Algoma
PUBLIC HEALTH
Santé publique Algoma

September 25, 2024

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

Meeting Book - September 25, 2024, Board of Health Meeting

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Board of Health Meeting
AGENDA

Wednesday, September 25, 2024 - 5:00 pm
SSM Algoma Community Room | Videoconference

BOARD MEMBERS

Deborah Graystone
Sally Hagman - Chair
Julila Hemphill
Donald McConnell - 2nd Vice-Chair
Luc Morrissette - 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: FASST Members: Jasmine Bryson - Supervisor of Effective Public Health Practice, Mehak Khanna - Epidemiologist, Rickyonée Richards - Data Analyst

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 September 25, 2024 be approved as presented.

3.0 Delegations / Presentations *J. Bryson, M. Khanna, R. Richards*

a. Population Health Assessment - Community Health Profile

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

RESOLUTION

THAT the Board of Health meeting minutes dated June 26, 2024, be approved as presented.

5.0 Business Arising from Minutes

6.0 Reports to the Board *J. Tuinema*

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report - September 2024

- School Oral Health Screening

RESOLUTION

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

b. Finance and Audit

i. Unaudited Financial Statements ending July 31, 2024 *L. Dunseath*

RESOLUTION

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

c. Governance

i. Governance Committee Chair Report *D. McConnell*

RESOLUTION

THAT the Board of Health approves the Governance Committee Chair Report as presented.

ii. Policy 02-05-001 - Composition and Accountability of Board of Directors *D. McConnell*

RESOLUTION

THAT the Board of Health approves **Policy 02-05-001 - Composition and Accountability of Board of Directors** as presented.

iii. Policy 02-05-002 - Procurement *D. McConnell*

RESOLUTION

THAT the Board of Health approves **Policy 02-05-002 - Procurement** as presented.

iii. Policy 02-05-035 - Continuing Education for Board Members *D. McConnell*

RESOLUTION

THAT the Board of Health approves the **Policy 02-05-035 - Continuing Education for Board Members** as presented.

iv. Policy 02-05-060 - Meetings and Access to Information *D. McConnell*

RESOLUTION

THAT the Board of Health approves the **02-05-060 - Meetings and Access to Information** as presented.

7.0 New Business/General Business *S. Hagman*

8.0 Correspondence - requiring action *S. Hagman*

a. Letter from Public Health Sudbury and Districts to the Chief Medical Officer of Health regarding support for the Physical Literacy for Communities dated July 8, 2024.

b. Letter from Northern Medical Officers of Health to the Chief Medical Officer of Health regarding Public Health Funding dated August 16, 2024.

9.0 Correspondence - for information

a. alPHa Information Break - September 2024 *S. Hagman*

b. Letter from Middlesex-London Health Unit to the Prime Minister, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, and National Finance Committee regarding Support for Bills S-233 and C-223, an Act to develop a national framework for a guaranteed livable basic income dated July 24, 2024.

c. Letter from the Township of St. Joseph to the Township of The Archipelago regarding Public Health Ontario proposal to phase out free water testing for private wells dated July 9, 2024.

10.0 Addendum *S. Hagman*

11.0 In-Camera *S. Hagman*

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

RESOLUTION

THAT the Board of Health go in-camera.

12.0 Open Meeting *S. Hagman*

Resolutions resulting from in-camera meeting.

13.0 Announcements / Next Committee Meetings: *S. Hagman*

Finance and Audit Committee Meeting
Wednesday, October 9, 2024 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Board of Health
Wednesday, October 23, 2024 @ 5:00 pm
SSM Algoma Community Room | Video Conference

14.0 Adjournment *S. Hagman*

RESOLUTION

THAT the Board of Health meeting adjourns.

Population Health Assessment Overview & Community Health Profile

Presenters: Mehak Khanna & Rickyonée Richards

Date: September 25, 2024

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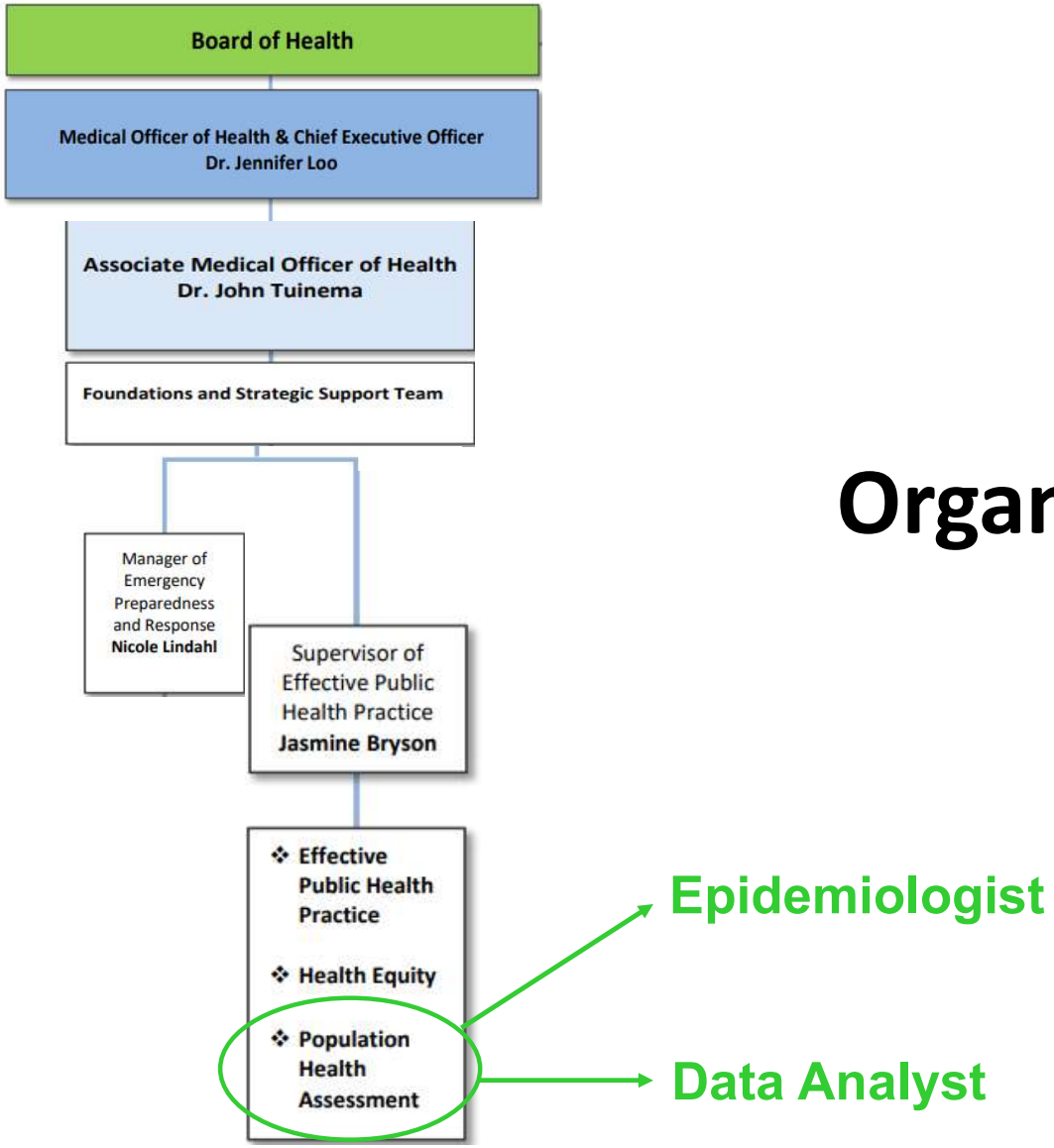
Overview

- What is Population Health Assessment?
- OPHS Alignment
- What is a CHP
- Snapshots from the CHP
- Data Complexity
- Data Limitations



Organization Chart

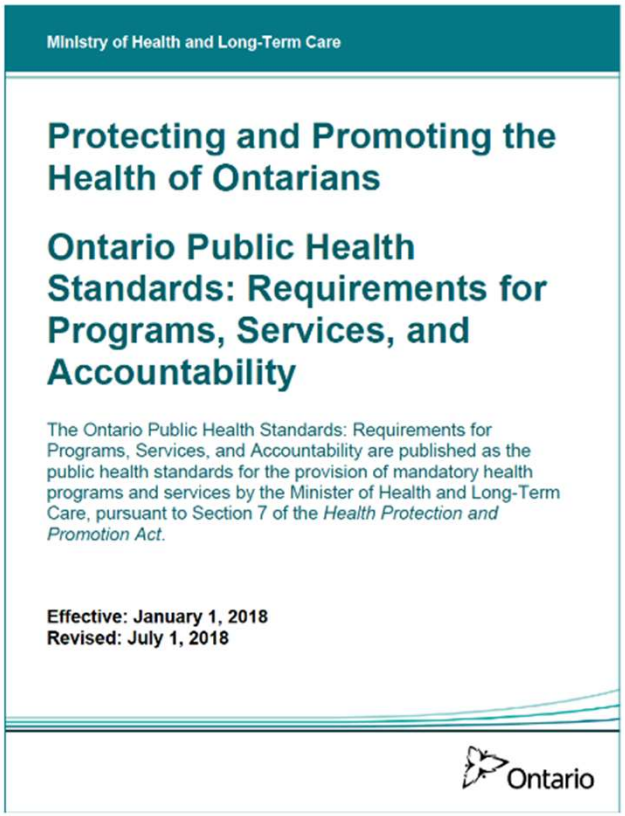
Population Health Assessment

- Data collection, management, and analysis
- Identify public health needs
- Strengthen understanding of population characteristics and the Social Determinants of Health (SDOH)
- Support situational assessment for
- Evidence-informed program planning
- Periodic reporting of information

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

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

Ontario Public Health Standards



Goal

Public health practice **responds effectively to current** and **evolving conditions** and contributes to the public's health and well being with **programs and services that are informed by the population health status**, including **social determinants of health** and health inequities.

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

What is a Community Health Profile (CHP)?

It is a population health assessment report.

*Population health assessment means **understanding the health of communities, specific populations, and the determinants of health** to create better services and policies, as well as research to identify the most effective interventions.*

What is a Community Health Profile (CHP)?

	Population Health Assessment	Population Health Monitoring
Data collection, analysis, and interpretation	Yes	Yes
Timeframe	Years	Real-time to weeks
Goal	Planning	Detection, usually linked to an intervention program
SDOH / Inequity	Yes	Not Always


Algoma Community Health Profile
September 2018
Algoma
PUBLIC HEALTH


Algoma's
Community Health Profile
Algoma
PUBLIC HEALTH
Santé publique Algoma

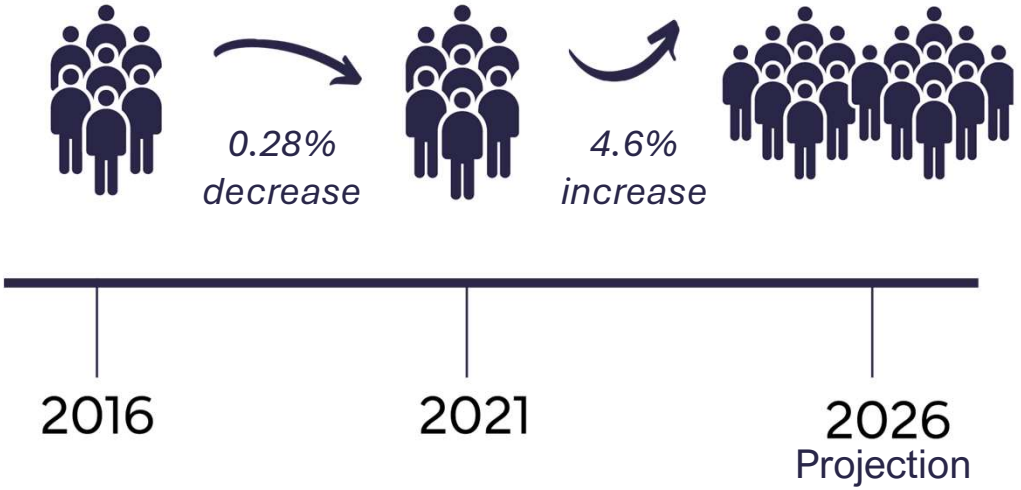
CHP Chapters

1. Demographics and Life expectancy
2. Social Determinants of Health & Health Equity
3. Healthy Preconception, Parenting and Families
4. Immunization
5. Mental Health
6. Healthy Eating and Active Living
7. Chronic Diseases
8. Oral Health
9. Injuries & Harm Reduction
10. Substance Use Health
11. Healthy Sexuality
12. Infectious Diseases and Environmental Health
13. Emergency Management

Algoma's changing population

Population (2021):

