



October 23, 2024

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

Meeting Book - October 23, 2024, Board of Health Meeting

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15. Adjournment

Board of Health Meeting

AGENDA

Wednesday, October 23, 2024 - 5:00 pm
SSM Algoma Community Room | Videoconference

BOARD MEMBERS

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

APH MEMBERS

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

GUESTS: Hilary Gordon - Manager of School Health & Community Wellness, Karen Hooey - PHN, Community Wellness, Jennifer Miller - PHN, Community Wellness

- 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 October 23, 2024 be approved as presented.

- 3.0 Delegations / Presentations** *K. Hooey /
J. Miller*
- a. Harm Reduction

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

RESOLUTION

THAT the Board of Health meeting minutes dated September 25, 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

MOH Report - October 2024

- Immunization of Children in Schools

RESOLUTION

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

- b. Finance and Audit

- i. Chair Report for the October 16, 2024, Finance and Audit Committee Meeting.

L. Morrisette

RESOLUTION

THAT the Board of Health accepts the Chair Report for the Finance and Audit Committee Meeting as presented.

ii. **Unaudited Financial Statements ending August 31, 2024**

L. Morrisette

RESOLUTION

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

c. **Governance**

Policy 02-05-002 - Procurement - Addendum

D. McConnell

RESOLUTION

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

7.0 New Business/General Business

S. Hagman

8.0 Correspondence - requiring action

S. Hagman

9.0 Correspondence - for information

a. alPHa Information Break - October 2024

S. Hagman

b. Letter from Public Health Sudbury and District to the Minister of Health regarding maintaining publicly-funded drinking water testing dated October 16, 2024.

10.0 Addendum

S. Hagman

a. **Policy 02-05-002 - Procurement**

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, November 6, 2024 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Governance Committee Meeting

Wednesday, November 20, 2024 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Board of Health

Wednesday, November 27, 2024 @ 5:00 pm
SSM Algoma Community Room | Video Conference

RESOLUTION

THAT the Board of Health meeting adjourns.

Harm Reduction

Presenters: Jennifer Miller and Karen Hooey

Date: October 23, 2024

Overview

Opioid/Toxic
Drug
portfolio

Naloxone
and Harm
Reduction

Next Steps

Strategic Directions



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



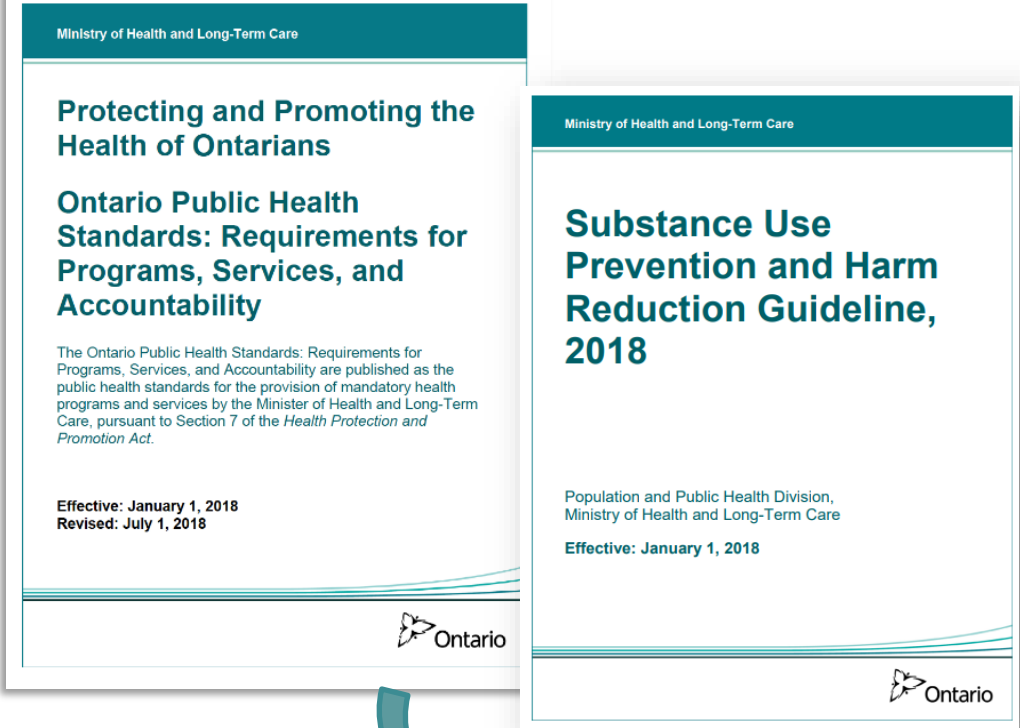
Improve the impact and effectiveness of Algoma Public Health programs.



