Sault Ste. Marie to Toronto for a conference or seminar and ~~will spend~~ spends two nights in Toronto.

- Departure time is 5:30 pm. on Monday, ~~and~~ return home is Wednesday at 5:00 pm. Admissible meal expenses ~~would~~ include:
 - Dinner the night of travel
 - Breakfast the next day (assuming it is not provided by the hotel/conference/seminar)
 - Lunch the next day (assuming it is not provided by the conference/seminar)
 - Dinner the next day (assuming it is not provided by the conference/seminar)
 - Breakfast the second day (assuming it is not provided by the hotel/conference/seminar)
 - Lunch the second day (assuming it is not provided by the conference/seminar)

Scenario Four

~~An~~ Employee/board member ~~travelling~~ travels between Blind River and Sault Ste. Marie ~~and will return~~ returning to the original location the same day (284 total km).- Admissible meal expenses ~~would~~ include:

- Lunch for that day
- Dinner for that day only if the ~~employee~~ they arrives home after 6:30 pm.

Scenario Five

~~An e~~Employee/board member ~~travelling~~ travels more than 250 km within one day while conducting APH ~~Business~~ business.

- Departure time is 8:30 am. Return home by 4:30 pm the same day.- Admissible meal expenses ~~would~~ include:
 - Lunch for that day

Scenario Six

~~Employee~~ ~~An employee~~ ~~travelling~~ travels from Sault Ste. Marie ~~to Toronto for a meeting and will return to Toronto for a meeting and will return on~~ the same day.

- Departure time is before 7:00 am. Return home after 6:30 pm the same day.- Admissible meal expenses would include:
 - Breakfast for that day
 - Lunch for that day
 - Dinner for that day (if the return flight is after 6:30 pm)

TRAVEL AUTHORIZATION:

All ~~employee/board member~~ employees/board members who travel outside the district of Algoma must be pre-approved. Employee travel must be pre-approved by their respective Manager. Manager travel outside the district of Algoma must be pre-approved by their respective Director. Director travel outside the district of Algoma must be pre-approved by the MOH/CEO or designate from the Executive team. ~~For employees, a travel authorization form must be completed when travelling outside of the district of Algoma.~~

Board member travel must be pre-approved by the Board Chair or designate. ~~Board Chair travel must be pre-approved by the Vice-Chair or designate.~~

Given the level of responsibility, MOH/CEO / Board Chair travel ~~travel~~ does not require prior authorization; however, any expenses related to MOH/CEO travel must be approved by the Chair of the Board or Vice-Chair of the Board or designate. Board Chair travel expenses must be approved by the Vice-Chair or Board designate

METHOD OF TRAVEL:

Employees/board members are responsible for making travel arrangements that account for safety and convenience and should take the most economical method of transportation. If an employee chooses to take a more expensive mode of travel based on personal preference, APH will cover the cost of the most economical rate to that location, and the employee will be required to pay any additional costs. If the employee chooses this option, it must be preapproved by the employee's manager.

Air Travel

When booking air travel, the employee must engage an APH Clerical/~~Administrative~~[Executive](#) Assistant to book the flight on the employee's behalf. ~~Air Travel must be booked through Maritime Travel at~~

~~(705) 942-2800 or 1 (800) 461-7261.~~ Reservations should be made several weeks in advance to ensure flight availability and acquire reasonable pricing. ~~Economy flights are to be booked.~~ Board members will work with the Secretary of the Board to book travel via air.

~~Once booked, an itinerary will be e-mailed to the employee/board member. It is advisable to carry the itinerary at the time of travel. Travelers must carry government-issued photo identification to receive their boarding pass.~~

~~APH will pay Maritime Travel directly. When completing the Travel Expense Report, populate Section (B) CHARGED TO COMPANY as it relates to the respective flight.~~

APH will reimburse employees/board members for ~~1st checked baggage fee charged by certain airlines. APH will not reimburse employees/board members for additional checked baggage fees. APH will not reimburse employees/board members for~~[the first checked baggage fee charged by certain airlines. APH will not reimburse employees/board members for additional checked baggage fees or](#) fees associated with overweight bags.

APH will reimburse employees/board members for airport parking or taxi services to and from the airport if it is more economical or practical.

Personal Automobiles

Per kilometre, reimbursement for employees ~~is~~[will be](#) provided at [the most recently posted](#) Canada Revenue Agency [reasonable per-kilometre allowance](#) rate and updated annually on April 01 [of each year. Distance should be calculated using the quickest route using route internet maps \(e.g. Google Maps\).](#)

~~If requested, employees/board members should be able to provide verification of kilometres travelled.~~

For reference, the following is provided:

**Algoma Public Health
Round Trip Kilometres (as per Google Maps)**

From/To	294 Willow Avenue, Sault Ste. Marie	9 Lawton Street, Blind River	302-31 Nova Scotia Walk, Elliot Lake	18 Ganley Street, Wawa
294 Willow Avenue, Sault Ste. Marie	N/A	284	396	450
9 Lawton Street, Blind River	284	N/A	114	734
302-31 Nova Scotia Walk, Elliot Lake	396	114	N/A	844
18 Ganley Street, Wawa	450	734	844	N/A

Car Rental

If required and economically prudent, employees/board members may rent vehicles while on APH business with Management approval. - Mid-sized vehicles must be reserved unless a larger vehicle is required to accommodate the number of [travellers](#) sharing the vehicle.

APH has special rates for car rentals [with a preferred provider](#) in Sault Ste. Marie. ~~-The Manager of Accounting Services will notify APH' employees of our preferred provider on an annual basis. - with Enterprise Rent A Car. Reservations may be made directly with Enterprise Rent A Car at 705-254-3227 and Preferred providers billed to bill~~ APH directly.

Note: Employees/board members will ~~NOT~~ [not](#) be reimbursed for any traffic or parking tickets resulting from business travel.

ACCOMMODATIONS:

Employees/board members are expected to stay in a Standard-type room in a good-standing hotel. - The employee/board member is entitled to an individual room.

Hotel reservations will be made by the travelling employee. For board members, the Secretary to the Board will make hotel reservations. Where possible, the accommodations chosen should be a government-approved hotel offering government rates or the host hotel of the conference or seminar.

Employees/Board Secretary should inquire about the possibility of obtaining a government rate. ~~Once a confirmation number for the reservation is provided, the employee/board member should carry it with them during their travels.~~

Algoma Public Health has secured corporate rates with a number of hotels within the District of Algoma. Employees will be provided with a list of preferred providers annually by the Manager of Accounting Services. Preferred provider hotels bill APH directly and employees should first attempt to book rooms from the preferred providers list.
~~Algoma Public Health has secured corporate rates with the following hotels within the District of Algoma, based on price and proximity to APH offices. Employees will be provided with a list of preferred providers annually by the Manager of Accounting Services. Preferred provider hotels bill APH directly and employees should first attempt to book rooms from the preferred providers list.~~

Sault Ste. Marie, ON

Quattro Hotel & Conference Centre

229 Great Northern Road,
 Sault Ste. Marie, ON, P6B 4Z2
 Tel: 705-942-2500

Algoma's Water Tower Inn & Suites

360 Great Northern Rd
 Sault Ste. Marie, ON, P6B 4Z7
 Tel: 705-949-8111

Wawa, ON

Algoma Motel & Cabins

164 Mission Rd
 Wawa, On, P0S 1K0
 Tel: 705-856-7010

Wawa Motor Inn

118 Mission Rd
 Wawa, On, P06 1K0
 Tel: 705-856-2278

Elliot Lake, ON

Hampton Inn

279 Highway 108 North
 Elliot Lake, ON P5A 2S9
 Tel: 705-848-4004

Blind River

Lakeview Inn

143 Causley St
 Blind River, ON P0R 1B0
 Tel: 705-356-0800

Pier 17 Hotel

1 Causley St
 Blind River, ON P0R1B0
 Tel: 705-356-1717

~~When travelling for APH business and the employee/board member will be spending the night in the above communities, employees/Board Secretary must attempt to book the accommodations at one of the hotels listed above. This is the only scenario where APH will be billed directly for accommodations. The travelling employee/Board Secretary must secure a signed Purchase Order with the associated hotel prior to booking accommodations.~~ The travelling employee or a clerical employee may prepare a the Purchase Order on behalf of the travelling employee. When completing the Travel Expense Report, employees are required to populate Section (B) CHARGED TO COMPANY as it relates to their respective hotel stay.

When travelling to all other locations, employees/board members (excluding those employees with a corporate credit card) must pay for hotel expenses using a personal credit card. - The employee/board member will subsequently be reimbursed by APH when submitting their expense form by populating Section (A) REIMBURSABLE EXPENSES as it relates to their respective hotel stay.

If an employee has been issued a corporate credit card, it may be used to pay for hotel expenses. When completing the Travel Expense Report, populate Section (B) CHARGED TO COMPANY as it relates to the respective hotel stay.

Cancellations

[Travel Policy](#)

It is the responsibility of the employee/~~Secretary to the Board~~[Executive Assistant](#) to cancel a hotel reservation in the event of a change. To avoid charges, the employee/~~Secretary to the Board~~[Executive Assistant](#) should be familiar with the hotel's cancellation policy. The employee/~~Secretary to the Board~~[Executive Assistant](#) should record the cancellation number in case of a billing dispute.

MEALS & OTHER EXPENSES:

Alcohol is not a reimbursable expense.

Original itemized receipts are required for ~~meals and other~~ allowable expenses, such as parking, taxis, [and buses](#); in order to be eligible for reimbursement. - Original itemized receipts must state [the](#) date, place and cost (credit card receipts that do not identify the items will not be accepted). If an itemized receipt cannot be provided (i.e. Itemized receipt is misplaced), a written explanation [reviewed and approved by the employee's direct manager](#) must be submitted to explain why the receipt is unavailable, and a description itemizing and confirming the expenses must be provided;

Reimbursement for meal expenses will be ~~based on a per diem basis on actual expenses incurred up to~~ [based on](#) the rates set out in the chart below. - These rates ~~includes~~[include taxes and](#) gratuities. [No receipts are required.](#)

<u>Meals</u>	<u>Maximum AmountTravel Per Diem</u>
Breakfast	\$15.00
Lunch	\$25.00
Dinner	\$35.00

~~APH will not provide a per diem to employees. These rates are not an allowance. They are for individual meals—you must have eaten the meal to be able to submit a claim for reimbursement.~~

~~Reimbursement is for restaurant or prepared food only.~~

~~Reimbursement for groceries must have prior approval, and a written rationale must be submitted with the claim. If prior approval is provided, the itemized receipt must clearly indicate which items (s) relate to each particular meal up to the maximum amounts noted above.~~

If meals are provided at the event or part of the hotel booking, the employee will not be eligible for [per diem](#) reimbursement (i.e. if breakfast is provided at the hotel or conference, the employee will not be eligible to submit expenses for breakfast on the date of the conference).

~~When more than one meal is claimed for any day, you may allocate the combined maximum rates between the meals. For example, if you will be eating breakfast and lunch, the combined rate is \$40.00. This now becomes the maximum rate for the two meals, regardless of what you spend on each meal.~~

APH will be responsible for the expenses incurred by an APH employee/board member only.

As meals are reimbursed on a per diem basis APH credit cards should not be used for meals during business related travel. ~~One receipt, per meal, per employee/board member is required. However, if an employee has been issued a corporate credit card, it may be used to pay for meal expenses for themselves and other APH employees/board members~~

~~- All names of the APH employees/board members whose meals were charged on the corporate credit card must be noted on the back of the original itemized receipt. When completing the Travel Expense Report, the employee whose corporate credit card has been used is required to populate Section (B) CHARGED TO COMPANY as it relates to the respective meals charged to the corporate credit card. The maximum reimbursable rates, as set out in this policy, will apply to all employees when using a corporate credit card for meals.~~

TIPS/GRATUITIES

You may be reimbursed for reasonable gratuities for ~~meals and~~ taxis (15-18%). Keep a record of gratuities paid.

- ~~15% 18% on a meal and a taxi fare~~

-

TRAVEL ADVANCES

APH will ~~NOT~~ not provide travel advances.