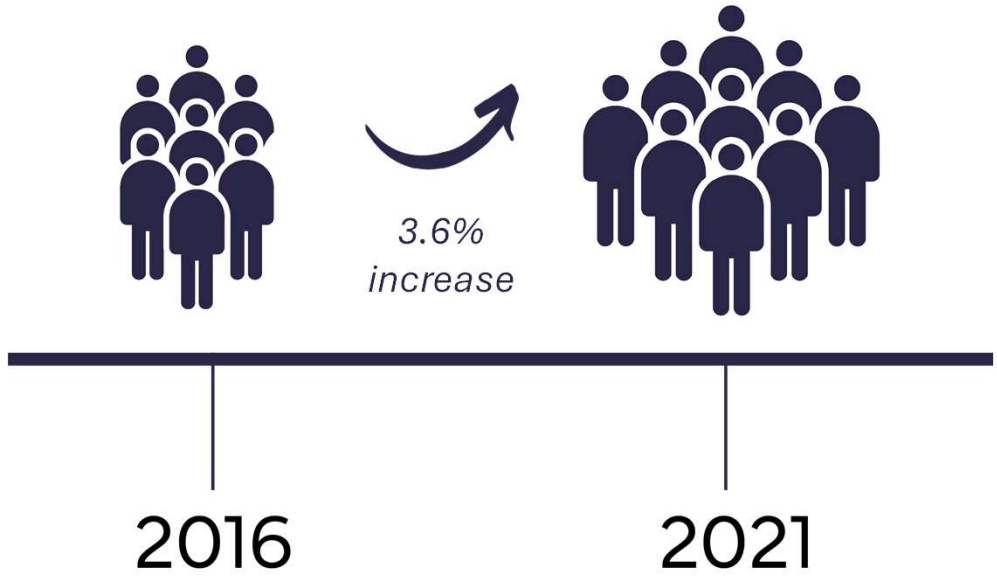
112,764



Algoma’s changing population

Indigenous identity (2021):

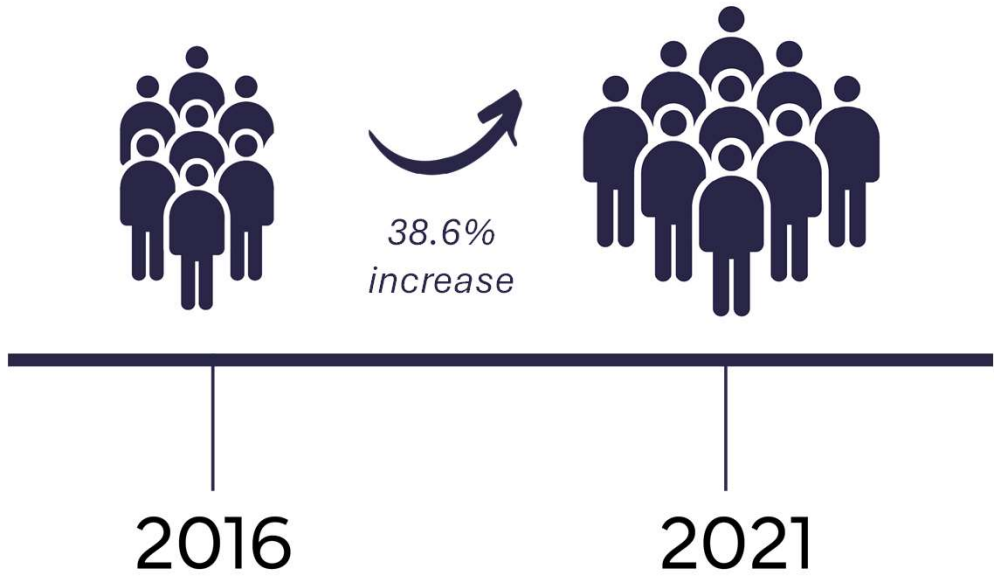
14.3%



Algoma’s changing population

Visible minority (2021):

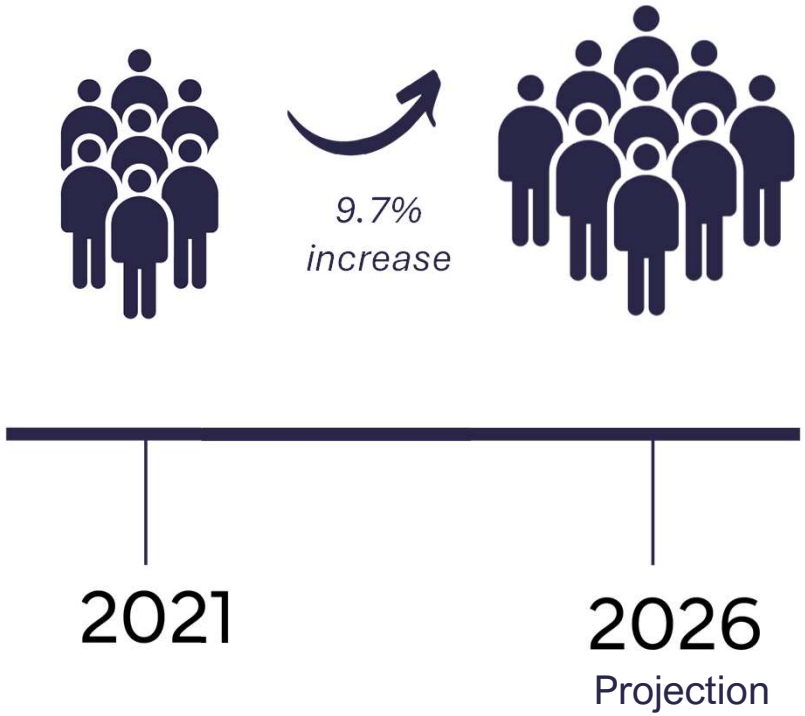
3.4%



Algoma’s changing population

Aged 65+ years (2021):

26.5%



Snapshot #1

Immunizations

What is happening...

Low vaccination coverage among school aged children

59.6%

of 12-year-olds vaccinated for Hepatitis B

(2022 – 2023 school year)

What is happening...

Community action

Vaccination catch-up clinics for children who missed their vaccines.

Regular school immunization

(2021 – 2022 school year)

11.3%

12-year-olds
coverage for Hepatitis B

After vaccine catch-up clinic

(2021 – 2022 school year)

56.4%

12-year-olds
coverage for Hepatitis B

Snapshot #2

Chronic Diseases

What is happening...

Highest rate of new cancer diagnosis in Ontario.

5,210 new cases from 2016 – 2020

3rd highest rate of cancer-related deaths in Ontario.

2,075 cancer related deaths from 2016 - 2020

What is happening...

Why?

Cancer related deaths

46.0% associated with smoking

13.1% associated with alcohol consumption

- Not Smoking
- Reduce alcohol consumption
- Participate in cancer screening

Low cancer screening participation in Algoma

57.3%	49.3%	62.0%
(Breast cancer)	(Cervical cancer)	(Colorectal cancer)

Snapshots #3

Mental Health

What is happening...

Highest rate of mental health-related emergency department (ED) visits in Ontario

Algoma

28.5

per 100,000
Eating disorder related ED visits

Ontario

19.0

per 100,000
Eating disorder related ED visits

What is happening...

Why?

Longest wait time for child and youth mental health support in Northern Ontario

Counselling and therapy

370 days

Intensive treatment

632 days

Reasons for poor access to mental health support:

- Cost of service
- Wait time
- Distance from service
- Limited number of providers
- Fear of stigma
- Complex system that is hard to navigate

Snapshot #4

Social Determinants of Health
& Health Equity

What is happening...

High percentage of households experience food insecurity

Algoma	Ontario
19.4%	17.3%

What is happening...

Why?

Uncertain or inadequate access to sufficient quantity and/or quality of food because of financial limits.

Average monthly cost to feed a family of four in Algoma

$1180.92

(2023)

This is

6.86%

higher than 2022

What is happening... | Why? | **Community action**

- Provide evidence-based social assistance rates that reflect cost of living
- Support universal basic income
- Establish a poverty reduction network/ committee
- Provide employees a living wage

Data complexities

60+

Data Sources

National surveys:

1. Canadian Community Health Survey
2. Canadian Health Survey on Child and Youth

Census (2016 and 2021)

Ministry Databases:

1. Discharge Abstract Database (DAD)
2. National Ambulatory Care reporting system (NACRS)
3. BORN – Ontario Pregnancy, birth and childhood registry
4. Vital Statistics:
    - Birth
    - Deaths

6. Integrated Public Health Information System (iPHIS)

2000+

Indicators

Demographic: Age; Sex; Ethnicity; etc.

Social Determinants of Health: Income; Housing; etc.

Mortality: Causes of deaths; Premature deaths etc.

Morbidity: Hospitalizations; Emergency department visits

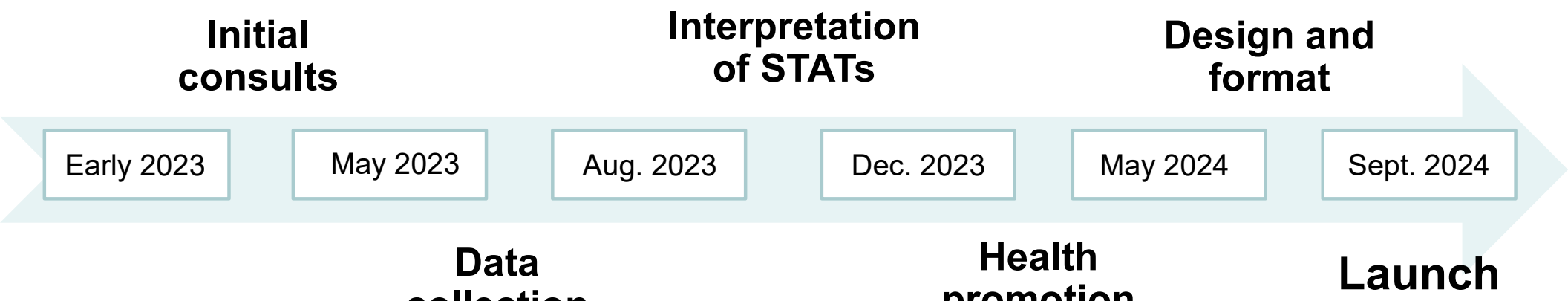
Health behaviours: Physical activity; substance use; etc.

Health services: Cancer screening; oral health services

Health and wellness: Preconception health; etc.

5500+

Lines of code



12
Consults

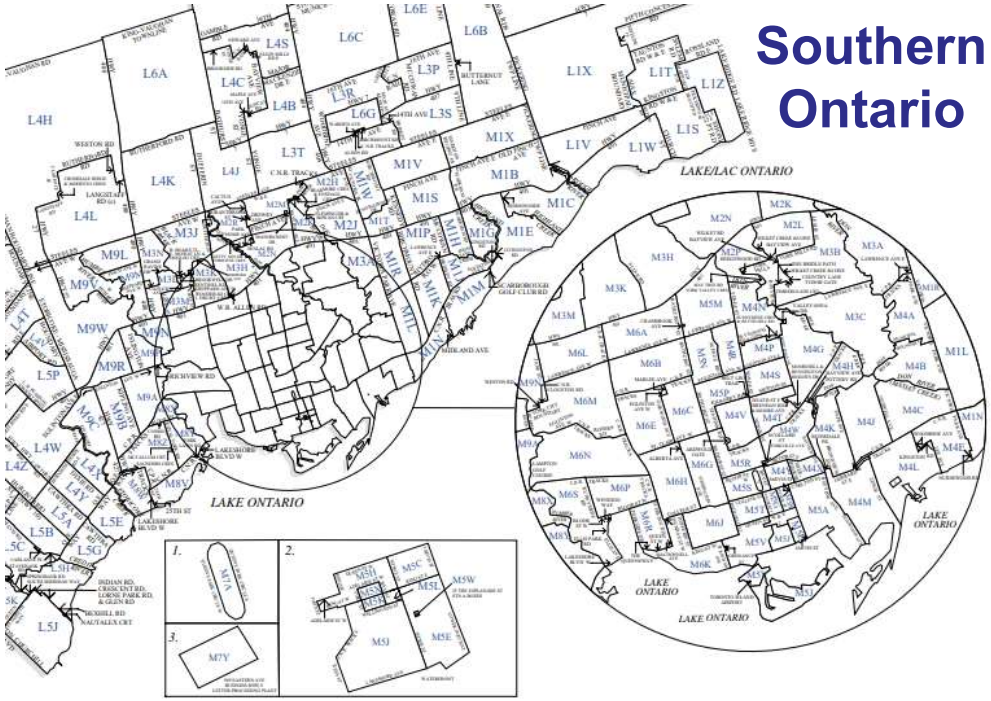
42
Employees

18
Months

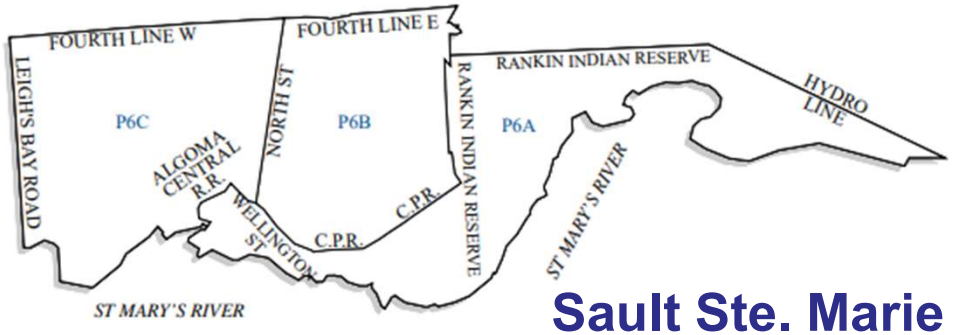
Data limitations

Limitations of geographical breakdown

- Data available by Forward Sortation Area (FSA)
- FSA – first three digits of a Postal code
- Algoma Public Health has 5 FSA



Southern Ontario



Sault Ste. Marie

Prospects Influential International List Brokers. Canadian FSA Map. 2017.
https://www.prospectsinfluential.com/wp-content/uploads/2017/09/Interactive-Canadian-FSA-Map.pdf

Small sample size

- From single year data collection – statistically unstable
- 2 years of data from National surveys
- This creates **longer lag time** in data refresh cycles.
  - Survey conducted from 2019 to 2020 (2 years)
  - We receive the data in late 2022 or early 2023
  - Complete analysis done by end of 2023

Small numbers

- Cannot share reports with counts less than 5 due to privacy issues

Indigenous data

- 14.3% of Algoma's population identify as Indigenous.
- This population is not included in National surveys from where we get our health behaviour statistics.