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

PUBLIC HEALTH

Ontario Public Health Standards



Substance Use and Injury Prevention

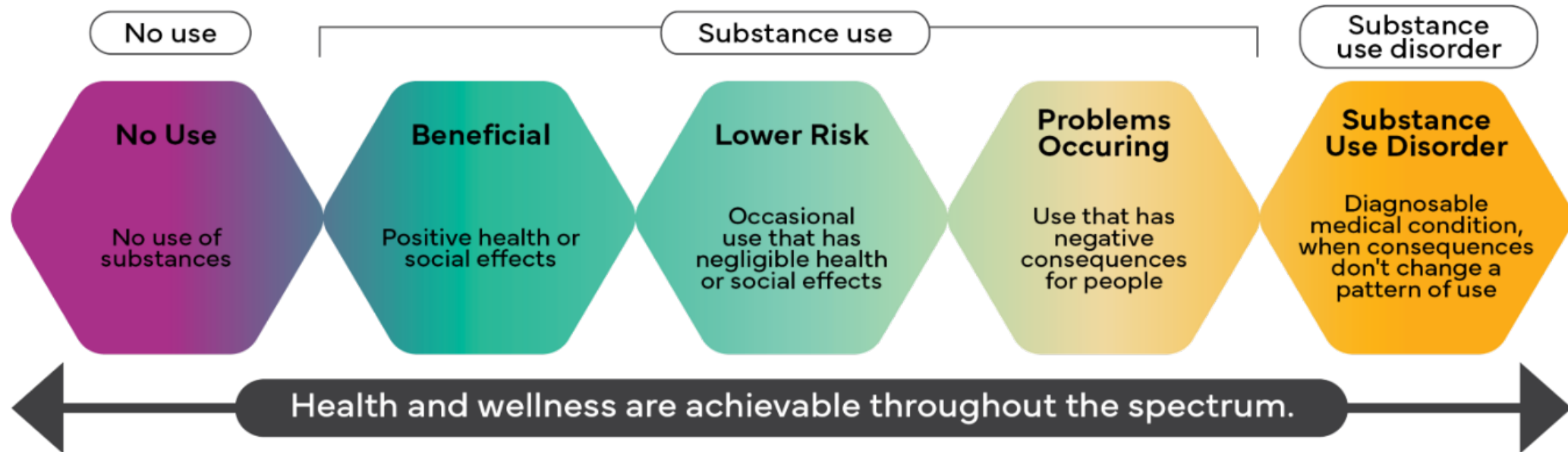
Goal

To reduce the burden of preventable injuries and substance¹⁹ use.

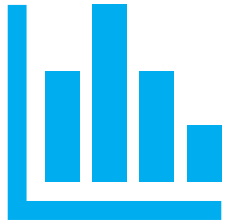
Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services for preventing injuries, preventing substance use, and reducing harms²⁰ associated with substance use.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with the prevention of injuries, preventing substance use, and reducing harms associated with substance use.
- Priority populations and health inequities related to injuries and substance use have been identified and relevant data have been communicated to community partners.
- There is a reduction in population health inequities related to injuries and substance use.
- Community partners are aware of healthy behaviours associated with the prevention of injuries and substance use, which includes reducing the harms associated with substance use.
- Community partners have knowledge of and increased capacity to act on the factors associated with the prevention of injuries, including healthy living behaviours, healthy public policy, and creating supportive environments.
- Community partners have knowledge of and increased capacity to act on the factors associated with preventing substance use, and reducing harms associated with substance use, including healthy living behaviours and developing personal skills, healthy public policy, and creating supportive environments.