EXPENSE REPORTS:

Employees/board members must submit an expense report within 15 business days of the completion of each trip. Any expenses submitted after that time may ~~NOT~~ not be reimbursed by APH. Expense reports must be approved by the employee's Manager. Managers have their expense report approved by their Director. - Directors have their expense report approved by the MOH/CEO. - The MOH/CEO must have expenses approved by the Chair of the Board or Vice-Chair of the Board. - Board members must have ~~expense~~ expenses approved by the Chair of the Board/ Vice-Chair of the Board. - The Chair of the Board must have expenses approved by the Vice-Chair.

Original itemized receipts must be attached to the expense report. ~~Expense reports are to be submitted to Clerical in Accounts Payable. Employees/board members will be reimbursed for expenses via the cheque run to ensure prompt reimbursement of expenses.~~ Expense reports are to be submitted to Clerical in Accounts Payable. Employees/board members will be reimbursed for expenses via the cheque run to ensure prompt reimbursement.

TRAVEL REIMBURSEMENT THROUGH MINISTRY/THIRD PARTY:

APH recognizes there are times when an employee/board member will be travelling, and the expenses incurred are to be submitted to the Ministry/Third Party for reimbursement. - When such a situation arises, the employee/board member is expected to follow the rules outlined in the Ministry/Third Party Travel Policy. - The Ministry/Third Party travel policy will supersede APH's travel policy ~~with regards to~~ regarding

allowable reimbursable expenses and dollar amounts.- Any travel ~~that is~~ considered reimbursable through the Ministry/Third Party must be approved at the Director level or above.

In order to keep track of costs and ensure no duplication of employee/board member reimbursement, APH should be reimbursed by the Ministry/Third Party directly.- Under no circumstance should an employee/board member receive a cheque from the Ministry/Third Party directly.

In situations where the employee/board member is travelling, and the Ministry/Third Party will reimburse APH, the following must be adhered to:

- The Ministry/Third Party expense report is to be completed with a copy submitted to the APH's clerical in Accounts Payable (Director to ensure both the original expense report and the copy are identical prior to any report being submitted to the Ministry/Third Party and APH Accounts Payable).
- The Ministry/Third Party expense report and original itemized receipts will be submitted to the Ministry/Third for APH to be reimbursed (this expense report must include expenses incurred by both the employee/board member and APH)
- The Ministry/Third Party expense report and copies of itemized receipts will be submitted to APH for employee/board ~~member~~-members to be reimbursed. This is the only circumstance where copies of itemized receipts will be accepted by APH. Expense reports must be submitted within 15 business days after each trip.
- APH will reimburse the employee/board member.
- APH will be reimbursed by the Ministry

NOTE: ~~Flights are to be booked through Maritime Travel.~~ Flights are to be booked through APH's preferred provider as prescribed by the Manager of Accounting Services. Hotels are to be paid using the employee's personal credit card in this circumstance.

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

APPROVED BY:	Board of Health	REFERENCE #:	02-05-088
DATE:	-Original: May 27, 2020 Reviewed: Mar 23, 2022 Revised: May 22, 2024	SECTION:	Policies
		SUBJECT:	Stakeholder Communication

PURPOSE:

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

Our mission is to promote and protect community health and advance health equity in Algoma. To accomplish this mission, Algoma Public Health collaborates and partners with all levels of government, healthcare, community organizations, education, law enforcement, businesses and a variety of other sectors to implement public health interventions for healthier communities.

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

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

The Board also recognizes that effective and ongoing communication by APH during public health emergencies is critical ~~in order to be transparent and accountable and to foster trust in the health unit by stakeholders to~~ for transparency and accountability and for fostering stakeholders' trust in the health unit, which can optimize the success of public health interventions.

POLICY:

- 1) The Board of Health is accountable ~~to ensure~~ for ensuring that a communication plan is developed and regularly reviewed for various scenarios related to interactions with municipalities and stakeholders or that can impact public health (e.g., environmental and human disasters, infectious disease outbreaks, etc.). Communication will be designed to meet the needs of stakeholders and will be made available in French when required. Communication will align with these principles:

- a) Communication will occur with all appropriate stakeholder(s) should a public health related threat or event occur;
- b) Information communicated will comply with freedom of information and privacy legislation and established best practices as determined by APH based on relevant sources to protect the health of residents served by APH;
- c) Individuals with the authority to share information with stakeholders and the media are identified;
- d) Information is shared with the appropriate stakeholders and the public in a timely manner with the appropriate sequence of the release of information (i.e., individual stakeholders are informed before public posting and sharing with the media);
- e) APH will, to the best of their ability, communicate information or expert advice that is accurate, honest, meaningful, and understandable and will communicate as frequently as required and reasonable;
- f) Communication with municipal councils will occur after every municipal election cycle to ensure the orientation of newly elected council members on APH's role and
- g) Communication with municipal councils will occur after the yearly budget has been established for APH; a meeting may be scheduled with the council if requested.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-015

DATE: Original: Jan 18, 1955

SECTION: Policies

~~Revised: Jan 24, 2028~~

Revised: Jun 24, 2020

SUBJECT: Conflict of Interest

Revised: Sep 23, 2020

Revised: Sep 28, 2022

Revised May 22, 2024

POLICY:

Each member of the Board of Health has an obligation to avoid ethical, legal, financial or other conflicts of interest and to ensure that their activities and interests do not conflict with their obligations to the Board of Health of the Algoma District Health Unit (operating as Algoma Public Health) or its welfare.

It is the responsibility of the individual to disclose any conflicts of interest to the meeting.

If there is any doubt as to a perception of conflict, the member shall discuss with the Chair and/or Board of Health ~~for direction.~~

A Board member should not use information that is not public knowledge, obtained as a result of their appointment, for personal benefit.

No Board member should divulge confidential information obtained as a result of their appointment unless legally required to do so.

A Board member shall remove oneself from the Board of Health if employment at APH is being sought.

PURPOSE: ~~The purpose of the Conflict of Interest Policy is to:~~

- a. Assist individual Board members in determining when their participation in a Board decision/discussion has the potential to be used for personal or private benefit, financial or otherwise;
- b. Protect the integrity of the Board as a whole and its members by following the conflict of Interest Policy and Procedures.

DEFINITIONS:

A conflict of interest situation arises where a member either on their own behalf or while acting for, by, with or through another, has any direct or indirect non-pecuniary or pecuniary interest in any contract or transaction with the Board or in any contract or transaction that is reasonably likely to be affected by a decision of the Board. Where the Board member or their close relative or friend or affiliated entity uses the Board member's position with APH to advance their personal or financial interests.

Actual conflict of interest: A situation where a Board member has a private or personal interest that is sufficiently connected to their duties and responsibilities as a Board member that it influences the exercise of these duties and responsibilities. A narrow legal conflict of interest exists when the individual or immediate

family member stands to gain or lose money personally because of a decision before the Algoma Public Health Unit – e.g. self or immediate family member being considered for employment or contract for services;

Perceived conflict of interest: A situation where reasonably well-informed persons could have a reasonable belief that a Board member may have an actual conflict even where that is not the case, in fact. When someone looking in from the outside perceives that an individual used their influence to get Algoma Public Health Unit to make a decision that favoured someone or a group with whom the Board member has affinity – e.g. a contract being awarded to a neighbour, someone they went to school with, or their local community

Pecuniary Interest: Includes any matter in which the member has a financial interest or in which the financial interests of the member may be affected and save and except for interests which the member may have which is an interest in common with electors generally or their honorarium arising from membership on the Board or as a user of services of the Board in like manner and subject to the like conditions as are applicable to persons who are not members.

Indirect pecuniary interest: A member has an indirect pecuniary interest in any matter in which the council or local Board, as the case may be, is concerned, if;

- a. the member or their nominee,
 - (i) is a shareholder in, or a director or senior officer of, a corporation that does not offer its securities to the public,
 - (ii) has a controlling interest in or is a director or senior officer of, a corporation that offers its securities to the public, or
 - (iii) is a member of a body, that has a pecuniary interest in the matter; or
 - (iv) is one step removed from the individual where there is a financial gain, e.g Director/Officer is an officer or executive of a potential supplier or landlord to of a charity where the Algoma Public Health Unit is a major donor
- b. the member is a partner of a person or is in the employment of a person or body that has a pecuniary interest in the matter.

PROCEDURE:

- 1) At the beginning of every Board/Committee meeting, the Chair shall ask and have recorded in the minutes whether any Board member has a conflict to declare in respect to any agenda item.
- 2) If a Board member believes that they have an actual or perceived conflict of interest in a particular matter, they shall;
 - a. disclose the interest and the general nature thereof, prior to any consideration of the matter at the meeting.
 - b. not take part in the discussion of, or vote on any question in respect of the matter.
 - c. not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence other councillors or committee members or the decision relating to that matter. leave the meeting or the part of the meeting during which the matter is under consideration if the meeting is not open to the public.

- 3) Where the interest of a member has not been disclosed as required by subsection (2) by reason of the member's absence from the meeting referred to therein, the member shall disclose the interest and otherwise comply with subsection (2) at the first meeting of the Board attended by the member after the meeting referred to in subsection (2).
- 4) At a meeting at which a member discloses an interest under section (2) or as soon as possible afterwards, the member shall file a written statement of the interest and its general nature to the Chair of the Board or affected committee.
- 5) Where a member, either on their own behalf or while acting for, by, with or through another, has any pecuniary interest, direct or indirect, in any matter that is being considered by the Board, shall not use their position in any way to attempt to influence any decision or recommendation that results from consideration of the matter.
- 6) Where a Board or committee member believes that another member has a conflict of interest that has not been declared despite any appropriate informal communications, the first member shall advise an appropriate person such as the Chair of the Board or affected committee.
- 7) Where a Board or committee member believes that another Board or committee member has acted in or is in an ongoing conflict of interest, they shall advise in writing an appropriate person such as Chair of the Board or affected committee.
- 8) In situations where a Board member declares a perceived conflict of interest, the Board will determine by majority vote whether the member(s) participate in the discussion and vote on the item. The minutes should reflect the discussion and the Board decision on the matter. Alternately the Board member may decide on their own accord to not participate in the discussion and to not vote on the agenda item in question.
- 9) Prior to seeking employment with programs administered by the Board, the member shall provide a letter of resignation; however, the member may seek re-appointment if not successful in the job competition.
- 10) Where a conflict of interest is discovered during or after consideration of a matter, it is to be declared to the Board at the earliest opportunity and recorded in the minutes.
- 11) If the Board determines that the involvement of the member declaring the conflict influenced the decision on the matter, the Board shall re-examine the matter and may rescind, vary, or confirm its decision. Any action taken by the Board shall be recorded in the minutes.
- 12) Where there has been a failure on the part of a Board member to comply with this policy unless the failure is the result of a bona fide error in judgement as determined by the Board; the Board shall request that the Chair;
 - a. Issue a verbal reprimand; or
 - b. issue a written reprimand; or
 - c. request that the Board member resign or seek dismissal of the Board member based on regulations relevant as to how the Board member was appointed.

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

APPROVED BY: Board of Health

REFERENCE #: 02-05-025

DATE: Original: Mar 20, 2002
Revised: Nov 28, 2018
Revised: Nov 13, 2019
Reviewed: Sep 22, 2021
Revised: Sep 28, 2022
Reviewed: May 22, 2024

SECTION: Policies

SUBJECT: Board Member Remuneration/
Expenses for Attendance at
Meetings and Conferences

PURPOSE:

Remuneration for aAttendance at Board of Health and cCommittee mMeetings

POLICY:

~~Remuneration for Attendance at Board of Health and Committee Meetings~~

1. Board members' attendance at meetings is verified by the attendance taken at the meeting and confirmed by the chair. Accurate attendance is also recorded in the minutes.
2. Payment of remuneration is issued to Board members as soon as possible after the verification of attendance by the chair of the Board/Committee.
3. In accordance with *Part VI of the Health and Protection and Promotion Act, (HPPA) Section 49, (4)* "A board of health shall pay remuneration to each member of the board of health on a daily basis and all members shall be paid at the same rate.
R.S.O. 1990, c. H.7, s. 49 (4)."
4. In accordance with the HPPA Section 49 (6) "The rate of the remuneration paid by a board of health to a member of standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.O. 1990, c. H.7, s. 49 (6)"
5. In accordance to HPPA Section 49 (11) "Subsections (4) and (5) do not authorize payment of remuneration or expenses to a member of a board of health, other than the chair, who is a member of the council of a municipality and is paid annual remuneration or expenses, as the case requires, by the municipality. R.S.O. 1990, c. H.7, s. 49 (11)"
6. Adhering to the above mentioned sections of the HPPA, remuneration is paid for the following authorized activities:
 - a) Attendance at regular and/or special Board of Health meetings, including teleconferenced meetings.
 - b) Attendance at Standing Board Committee meetings, including teleconferenced meetings.
 - c) Attendance at the health unit at the request of the MOH or designate to fulfill duties related to the responsibilities of the Chair.
- ~~7.~~ The Chair of the Board shall receive extra remuneration as described in this policy for the performance of additional duties associated with the position of board chair.
8. Payment of remuneration will be identified as to which function is being reimbursed when provided to the Board member.