Potential next steps

- Looking into digitizing the CHP into topic-related dashboards
- Continue population health data refreshes in a timely manner

Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH

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September 25, 2024

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. John Tuinema and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

Algoma Public Health's latest Community Health Profile has launched!

On September 18th, community partners were invited to the launch of the 2024 Community Health Profile. This population health assessment highlights important health trends within Algoma. Unlike the routine health monitoring that occurs daily at APH, this more fulsome assessment digs deeper into local trends to help support planning for both APH and our external partners. This was completed thanks to the enormous efforts of APH staff that included accessing over 60 databases and sources, examining over 2000 health indicators, and writing over 5500 lines of code to analyze the data.

The Community Health Profile can be found here.

Published Research - Opioid-related deaths in Northern Ontario in the early COVID-19 pandemic period

As the opioid crisis continues, APH plays an important role in monitoring the impacts as they change over time. Typically, this involves routine collection of the latest available data to share with partners and to issue warnings when warranted. In addition to this, it is important to tackle the deeper questions as to what factors are affecting the ongoing crisis. One important question in need of answers was how the pandemic affected these trends in Northern Ontario. Using data from the Office of the Chief Coroner, we were able to examine this question by looking at opioid mortality trends in the early pandemic and compare them to prior trends.

We found that compared to the rest of Ontario, higher proportions of deaths occurred in the North among individuals who lived and died in private residences, among women (although the majority of decedents were male) and among individuals employed in mining, quarrying, and oil and gas industries. We also found that there were higher proportions of opioid-related deaths involving fentanyl and stimulants as direct contributors, and the majority of deaths involved evidence of inhaled drugs.

The article is published in the Canadian Journal of Public Health and can be read here.

Further Updates

Recent provincial decisions around substance use and addictions have limited the options for supervised consumption sites but came with the announcement of the creation of 10 Homelessness and Addiction Recovery Treatment Hubs (HART Hubs). APH is supporting community partners in their application by providing key indicators of the scale of the opioid crisis in Algoma.

The Healthy Babies Healthy Children (HBHC) program has received a small funding increase of just over $70,000 from the Ministry of Children, Community and Social Services. Organizations may use the additional funding to address operational pressures with no expectation of service expansion with the

additional funding. Over many years, the Board of Health has advocated for increased funding for HBHC and we thank the Board for their continued support of this important program.

Health Canada has recently announced new regulations around the sale of Nicotine Replacement Therapies (NRT). These are intended to ensure that safe and well-established NRT is widely available for those seeking to quit smoking, while also including measures that reduce the appeal of and access to the newer therapies with the potential for misuse (such as nicotine pouches). APH thanks the Board for their letter advocating for these measures.

PROGRAM HIGHLIGHT – Oral Screening, Assessment, and Surveillance

Topic: Oral Screening, Assessment, and Surveillance

From: Nicole Lindahl

Ontario Public Health Standard Requirements[1] addressed in this report:

- *School Health, Requirement #5*: The board of health shall conduct surveillance, oral screening, and report data and information in accordance with the *Oral Health Protocol, 2021 (or as current)* and the *Population Health Assessment and Surveillance Protocol, 2018 (or as current)*.

2021-2025 Strategic Priorities addressed in this report:
[X] Advance the priority public health needs of Algoma's diverse communities.
[X] Improve the impact and effectiveness of Algoma Public Health programs.
[] Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

Key Messages

- Oral health screening for dental caries (cavities) in schools provides an opportunity to prevent serious outcomes, including pain, infection, and surgical intervention. Untreated dental caries can impact a child's sleep, learning, speech, and eating.
- Non-invasive screenings can be a chance to educate children and parents/guardians on optimal care and early intervention while supporting enrolment in the Health Smiles Ontario program as needed.
- Two-thirds of Algoma children screened in the 2023-24 school year were caries-free. Of the one-third of children screened with caries, over 5% were identified as in need of urgent dental care.
- Continued screening, education and referral by the APH Oral Health team will focus on targeting education and information for children and their families.

Oral Health: School Screening and Assessment
Tooth decay is the most common, yet preventable, childhood chronic disease in Canada. Untreated tooth decay (dental caries) can lead to pain and infection, affecting a child's sleeping, learning, speaking, and eating abilities. It is associated with other chronic diseases such as diabetes, cardiovascular diseases, and aspiration pneumonia[2,3]. Tooth decay can require treatment by surgery under general anaesthesia, with the treatment of dental problems being the leading reason for day surgery (under general anaesthesia) in Canada among children under the age of 5[2].

Oral health screening and assessment is performed in accordance with the *Ontario Public Health Standards (OPHS),* with specific direction provided by the *Oral Health Protocol, 2021*. Algoma Public Health (APH) provides

annual oral health screening in select grades across Algoma. Oral health screenings are important for prevention and early identification of oral health problems, delivery of oral health education, and to support clinical assessment, enrolment, and navigation of Healthy Smiles Ontario as needed. Oral health screenings do not replace a complete oral examination, which includes medical and dental history, clinical examination and diagnosis of oral and dental conditions, and radiographs, as required[4].

School Oral Health Screening

School oral health screenings are completed by registered dental hygienist (RDH) and dental health educator (DHE) teams. The screening includes a quick, minimal-touch assessment using single-use sterile equipment by the RDH while DHE records the screening data in the provincial Oral Health Information Support System (OHISS).

After the screening, each child is provided with a toothbrush and a dental "report card" to bring home, indicating any findings from the RDH during the oral health screening. Parents/guardians of children who are identified to need urgent dental care will receive additional post-screening notification and follow-up from the RDH until the child has received treatment or the follow-up is considered complete.

School Oral Health Screening Surveillance – 2023-2024 Data

Chronic diseases such as dental caries intensify inequities, disproportionately impacting populations who are socioeconomically disadvantaged[5]. The surveillance data collected by the DHE during the oral health screening supports program planning and evaluation, and helps identify populations experiencing higher risk for dental caries, requiring additional interventions.

The prevalence of tooth decay in Algoma is measured through the proportion of caries-free students. Caries-free students are those who have no decayed teeth, no fillings, and no missing teeth at the time of screening. The below data indicates the percentage of students in Algoma who were caries-free during school oral health screening for the 2023-2024 school year. This excludes children who were absent or who refused screening[6].

- 77% in Junior Kindergarten (JK)
- 69% in Senior Kindergarten (SK)
- 53% in Grade 2

Fewer children in Grade 2 are caries-free compared to younger grades given that the teeth in grade 2 children have had a longer time to develop caries than those in kindergarten.

The below table represents the percentage of students in each geographical region of Algoma who were caries-free during their school oral health screening. The data includes JK, SK, and grade 2. This excludes children who were absent or refused screening[6].

Region	Caries Free 2016-17	Caries Free 2017-18	Caries Free 2018-19	Caries Free 2022-23	Caries Free 2023-24
Central Algoma	62%	55%	60%	76%	71%
East Algoma	47%	46%	48%	53%	62%
Elliot Lake	59%	57%	57%	67%	64%
North Algoma	60%	66%	52%	63%	57%
Sault Ste. Marie	57%	58%	61%	69%	66%
All Algoma	57%	58%	60%	68%	66%

In Algoma, 5.5% of children screened at school during the 2023-2024 school year were identified by the RDH to be in need of urgent dental care[6]. Urgent care refers to a child presenting with lost restorations, caries into the dentine, periodontal conditions, or pathology that, without treatment, will lead to haemorrhage, pain or infection requiring immediate clinical treatment[1]. Children identified in need of urgent dental care has increased by more than 2% since the pre-pandemic screenings.

Next Steps: 2024 and Beyond

To continue to promote the oral health of school-aged children, APH will continue to deliver school oral health screening as outlined in the OPHS, strengthen efforts to provide targeted oral health education and information for pre-school aged children and their parents/guardians, and enhance access and navigation support for Heathy Smiles Ontario – Preventive Services stream.

References:

1. Ontario. Ministry of Health, Ontario. Ministry of Long-Term Care. Ontario public health standards: requirements for programs, services, and accountability [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021. Available from: https://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
2. Government of Canada. Oral health for children [Internet]; 2024. Available from: https://www.canada.ca/en/public-health/topics/oral-health/caring-your-teeth-mouth/children.html
3. Li X, Kolltveit KM, Tronstad L, Olsen I. Systemic diseases caused by oral infection. Clinical Microbiology Reviews. 2000;13(4):547-58. doi: 10.1128/cmr.13.4.547-558.2000
4. Public Health Ontario, Ontario Association of Public Health Dentistry. IPAC best practices for oral health screening in Ontario schools [Internet]. 2nd ed. King's Printer for Ontario; 2024. Available from: https://www.publichealthontario.ca/-/media/Documents/O/2022/oral-health-best-practices-screening-schools.pdf?rev=5b421fd2361f4674a2f92b814f0f2d29&sc_lang=en
5. Cancer Care Ontario, Public Health Ontario. Taking action to prevent chronic disease: recommendations for a healthier Ontario [Internet]. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: https://www.ccohealth.ca/sites/CCOHealth/files/assets/CCOChronicDiseaseReport.pdf
6. Algoma Public Health. Oral Health Information Support System (OHISS) [2023-2024 school years]. Ontario Ministry of Health. [Date extracted 2024 Aug 22]. Algoma Public Health.

Algoma Public Health
(Unaudited) Financial Statements July 31, 2024

Algoma Public Health
Statement of Operations
July 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	**$ 3,330,426**	$ 3,330,427	$ (1)	$ 4,440,569	0%	100%
Provincial Grants - Cost Shared Funding	**5,845,176**	5,845,123	53	10,020,210	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	**1,364,879**	1,333,967	30,912	2,286,800	2%	102%
Provincial Grants - Mitigation Funding	**0**	0	-	0	-	-
Fees, other grants and recovery of expenditures	**304,920**	298,017	6,903	494,600	2%	102%
Total Public Health Revenue	**$ 10,845,401**	$ 10,807,533	$ 37,868	$ 17,242,179	0%	100%
Expenditures						
Public Health Cost Shared	**$ 8,879,770**	$ 8,807,746	$ (72,024)	$ 14,913,154	1%	101%
Public Health 100% Prov. Funded Programs	**1,450,309**	1,360,447	(89,862)	2,329,026	7%	107%
Total Public Health Programs Expenditures	**$ 10,330,079**	$ 10,168,192	$ (161,886)	$ 17,242,180	2%	102%
Total Rev. over Exp. Public Health	**$ 515,322**	$ 639,340	$ (124,018)	$ 0		
Healthy Babies Healthy Children (Fiscal)						
Provincial Grants and Recoveries	**$ 356,011**	356,011	-	1,068,011	0%	100%
Expenditures	**369,785**	362,541	(7,244)	1,068,011	2%	102%
Excess of Rev. over Exp.	**(13,774)**	(6,530)	(7,244)	-		
Public Health Programs (Fiscal)						
Provincial Grants and Recoveries	**$ -**	0	-	-	#DIV/0!	#DIV/0!
Expenditures	**206,670**	-	(206,670)	-	#DIV/0!	#DIV/0!
Excess of Rev. over Fiscal Funded	**(206,670)**	-	(206,670)	-		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	**$ 79,052**	$ 79,051	$ 1	$ 262,153	0%	100%
Municipal, Federal, and Other Funding	**56,722**	56,722	-	114,447	0%	100%
Other Bill for Service Programs	**0**	0	-	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	**$ 135,774**	$ 135,773	$ 1	$ 376,600	0%	100%
Expenditures						
Brighter Futures for Children	**47,238**	38,600	(8,638)	114,447	22%	122%
Nurse Practitioner	**56,651**	54,502	(2,149)	162,153	4%	104%
Stay on Your Feet	**28,923**	33,841	4,918	100,000	-15%	85%
Total Fiscal Community Health Programs	**$ 132,811**	$ 126,943	$ (5,868)	$ 376,600	5%	105%
Total Rev. over Exp. Fiscal Community Health	**$ 2,963**	$ 8,830	$ (5,867)	$ (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 Seven Months Ending July 31, 2024
(Unaudited)