Harm Reduction

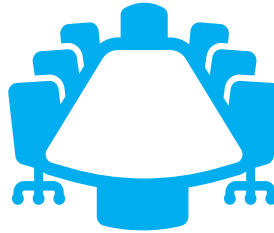


The Public Health Approach



Surveillance

Data & Planning



Community Engagement

Training & Support



Harm Reduction

Prevention and Education

Community Health Profile

Algoma's Community Health Profile

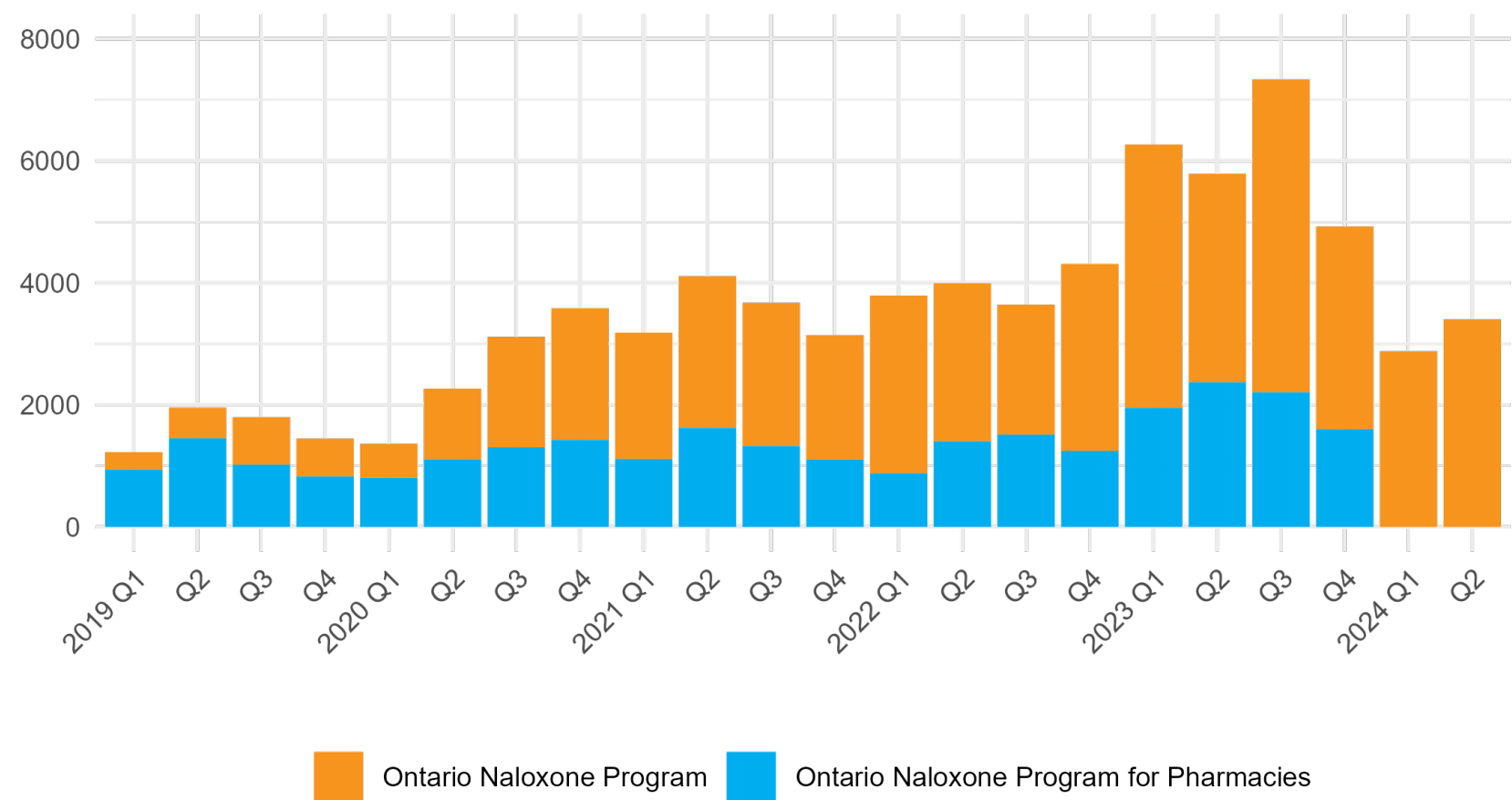


Algoma's rates of opioid related hospitalizations and deaths is three times higher than Ontario

3x ↑

Data and Surveillance

Naloxone doses distributed in Algoma District, by program



Naloxone Distribution



5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP 1		SHOUT & SHAKE their name & their shoulders
STEP 2		CALL 9-1-1 If unresponsive.
STEP 3		GIVE NALOXONE: 1 spray into nostril or inject 1 vial or ampoule into arm or leg.
STEP 4		PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS.
STEP 5		IS IT WORKING? If no improvement after 2-3 minutes, repeat steps 3 & 4. Stay with them.