Remuneration for Attendance at Board of Health Functions

Remuneration at Board of Health functions applies only to those Board members who normally receive a daily meeting rate from the Board of Health.

The categories of official Board of Health functions to which the daily remuneration rate will apply are as follows:

- d) Attendance as a voting delegate to any annual or general meeting of alPHA;
- e) Attendance as the official representative of the Board of Health at a local or provincial conference, briefing or orientation session, information session, or planning activity, with an expectation that a written report will be tabled with the Board.

For example:

- a briefing session with the Minister of Health or the Public Health Branch on a public health issue;
 - attendance at a local workshop, information session or Task Force on a Board-related issue such as Long Term Care Reform;
 - an alPHA-sponsored committee, task force, workshop, etc., at which Board attendance is specifically requested and which is not recompensed from other sources;
 - others at the discretion of the Chair, subject to ratification by the Board.
- f) This rate does not apply to any workshop, seminar, conference, public relations event, APH program event or celebration, which is voluntary and does not specifically require official Board representation.

The Board member remuneration, as described below will be effective each January. The remuneration may be increased each year by resolution and vote of the Board, and the increase will be no greater than the % change in the consumer price index for the previous year as determined by Statistics Canada.

Attendance at Board and Committee Meetings (in person or electronically)	\$110	meeting 4 hours or less
Attendance as above (including travel time)	\$150	meeting and travel time greater than 4 hours
Attendance at Conferences	\$180	per day
Additional duties of Board Chair		Apply the appropriate meeting rate for any required attendance at the request of the MOH

Expenses

1. Are recognized for attendance at Board of Health meetings and functions for which remuneration would apply in accordance with HPPA Section 49 (5) "A board of health shall pay the reasonable and actual expenses of each member of the board of health. R.S.O. 1990, c. H.7, s. 49 (3)".
2. Are not recognized for Board members other than the Chair who are members of the council of a municipality and are paid expenses by the municipality in accordance to HPPA Section 49 (11) as identified in this policy.
3. The rate of reimbursement for the use of a personal automobile is the kilometre rate as per the current Travel Policy 02-05-20.

4. Travel Expense Claim Form is used to claim:

- a. kilometers travelled for attendance at Board functions (conferences, conventions or workshops).
- b. reasonable and actual expenses incurred respecting transportation (air, car, train, bus), accommodation, meals, parking, taxis, and registration fees. Receipts are required. Refer to Travel Policy 02-05-20.

5. Once submitted, Board/MOH Expenses are to be approved as follows:

- a. The Board of Health Chair expenses: will be approved by the Chair of the Finance and Audit Committee.
- b. Board member expenses will be approved by the Board of Health Chair or delegate.
- c. MOH and/or CEO expenses will be approved by the Board of Health Chair or delegate.

Eligible expenses are reimbursed for Board members only.

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

APPROVED BY: Board of Health

REFERENCE #: 02-04-030

DATE: Original: Feb 13, 1996
Revised: Nov 25, 2020
Revised: Jun 28, 2023

SECTION: Policies

SUBJECT: Procurement

1.0 PURPOSE

The purpose of this policy is:

- a) To ensure that Algoma Public Health (APH) utilizes fair, reasonable and efficient methods to procure quality goods and services required to execute the Board of Health for the District of Algoma Health Unit's (the Board's) programs and services.
- b) To ensure APH aims to be accountable and transparent when procuring goods and services while safeguarding the assets of the agency.
- c) To protect the financial interest of APH while meeting the needs of its programs and services, it offers within the District of Algoma.
- d) To promote and ensure the integrity of the procurement process and to ensure the necessary controls are present for a public institution.

2.0 POLICY ACCOUNTABILITY AND RESPONSIBILITIES

The Board is accountable to ensure that Algoma Public Health uses fair, reasonable and efficient methods to procure quality goods and services required to execute the Board's programs and services. The Board delegates responsibility to Algoma Public Health employees as outlined below:

Medical Officer of Health (MOH)/Chief Executive Officer (MOH/CEO)

- a) Ensures the Leadership Team is aware of and follows the Procurement policy
- b) Ensures that an adequate system of internal controls is in place related to APH's Procurement policy
- c) Ensures changes to the Procurement Policy are implemented
- d) Reports to the Board on any liability incurred as a result of the policy not being followed.

The Leadership Team

- a) Ensures all staff know and follow policy directions for the procurement of goods and services

- b) Considers price, quality and timely delivery of the product or service being procured rather than only the lowest invoice price
- c) Considers the total acquisition cost
- d) Monitors expenses on a regular basis to ensure that they are within the approved budget

3.0 SCOPE OF APH PROCUREMENT POLICY

This policy applies to the procurement of goods and services for APH. Exemptions of this policy include:

- a) Training and Education
 - i. Registration for conferences, conventions, courses, workshops and seminars
 - ii. Magazines, subscriptions, books and periodicals
 - iii. Memberships and association fees
 - iv. Guest speakers for employee development
- b) Refundable Employee Expenses
 - i. Meal allowances
 - ii. Travel expenses
 - iii. Kilometre and other incidental expense reimbursement
- c) Employer's General Expenses
 - i. Payroll and honoraria remittances
 - ii. Government license fees
 - iii. Insurance Premiums
 - iv. Employee benefits
 - v. Damage and insurance deductible claims
 - vi. Petty cash replenishment
 - vii. Tax remittances
 - viii. Loan payments
 - ix. Bank fees and charges
 - x. Grants to agencies and partners
 - xi. Payments pursuant to agreements approved by the Board
- d) Professional and Special Services
 - i. Special tax, accounting, actuarial and audit services and advice from the Board-approved auditor
 - ii. Legal fees and other professional services related to litigation, potential litigation or legal matters
 - iii. Clinical Services that are required to meet a community need and for which there are a limited number of professionals willing to provide these services
 - iv. Confidential items (i.e. investigations, forensic audits)
 - v. Honoraria
 - vi. Warranty work resulting from contractual obligations
 - vii. Group Benefits and Employee Assistance Programs
 - viii. Agency Insurance

- e) Utilities/Communication Infrastructure
- f) Advertising services required by APH on or in but not limited to radio, television, online, newspaper and magazines
- g) Bailiff or collection agencies
- h) Software licensing renewals
- i) Ongoing maintenance agreements
- j) Vaccine purchases
- k) A situation where APH staff are incurring the cost of a service (i.e. exercise class on APH premises)
- l) Real Property Interests
 - i. All real estate transactions
- m) A situation where a competitive process could interfere with APH's ability to maintain security or order or to protect human, animal or plant life or health
- n) Emergency Goods & Services where an unforeseen situation or urgency exists, and the goods or services cannot be obtained through a competitive process. Purchase of these emergency items must be authorized by the Director Of Corporate Services or the MOH/CEO. The Chair of the Board or designate must be notified. An unforeseen situation of emergency does not occur where APH has failed to allow sufficient time to conduct a competitive process.
- o) Goods & services where there is only one supplier available and no alternative or substitute exists.

4.0 FORM OF COMMITMENT BY ROLE/SIGNING AUTHORITY

4.1 Signing Authority to Make Purchases

The delegation of signing authority to make purchases on behalf of the agency is based on the dollar amount of the expenditure and the role which the employee occupies within the agency.

Expenditure \$ Amount	Required Approval				
0-\$4000	Executive Assistants and HR Assistants				
0- \$6,000	Supervisors and Managers				
\$0 - \$20,000	Any Director or Associate MOH or Manager of Accounting Services				
\$0 - \$60,000	CEO/MOH or Director of Corporate Services				
Greater than \$60,000	Board of Health				

The delegation of signing authority for the Execution of Documents is defined by Algoma Public Health Bylaw 95-1 – To Regulate the Proceedings of the Board of Health, Clause 34 and 35, Execution of Documents.

Note: When the Associate MOH is functioning in the capacity of the MOH, the signing authority will reflect that of the MOH noted above.

4.2 General Guidelines

When assessing what dollar value the purchase falls within, the following conditions are considered:

- a) The spending authorization limits noted above and throughout this policy are before applicable taxes.
- b) The goods or services purchased must be taken in their entirety and not broken down into component parts in an attempt to circumvent this policy.
- c) The cumulative value of those goods or services over a calendar year.
- d) The total value of the contract that will be awarded to the same individual/company over the term of that contract, whether for a single or multiple years.

5.0 QUOTATION PROCEDURE

5.1 Requests for Bids/Quotations/Proposals/Tenders and Dollar Thresholds

Requests for bids, quotations and proposals are **mandated** for the purchase of all goods and services according to the following guidelines:

- \$1 – \$6,000: single quote (Purchase Order) **is required**. Multiple quotes **are recommended**.
- \$6,000 – \$20,000: Two (2) written bids, quotations, and/or proposals **are required**.
- \$20,000 to \$60,000: Three (3) written bids, quotations, and/or proposals **are required**.
- For purchases greater than \$60,000, a formal Request for Quotation (Tender/Proposal) must be adhered to. Board approval is required once the successful bidder is chosen.
- The time frames for soliciting this information are generally done in a timely manner, depending on the complexity and value of the request.

The submission of split requisitions in an attempt to circumvent the bidding policy is not allowed.

Written bids, quotations and/or proposals must go through APH Administration.

Administration may, at their discretion, secure other competitive bids regardless of the dollar thresholds listed at any time. Furthermore, Administration may, at their discretion, conduct negotiations with more than the apparent low bidder when it is deemed to be in APH's best interest to do so.

5.2 Confidentiality of Proposals

In accordance with fair and best business practice, all information supplied by vendors in their bid, quotation or proposal must be held in strict confidence by the employee(s) evaluating the bid, quotation or proposal and may not be revealed to any other vendor or unauthorized individual. Failure to do so may result in termination.

5.3 Late Proposals

- a) All bids, quotations and proposals are to be date and time-stamped to assure that they are received prior to the deadline for submission. It is the responsibility of the vendor to ensure that their bids are received by the responsible person no later than the appointed hour of the bid closing date as specified on the request for bid.
- b) **Late submissions will not be considered.**

5.4 Errors in Bids/Quotations/Proposals

- a) Vendors are responsible for the accuracy of their quoted prices. In the event of an error between a unit price and its extension, the unit price will govern. Quotations may be amended or withdrawn by the bidder up to the bid opening date and time, after which, in the event of an error, bids may not be amended but may be withdrawn prior to the acceptance of the bid.
- b) After an order has been issued, no bid may be withdrawn or amended unless Administration considers the change to be in APH's best interests.

5.5 Sole Source Procurement and Justification

The Director, in consultation with the applicable Manager, shall initiate sole source purchases provided that any of the following conditions apply:

- a) where there is only one known source
- b) where the compatibility of a purchase with existing equipment, facilities, or services is a paramount consideration.
- c) when competition is precluded because of the existence of patent rights, copyrights, trade secrets.
- d) where the procurement is for electric power or energy, gas, water or other utility services.
- e) where it would not be practical to allow a contractor other than the utility company itself to work upon the system.

- f) where a good is purchased for testing or trial use.
- g) where it is most cost effective or beneficial to APH.
- h) when the procurement is for technical services in connection with the assembly, installation or servicing of equipment of a highly technical or specialized nature.
- i) when the procurement is for parts or components to be used as replacements in support of equipment specifically designed by the manufacturer.
- j) the extension or reinstatement of an existing contract would be more cost-effective or beneficial to APH.