	Actual YTD 2024	Budget YTD 2024	Variance Bgt. to Act. 2024	Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ Annual Budget 2024	*Comparison Prior Year: YTD Actual 2023*	*YTD BGT 2023*	*Variance 2023*
Levies Sault Ste Marie	2,316,356	2,316,356	0	3,088,475	0%	75%	2,185,241	2,185,241	0
Levies District	1,014,070	1,014,071	(1)	1,352,094	0%	75%	956,672	956,671	1
Total Levies	**3,330,426**	**3,330,427**	**(1)**	**4,440,569**	**0%**	**75%**	**3,141,913**	**3,141,912**	**1**
MOH Public Health Funding	5,845,176	5,845,123	54	10,020,210	0%	58%	5,130,539	5,130,533	6
Total Public Health Cost Shared Funding	**5,845,176**	**5,845,123**	**54**	**10,020,210**	**0%**	**58%**	**5,130,539**	**5,130,533**	**6**
MOH Funding - MOH / AMOH Top Up	98,244	92,342	5,902	158,300	6%	62%	106,470	110,425	(3,955)
MOH Funding Northern Ontario Fruits & Veg.	68,483	68,483	(0)	117,400	0%	58%	68,486	68,483	3
MOH Funding Unorganized	309,400	309,400	0	530,400	0%	58%	309,400	309,400	0
MOH Senior Dental	806,585	806,575	10	1,382,700	0%	58%	730,857	730,858	(1)
MOH Funding Indigenous Communities	57,167	57,167	0	98,000	0%	58%	57,164	57,167	(3)
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	**1,364,879**	**1,333,967**	**30,912**	**2,286,800**	**2%**	**60%**	**1,265,423**	**1,276,333**	**(10,910)**
Total Public Health Mitigation Funding	**0**	**0**	**0**	**0**	**#DIV/0!**	**0%**	**605,386**	**605,383**	**3**
Recoveries from Programs	18,778	17,500	1,278	29,600	7%	63%	7,213	25,833	(18,621)
Program Fees	26,424	26,017	408	45,000	2%	59%	28,771	34,767	(5,996)
Land Control Fees	116,760	152,000	(35,240)	225,000	-23%	52%	126,400	135,000	(8,600)
Program Fees Immunization	44,470	26,250	18,220	45,000	69%	99%	3,807	52,500	(48,693)
HPV Vaccine Program	9,605	10,000	(395)	20,000	-4%	48%	9,996	0	9,996
Influenza Program	445	0	445	16,000	#DIV/0!	3%	730	0	730
Meningococcal C Program	3,222	5,000	(1,778)	9,000	-36%	36%	1,479	0	1,479
Interest Revenue	84,383	61,250	23,133	105,000	38%	80%	107,215	19,124	88,091
Other Revenues	832	0	832	0	#DIV/0!	100%	0	8,750	(8,750)
Total Fees and Recoveries	**304,920**	**298,017**	**6,903**	**494,600**	**2%**	**62%**	**285,611**	**275,974**	**9,637**
Total Public Health Revenue Annual	**10,845,401**	**10,807,533**	**37,868**	**17,242,179**	**0%**	**63%**	**10,428,872**	**10,430,136**	**(1,264)**
Public Health Fiscal April 2024 - March 2025									
Infection Prevention and Control Hub	0	0	0	0	#DIV/0!	0%			
Total Provincial Grants Fiscal	**0**	**0**	**0**	**0**	**#DIV/0!**	**0%**	**0**	**0**	**0**

Algoma Public Health

Expense Statement- Public Health

For Seven Months Ending July 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	5,926,146	5,971,460	45,314	10,236,247	-1%	58%	$ 6,105,452	$ 6,241,138	$ 135,686
Benefits	1,624,708	1,651,584	26,876	2,665,034	-2%	61%	1,638,900	1,465,334	(173,566)
Travel	94,157	101,807	7,650	174,526	-8%	54%	110,044	92,634	(17,410)
Program	798,568	585,699	(212,869)	1,012,197	36%	79%	960,124	717,201	(242,923)
Office	36,206	35,233	(973)	60,400	3%	60%	37,281	48,067	10,786
Computer Services	638,854	540,166	(98,688)	926,000	18%	69%	551,462	522,604	(28,858)
Telecommunications	153,581	142,335	(11,246)	244,000	8%	63%	175,504	154,582	(20,922)
Program Promotion	13,423	11,375	(2,048)	19,500	18%	69%	25,401	26,250	849
Professional Development	23,153	29,811	6,658	51,105	-22%	45%	36,272	46,914	10,642
Facilities Expenses	510,582	569,915	59,333	977,000	-10%	52%	582,546	537,750	(44,796)
Fees & Insurance	243,872	261,979	18,107	418,750	-7%	58%	338,934	327,042	(11,892)
Debt Management	266,829	266,829	0	457,421	0%	58%	266,829	266,829	0
	$ 10,330,079	$ 10,168,193	$ (161,886)	$ 17,242,180	**2%**	**60%**	$ 10,828,749	$ 10,446,345	$ (382,404)

Notes to Financial Statements – July 2024

Reporting Period

The July 2024 financial reports include seven months of financial results for Public Health programming. All other non-funded public health programs are reporting four months of results from the operating year ending March 31, 2025.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

In June 2024, APH received the 2024 Amending Agreement from the Province identifying approved funding allocations for public health programs. Annual allocations for mandatory cost-shared programs and 100% funded public health programs are consistent with that previously communicated by the Province and in line with the Board approved budget, and thus no updates have been made to the annual budget for public health programs.

As of July 31, 2024, Public Health calendar programs are reporting a $124K negative variance – which is driven by a $162K negative variance in expenditures and a $38K positive variance in revenue.

Public Health Revenue (see page 2)

Our Public Health calendar revenues are within 1% variance to budget for 2024.

Per the 2024 grant and budget schedule of the funding and accountability agreement, provincial base funding allocated to APH has been restored to the level provided under the 2020 cost-share formula, as well as been allocated base funding growth of 1% over 2023 allocations.

In early January 2024 the Ministry requested public health units to forecast anticipated extraordinary 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 help 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.

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. This funding has been provided to hubs across the Province in order to enhance IPAC practices in identified congregate care settings. As continued funding has been confirmed, albeit allocations remain pending, APH continues to track activities related to this initiative as a separately 100% funded program outside of base provincial funding. Although formal funding approvals have not yet been received for the 2024/25 fiscal year, planning and discovery meetings with the Ministry remain ongoing.

Public Health Expenses (see page 3)

Program Expenses

There is a $213K negative variance associated with program expenses. The majority of this identified pressure is driven by 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 $99K negative variance associated with computer services based on the purchase of necessary network server equipment as approved by the Board in February 2024.

Facilities Expenses

There is a $59K positive variance associated with facilities expenses based on lower than budgeted utilities expenses and building occupancy costs aligned to the IPAC Hub 100% funded program.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of July 31, 2024. Cash includes $2.1M in reserve funds.

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

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of July 2024	July 2024	December 2023
Assets		
Current		
Cash & Investments	$ 5,569,766	$ 4,663,966
Accounts Receivable	1,299,745	2,089,635
Receivable from Municipalities	34,280	6,482
Prepaid Expenses	396,420	128,517
Subtotal Current Assets	7,300,210	6,888,600
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,277,330	1,402,404
Payable to Gov't of Ont/Municipalities	3,265,280	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
Subtotal Current Liabilities	10,966,391	11,252,901
Net Debt	(3,666,181)	(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
Subtotal Non-Financial Assets	16,913,434	16,913,434
Accumulated Surplus	13,247,253	12,549,133

Governance Committee Report

September 18, 2024

Attendees:

Deborah Graystone

Don McConnell – Chair

Loretta O'Neill

Sonia Tassone

Regrets:

Matthew Shoemaker

APH Members:

Dr. John Tuinema – Acting Medical Officer of Health & CEO

Tania Caputo – Board Secretary

Minutes

- The Minutes of the Governance Committee meeting of May 8, 2024 were approved.

Policy Reviews

- Governance Committee Terms of Reference – This matter was reviewed in detail and a number of changes identified. However, the committee felt that it would be beneficial to review other BOH Governance Committee terms of reference before recommending a final version to the Board of Health. Staff were asked to assist with obtaining other similar documents.

- Composition and Accountability of the Board of Directors – Policy 02–05–001 was reviewed and recommended for approval to the Board of Health.

- Procurement – Policy 02–05-002 concerning procurement policy was reviewed and recommended for approval to the Board of Health as amended. Significant amendments include changes to clarify that exempted goods and services (Section 3.0) are still subject to the requirements concerning signing authority (Section 4), prohibitions (Section 8) and general information (Section 9). Grants to agencies and partners, and utilities and communication infrastructure were removed from the list of exemptions. The signing authority expenditure amounts were increased to be more consistent with other health units. The reference to allow sole sourcing "where it is most cost effective or beneficial to APH" (Section 5.5) was removed as it was felt to be too broad. The spending limits for Cooperative Purchasing (Section 6.2) were increased to match those identified in Signing Authority. A number of changes were made to the Procurement Procedures (Section 11) to reflect current practice.

  The Committee noted that several staff had put considerable effort into this policy review and Dr. Tuinema was asked to express the committee's thanks and appreciation to them.

- Continuing Education for Board Members – Policy 02–05–035 was reviewed and recommended for approval to the Board of Health without any amendments.

- Meetings and Access to Information– Policy 02–05–060 was reviewed and recommended for approval to the Board of Health without any amendments.

IN CAMERA

- Risk Management Model was reviewed and recommended for approval to the Board of Health.

Composition and Accountability of the Board of Directors

REFERENCE #:	02-05-001	**DATE:**	Original: May 4, 1995 Revised: May 27, 2020
APPROVED BY:	Board of Health		Revised: Mar 24, 2021 Reviewed: Sep 28, 2022
SECTION:	Policies		Reviewed:

KNOWLEDGE:

The 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.

Boards of Health are the governing bodies and policymakers of public health units. Boards of Health monitor all operations within their health unit and are accountable to the community and to the Ministry of Health.

All Boards of Health have a legislated duty to ensure that the public health programs and services required by the HPPA are provided to people who live in the health unit jurisdiction. Public health programs and services are intended to prevent the spread of disease and to promote and protect health.

The Ontario Public Health Standards: Requirements for Programs, Services and Accountability or its most current revision, published by the Ministry of Health, set out the minimum requirements for fundamental public health programs and services for boards of health.

Section 1 of Regulation 559 to the HPPA states that the Board of Health for the District of Algoma Health Unit shall have eight municipal members. Section 49 (3) of the HPPA states that the Lieutenant Governor in Council ***may*** appoint one or more persons as members of a Board of Health, but the number of members so appointed shall be less than the number of municipal members of the Board of Health. Therefore the maximum size of the board **may be 15 members** (8 municipal members + 7 provincial members).

The distribution of board membership for the Board of Health for the District of Algoma Health Unit is as follows:

Zero (0) to Seven (7) Members:	appointed by the Lieutenant Governor to represent the Province of Ontario (currently 2 provincial members);
Three (3) Members:	appointed by the Council to represent the City of Sault Ste. Marie;
One (1) Member:	appointed by the Municipal Councils representing the Municipality of Wawa, Township of White River and Dubreuilville;
One (1) Member:	appointed by the Municipal Councils representing the Town of Blind River and the Townships of North Shore and Shedden;
One (1) Member:	appointed by the Municipal Councils representing the Town of Thessalon and Municipality of Huron Shores;

One (1) Member:	appointed by the Municipal Councils representing the Town of Bruce Mines, Village of Hilton Beach and the Townships of Hilton, Jocelyn, Johnson, Laird, Macdonald, Meredith and Aberdeen Additional, Plummer Additional, Prince, St. Joseph and Tarbutt.
One (1) Member:	appointed by the Municipal Council representing Elliot Lake.
Maximum Membership:	fifteen (15) members

The appointment of members of municipal council(s) shall be for the term of the council(s). Council(s) may have internal policies that further refine this term of appointment.

Provincial appointees are for a three-year term that may be renewed.

It is the accountability of the Chair of the Board of Health to communicate vacancies, resignations or changes to the Board when they occur.

Note: The City of Sault Ste. Marie has an internal policy that appointments of members by the municipal council representing the City of Sault Ste. Marie is for a two-year term but may end sooner with the ending of the term of office of the council.

Procurement Policy

REFERENCE #:	02-05-002	**DATE:**	Original: Feb 13, 1996
			~~Revised: Mar 18, 2018~~
APPROVED BY:	Board of Health		Revised: Jun 26, 2019
			Revised: Nov 25, 2020
SECTION:	Policies		Revised: Jun 28, 2023
			Revised:

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.

Leadership Team

1. Ensures all staff know and follow policy directions for the procurement of goods and services.

2. Considers price, quality and timely delivery of the product or service being procured rather than only the lowest invoice price.

3. Considers the total acquisition cost.

4. 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:~~The following are excluded from this policy except for sections 4, 8 and 9 of the Procurement Policy.

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.~~x. 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.~~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~~

e.

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.~~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 - ~~$4,000~~$5,000	Executive Assistants and HR Assistants
$0 - ~~$6,000~~ - $10,000	Supervisors and Managers
$0 - $20,000 $30,000	Any Director or ~~Associate MOH or~~ Manager of Accounting Services
$0 – $60,000	~~CEO / MOH or~~ Associate MOH or Director of Corporate Services
$0 - $100,000	CEO / MOH
Greater than $~~60,000~~ $100,000	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 13, 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 ensure 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.~~g. 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.~~h. when the procurement is for parts or components to be used as replacements in support of equipment specifically designed by the manufacturer.

~~j.~~i. 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.~~ 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~~If there is evidence to support that the vendors actions or values are in stark contrast with public health, then APH reserves the right to exclude the vendor from the RFQ/RFP.

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~~ 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~~. $100,000

If the annual expenditure is expected to be greater than ~~$60,000~~ $100,000, 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~~ 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. Potential for indirect savings should also be considered when choosing a product that is environmentally friendly.

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~~ 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~~ 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 to be made within the confines of this policy: :

a. Authority to purchase goods and services through the Board of Health approved budget ~~approval~~ and delegation of purchasing authority 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.~~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~~or purchasing authority to acquire materials, parts, supplies, equipment, or services.

~~b. The Purchase Requisiton/Purchase Order is a thre (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.~~

~~d. 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 as accepted as appropriate).~~

~~e.~~

b. All quotations and correspondence from the vendor and supporting documentation (e.g., written bids, letters of justification and/or Sole Source Justification) must be maintained for a minimum of three years.~~attached by the requisitioning department to the Purchase Order when submitted to APH Accounts Payable.~~

~~f.~~c.

d. Administration reserves the right to seek additional bids from other qualified sources as it deems appropriate.

~~g.~~e.

~~h. 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.~~

~~i.~~f. Petty Cash purchases are not required to provide a Purchase Order.

11.2 Change Order – Cancellation or Modification of a Purchase Order

Changes to Purchase Orders must be amended and returned to the original approvers for review and re-approval. ~~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.~~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 o~~O~~f 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 (including account and program number) 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~~procedures for further guidance).

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~~ 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.

Continuing Education for Board Members

REFERENCE #:	02-05-035	**DATE:**	Original: Jan 20, 2010 Revised: Nov 28, 2018
APPROVED BY:	Board of Health		Reviewed: Sep 23, 2020 Reviewed: Sep 28, 2022
SECTION:	Policies		Reviewed:

POLICY:

Algoma Public Health encourages and supports board members to attend and participate in training, workshops, seminars, meetings, and conferences related to public health and governance issues.

The Medical Officer of Health / Chief Executive Officer shall bring programs, seminars or conferences relevant to the work of the board to the attention of the board. Board members may also identify learning and development opportunities designed to enhance their competence and knowledge throughout their mandate. These may include seminars or workshops sponsored by other community service groups or those sponsored by health associations or government departments.

Board members shall receive approval by the chair of the board to attend as a representative of the board and to receive financial support for expenses and remuneration. The chair of the board shall receive approval from the first chair. If they are not available, then the second chair will give approval. The member shall submit a brief written report to the board highlighting the information/ knowledge/ skills presented.

Board members, approved by the board chair for a professional development activity, shall be reimbursed for all expenses incurred as per policy 02-05-025 Board Member Remuneration

Meetings and Access to Information

REFERENCE #:	02-05-060	**DATE:**	Original: Oct 28, 2015 Revised: Mar 28, 2018
APPROVED BY:	Board of Health		Reviewed: Jun 24, 2020 Revised: Sep 28, 2022
SECTION:	Policies		Revised:

~~PREAMBLE~~PURPOSE:

As reflected in the Algoma Public Health Strategic Plan the Board of Health strongly supports the principles of accountability and transparency. This policy regarding Meetings and Access to Information instructs the board, and informs the public as to:

- how meetings of the board will be held;
- how the public can access information from board meetings;
- how information from board meetings will be disseminated;
- the terms under which a meeting or part of a meeting may be closed to the public in accordance with Section 239 of the *Municipal Act.*

POLICY:

Board of Health meetings are open to the public and the board will conduct its meetings subject to Section 239 of the Municipal Act.

The Chair of the Board of Health, in collaboration with the Medical Officer of Health/CEO, will prepare an agenda for each regular and special Board of Health meeting for distribution to the members of the Board of Health.

The chair of each committee, in collaboration with the Medical Officer of Health/CEO, will prepare an agenda for each committee meeting.

The Medical Officer of Health/CEO or designate will provide briefing notes that outline an issue, recommended course of action, alternative courses of action, background and analysis, and financial implications on matters for which the Board of Health will be required to make a decision.

At each Board of Health regular meeting, the Medical Officer of Health/Executive Officer or designate may provide the following information:

- Minutes from the previous Board of Health meeting
- Report of the Medical Officer of Health to address key issues since the last report that may include:
  - Updates on the implementation of public health programs and services
  - Updates on emerging provincial public health issues
  - Updates on community-based public health issues or actions
  - Descriptions of new or ongoing corporate initiatives
  - Information on policy and procedure issues
  - Target Indicators
  - Biannual updates on progress related to the Strategic Plan
  - Other information items of relevance to the Board of Health.

Minutes of Board of Health, Finance Committee and Governance Committee meetings will be posted on Algoma Public Health's website and emailed to each municipal clerk in Algoma Public Health's catchment area with the exception of the in-committee minutes.

Copies of board records in the possession or under the control of the secretary to the board may also be made available to members of the public and shall be processed in accordance with the General Administrative Manual (GAM) policy for information requests.

Municipal Freedom of Information and Protection of Privacy Act does not apply to a record of a meeting closed under subsection (3.1). 2006, c. 32, Sched. A, s. 103 (3) of the *Municipal Act*.

In the event that APH receives a complaint relating to a closed Board of Health meeting, APH will utilize the services of the Ombudsman Ontario as the investigator when required in accordance with s.239 of the *Municipal Act*. (reference 03-08).

The Secretary to the Board of Health will ensure that members of the media covering board meetings have access to relevant information.

In accordance with Section 239 of the *Municipal Act,* which also applies to local boards or committees of local boards, a meeting or part of a meeting may be **closed** to the public if the subject matter being considered is:

- the security of the property of the municipality or local board;
- personal matters about an identifiable individual, including municipal or local board employees;
- a proposed or pending acquisition or disposition of land by the municipality or local board;
- labour relations or employee negotiations;
- litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- a matter in respect of which a council, board, committee or other body may hold a closed meeting under another act;
- information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a crown agency of any of them;
- a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- a trade secret or scientific, technical, commercial or financial information that belongs to the municipal local board and has monetary value or potential monetary value; or
- a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

- A meeting is held for the purpose of educating or training the members, and at the meeting, no member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the council, local board or committee.
  2006, c. 32, Sched. A, s. 103 (1).

- Biannual updates related to the Accountability Agreement performance.

A meeting shall be closed to the public if the subject matter relates to the consideration of a request under the *Municipal Freedom of Information and Protection of Privacy Act* if the council, board, commission or other body is the head of an institution for the purposes of that act.
(1990, c. 25, s. 239 (3))

Before holding a meeting or part of a meeting that is to be closed to the public, a municipality or local board or committee of either of them shall state by resolution,

(a) the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting or

(b) in the case of education or training sessions, the fact of the holding of the closed meeting, the general nature of its subject-matter and that it is to be closed under article 239 subsection 3.1 of the *Municipal Act.*

Public Health
Santé publique
SUDBURY & DISTRICTS

July 8, 2024

VIA ELECTRONIC MAIL

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health
Box 12, Toronto, ON
M7A 1N3

Dear Dr. Moore:

Re: Physical Literacy for Communities: A Public Health Approach

At its meeting on May 16, 2024, the Board of Health carried the following resolution #34-24:

> *WHEREAS according to ParticipACTION's Report Card on Physical Activity for adults: only 49% of Canadian adults ages 18-79 years get at least 150 minutes of moderate to vigorous physical activity (MVPA) per week. Only 17.5% of children were getting at least 60 minutes of moderate to vigorous physical activity every day[i]; and*
>
> *WHEREAS higher levels of certain physical literacy attributes in childhood—specifically physical competence, motivation, and knowledge—were associated with increased physical activity levels in later years or during adulthood[ii]; and*
>
> *WHEREAS the Board of Health for Public Health Sudbury & Districts approved the Physical Literacy for Healthy Active Children (motion #29-22) which recognized that physical literacy sets the foundation for physical activity participation throughout life; and encouraged all area school boards, sport and recreation organizations, and early learning centres to work collaboratively to improve physical activity levels among children and youth across Sudbury and districts.*
>
> *THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorses the Physical Literacy for Communities: A Public Health Approach as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy.*

Sudbury
1300 rue Paris Street
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t: 705.522.9200
f: 705.522.5182

Elm Place
10 rue Elm Street
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t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est
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St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
800 rue Centre Street
Unit / Unité 100 C
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t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
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Mindemoya ON P0P 1S0
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Chapleau
34 rue Birch Street
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Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais
1.866.522.9200

phsd.ca

The Board of Health for Public Health Sudbury & Districts is pleased to endorse the *Physical Literacy for Communities: A Public Health Approach* as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy. The document provides ways in which public health can work with other sectors (e.g., education, sport, and recreation) toward building a physically literate community.

The document was developed based on Public Health Sudbury & Districts' experience implementing the Physical Literacy for Communities (PL4C) strategy in partnership with Active Sudbury under the guidance of Sport for Life. The *Physical Literacy for Communities: A Public Health Approach* provides recommendations that public health agencies can help to implement to support a multi-sector strategy that builds a more physically literate community.

We hope this document encourages other communities and public health units to begin or continue their journey in becoming a physically literate community.

Thank you for your attention to this important issue.

Sincerely,

René Lapierre
Chair, Board of Health

M. Mustafa Hirji, MD, MPH, FRCPC
Acting Medical Officer of Health and Chief Executive Officer

cc: Ian Culbert, Executive Director, Canadian Public Health Association
Susan Stewart, Chair, Health Promotion Ontario
Dr. Tamara Wallington, Chief Health Promotion and Environmental Health Officer, Public Health Ontario
Richard Way, Chief Executive Officer, Sport for Life
Drew Mitchell, Senior Director of Physical Literacy, Sport for Life
Association of Local Public Health Agencies
All Ontario Boards of Health

[i] ParticipACTION (2022), Pandemic-Related Challenges & Opportunities for Physical Activity. Retrieved from: https://www.participaction.com/wp-content/uploads/2022/10/Report-Card-Key-Findings.pdf

[ii] Lloyd, M., Saunders, T. J., Bremer, E., & Tremblay, M. S. (2014). Long-term importance of fundamental motor skills: A 20-year follow-up study. Adapted physical activity quarterly, 31(1), 67-78. https://doi.org/10.1123/apaq.2013-0048

August 16, 2024

To:	Kieran Moore Chief Medical Officer of Health & Assistant Deputy Minister
From:	Medical Officers of Health for the 7 Northern Ontario Local Public Health Agencies
Subject:	**Perspectives from Northern Ontario for the Public Health Funding Review**

We are writing to you as the seven local public health agencies in Northern Ontario to share some perspectives unique to the North regarding the current Public Health Funding review.

Before we outline our perspectives, we do wish to note our support of the government undertaking a funding review. It has been our perspective, and that of the local public health field, that a funding approach that enables stable and predictable funding is needed so that we can adequately plan and deliver our services.

We understand that the provincial government is quite concerned by the difference in per capita funding between local public health agencies. We agree, this is something needing to be addressed, but that the goal should not be *equal* (per capita) funding across local public health agencies, but rather *equitable* funding which accounts for the circumstances of each health unit.

The following are some equity considerations that can strengthen and improve the validity of the funding approach for public health in Northern Ontario.