6.0 VENDOR SELECTION

As APH strives to provide the best quality of program offerings and services, the lowest price received in the bid and RFQ/RFP process may not always be accepted. In such cases, justification for choosing an alternative bid or RFQ/RFP must accompany the package of bids or RFQs. In some cases, the required number of formal bids may not be possible (i.e. potential vendors decide not to bid). In such cases, evidence of solicitation of the required number of bids as outlined in this policy must be maintained. Administration reserves the right to exclude an RFQ/RFP if there is evidence to support the vendor is not in good standing with APH.

Purchasing decisions are based on price, quality, availability and suitability.

6.1 Vendor of Record

The use of a Vendor of Record (VOR) from the Ministry of Government Services website precludes the need to go to a public bid solicitation process since this process was already done by that Ministry. Examination of the pricing should be done against local/current suppliers of the same product or service to ensure that the Health Unit is obtaining the best price, quality, availability and suitability before engaging a VOR.

6.2 Cooperative Purchasing

The Health Unit shall participate with other government agencies or public authorities in Cooperative Purchasing where it is in the best interests of the Health Unit to do so.

The Director Of Corporate Services, in conjunction with the MOH/CEO, has the authority to participate in arrangements on a cooperative or joint basis for purchases of goods and/or services where there are economic advantages to do so, purchases comply with the principles of this Policy, and the annual expenditures are expected to be less than \$60,000.

If the annual expenditure is expected to be greater than \$60,000, Board of Health approval for the purchase will be required.

The policies of the government agencies or public authorities calling the cooperative tender are to be the accepted policy for that particular tender.

7.0 SPECIAL PROCUREMENT POLICIES

7.1 CONTRACTS/LEASES

Signing authority to enter into a contract/lease will follow the limits set out in section 4.1 of this policy. In addition;

The Board must approve contracts where:

- a) Irregularities preclude the award of a contract to the lowest bidder in the Tending and Request for Quotation process, **and** the 'total acquisition cost' exceeds \$60,000.
- b) A bid solicitation has been restricted to a single source supply, and the 'total acquisition cost' of such goods or services exceeds \$60,000.
- c) The contract/lease is for multiple years, and exceeds \$60,000 per year.

7.2 Consulting Services

Consulting Services are provided by an individual or company with expertise or strategic advice. The individual is working under a contract relationship rather than an employee relationship.

The acquisition of consulting services **must** be sought through a competitive process when the total expenditure for the service is greater than \$20,000. The limits for the competitive process for consulting services are as follows:

- \$0 - \$20,000: negotiation with the prospective consultant to acquire consulting services
- \$20,000 – \$60,000: Three (3) written bids, quotations, and/or proposals **are required**.
- For purchases greater than \$60,000, a formal Request for Proposal must be adhered to.

All contractual agreements with consultants up to \$60,000 must be approved by the MOH/CEO **and** Director Of Corporate Services. Consulting Contracts for more than \$60,000 requires the approval of the MOH/CEO **and** the Board of Health.

Consulting Services do not include services in which the physical component of an activity would be prevailing. For example, services for the operation and maintenance of a facility.

7.3 Approvals for Construction and Alterations to Physical Space

- a) All requisitions for construction, renovation, or alteration to physical space at Algoma Public Health under \$60,000 require the review and prior written approval of the Director of Corporate Services **and** the Medical Officer of Health/CEO. All requisitions for

construction, renovation, or alteration to physical space at Algoma Public Health over \$60,000 require authorization of the Board of Health.

- b) Detailed specifications, drawings, and/or blueprints, if appropriate, should accompany the Purchase Requisition. Requisitions submitted to Accounts Payable without prior written approval will not be processed.

7.4 Equipment and Equipment Screening

- a) Algoma Public Health has established a policy governing the acquisition, control, and disposition of Algoma Public Health equipment.
- b) It is the policy of Algoma Public Health to ensure that every effort is made to avoid the purchase of unnecessary or duplicate equipment.
- c) The purchasing authorization levels by role defined in the policy will govern equipment purchases.

8.0 PROHIBITIONS

8.1 Conflicts of Interest

- a) Employees shall not place themselves into positions where they could be tempted to prefer their own interests or the interest of another over the interest of the public that they are employed to serve. Whenever employees, during the discharge of their duties, become exposed to or involved in actual/or potential Conflicts of Interest, they must disclose the situation to their Manager/Director/MOH/CEO/Board of Health (as may be appropriate) and shall abide by the advice given.

8.2 Gifts, Gratuities, and Kickbacks

Algoma Public Health policy prohibits all employees from accepting gifts, gratuities or kickbacks of any value from vendors or service providers. Items of a very minimal value which are of an advertising nature only and available to other customers, may be accepted (e.g. pens, hats, coffee cups, etc.). Any questions an APH employee may have as to the appropriateness of the value of the item must be communicated to the employee's Manager/Director/ MOH/CEO/Board of Health (as may be appropriate).

8.3 Personal Purchases

The purchase of any goods or services for personal use by or on behalf of any APH employee for purposes other than the bona fide requirements of APH is strictly prohibited.

8.4 Division of Contracts

The division of a contract to avoid the requirements of this policy is prohibited.

8.5 Local Preference

No local preference shall be shown or taken into account in acquiring goods and services on behalf of APH. Consideration will be given to local/regional products and services which are considered equal in quality and price and have a level of performance acceptable to the Board of Health.

8.6 Prohibited Classes of Vendor

APH shall not acquire goods and/or services from any of the following:

- a) Board of Health Members;
- b) Employees of the Health Unit at or above the level of Supervisor;
- c) Businesses in which the individuals in (a) or (b) above hold a controlling interest.

9.0 General Information

9.1 The Accessibility for Ontarians with Disabilities Act (AODA)

In deciding to purchase goods or services through the procurement process for the use of itself, its employees or the public, APH, to the extent possible, shall have regard to the accessibility for persons with disabilities to the goods or services, except where it is not practical to do so, APH shall provide, upon request an explanation

9.2 Environmental Considerations

Consideration will be given to recycled and other environmentally responsible products which are considered equal in quality and price and have a level of performance acceptable to the Board of Health.

The Board of Health will endeavour, whenever possible, to purchase and utilize products that support environmentally sound practices from the manufacturing process through to final delivery and disposal. Priority consideration will be given to products that espouse environmentally friendly sound practices.

9.3 Disposal of Surplus Goods

The disposal of surplus and obsolete equipment shall be evaluated on a case-by-case basis.

The Director Of Corporate Services, in conjunction with the MOH/CEO, shall have the authority to sell, exchange, or otherwise dispose of Goods declared as surplus needs of APH, and where it is cost-effective and in the best interest of APH to do so. Items or groups of items may:

- a) Be offered for sale to other Health Units, affiliates or other government agencies or public authorities; or
- b) Be sold by external advertisement, formal request, auction or public sale (where it is deemed appropriate, a reserve price may be established); or
- c) Be donated to a not-for-profit agency; or
- d) Be recycled; or
- e) In the event all efforts to dispose of Goods by sale are unsuccessful, these items may be scrapped or destroyed if recycling is unavailable.

No disposition of such Good(s) shall be made to employees, elected officials, or their family members, with the exception of electronic assets that have been fully depreciated. **The disposition of electronic assets would be at the discretion of the Director of Corporate Services in conjunction with the MOH/CEO**

9.4 Purchase of Surplus Goods

As appropriate, the Manager of Accounting Services and/or the Director Of Corporate Services shall record the disposition of Tangible Capital Assets.

9.5 Consulting Services Requirements

All consultants working on behalf of APH who will have direct access to APH financial records, bank accounts, or employee records as per the terms of their contract are required to provide a current police information check (PIC). This includes but is not limited to any consultant or licensed professional who will serve in the capacity of APH's Director of Corporate Services, Manager of Accounting Services, ~~Director of Human Resources~~, Manager of Human Resources, or Information Technology support.

All consultants or service providers working on behalf of APH who will interact with children, youth or vulnerable persons as per the terms of their contract are required to provide a current police vulnerable sector check (PVSC). If the service provider is required to provide a criminal reference check to their Regulatory College as part of the annual licensure process, an attestation from the service provider along with a copy of their current licensure will be accepted.

Provision of the required criminal record search is required prior to commencement of any consulting work with APH. All offers for consulting services are conditional on receipt of satisfactory criminal reference checks.

All consultants are required to provide the names and contact information of at least two (2) references for which similar services were recently provided. ,

Positive references are required prior to the commencement of any consulting work with APH. All offers for consulting services are conditional on receipt of satisfactory reference checks.

10.0 Review and Evaluation

The effectiveness of this policy will be evaluated and reviewed every two (2) years by the Board of Health or more frequently as required. This review will include both legislative requirements and best practices.

11.0 PROCUREMENT PROCEDURES

The purchasing cycle includes the following steps:

- a) Authority to purchase goods and services through budget approval and delegation of duties by the Board to the MOH/CEO.
- b) The MOH/CEO delegates authority to purchase goods and services to other employees based on roles defined within the agency.
- c) Quotation procedure and vendor selection.
- d) A purchase requisition/purchase order approval or executed service contract.
- e) Receipt of goods/services (Bill of Lading) and invoice.
- f) Payment made to vendor.

All goods and services necessary to support APH programs and services must be authorized and follow the appropriate purchasing procedures. Note: any purchase that is noted as an exception in this policy does not require a purchase order (i.e. utility expense).

11.1 Purchase Requisition/Purchase Order.

For the purposes of this Policy, an APH Purchase Order will serve as the request to purchase a good or service (purchase requisition) by staff. Requisitions may be initiated at any level, but only the above-named positions can bind a Purchase Order through the authorization levels as defined by the dollar amounts noted above. A Purchase Order serves as the legal offer to buy products or services from a vendor. Once a vendor accepts a Purchase Order from APH, a contract now exists to purchase the goods or services.

- a) The Purchase Requisition/Purchase Order is used to request a vendor or Administration to acquire materials, parts, supplies, equipment, or services.
- b) The Purchase Requisition/Purchase Order is a three (3) part form with a pre-printed number. One copy is to be forwarded to the vendor via mail or electronic means,, an additional copy, is to be forwarded to APH Accounts Payable. APH Accounts Payable will use the Purchase Order number to match with the vendor invoice in addition to the

receipt documentation, such as a packing slip, in order to execute payment. Once payment is completed, documentation is filed by APH Accounts Payable department. The electronic copy, along with copies of all documentation, should be retained by the requisitioning department for future inquiry.

- c) The requisitioning program is responsible for providing the complete account number, including account number and program code, and appropriate signature(s) as indicated by Signing Authority established in this policy (e-signatures accepted as appropriate).
- d) All quotations and correspondence from the vendor and supporting documentation (e.g., written bids, letters of justification and/or Sole Source Justification) must be attached by the requisitioning department to the Purchase Order when submitted to APH Accounts Payable.
- e) Administration reserves the right to seek additional bids from other qualified sources as it deems appropriate.
- f) Departments should anticipate their requirements to allow adequate lead time for order processing and product delivery. Item descriptions should be complete and accurate to allow buyers to bid the requirements expeditiously.
- g) Petty Cash purchases are not required to provide a Purchase Order.

11.2 Change Order – Cancellation or Modification of a Purchase Order

Only Administration is authorized to change a Purchase Order. Changes in a previously issued purchase order can be made only by a new Purchase Order marked "Change Order." The changes may refer to price, quantities ordered, terms and conditions, delivery point, etc. Please contact Administration for assistance with Change Orders.

11.3 Blanket Purchase Orders

A Blanket Purchase Order is any contract for the purchase of goods or services which will be required frequently or repetitively but where the exact quantity of goods or services required may not be precisely known or the time period during which the goods or services are to be delivered may not be precisely determined. A Blanket Purchase Order is often negotiated to take advantage of predetermined pricing. It is normally used when there is a recurring need for expendable goods (i.e. birth control pills, vaccines, etc.). Blanket Purchase Orders are often used when APH buys large quantities of a particular good and has obtained special discounts as a result of bulk purchasing.

Request to enter into a blanket Purchase Order must be approved by the Director Of Corporate Services or Manager of Accounting Services. A Blanket Purchase Order generally should not exceed one year. The associated Manager and their reporting Director must approve the Blanket Purchase Order.