For clarity, our comments are intended to relate only to the base funding grants; we do not intend to make comment on the Unorganized Territories Fund, which we believe requires its own review (we welcome the opportunity for further discussion of this at a future date).

Considerations for Funding Public Health in Ontario

1. Geography

Northern Ontario has much larger service areas than in the rest of the province. Northern Ontario spans 90% of Ontario's land mass, but has only a minority of the province's population. [1] That has major implications in terms of service delivery:

- Our staff must travel long distances to deliver service. That has implications in both transportation costs as well as opportunity costs of staff time. Inflationary pressures have exacerbated these costs.

- Given some of our communities are very remote and inaccessible by roads, travel in many cases is not just by car, but by charter flight or boat. This further increases our travel costs.[1]

- Since the populations we serve in Northern Ontario are distributed over a large area, we do not benefit from the population density that facilitates economies of scale. That means we must plan and organize a service many times over. In Northern Ontario, we have 142 municipalities plus many other communities in unorganized territories, as well as First Nations communities, If delivering a vaccination program, for example, a northern local public health agency must plan, organize, travel, set-up, and deliver clinics in many locations, taking into account the lack of public transportation in and between most northern communities. These clinics will ultimately serve fewer people and cannot take advantage of the economies of scale possible in a southern Ontario city where only 2 or 3 fixed locations might be need.

- Our rural geography impacts the nature of services we must deliver as well. For example, since much more of our populations are living in rural and remote areas as compared to the rest of the province, we are much more involved with inspecting small drinking water systems and private drinking water testing. Unlike a municipality in southern Ontario that may have a few large municipal water treatment plants that aren't inspected by local public health, northern communities have a plethora of small drinking water systems that do need regular inspections. This adds significant costs to our budgets to travel to and conduct inspections as well as to transport well water samples to the lab. As well, even where a community may be on municipally treated water, these are smaller plants befitting the size of the municipalities without large public works departments operating them. Larger municipalities enjoy economies of scale

[1] While it may be argued that the Unorganized Territories Grant accounts for serving this population, and this does not impact the broader funding approach, we highlight (1) that some fly-in/boat-in communities are organized municipalities (e.g. Moosonee), and (2) in 2008, when local public health associations were asked to account for their true costs of delivering services to unorganized territories, it was concluded that costs were 99% higher than what the Unorganized Territory Grant provided [15], and so the cost-shared budget heavily supported delivery of services to these communities. Since 2008, the Unorganized Territory Fund has increased 41.3% [15] while cumulative CPI in Ontario has increased 47.1% [16], implying that the role of cost-shared funding has increased since then, especially after accounting for population growth.

from running large plants that foster expertise and sophistication, and comparably lower maintenance costs. Most northern Ontario municipalities don't enjoy these economies of scale, resulting in more common problems and interruptions to operations, and so more involvement by public health to assess risk, monitor water quality, and issue boil water advisories, and drinking water advisories.

- Technology, which may sometimes allow bridging distance through virtual delivery of services, is often not possible in Ontario's North or is very expensive to support. In 2023, the Canadian Government-sponsored Northern Ontario Broadband Report [2] found that only 26% of Northern Ontario communities met the standard of 50% of the population of the community having 10/50 Mbps internet speed. In many communities, and particularly spaces between them, mobile phone service is also spotty. The residents we serve in Northern Ontario therefore frequently do not have the ability to be served virtually.

2. Breadth, Diversity, and Complexity of Populations and Partners

The vast land area of the North also brings with it greater diversity in a few different dimensions:

- The North has 32% (142/444) of Ontario municipalities, but only 20.5% (7/34) of Ontario's health units.
- The North has 107 of the 134 First Nations Communities in Ontario (80%), and 78% of the on reserve population in Ontario (recognizing that the Census is an undercount of Indigenous population, so these numbers may underrepresent the true number). [3] Alongside these populations are Band Councils and Indigenous organizations with whom we engage to ensure we can provide services in a way that is welcome and meaningful, while navigating complex jurisdictional ambiguity.
- People in the North have much lower socio-economic standing. Between 2009 and 2018 Northern Ontario had an annual average of GDP growth [1] of 0.1% compared to 1.7% for Ontario as a whole [4]. Other social determinants of health track similarly in Northern Ontario, and so health outcomes are worse. For example, in 2021 if looking at Mortality from Avoidable Causes [5], the Northern health units had an average avoidable mortality of 323 deaths per 100,000 versus 204 for the rest of Ontario. In fact, the seven Northern health units rank in the top 8 health units for avoidable mortality, and occupy all of the top six positions. Worse social determinants of health put a greater burden on Northern local

public health agencies in terms of the number of clients needing our intervention, and the efforts we need to invest per person to mitigate inequities.

- For Indigenous populations in particular, in Ontario the median income for First Nations people living on reserve is $32,400, $44,000 for those living off reserve, and $50,400 for non-Indigenous people. [6] Similarly, “Low income” status is more prevalent among Indigenous people who live on reserve (33.7%) and off reserve (16.9%) compared to non-Indigenous people (9.9%). [7] With 78% of the on reserve Indigenous population of Ontario, this is a significant pressure on Northern local public health budgets.

- Northern Ontario has disproportionately more Francophones and French Designated Areas (Figure 1), legally obligating more resources be devoted to translation and to ensuring provision of French-language services. Public Health must also engage with Francophone communities and organizations who are numerous across the large Northern geography.

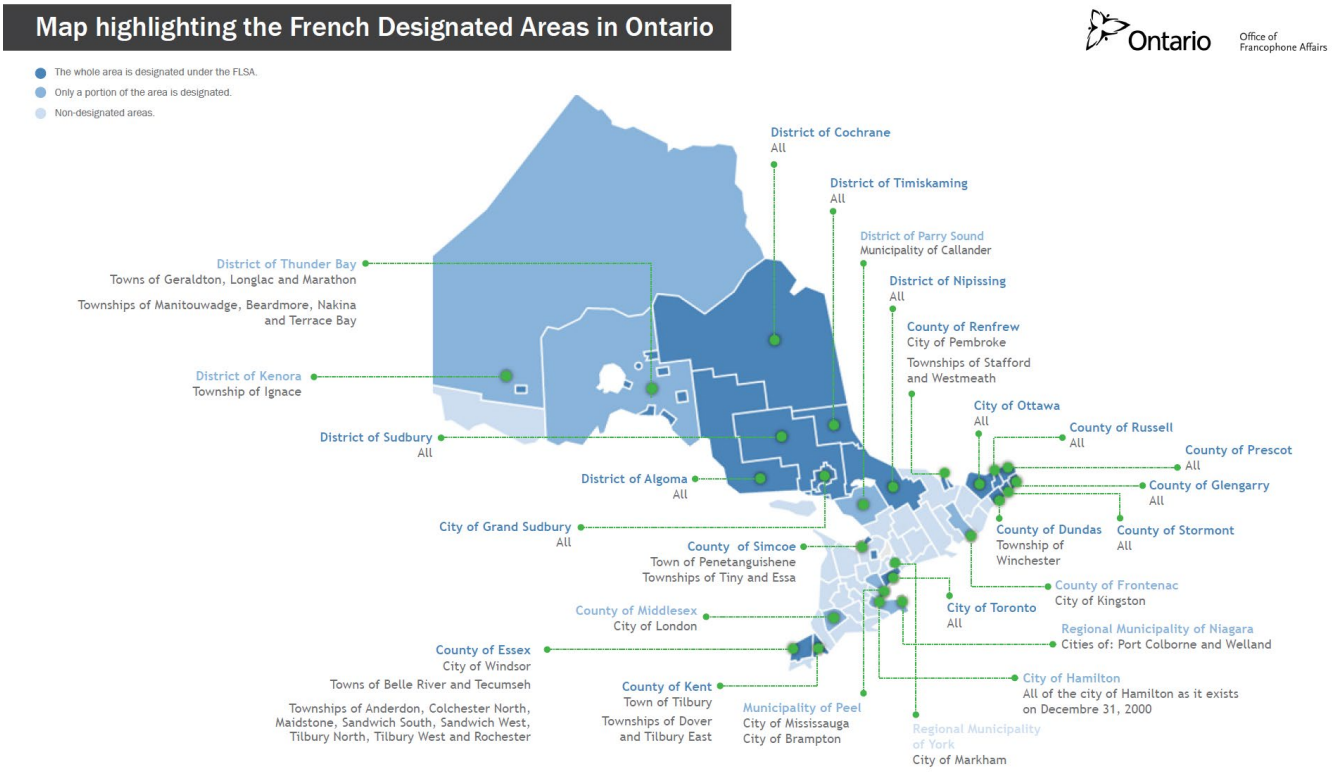

Figure 1. Designated French Language Areas in Ontario. [8]

The implication of this breadth and diversity of our populations and our partners is that it multiplies our workload: we have more municipal, Indigenous, and other partners with whom to engage; and we must meet people where they are with respect to language, Indigenous status, and social determinants of health, and invest in mitigating these. These are challenges not experienced as acutely in other parts of the province.

In addition, when attempting to work upstream, the complex patchwork of partners, many of whom are not well-funded, pose challenges to building coherent coalitions to advance advocacy or policy change for improvement of upstream health determinants.

3. Health Care Gaps

Northern Ontario is unfortunately lacking in health and dental care capacity. According to Ontario's Health Care Experience Survey for December 2019 (most recent results available) [9], 6.7% of Ontarians lacked a primary care provider, but that increased to 11.7% of residents of the North West LHIN and 11.8% of the North East LHIN. The Northern Sub-region reached as high as 29.0% of residents lacking a primary care provider.

In part, this is a function of primary care providers delivering acute care in much of Northern Ontario. In the North, family physicians routinely cover emergency departments, handle most obstetrics, are the primary surgical assists, and support long-term care, often working at multiple sites in a week.

It often falls to local public health to fill the gaps in primary care. For example, looking at the Fall 2023/24 COVID-19 vaccination program, pharmacies did not have the capacity to provide vaccinations in the North to the extent they did in the rest of the province (44.7% of vaccinations delivered by pharmacies in the North compared to 73.9% of vaccinations province-wide). Northern Public health units filled that gap, delivering 43.2% of COVID-19 vaccinations as compared to 15.7% Ontario-wide. Indeed, the six public health units with the lowest pharmacy delivery were all in Northern Ontario, and all 7 Northern Ontario PHUs were in the bottom 10 PHUs for pharmacy share of COVID-19 vaccinations. Despite the lack of pharmacy participation, Northern local public health agencies achieved above average vaccination coverage (17.9% to provincial average of 15.8%) through our efforts.

Table 1 Fall 2023/24 COVID-19 Vaccination Delivery [10] [11]

Public Health Unit	Proportion of Vaccines Delivered by Pharmacy	Proportion of Vaccines Delivered by Primary Care	Proportion of Vaccines Delivered by Public Health	Coverage Achieved
Ontario	73.9%	4.4%	15.7%	15.8%
Northern PHUs	44.7%	5.4%	43.2%	17.9%
Porcupine	21.2%	2.2%	66.0%	13.3%
Northwestern	16.2%	3.4%	71.8%	17.0%
Timiskaming	24.0%	12.3%	57.9%	17.2%
Algoma	65.4%	10.0%	18.6%	19.6%
Thunder Bay District	39.7%	8.5%	44.2%	19.9%
North Bay Parry Sound	48.8%	2.0%	43.8%	19.2%
Sudbury & Districts	54.8%	2.6%	36.9%	17.1%

Similar gaps in in primary health care capacity impact other program areas such as child health programming, sexual health programming, infectious disease programming, and rabies post-exposure prophylaxis.

Gaps in primary care can also increase rapidly with the closure of a single clinic or provider group. For example, in 2024, Sault Ste Marie experienced a dramatic announcement that 10,000 patients (8% of the entire health unit's population) would be de-rostered from their primary healthcare provider due to one provider group having difficulty recruiting primary care providers to replace retirements. [12]

There is also a lack of specialists in the North. Ontario's Health Care Experience Survey [9] shows that 65.2% of Ontarians must wait longer than 30 days for specialist care. However, that increases to 72.3% of residents in the North West LHIN and 73.8% of those in the North East LHIN. These specialist care gaps create particular challenges for public health follow-up. For example, in the follow-up and care of tuberculosis clients or syphilis infections, both of which have increased in incidence since the pandemic, most Northern communities do not have infectious disease specialists to oversee care, and primary care providers lack experience with these diseases. It falls on public health, who has some expertise from following all cases of these infections, to guide the health care system in care of such clients. This is not the norm in the rest of Ontario where greater clinical expertise exists.

4. Municipal Capacity

Just as local public health agencies struggle with the lack of economies of scale when delivering services to rural and remote populations, it should be observed that municipalities experience these same challenges with their services. Adding in the relatively lower economic opportunities in the North, Northern municipalities therefore have property tax bases that are very stretched. This makes it comparatively difficult for them to contribute to cost-shared funding of local public health. This should be considered in the obligation placed on municipalities in a new funding approach.