11.4 Cheque Requisition

For miscellaneous or non-competitive purchases, payment for goods and services may be initiated by completing a Cheque Requisition. A Cheque Requisition is completed by the department making the request and is authorized and signed by the employee's Manager. Cheque Requisitions require the approval of the appropriate signing authority.

11.5 Petty Cash

Petty cash **may be used for immediate needs such as** stationery or miscellaneous program material supply purchases of \$200 and under. Petty cash **may not be used** for travel expenses, business meetings, personal loans, consultant fees or any other type of personal service payments, salary advances or the cashing of personal cheques.

Disbursements from the Petty Cash Fund must be properly documented with original itemized receipts approved by the employees Manager or a Director and include the appropriate cost center as to where the charges should be expensed to. Receipts should include a description of the business purpose of the transaction, goods or services purchased and the date. (See petty cash policy).

11.6 Use of Corporate Credit Card

The Board of Health has authorized the use of corporate credit cards to carry out approved business transactions. The MOH/CEO or designate will approve employees who require a corporate credit card to execute needs of the Health Unit. Purchases made via a corporate credit card must follow the guidelines as set out in this policy and the Health Unit's Corporate Credit Card Policy. Specifically, the delegation of signing authority noted above will govern individual credit card purchases. In situations where a credit card has been issued to an employee who has not been designated signing authority, an approved purchase order signed by the appropriate signing authority is required for each purchase. In situations where an employee has been issued a corporate credit card and where the specific expenditure exceeds their signing authority, an approved purchase order signed by the appropriate signing authority is required for each purchase.

11.7 Custody of Documents

The Director Of Corporate Services, or designate, shall be responsible for the safeguarding of original purchasing and contract documentation for the contracting of goods, services or construction and will retain documentation in accordance with the records retention policy.

Glossary of Roles Noted within Algoma Public Health Procurement Policy

Administration – consists of any position within APH, including and above the role of Supervisor in the following Departments: Finance & Accounting, Human Resource, Payroll, Corporate Services, Communications, and Operations.

Board of Health for the District of Algoma Health Unit - is the governing body of Algoma Public Health and is established by the provincial public health legislation, the Health Protection and Promotion Act, RSO 1990 (HPPA) and regulations.

Chair of the Board – is the highest officer of Algoma Public Health. The individual holding this position is elected by members of the Board of Health for the District of Algoma Health Unit.

Consultant – is an individual or company that provides expertise or strategic advice to Algoma Public Health. The individual is working under a contract relationship rather than an employee relationship and is paid through the submission of invoices.

Executive Team – consists of the Medical Officer of Health/CEO, the Associate Medical Officer of Health and Directors.

Leadership Team – consists of any position within APH, including and above the role of Supervisor.

Staff/Employee – a person who is hired to provide services to a company on a regular basis in exchange for compensation and who does not provide these services as part of an independent business.

Vendor – the party in the supply chain that makes the goods or services available or sells something to Algoma Public Health.

From: [allhealthunits](#) on behalf of [alPHa communications](#)
To: AllHealthUnits@lists.alphaweb.org
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] May 2024 InfoBreak
Date: Monday, May 13, 2024 3:22:37 PM

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

[View this email in your browser](#)

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

May 13, 2024

Logo



May 2024 InfoBreak

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

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



Time passes quickly and thus my year as alPHa President is drawing to an end. During this time (and before it on the alPHa Executive and Board), I have had the

opportunity to serve the alPHA membership, and to work with many highly dedicated and talented people in local public health, partner agencies, on the alPHA Board and Executive, and of course with our terrific alPHA staff led by our ED, Loretta Ryan. We have all worked hard at this pivotal point in the history of local public health, reestablishing the full public health mandate, while recovering as individuals and as a system, from the rigours of a very long and difficult pandemic.

To these ends, alPHA has served the cause of local public health, pursuing and renewing its mandate, developing and approving our new [Strategic Plan](#), engaging with key partners and with the province, and drawing upon its Resolutions provided and supported by the alPHA membership. Throughout the past year, we have pursued and taken all opportunities to meet with public leaders. On April 24, alPHA participated in a breakfast engagement with MPPs at Queen's Park, as part of the Ontario Chronic Disease Prevention Alliance. This was followed by a meeting with the Speaker of the Legislative Assembly, Ted Arnott, with resources and recommendations on health promotion for the members of the Legislature. We have also continued to develop and use (and plan to continue to develop) the [Public Health Matters](#) infographic and videos series as communication tools regarding the value of our work in local public health. Over the course of the year, we have also worked together as members of alPHA, drawing upon our own expertise, as well as the expertise of partners, to provide education and information sharing on many pressing and relevant topics of importance to the health of the population. We have done so in venues that have included alPHA conferences and symposiums, as well as those of partners (such as The Ontario Public Health Convention).

alPHA has supported overall public health system development in many ways, including with the province regarding Strengthening Public Health, and in the development of Public Health Ontario's strategic plan.

Our time draws near for the alPHA AGM and Conference being held in person in Toronto June 5-7. This will be an excellent opportunity to reconnect together, to enjoy a guided historic walk, the ambience of the Pantages Hotel in the Theatre District, to partake of and shape the resolutions of the alPHA membership that are foundational to alPHA's advocacy work, and to celebrate the accomplishments of this year's alPHA [Distinguished Service Awards](#). The alPHA membership will be receiving for approval its new bylaw coming into compliance with the Ontario Not-For-Profit Corporations Act, a critically important function as the culmination of over two years of work and preparation.

The conference will be opened with a reception in the evening of June 5. June 6 will begin with Marc Forchette, a noted Indigenous speaker, who will provide a workshop with participants in the assembly of their own medicine bag. He will share his thoughts on several topics including cultural appropriation versus appreciation, terminology, and the Truth and Reconciliations' 94 Calls to Action. The agenda will also include welcoming words provided in-person by Premier Doug Ford, engagement with our Chief Medical Officer of Health, Dr. Kieran Moore on his 2023 Annual Report, [Balancing Act: An All-of-Society Approach to Substance Use and Harms](#), a panel on health unit mergers, Strengthening Public Health, and a review of the present opportunities and challenges in our current political context by Sabine Matheson and John Perenack of StrategyCorp. I encourage all of you to come and partake of our annual June gathering and sharing.

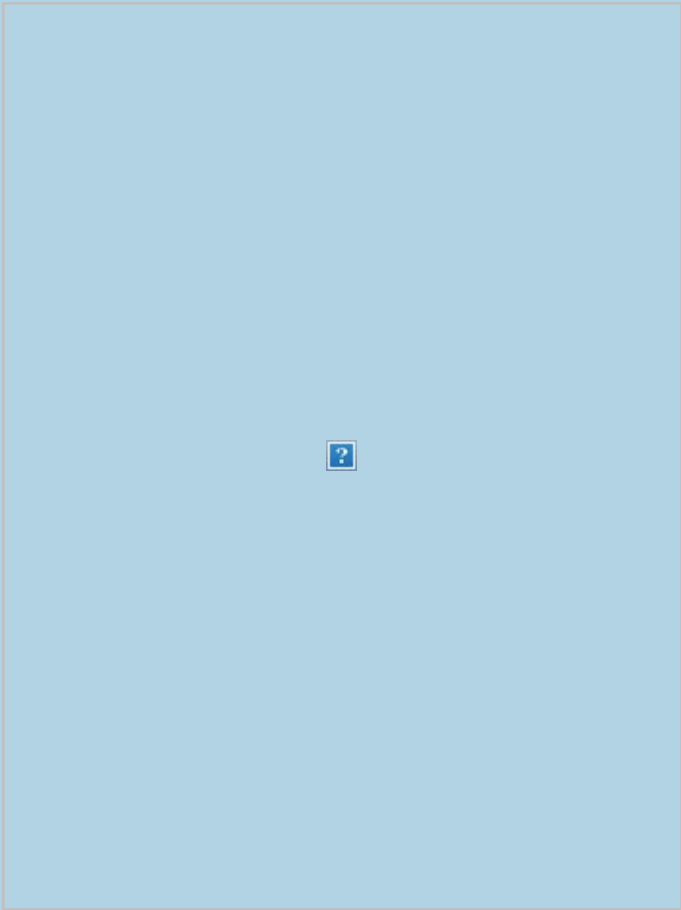
I wanted to share with you that I have been invited to participate on a task force under direction of the Ministry of Education on the implementation of the [PPM 128](#) Provincial Code of Conduct to restrict cellphones and vaping in schools (as well as tobacco, nicotine products, alcohol and illegal drugs). The membership consists of representation throughout the education sector as well as mental health, public

health, and parent associations. The task force is advisory to the province and will meet at least six times until June 2025. In addition to the requirement for school boards to develop codes of conduct on these matters, there is citation to the province's investment in new wrap-around supports for student mental health and parent engagement, addressing student addictive behaviours, and the development of resources on the adverse effects of vaping and excessive cellphone usage. Updates will be provided as these become available.

The pathway and journey of local public health has always been challenging, and the year to come will bring change. alPHa will continue its work engaging with the province and with partners, making the case for a strong local public health system, and supporting our members. Local public health continues its journey of working with our communities to foster and support the health of the population through health protection and promotion, and disease prevention. Such work has many facets and forms, and is currently under revision with the review of our Ontario Public Health Standards. Despite the changes and the challenges we face, the mandate of public health will always be profoundly impactful and essential to the well-being of our communities across the province.

Dr. Charles Gardner
alPHa President

Don't miss the alPHa member event of the year! A new block of rooms has opened for alPHa's 2024 AGM, Conference, and Section Meetings



The registration deadline for this year's [Annual General Meeting \(AGM\) and Conference](#) is fast approaching as the deadline closes on **Monday, May 27!** You won't want to miss out on this in-person event, that is taking place June 5-7 in Toronto, at the Pantages Hotel. It is a chance to gather and discuss issues of key importance to public health leaders. New on the webpage: Speakers' biographies. Click [here](#) to read about our amazing speakers.

Highlights include:

- Conference Chair, **Dr. Charles Gardner**, who will lead us through the sessions including the Combined alPHA Business Meeting and Resolutions Session.
- [Medicine Bag Workshop](#) facilitated by **Marc Forgette**, a noted Indigenous speaker, who works with organizations from across Canada. This is part of alPHA's commitment to Truth and Reconciliation and we encourage all alPHA members to participate.
- Remarks from the Premier of Ontario, the **Hon. Doug Ford**.
- Presentation by Ontario's Chief Medical Officer of Health, **Dr. Kieran Moore**, on his 2023 Annual Report.
- Distinguished Service Awards and Board Recognition.
- Session on proposed voluntary mergers.
- Update from OCMOH staff — **Liz Walker, Brent Feeney, and Colleen Kiel** — on the province's Strengthening Public Health initiative.
- Two Years In and Two Years Out – What's in Store at Queen's Park from **Sabine Matheson**, Principal, StrategyCorp, and **John Perenack**, Principal, StrategyCorp. Please send any advance questions for these speakers to communications@alphaweb.org by May 24, 2024. We would also like to thank Dr. Charles Gardner for being raconteur for the session.
- BOH Section Meeting, Chaired by **Carmen McGregor**, and COMOH Section Meeting, Chaired by **Dr. Hsiu-Li Wang**. The BOH Section Meeting includes updates from the Affiliates. There will be an update from the Association of Municipalities of Ontario and sessions on Hamilton's proposed Board of Health Structure, Board of Health Governance, and BOH Section Elections.
- In addition, we also have:
 - Walking Tour Featuring Toronto Public Health Heritage Plaques.
- Opening Reception where you can join colleagues, old and new, at a unique venue overlooking Massey Hall.
-

The [Conference Program](#) and the [BOH Section Meeting agenda](#) are on the conference webpage. The [June 2024 alPHA AGM Notice and Package](#) and [Conference poster](#) are also available. Updates are posted regularly on the website, so check it often.

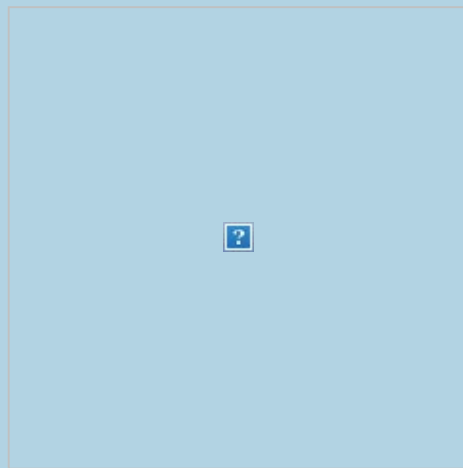
BOH members, please note this important deadline:

- [Call for Board of Health Nominations](#) (the deadline to submit nominations is May 31, 2024 at 4:30 p.m.)

Attendees are encouraged to book their accommodations as soon as possible. A new block of hotel rooms has been reserved at: [Hotel Victoria](#) and [Novotel Toronto Centre](#). Please see the e-mail that was sent to all alPHa members on Friday, May 10 or contact communications@alphaweb.org for booking information.

A list of accommodations, within easy walking distance, is below:

- [Chelsea Hotel](#)
 - [Marriott Downtown at CF Eaton Centre](#)
 - [DoubleTree Toronto Downtown](#)
 - [Holiday Inn Toronto Downtown Centre](#)
-



We would like to thank our co-host, Toronto Public Health, and our sponsors Mosey & Mosey and Brokerlink for their generous event support. It would not be possible without their support!

2024 alPHa Resolutions



The Resolutions package is now available on [the Conference webpage](#). It contains the resolutions to be considered at the 2024 Annual General Meeting (AGM). Also in the package is important information on voting procedures. Six resolutions were received prior to this year's deadlines, and these have been reviewed by the alPHA Executive Committee and recommended to go forward for discussion at the Resolutions Session on June 6, 2024.

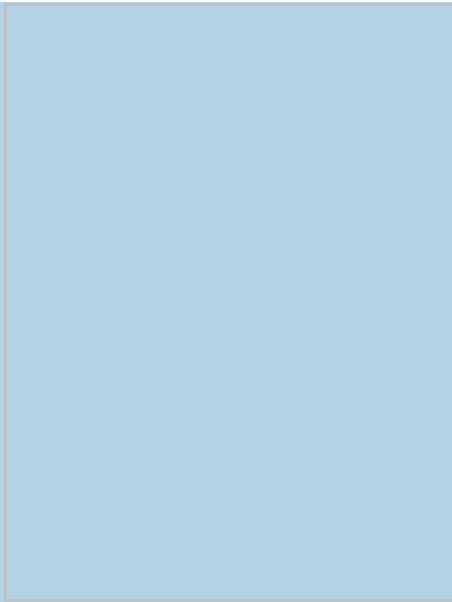
IMPORTANT NOTE FOR VOTING DELEGATES:

Members must register to vote at the Resolution Session by filling out the registration form, wherein member health units must indicate who they are designating as voting delegates and which delegates will require a proxy vote.

Eligible voting delegates include Medical Officers of Health, Associate Medical Officers of Health, Acting Medical Officers of Health, members of a Board of Health and senior members in any of alPHA's Affiliate Member Organizations. Each delegate will be voting on behalf of their health unit and only one proxy vote is allowed per person, up to the maximum total allocated per health unit. **The completed registration form must be received by Melanie Dziengo (communications@alphaweb.org) no later than 4:30 pm on May 31, 2024.**

As alPHA staff are particularly busy during this time of year, early submissions are greatly appreciated. We would like to thank all of the health units who have already submitted.

alPHA attends OCDPA Day at Queen's Park



On April 24th, alPha participated in the Ontario Chronic Disease Prevention Alliance (OCDPA) Queen's Park Day. alPha is a longtime member of the OCDPA which was officially formed in February 2003 to address the need for integrated action and collaboration on the issue of chronic disease prevention. Since its formation, the OCDPA has provided overviews on the determinants and risk factors for chronic disease development; addressed the economic cost of chronic disease in Canada; and identified the priorities of action in chronic disease prevention. The OCDPA is made up of non-profit health organizations who are committed to collaborative action on chronic disease prevention.

alPha representatives participated in OCDPA's schedule of events – a breakfast session in the MPPs' dining room, a meeting with the Speaker, the Hon. Ted Arnott, and as guests in the members' gallery in the legislature. These activities are in keeping with our strategic plan and government relations activities. Thank you to alPha President, Dr. Charles Gardner, Trudy Sachowski, and Loretta Ryan for attending events throughout the morning. A special thank you also to Dr. Eileen de Villa and Chief Medical Officer of Health, Dr. Kieran Moore, for attending the breakfast reception.

The breakfast session was an opportunity to connect and reconnect with OCDPA members, MPPs, and staff. There were also many potential opportunities discussed to work together amongst the various organizations.

At the meeting with the Speaker, who was the sponsor for the day, representatives had an opportunity to briefly discuss chronic disease prevention and to share alPha's workplace health and wellness resources. MPP Arnott was interested in exploring what can be done to make Queen's Park a healthier workplace for MPPs and their staff. At his request, alPha staff will continue to work with the Speaker's office. By sharing the resources that we have for our members, we are raising the profile of public health, along with continuing to build our relationships at Queen's Park.

During the sitting of the legislature, the OCDPA was noted and Trudy Sachowski's MPP, the Hon. Greg Rickford, noted her as being in attendance, called her a true public health champion, and thanked her for being on the Board for Northwestern Health Unit.

A follow up meeting was held with Nolan Quinn, MPP for Stormont-Dundas-South

Glengarry who is the Parliamentary Assistant to the Minister of Health, on May 1st with staff from OCDPA members. MPP Quinn expressed a strong interest in the work by local public health and its connection to the prevention of chronic diseases.

Ontario's Not-for-Profit Corporations Act (ONCA)



Ontario's [Not-for-Profit Corporations Act \(ONCA\)](#) is a significant legislative update that replaced Ontario's Corporations Act on October 19, 2021 regarding not-for-profit corporations, including alPHa. The ONCA was introduced to enhance the legal framework governing not-for-profit organizations in the province of Ontario. It provides a comprehensive set of regulations tailored to meet the unique needs of non-profit corporations while promoting transparency, accountability, effective governance and to ensure due diligence.

The Association of Local Public Health Agencies (alPHa) has until October 18, 2024, to review, update, and file governing documents with the Ontario government or ONCA provisions will prevail. Until then, the rules in alPHa's articles and Constitution continue to be valid.

Why the changes and what are the changes?

The main objectives of introducing the ONCA were as follows:

Enhanced Governance: The outdated Act did not provide comprehensive guidelines for effective governance, leading to potential issues with accountability and transparency. ONCA aims to strengthen the governance structures of not-for-profit corporations. It introduces clearer guidelines for Boards of Directors, Members, and Officers, enabling organizations to operate more efficiently and effectively.

Improved Accountability: The Act places a strong emphasis on financial accountability, requiring not-for-profit corporations to maintain accurate records, prepare financial statements, and undergo regular audits.

Improved Flexibility: The inflexibility of the previous legislation hindered the ability of not-for-profit corporations to adapt to changing circumstances and needs. ONCA streamlines the incorporation process and provides more flexibility in organizational structure. It allows for the customization of certain provisions, tailoring them to the specific needs and missions of individual organizations.

Enhanced Member Rights: The Act enhances the rights and protections of members of not-for-profit corporations, ensuring greater participation and representation in the decision-making processes.

Modernization and Legislative Gaps: The Ontario Corporations Act, which had been in place for decades, was outdated and unable to address the evolving needs and complexities of not-for-profit organizations. ONCA was designed to offer a modernized regulatory framework, aligning with current legal landscape and best practices. The ONCA provisions address modern challenges such as electronic communications, online governance, and virtual meetings.

Harmonization with Federal Laws: The ONCA aligns provincial regulations with the Canada Not-for-profit Corporations Act (CNCA).

Existing nonprofits are not required to pass new By-laws. However, alPHa has received legal advice to change to a By-law from the current Constitution of the Association of Local Public Health Agencies (Ontario). If alPHa does not ensure development of a By-law that aligns with, and reflects the applicable ONCA rules, the rules set out in the ONCA will prevail over alPHa's current Constitution.

Many organizations, such as the Ontario Municipal Association and others, have passed their new by-laws to come into compliance with ONCA.

How do these changes impact alPHa and its members?

The ONCA represents a pivotal step forward in enhancing the governance, due diligence, accountability, and overall operations of alPHa as a not-for-profit organization in Ontario.

On legal advice, this By-law was targeted to address the ONCA legal compliance. Within the new By-law, the Constitution of the Association of Local Public Health Agencies (Ontario) and its objectives remain valid and have not changed substantively. The Constitution has been customized and tailored into a By-law that aligns with, and follows the ONCA rules, and supports alPHa's letters of patent and alPHa's annual requirements updating the Ontario Business Registry. This By-law is a legal necessity to allow for alPHa's unique organizational structure to remain legislatively compliant.

alPHa staff, volunteers and legal counsel have worked tirelessly on this for the better part of two years. alPHa would like to sincerely thank them for their work.

Proposed changes will come forward in a Resolution at the AGM in June for the membership to pass.



IMPORTANT: Thank you to all of the members who sent in additional updates. The latest version of the [Ontario Public Health Directory](#) has been updated again and is now available on the alPHa website. Please ensure you have the latest version, which has been dated as of **April 17, 2024**. You will have to log into the alPHa website to view the file.

Boards of Health: Shared Resources

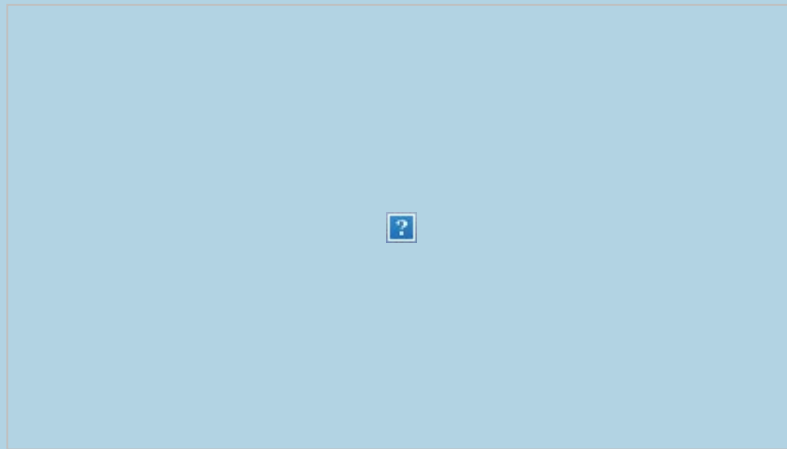


A resource [page](#) is available on alPHa's website for Board of Health members to facilitate the sharing of and access to information, orientation materials, best practices, case studies, by-laws, Resolutions, and other resources. **In particular, alPHa is seeking resources to share regarding the province's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

Resources available on the alPHa website include:

- [Orientation Manual for Boards of Health](#) (Revised Jan. 2024)
- [Review of Board of Health Liability, 2018](#), (PowerPoint presentation, Feb. 24, 2023)
- [Legal Matters: Updates for Boards of Health](#) (Video, June 8, 2021)
- [Obligations of a Board of Health under the Municipal Act, 2001](#) (Revised 2021)
- [Governance Toolkit](#) (Revised 2022)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System](#) (2021)
- [The Municipal Role of Public Health\(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

alPHa's Workplace Health and Wellness Month is here!