We believe all of the above make it more costly to deliver local public health in Northern Ontario, and that needs to be taken into account in the new funding approach.

We also wish to make a couple of comments on measures and metrics which may seem sensible to apply in the funding approach, but which have weaknesses when used for Northern geographies.

Caution on Applying Measures in Northern Ontario

1. Census Undercounting of Indigenous Populations

It is known that many Indigenous people do not complete the Canadian Census, and so the Census's counts for Indigenous population are significant undercounts throughout Northern Ontario. [12]

For example, the Health Counts Kenora project (Our Health Counts - WNHAC) used a respondent driven sampling approach and demonstrated that 76.9% of Indigenous people in the City of Kenora did not complete the 2016 census [7]. Using a conservative approach, "the Canadian Census undercounts Indigenous adults and children living in Kenora by at least 2.6 to 4.0 times." The 2016 Canadian Census reports that 3,155 Indigenous people lived in the City of Kenora; the 2021 Census reported 3,595. Both Thunder Bay and Timmins have also conducted similar counts and found significant undercounts.

As a population known to experience disproportionate health inequities, it is important that any new funding approach factor in the undercount of Indigenous peoples in the Census, and that this undercount is of a population that deserves disproportionate public health resources invested to address their health inequities.

In particular, as a new funding approach attempts to account better for population growth over time, it needs to be addressed that Northern Ontario is seeing significant growth in populations not well captured by the Census, such as Indigenous, anabaptist, and newcomer populations.

2. Inapplicability of ON-Marg in low population areas

The Ontario Marginalization Index is based on analysis at the Census dissemination area. Unfortunately, for much of Northern Ontario, there isn't sufficient population to have data for dissemination areas. For example, in Northwestern health unit, of 229 constituent dissemination areas, 101 (44%) have no data. Therefore, these areas are ignored in ON-Marg calculations. These areas that are excluded from ON-Marg calculations have many First Nation communities with low socioeconomic status and high deprivation, and so their exclusion has the impact of skewing ON-Marg metrics for Northern Ontario to appear less marginalized than is the reality.

Where dissemination areas do have data, that data is not always reliable. For example, on First Nations communities, the Low Income Measure input to ON-Marg has a flag of caution on interpretation, which means that the material deprivation dimension of ON-Marg should similarly be used in caution when looking at First Nations communities. The Northern public health units share land with 107 of the 134 First Nation communities in Ontario.

We appreciate that designing a funding approach for a diverse and complex group of local public health agencies is no easy task.

At its core, our fundamental message is that if a funding approach is to truly advance health outcomes and health equity across the province, health equity must be foundational in its design, and not be simply a variable included amongst many others. Metrics like per capita funding are attractive for their simplicity and ease of understanding. But that clarity in fact masks the complexities of serving Ontarians who are not uniform statistical units, but who live within diverse social contexts defined by countless inequities. We seek a funding approach that delivers not *equal* per capital funding, but *equitable* per capital funding.

We thank you for the consideration of the issues raised in this letter as you undertake the challenge of developing an *equitable* funding approach.

We would be very pleased to meet in the near future to discuss our perspectives further, and how we can support your team as the funding review proceeds.

And we look forward to there being an opportunity to review a funding proposal in the coming months before a final version is submitted for government approval.

Sincerely,

Lianne Catton (Aug 21, 2024 09:39 EDT)

Lianne Catton
Medical Officer of Health & CEO, Porcupine Health Unit

Glenn Corneil (Aug 19, 2024 08:59 EDT)

Glenn Corneil
Acting Medical Officer of Health & CEO, Timiskaming Health Unit

Janet DeMille
Medical Officer of Health & CEO, Thunder Bay District Health Unit

M. Mustafa Hirji
Acting Medical Officer of Health & CEO, Public Health Sudbury & Districts

John Tuinema (Aug 16, 2024 19:11 EDT)

Kit Ngan Young Hoon
Medical Officer of Health, Northwestern Health Unit

John Tuinema
Acting Medical Officer of Health & CEO, Algoma Public Health

Carol Zimbalatti (Aug 17, 2024 16:33 EDT)

Carol Zimbalatti
Medical Officer of Health & EO, North Bay Parry Sound District Health Unit

CC:

Liz Walker, Executive Lead, Office of the Chief Medical Officer of Health
Colleen Kiel, Director , Public Health Strategic Policy, Planning and Communications Branch
Brent Feeney, Director , Accountability and Liaison Branch
Fiona Kouyoumdjian, Associate Chief Medical Officer of Health
Wajid Ahmed, Associate Chief Medical Officer of Health

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BOARD OF HEALTH

MOTION:	Northern MOH Letter on Funding Review
DATE:	September 25, 2024
MOTION MOVED BY:	
SECONDED BY:	

Whereas the Office of the Chief Medical Officer of Health and the Ministry of Health is undertaking a review of the funding approach for local public health agencies; and

Whereas residents of Northern Ontario in general have poorer health outcomes compared to their southern counterparts, including a more than 50% higher average avoidable mortality rate in Northern Ontario[1], and a 64% higher avoidable mortality rate in Algoma specifically[2]; and

Whereas the *Perspectives from Northern Ontario on the Public Health Funding Review* letter outlines many of the equity considerations related to the funding approach for local public health agencies in northern Ontario;

Therefore Be It Resolved that the Board of Health for Algoma Public Health endorses the aforementioned letter; and

Further That the letter be shared with:

- local municipalities
- district Members of the Provincial Parliament
- alPHa
- Northern Health Units
- Dr. Kieran Moore, Chief Medical Officer of Health & Assistant Deputy Minister
- Liz Walker, Executive Lead, Office of the Chief Medical Officer of Health
- Colleen Kiel, Director, Public Health Strategic Policy, Planning and Communications Branch
- Brent Feeney, Director, Accountability and Liaison Branch
- Fiona Kouyoumdjian, Associate Chief Medical Officer of Health
- Wajid Ahmed, Associate Chief Medical Officer of Health

Motion: Carried ☐ Defeated ☐

[1] Public Health Ontario, "Potentially Avoidable Mortality Health Equity Snapshot," [Online]. Available: https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Avoidable-Mortality-Health-Inequities. [Accessed 29 July 2024].

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Recorded Vote:

Deborah Graystone	:	In Favour ☐	Opposed ☐
Sally Hagaman	:	In Favour ☐	Opposed ☐
Julila Hemphill	:	In Favour ☐	Opposed ☐
Donald McConnell	:	In Favour ☐	Opposed ☐
Luc Morrissette	:	In Favour ☐	Opposed ☐
Loretta O'Neill	:	In Favour ☐	Opposed ☐
Matthew Shoemaker	:	In Favour ☐	Opposed ☐
Sonia Tassone	:	In Favour ☐	Opposed ☐
Suzanne Trivers	:	In Favour ☐	Opposed ☐
Jody Wildman	:	In Favour ☐	Opposed ☐

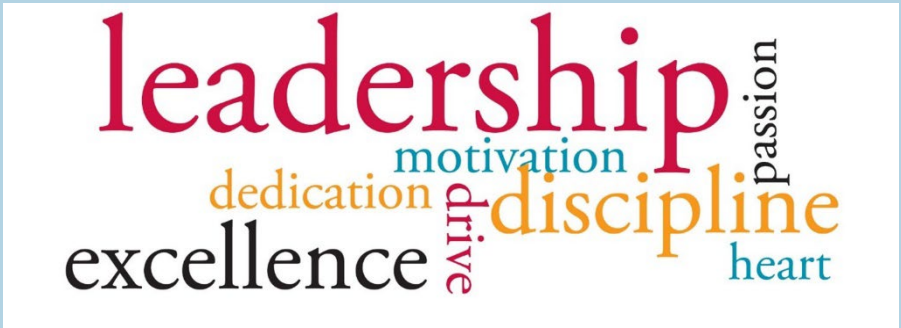
PLEASE ROUTE TO:
All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

September 16, 2024

September 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 Chair - September 2024



Greetings Public Health Leader Colleagues!

I am pleased to introduce the September 2024 edition of *InfoBreak*, alPHa members' shareable key public health information portal. Many alPHa members use this as a

regular part of their local meeting packages as updates for their boards of health and for their executive leadership teams.

Although public health work never rests, I trust you had the opportunity to take time to enjoy, refresh and rejuvenate over the summer months. Indeed, it has been a busy summer for alPHa, and I appreciate the contributions of the volunteers and staff alike.

The recently held Association of Municipalities of Ontario (AMO) AGM and Conference had nearly 3,000 attendees in Ottawa from August 17-21, 2024. It presented a tremendous opportunity to profile alPHa, the importance of local public health and our association's public policy positions. As your Chair, I participated in a panel entitled *Strengthening Public Health* along with Dr. Robert Kyle, Durham Region Public Health; Warden Bonnie Clarke, Peterborough Public Health; and Mayor Jan O'Neill, Hastings Prince Edward Public Health. The panel discussed the need more than ever for a strong, sustainable public health system to continuously improve health outcomes for people and communities. Each panelist spoke about their experiences, and shared perspectives about the past, present and future of public health in Ontario. I spoke to the need for increased and stable resources, the importance of partnerships and a concerted systemic effort on the part of municipal governments, the province and local public health agencies. On behalf of alPHa, I also emphasized the need for increased, sustainable funding to properly implement public health's legislative requirements and to support local public health to target their local public health needs. The many attendees were actively engaged in the subsequent Q & A session moderated by alPHa's Chief Executive Officer, Loretta Ryan. The presentations from the session can be accessed here.

AMO's 125th AGM provided the opportunity for many of us to be involved in delegations through our municipalities, and other affiliations with Ontario's Cabinet Ministers. I was pleased to be joined by BOH Section Chair, René Lapierre, COMOH Section Chair, Lianne Catton, the Affiliate Representative on the alPHa Executive Committee, Cynthia St. John, Durham Region Commissioner, Dr. Robert Kyle, and Chief Executive Officer, Loretta Ryan, in a meeting with the Ontario Medical Association (OMA). The alPHa Executive and OMA are committed to continue to meet regularly throughout the year.

During the conference, the province made an announcement that significantly impacts the longevity of safe consumption sites in Ontario. alPHa's response can be found here.

These events were also a time to reacquaint with and meet municipal leadership who support the work of public health, including those who serve on their local boards of health. Thank you to the members who let us know that they used alPHa resources to help prepare their key messages in their delegations with Cabinet Ministers, and their encounters with colleagues. Please refer to the Summer 2024 issue of *Information Break* for a list of resources provided to members to ensure they had the information they needed to make the most out of the conference.

While at the AMO events, I had the opportunity to speak to several elected officials who are local board of health members. When they expressed their desire to ensure good governance and to best support the work of local public health, I was pleased to direct them to the Board of Health Shared Resources which is a collection of best practices, protocols and policies on the alPHa website, as well as to alPHa's training courses on BOH Governance, and on the Social Determinants of Health. alPHa's goal is to support its membership and is always interested in what you have to share. To do so, please contact Loretta Ryan loretta@alphaweb.org.

The 2024-2025 alPHa Board of Directors, its Executive Committee, BOH Section Executive Committee, COMOH Section Executive Committee, and the Affiliates, along with the alPHa staff, have a clear path moving forward, guided by alPHa's 2024-2027 Strategic Plan, adopted resolutions and the required policy updates and revisions to ensure full legal compliance with Ontario's *Not-for-Profit Corporations Act, 2010* (ONCA).

The alPHa Board of Directors are working tirelessly, and collectively on your behalf, advancing the cause of a resilient, sufficiently resourced, local public health system. They continue to provide recommendations and advice in the review of the Ontario Public Health Standards and public health funding to ensure a strengthened public health system. I am grateful for their volunteer time, commitment, and leadership. As the Chair of the alPHa Board of Directors, I am enthusiastic to be working for you, with this exceptional volunteer board of public health leaders, and the continuous support of alPHa's Chief Executive Officer Loretta Ryan and her staff.

Looking forward to touching base in October!

Trudy

Trudy Sachowski

Chair, alPHa Board of Directors

2024 Association of Municipalities of Ontario (AMO) Conference recap

From August 18 - 21, more than 3,300 municipal leaders, government officials, public servants, sponsors, exhibitors, and media gathered in the City of Ottawa to take part in the 2024 AMO Conference. This was the largest number of conference participants ever. Educational programming included an array of subject matter experts on a range of issues. AMO is providing access to concurrent session presentations which can be viewed here.

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

Registration is now open for the online 2024 Fall Symposium, Section Meetings, and Workshops that are taking place November 6th-8th! These events will discuss a variety of issues of key importance to public health leaders and you won't want to miss out.

On Friday, November 8th, from 8:30 a.m. to 4:30 p.m., there is an exciting lineup of Symposium and Boards of Health Section meeting speakers and topics.