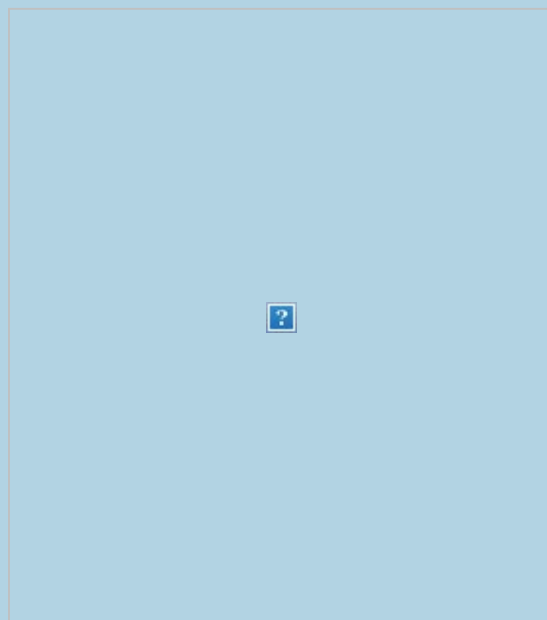
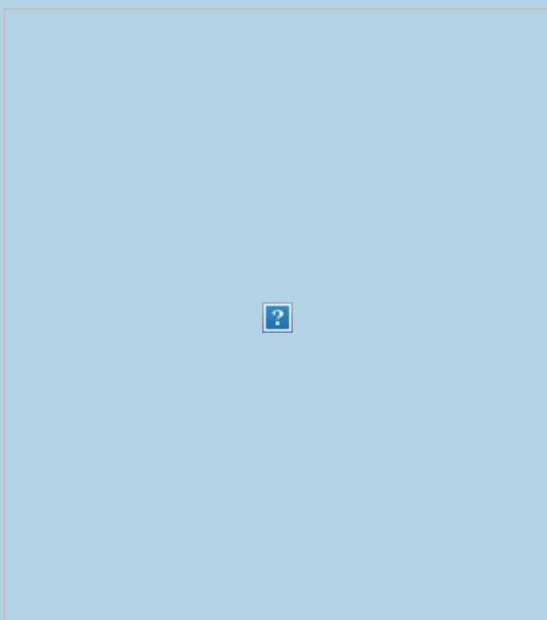
It's May, and with that comes alPHa's [Workplace Health and Wellness Month](#)! This is an opportunity to start improving your physical and mental well-being. All alPHa members are encouraged to engage in various activities to improve their physical and mental health for 30 minutes per day during the month of May. Whatever moves you or inspires you goes!

Our webpage is full of easy to use tips to help you live better including nutrition, physical health, and mental health articles from various health units. Our infographics, which cover topics such as [caring for your skin in the summer](#) and [smoothie recipes](#), are also a wonderful way to get the information you need to improve your health and wellness. Please see our new infographic, based on Tim Arnold's presentation at this year's Winter Symposium, [here](#).

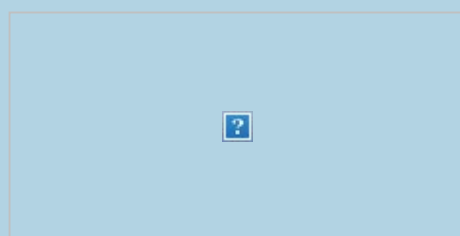
Don't forget to participate in Workplace Health and Wellness Month by sharing your progress on X (formerly known as Twitter). Include a picture, tag [@PHAgenies](#) and use the hashtags #PublicHealthLeaders and #alPHa2024. We'll profile your activities at the [alPHa Conference](#) taking place on June 6, 2024. We also want to encourage you to be creative and have fun with your activities!

More information on Workplace Health and Wellness Month is available by checking out the poster, which can be found [here](#).

Thank you to Renfrew County and District Health Unit for sharing their Workplace Health and Wellness Month photos on X! We can't wait to see what else you do.



An update on the Rapid Risk Factor Surveillance System



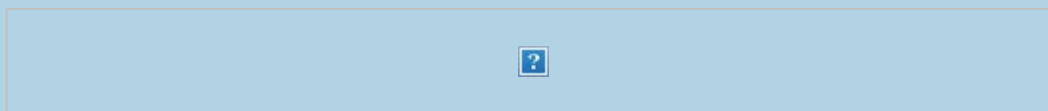
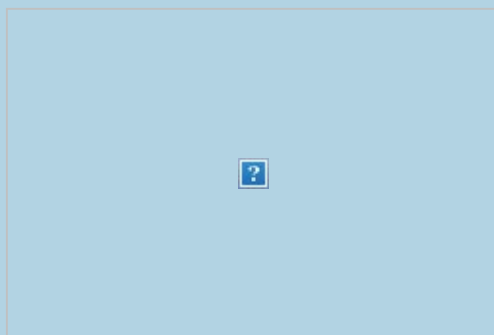
For over 20 years, the locally led Rapid Risk Factor Surveillance System (RRFSS), an ongoing telephone survey, has functioned to gather surveillance data, monitor public opinion on key public health topics, and collect information on emerging issues of importance to local public health in Ontario. During this time, 29 public health units in Ontario have collected and used RRFSS data.

In recent years, there has been a decline in the number of participating Ontario public health units. While RRFSS has been of value to many public health units over time, this recent decline has led to not being able to continue to fund the RRFSS

coordinator position, held for many years by Lynne Russell. Lynne will be departing RRFSS at the end of May 2024 and will be greatly missed by RRFSS members past and present. Thank you, Lynne, for many years of dedication and commitment to RRFSS and local public health! Thank you also to alpha, for generously providing secretariat services to RRFSS through these years! The small but mighty RRFSS partnership is navigating this heavy loss and trying to simplify partner efforts while ensuring that high quality survey data collection is maintained.

Starting in May 2024, new questions related to mental health and substance use health stigma and mental health supports are available to participating public health units, along with existing public health topics such as climate change, substance use (e.g. cannabis, alcohol, vapes), safe water and radon testing, built environment, influenza vaccination, Lyme disease and West Nile virus. For further information about joining RRFSS, please contact Liza Mercier at lmMercier@yorku.ca

Affiliates update



Update from AOPHBA

The Association of Ontario Public Health Business Administrators (AOPHBA) conference, hosted by the Simcoe Muskoka District Health Unit (SMDHU) from June 10-12, 2024, promises an enriching agenda for public health business administrators. Commencing with a welcome address by Dr. Charles Gardner, MOH and CEO of SMDHU, the event features keynote speaker Tim Arnold discussing strategies for leading change. Sessions throughout the conference delve into crucial topics such as structural changes for strategic goals, overcoming obstacles, and leveraging artificial intelligence in public health. Attendees will also gain insights into leadership cultivation, diversity, equity, and inclusion. With engaging presentations and ample networking opportunities, the conference offers a platform for shared learning and professional development.



Sharing successes in local data collection

Lambton Public Health recently conducted a [Community Health Survey](#) with key results highlighting the impacts of mental health, inflation, and interpersonal racism. It found that 68% recognized the benefits of Consumption and Treatment Services sites.

Northwestern Health Unit's [Mental Health Survey](#) measured six domains including overall mental health, suicide and self harm, substance use, developmental, social factors, and resiliency.

Halton Region utilized the Rapid Risk Factor Surveillance System (RRFSS) to assess how residents feel about protecting themselves from climate change ([Climate Change: Attitudes Towards Actions](#)).

These efforts focus on addressing data gaps to support evidence-informed decisions in program planning.

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



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

BOH Governance training course

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

Social Determinants of Health training course

Explore the impact of Social Determinants of Health on public health and municipal

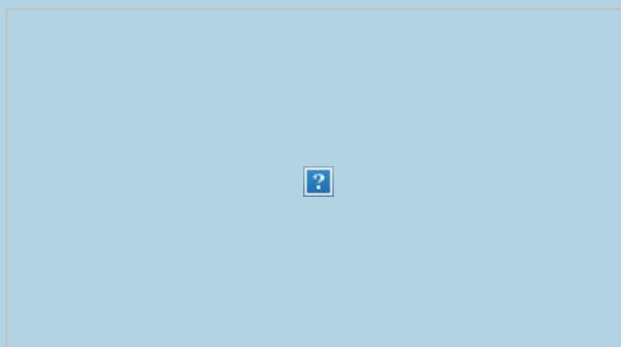
governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Speakers are Monika Turner and Loretta Ryan.

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

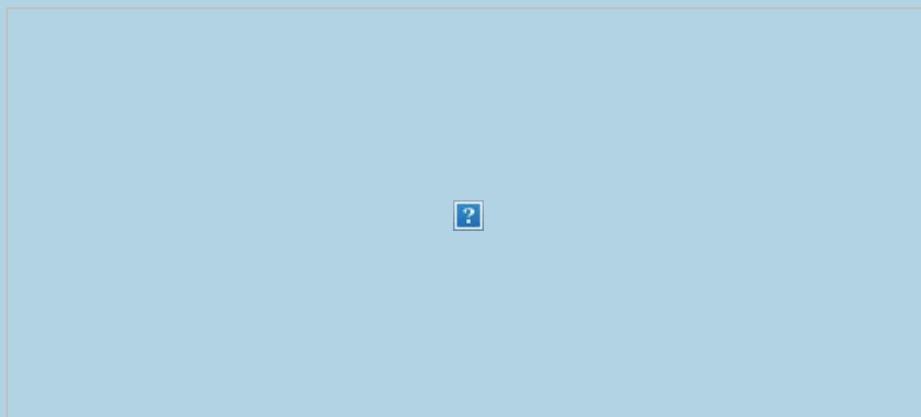
Additionally, thank you to all the public health agencies who have shown interest in our BOH courses. alPHA staff are currently coordinating the bookings and are pleased to see the uptake.

BrokerLink Insurance



In partnership with [alPHA](#), [BrokerLink](#) is proud to offer preferred home and auto insurance rates for [members](#). Canada is well known for their majestic wildlife friends which can cause issues on the highway. Travel safe by reviewing our tips on reducing wildlife collisions [here](#).

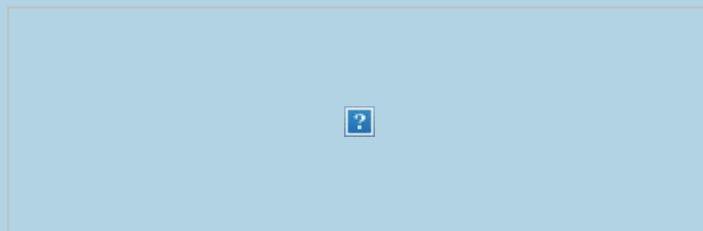
alPHA Correspondence



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

- [alPHa Letter - Vaping in Schools](#)

Public Health Ontario



Ontario Blacklegged Tick Established Risk Areas 2024

Public Health Ontario (PHO) has released this year's [Ontario Blacklegged Tick Established Risk Areas map](#) (previously the Ontario Lyme Disease Map: Estimated Risk Areas). This surveillance report provides information to assist public health professionals and clinicians in their management and case investigations of tick-borne diseases. It also informs public health messaging aimed at raising awareness of established risk areas in Ontario. For 2024, the majority of the risk areas are in southern Ontario along the north shores of Lake Erie, Lake Ontario and the St. Lawrence River. There are also risk areas within the health unit boundaries of Northwestern and Thunder Bay. It is important to note that while low, there is a possibility of encountering blacklegged ticks almost anywhere in the province, provided the habitat is suitable (e.g., wooded or brushy areas). This report also provides a link to an enhanced epidemiological summary highlighting the human case counts from the first year the new TBDs were reportable.

[Enhanced Epidemiological Summary: Anaplasmosis and Babesiosis in Ontario: 2023](#)

Provides epidemiological information such as case rates, geographical distribution and age characteristics for anaplasmosis and babesiosis in 2023, the first year these disease were classified as Diseases of Public Health Significance.

Assessment and Prescribing Algorithm for Pharmacists: Antibiotic Prophylaxis to Prevent Lyme Disease following a Tick Bite

[The Assessment and Prescribing Algorithm for Pharmacists](#), a resource developed in collaboration with Ontario Health, is available on our website and can help support appropriate antibiotic prescribing by community pharmacists for Lyme disease prophylaxis to individuals following a tick bite.

Additional Resources

- [Unlimited versus Restrictive Distribution Policies in Needle and Syringe Programs](#)
- [Exposure to Tobacco Smoke, Vape Aerosol and Cannabis Smoke Among Adults in Ontario](#)
- [Evidence for Strategies that Address Substance-Use Related Stigma](#)
- [Focus On: Health Literacy and Health Promotion](#)
- Epidemiological Summaries:
 - o [Mpox in Ontario](#)

- o [Measles in Ontario](#)
 - o [COVID-19 Wastewater Surveillance in Ontario](#)
 - o [SARS-CoV-2 Genomic Surveillance in Ontario](#)
 - o [Ontario Respiratory Virus Tool](#)
-

Upcoming DLSPH Events and Webinars



- [Drum Circle with Spirit Wind](#) (May 21)
 - [Distinguished Lecture Series in Statistical Sciences with Susan Holmes](#) (May 22-23)
 - [Summer Institute on Sustainable Health Systems](#) (June 10-13)
 - [Ontario NEIHR Webinar Series 2024/2025 - CPR Racism: A Guide for Health Care Providers to Safety Address Racism in a Health Care Setting](#) (June 18)
-

alPHA's mailing address



**Please note our mailing address is:
PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7**

Please update your records accordingly for correspondence, payments, and other

remittances. Our telephone number and e-mail addresses remain the same.

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

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

News Releases

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



Our mailing address is:
PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7
Canada

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe](#)

May 21, 2024

Via Email

The Honourable Doug Ford
Premier of Ontario

Dear Premier Ford:

Household Food Insecurity

On March 27th, 2024, the Board of Health of Algoma Public Health (APH) endorsed a letter from Public Health Sudbury and 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.

From 2020-2022, the prevalence of household food insecurity in Algoma was 19.4% or approximately 1 in 5 households⁽¹⁾. 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⁽²⁾.

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⁽³⁾. Recognizing the need for income-based policies to effectively reduce food insecurity⁽⁴⁾, APH has previously called on the province to raise social assistance rates and index Ontario Works to inflation^(2, 5, 6).

At its meeting on March 27, 2024, the Algoma Board of Health passed the following motion:

That the Board of Health of Algoma Public Health endorse the above mentioned letter from the Board of Health for Public Health Sudbury & Districts; and

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

That the Board of Health of Algoma Public Health send a similar letter to the provincial government.

Food insecurity is an important issue requiring ongoing assessment and surveillance to support evidence-based solutions. Considering this, the Board of Health urges the Provincial Government to remain committed to monitoring food affordability as the Ministry of Health works to strengthen public health by refining, refocusing, and re-leveling the roles and responsibilities of public health.

Sincerely,



Sally Hagman
Chair, Board of Health,
District of Algoma Health Unit

cc: Dr. K. Moore, Chief Medical Officer of Health
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Peter Bethlenfalvy, Minister of Finance
Honourable Paul Calandra, Minister of Municipal Affairs and Housing
MPP Ross Romano, Sault Ste. Marie
MPP Michael Mantha, Algoma-Manitoulin
All Ontario Boards of Health
Association of Local Public Health Agencies

References

1. Household Food Insecurity Estimates from the Canadian Income Survey: Ontario 2018-2020. 2023.
2. Ontario Dietitians in Public Health. ODPH Position Statement on Responses to Food Insecurity: 2023. Available from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>.
3. Algoma Public Health. Food Affordability & Food Insecurity in Algoma The 2023 Nutritious Food Basket Results and Recommendations: 2023. Available from: <https://www.algomapublichealth.com/media/7095/aph-food-affordability-insecurity-report.pdf>.
4. Household food insecurity in Canada, 2021. 2016. Available from: <https://proof.utoronto.ca/wp-content/uploads/2022/08/Household-Food-Insecurity-in-Canada-2021-PROOF.pdf>
5. PROOF. Household Food Insecurity in Canada, 2022: 2022. Available from: <https://proof.utoronto.ca/wp-content/uploads/2023/11/Household-Food-Insecurity-in-Canada-2022-PROOF.pdf>.
6. Dietitians of Canada. Dietitians of Canada Position Statement on Household Food Insecurity in Canada: 2024. Available from: https://www.dietitians.ca/DietitiansOfCanada/media/Images/DC-Household-Food-Insecurity-Position-Statement_2024_ENG.pdf.

May 21, 2022

Via Email

The Honourable Doug Ford
Premier of Ontario

The Honourable Sylvia Jones
Minister of Health

The Honourable Michael Tibollo
Associate Minister of Mental Health and Addictions

Dear Premier Ford and Provincial Ministers Jones and Tibollo:

Commitment to Health Promotion and Chronic Disease Prevention

On behalf of the Board of Health of Algoma Public Health (APH), please accept this correspondence urging the Ministry of Health to remain committed to investing in health promotion and chronic disease prevention.

Chronic diseases account for nearly 75% of deaths in Ontario and Algoma, despite being largely preventable, and cost the province \$10.5 billion in direct health care costs⁽¹⁾. In their *Prevention System Quality Index 2023 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.”⁽²⁾

Public health is a leader in health promotion and upstream disease prevention, which has a much larger impact on reducing the amount of disease in a population than downstream approaches aimed at early detection and disease management at the individual level⁽³⁾. The social determinants of health, such as income, education level, housing, food insecurity, early childhood development, employment, social inclusion, and racism, increase risk of chronic disease and can account for between 30-55% of negative health outcomes⁽⁴⁾.

As the Ministry of Health works to refine, refocus and re-level the roles and responsibilities of public health, it is critical to prioritize ongoing delivery and coordination of health promotion and chronic disease prevention initiatives by public health.

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

At its meeting on March 27, 2024, the Algoma Board of Health passed the following motion:

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

Algoma Public Health remains committed to chronic disease prevention and will continue to work collaboratively with all health system actors to promote health and reduce the burden of chronic disease in Ontario.

Sincerely,



Sally Hagman
Chair, Board of Health,
District of Algoma Health Unit

cc: Dr. K. Moore, Chief Medical Officer of Health
Heather Schramm, Acting Director, Health Promotion and Prevention Policy and Programs
Branch, Ministry of Health
Susan Stewart, Chair, Health Promotion Ontario Executive Committee
Michael Sherar, President and Chief Executive Officer, Public Health Ontario
MPP Ross Romano, Sault Ste. Marie
MPP Michael Mantha, Algoma-Manitoulin
All Ontario Boards of Health

References

1. CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). The Burden of Chronic Diseases in Ontario: Key Estimates to Support Efforts in Prevention: 2019. Available from: https://www.publichealthontario.ca/-/media/documents/c/2019/cdburden-report.pdf?sc_lang=en.
2. Ontario Health. Prevention System Quality Index 2023.: 2023. Available from: https://www.ontariohealth.ca/sites/ontariohealth/files/PSQI_2023_Report_English.pdf.
3. Agencies AoLPH. White paper on the vlaue of local health promotion in Ontario. Health Promotion Ontario; 2023. Available from: <https://cdn.ymaws.com/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/HPO-Value-of-Local-Health-Promotion-White-Paper.pdf>
4. World Health Organization. Social determinants of health: 2024. Available from: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

May 21, 2022

Via Email

The Honourable Sylvia Jones
Minister of Health, Ontario

The Honourable Michael Tibollo
Associate Minister of Mental Health and Addictions, Ontario

Dear Provincial Ministers Jones and Tibollo:

Safeguarding Our Youth from Nicotine Addiction

On behalf of the Board of Health of Algoma Public Health (APH), please accept this correspondence urging the Ministry of Health 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.

The approval of ‘Zonnic’ nicotine pouches by Health Canada under the Natural Health Products Regulations (NHPR) has made these products available for purchase with no minimum age requirements and no regulations on marketing⁽¹⁾. Nicotine pouches are packaged, flavoured, displayed, and advertised in ways that appeal to youth. They are easy to conceal, and can be consumed anywhere, including areas where smoking and vaping are prohibited.

Nicotine is highly addictive and harmful to the developing adolescent brain⁽²⁾. Nicotine pouches can create a new generation of non-smokers who are dependent on nicotine, increasing the likelihood of using vaping or tobacco products in the future⁽³⁾. The marketing approaches mimic those used to promote vaping products and pose a significant risk of sparking a trend comparable to the rapid uptake of vaping among youth.

Health Canada has described the approval of nicotine pouches under the NHPR as a loophole and issued a statement of concern over the popularity and recreational use of nicotine pouches by youth, and the potential for the products to be marketed towards youth and non-smokers⁽⁴⁾. Federal and provincial governments have the power to close regulatory gaps to safeguard our youth from nicotine dependency.

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

At its meeting on April 24, 2024, the Algoma Board of Health passed the following motion:

Call on the Minister of Health of Ontario to 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.

Algoma Public Health remains committed to preventing nicotine addiction and will communicate with local schools, parents, caregivers, healthcare providers, and community members to increase awareness of the health risks associated with nicotine pouches.

Sincerely,



Sally Hagman
Chair, Board of Health,
District of Algoma Health Unit

cc: Honourable Doug Ford, Premier of Ontario
Dr. K. Moore, Chief Medical Officer of Health
MPP Ross Romano, Sault Ste. Marie
MPP Michael Mantha, Algoma-Manitoulin
All Ontario Boards of Health

References

1. Canadian Cancer Society. Health Canada makes it legal for flavoured nicotine products from Imperial Tobacco to be sold to children: 2023. Available from: <https://cancer.ca/en/about-us/media-releases/2023/nicotine-pouches-legal-for-children>.
2. Castro EM, Lotfipour S, Leslie FM. Nicotine on the developing brain. Pharmacological research. 2023;190:106716.
3. Leslie FM. Unique, long-term effects of nicotine on adolescent brain. Pharmacology Biochemistry and Behavior. 2020;197:173010.
4. Health Canada. Statement from the Minister of Health on nicotine replacement therapies: 2024. Available from: <https://www.canada.ca/en/health-canada/news/2024/03/statement-from-the-minister-of-health-on-nicotine-replacement-therapies.html>.

May 21, 2024

Via Email

The Honourable Mark Holland
Minister of Health

Dear Federal Minister Holland:

Safeguarding Our Youth from Nicotine Addiction

On behalf of the Board of Health of Algoma Public Health (APH), please accept this correspondence urging the Ministry of Health to swiftly close the regulatory gaps that allow 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.

The approval of 'Zonnic' nicotine pouches by Health Canada under the Natural Health Products Regulations (NHPR) has made these products available for purchase with no minimum age requirements nor regulations on marketing⁽¹⁾. Nicotine pouches are packaged, flavoured, displayed, and advertised in ways that appeal to youth. They are easy to conceal, and can be consumed anywhere, including areas where smoking and vaping are prohibited.

Nicotine is highly addictive and harmful to the developing adolescent brain⁽²⁾. Nicotine pouches can create a new generation of non-smokers who are dependent on nicotine, increasing the likelihood of using vaping or tobacco products in the future⁽³⁾. The marketing approaches mimic those used to promote vaping products and pose a significant risk of sparking a trend comparable to the rapid uptake of vaping among youth.

APH supports Health Canada's *Notice of Intent* proposing new requirements to restrict the marketing of nicotine pouches and strongly urges swift action to close the existing regulatory gaps⁽⁴⁾. We echo the concerns from Health Canada and other Canadian health agencies over the popularity and recreational use of nicotine pouches by youth, and the potential for the products to be marketed towards youth and non-smokers⁽¹⁾. Federal and provincial governments have the power to close regulatory gaps to safeguard our youth from nicotine dependency.

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

At its meeting on April 24, 2024, the Algoma Board of Health passed the following motion:

Call on the Minister of Health of Ontario to 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.

Algoma Public Health remains committed to preventing nicotine addiction and will communicate with local schools, parents, caregivers, healthcare providers, and community members to increase awareness of the health risks associated with nicotine pouches.

Sincerely,



Sally Hagman
Chair, Board of Health,
District of Algoma Health Unit

cc: Honourable Justin Trudeau, Prime Minister of Canada
Honourable Doug Ford, Premier of Ontario
Honourable Sylvia Jones, Ontario Minister of Health
Honourable Michael Tibollo, Ontario Associate Minister of Mental Health and Addictions
MP Terry Sheehan, Sault Ste. Marie
All Ontario Boards of Health

References

1. Canadian Cancer Society. Health Canada makes it legal for flavoured nicotine products from Imperial Tobacco to be sold to children: 2023. Available from: <https://cancer.ca/en/about-us/media-releases/2023/nicotine-pouches-legal-for-children>.
2. Castro EM, Lotfipour S, Leslie FM. Nicotine on the developing brain. Pharmacological research. 2023;190:106716.
3. Leslie FM. Unique, long-term effects of nicotine on adolescent brain. Pharmacology Biochemistry and Behavior. 2020;197:173010.
4. Health Canada. Notice of Intent to address risks of youth appeal and access to nicotine replacement therapies: 2024. Available from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription/notice-intent-address-risks-youth-appeal-access-nicotine-replacement-therapies.html>.