In conjunction with the Symposium and Section meetings, we are holding two workshops. The first one, *Artificial Intelligence (AI) and Public Health*, is on Wednesday, November 6th, from 9 a.m. to 4:30 p.m. The workshop objectives are: to assist alPHa members in improving understanding of artificial intelligence and public health; to achieve a shared understanding of the risks and benefits of artificial intelligence in LPHAs, and to learn from academic, government, and industry leaders in artificial intelligence.

On the afternoon of Thursday, November 7th, from 1 p.m. to 4:30 p.m., we will hold the second workshop with the Canadian Centre on Substance Use and Addiction. This workshop, titled *Working for a future with less alcohol harms in Ontario: Public Health's Role*, will provide an opportunity for participants to understand the partnerships, body of work and evidence underpinning Canada's Guidance on Alcohol and Health (CGAH). Breakout sessions will provide opportunities to discuss how it serves as a key tool across sectors to guide health promotion activities, and inform the work of health care providers and policy development.

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

The event flyer can be accessed by clicking here. Please keep your eyes on the main Symposium webpage for regular updates including program and agendas for the Symposium, BOH Section Meeting, and workshops.

Registration is for alPHa members only, (please note, you do not need to create an account on the alPHa website in order to register for the event) and the cost is $399+HST (and is inclusive of the Symposium, Workshops, and Section Meeting. You also only need to register once to attend all of the events). The closing date to register is **Wednesday, October 30, 2024**. Cancellations and substitutions are permitted until

October 30. Cancellations are subject to a $50 processing fee and must be received by October 30. No refunds will be issued after that date.

Please note, the best way to pay for your registration is via credit card or Electronic Fund Transfer (EFT). If it is not possible to pay via credit card or EFT, cheques may be sent to:

Association of Local Public Health Agencies
PO Box 73510, RPO Wychwood
Toronto, Ont.
M6C 4A7

If you have any questions regarding these events, please contact alPHa Staff at: info@alphaweb.org.

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

Fall Symposium 2024: Lights, camera, action!

As part of the alPHa Fall 2024 Symposium that is taking place on November 8, there is an opportunity before the official program gets underway and during the breaks to showcase recent videos from public health units from across the province.

Has your PHU posted a short public health video on your website or YouTube that you would like to share with symposium attendees? The Symposium is an opportunity to showcase and share your communications work on key public health issues!

Here's how to submit:

- Send the title and link to your PHU's video(s) to info@alphaweb.org
- Send only the URL(s) and do not send any video files.
- YouTube videos are preferred.
- Clips can be live-action or animated.
- Videos should be short and can be no longer than five minutes in length.
- Clips should be recently recorded (2024)/stand the test of time from when the videos were recorded.
- Variety is welcome as we would like to cover a range of public health topics.
- Videos must be from your PHU and not from another organization.

Need some ideas? Here's a classic from Eastern Ontario Health Unit: Hand Hygiene: Germy the Germ Gets Washed Away https://www.youtube.com/watch?v=V7LUOFKEShU

The deadline to submit information on your video clip is 4 p.m. on Wednesday, October 30. We look forward to receiving your submissions!

Calling all Executive Assistants/Administrative Assistants!

alPHa is excited to announce that registration has opened for the Executive Assistant/Administrative Assistant Fall Virtual Workshop! This event will be held on Tuesday, November 5 from 1 p.m.-4 p.m., and is an opportunity to connect with colleagues from across Ontario, share ideas, and enhance your skills. The cost is $149+HST and the final day to register is **Wednesday, October 30, 2024**.

The workshop has three sessions and will cover Artificial Intelligence, Board of Health Governance, and Substance Use and Addiction.

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

Please note, you do not need to create an account on the alPHa website in order to register for the workshop. However, you must be an Executive Assistant/Administrative Assistant to a medical officer of health/board of health at a health unit to participate. Cancellations and substitutions are permitted until October 30. Cancellations are subject to a $50 processing fee. No refunds will be issued after that date. The best way to pay for your registration is via credit card or Electronic Fund Transfer (EFT). If it is not possible to pay via credit card or EFT, cheques may be sent to:

Association of Local Public Health Agencies
PO Box 73510, RPO Wychwood
Toronto, Ont.
M6C 4A7

If you have any questions regarding these events, please contact alPHa Staff at: info@alphaweb.org.

We hope to see you online November 5!

Ontario Public Health Directory

The *Ontario Public Health Directory* has been updated and is available on the alPHa website. Please ensure you have the latest version, which has been dated as of **July 29, 2024**. To view the file, log into the alPHa website.

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 Canadian Centre on Substance Use and Addiction
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview (for Provincial Appointees to BOH)
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit
- Map: Boards of Health Types
- NCCHPP Report: Profile of Ontario's Public Health System (2021)
- The Municipal Role of Public Health(2022 U of T Report)
- Boards of Health and Ontario Not-for-Profit Corporations Act

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Affiliates update

Affiliates

Association of Local Public Health Agencies

Association of Public Health Epidemiologists in Ontario

Spotlight on Timiskaming's Wildfire-Related Air Quality Monitoring

Timiskaming Health Unit developed enhanced air quality monitoring after wildfire smoke experiences. This innovative approach includes community partners hosting local air quality sensors, enabling the health unit to provide online updates including: current risk level with recommended actions, a map of daily air quality readings, upcoming smoke level predictions, and a map of any local wildfires.

This initiative exemplifies how local data partnerships can arise to meet the needs of our public health communities. It also has the potential to be replicated in other regions concerned about the health impacts of wildfire smoke.

OPHNL
Leading the Way for Public Health Nursing

In the spring of 2024, OPHNL launched the 2024-2027 Ontario Association for Public Health Nursing Leaders Strategic Plan. High level priorities for the Association include: (1) Advancing Public Health Nursing; (2) Providing Meaningful Opportunities for Public Health Nursing Leaders, and (3) Strengthening the Voice of Public Health Nursing Leaders. OPHNL has engaged with members to establish three work groups that will address priority work outlined in the strategic plan. An update from each established work group will be provided at the 2024 Fall OPHNL AGM to be held on November 28, 2024.

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.

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alPHa Workplace Health and Wellness: GenWell

alPHa is working with Genwell to augment our Workplace Health and Wellness resources. GenWell, Canada's Human Connection Movement, is on a mission to educate, empower, and inspire 40 million Canadians to become more intentional about their social connections and social health. By doing so, we can positively impact our mental, physical and societal well-being. GenWell Weekend is the perfect excuse, reminder and catalyst for us all to be part of the solution to the disconnected world, whether you need it or for the benefit of someone you connect with. Set your intention today at www.GenWellWeekend.org.

BrokerLink Insurance

Enjoy exclusive discounts with BrokerLink on home and auto insurance as a member of alPHa. Bundle your home and auto policies to be eligible for additional savings. Visit BrokerLink.ca/alPHa to learn more.

Job postings

Below is a list of health units in Ontario that are currently hiring. For more information, and to view all of the postings, please click here.

- Hamilton - Project Manager - Continuous Improvement - Application deadline: Sept. 25, 2024
- KFL&A - Corporate Manager, IT/IM - Application deadline: Sept. 19, 2024
- Toronto - Medical Officer of Health - Application deadline: Sept. 27, 2024
- Algoma - Public Health Inspector - Application deadline: Open until filled

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alPHa Correspondence

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

- Heritage Response - A24-03, Alcohol Strategy (Ads)
- alPHa Letter - HART Hubs

Public Health Ontario

Public Health Ontario | Santé publique Ontario

Measles Resources

- At A Glance: Measles: Post-Exposure Prophylaxis for Contacts

- Measles IPAC Checklist for Clinics and Specimen Collection Centres

Additional Resources

- Ontario Tobacco, Vaping & Cannabis By-law Summary – 2024
- Infection Prevention and Control (IPAC) Risks Posed by Piercing Guns and Devices
- Use of Piercing Devices in Canada and Select International Jurisdictions
- Moving Towards Surveillance of Health Impacts of Climate Change
- Test Strips for Drug Checking

Routine Surveillance Reports

- Mpox in Ontario
- Measles in Ontario
- SARS-CoV-2 Genomic Surveillance in Ontario
- Ontario Respiratory Virus Tool
- Respiratory Syncytial Virus Genomic Surveillance in Ontario

Events

Be sure to keep an eye on our Events page for upcoming PHO events.

- Sept 17: PHO Rounds: A Review of the Current Global Mpox Situation and the Public Health Approach to the Increase in Cases in Ontario
- Oct 1: PHO Rounds: AI Technologies in Public Health Part 1: The Automated Opioid News Event-based Surveillance (AONES) Project
- Oct 3: PHO Rounds: Respiratory Season 2024-25, Part 1:Surveillance & Testing

Recent Presentations

- PHO Rounds: Launching the Novel "Torpedo" Surveillance Method for Avian Influenza Viruses in Wetlands
- Public Health Perspective on Supporting Infant and Early Mental Health Promotion
- PHO Rounds: Towards a Weight Inclusive Approach in Public Health
- PHO Rounds: Improving Mental Healthcare for Black Youth

Upcoming DLSPH Events and Webinars

Dalla Lana School of Public Health

- CANSSI Ontario STatistics Seminar (CAST): Michael Mina (Sept. 23)
- Indigenizing Health Symposium (Sept. 25-26)
- Canada's Social Prescribing Conference, Advancing Social Prescribing for Health & Wellbeing (Sept. 26-27)
- 2024 Adaptive Platform Trials Scientific Meeting (Oct. 3)
- 2nd Canadian Symposium on Long COVID (Oct. 3-4)
- Lung Cancer Screening in G7 Cancer Countries: challenges and lessons (Oct. 10)
- Climate, Health & Sustainable Care Inaugural Symposium (Oct. 22)

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alPHa's Strategic Plan

alPHa's 2024-2027 Strategic Plan is available here.

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alPHa's mailing address

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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.

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Standing Senate Committee on National Finance
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July 24, 2024

Re: Support for Bills S-233 and C-223 "*An Act to develop a national framework for a guaranteed livable basic income*"

Dear Prime Minster, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, and National Finance Committee:

The Middlesex-London Board of Health supports a guaranteed livable basic income as a policy option for reducing poverty, income insecurity, and food insecurity and for providing opportunities for people with lower incomes. As such, we urge your support of Bills S-233 and C-223 "*An Act to develop a national framework for a guaranteed livable basic income*", currently being considered by the Standing Senate Committee on National Finance and in the process of the second reading in the House of Commons.

- Poverty, income insecurity, and household food insecurity have significant impacts on health and well-being.
- Income has a strong impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels [1].
- Income increases access to other social determinants of health (e.g., education, food, housing)[1].
- Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions, and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia)[2-4].
- Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress[5-12].

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- Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills[13-15].

A guaranteed livable basic income has the potential to reduce health inequities and positively impact many determinants of health (e.g., income, unemployment and job insecurity, food insecurity, housing, and early childhood development). Evidence suggests that basic income positively impacts health and wellbeing[16,17]. Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were taken into account[18]. In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians[18] and positively impacts childhood health outcomes (e.g., birth weight, mental health)[19].

In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021[20]. In our community in 2021, 16.6% of London households with or without children (89,030 people) were low income based on the Census Family Low Income Measure (CFLIM-AT)[21]. Approximately one in five Middlesex-London residents (18.8%) live in a food insecure household, which represents just over 85,500 residents [22,23].

The Middlesex-London Health Unit conducts the Nutritious Food Basket survey annually to monitor the affordability of food in London and Middlesex County. The 2023 results demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs[24].

Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.

Yours truly,

Matt Newton-Reid
Chair, Middlesex-London Board of Health

cc:
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Ontario Boards of Health

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July 9, 2024

Township of The Archipelago
9 James Street,
Parry Sound, ON
P2A 1T4

RE: Public Health Ontario proposes phasing out free water testing for private wells

Dear Township of The Archipelago,

At their meeting on June 19, 2024, Council for the Township of St. Joseph passed resolution #2024-161 supporting Township of The Archipelago's resolution that the Province reconsider and ultimately decide against the proposed phasing-out of free private drinking water testing services.

The Ontario Auditor General's annual report on public health from December 2023 indicates that Public Health Ontario is proposing the phasing-out of free provincial water testing services for private drinking water. Free private drinking water testing services has played a pivotal role in safeguarding public health, particularly in rural communities, including many rural residences in The Township of St. Joseph, that rely predominantly on private drinking water.

The Township of St. Joseph is concerned that the removal of free private drinking water testing could lead to a reduction in testing, potentially increasing the risk of waterborne diseases in these vulnerable populations.
The tragic events in Walkerton, Ontario underscored the critical importance of safe drinking water.

We appreciate your attention to this important issue.

Respectfully,

Amanda Richardson
Clerk Administrator
cc
Minister of Environment Conservation and Parks, Minister of Health, Algoma Public Health, MPP Michael Mantha