RECOVERY POSITION

If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.

head should be tilted back slightly to open airway
hand supports head
knee stops body from rolling onto stomach

SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp

ontario.ca/OpioidOverdose

Harm Reduction Program



Health
education and
promotion



Safer drug use
equipment and
disposal



Education on
safer sex
practices



Reducing
stigma



Opioid response
training/naloxone
distribution*




Referrals to
services and
supports





Rapid Response Drug Test Strips


Drug Testing with


XYLAZINE TEST STRIPS


 Add a scoop of drug to the cup.

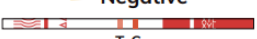
 Add 5 mLs of water to the cup and swirl.

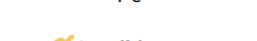
 Take out the strip from the notched end of the package.
Only touch the solid red line.

 Place the strip in the drug solution.
Only cover the wavy lines – don't let the water touch the single solid red line.

 Hold in place for 10–15 seconds.
Remove the test strip and wait 60 seconds for your result.


Positive
 T C


Negative
 T C


Invalid (Redo test)
 T C


Drug Testing with


FENTANYL TEST STRIPS


 Add a scoop of drug to the cup.

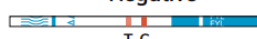
 Add 5 mLs of water to the cup and swirl.

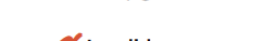
 Take out the strip from the notched end of the package.
Only touch the solid blue line.

 Place the strip in the drug solution.
Only cover the wavy lines – don't let the water touch the single solid blue line.

 Hold in place for 10–15 seconds.
Remove the test strip and wait 60 seconds for your result.


Positive
 T C


Negative
 T C


Invalid (Redo test)
 T C


Drug Testing with


BENZODIAZEPINE TEST STRIPS


 Add a scoop of drug to the tube.

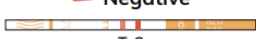
 Add 5 mLs of water to the tube. Snap the lid closed – shake until drug is dissolved.

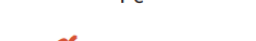
 Take out the strip from the notched end of the package.
Only touch the solid orange line.

 Place the strip in the drug solution.
Only cover the wavy lines – don't let the water touch the single solid orange line.

 Hold in place for 10–15 seconds.
Remove the test strip and wait 60 seconds for your result.

Positive
 T C

Negative
 T C

Invalid (Redo test)
 T C

Fentanyl Test Strip Kit Supplies



2 drug test strips

2 mic
spool

2 micro
spoons



1 Clear Zip Baggie



1 Drug Test Card Insert



2 mixing cups for
FTS and **XTS**

How's it Going?



- Great engagement tool to use with clients and partners
- All test strips were distributed throughout Algoma
- Behaviour change

Next Steps



ONGOING SUPPORT &
ENGAGEMENT



STIGMA AWARENESS



TOXIC DRUG REPORT



Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH



Algoma
PUBLIC HEALTH
Santé publique Algoma

October 23, 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

Staff Development

In line with strategic direction #3, APH continues to grow and celebrate an organizational culture of learning, innovation, and continuous improvement. Over the last few months, we have held a number of events, teachings, and training sessions related to Truth and Reconciliation. Most recently, Indigenous-led basic cultural safety training for all staff was provided alongside events with Indigenous partners for the National Day for Truth and Reconciliation.

Given the importance of written communication in our work, we recently offered writing workshops through Wavelength Training. Individual programs have also completed training to develop our staff capacity and many programs have plans to do so in future. For example, some members of our Foundations and Strategic Support Team (FASST) have completed The Public Health Agency of Canada's 'Epi in Action' course and others will be training in Geographic Information Systems (GIS) to further enhance our analytic capabilities.

In addition to building skills and capacity, wellness is central to an effective organizational culture. To facilitate this we have held sessions around managing stress in the workplace and held a recent town hall meeting with all staff where they can hear agency updates and ask questions.

Point-of-Care Syphilis Testing/Treatment – Research Study

Rates of syphilis have risen precipitously in the last few years and APH has responded accordingly. We have enhanced our surveillance of this disease and a comprehensive epidemiologic analysis was completed last year to help inform interventions. We have sent multiple updates to alert and support healthcare providers in testing and treatment.

We are also happy to report that we have partnered with other health units across the province to participate in the Syphilis Point of Care Rapid Testing and Immediate Treatment Evaluation (SPRITE) study examining the use of point-of-care testing of syphilis of individuals at highest-risk in settings that may be more comfortable for them than traditional clinic spaces. We have had three point-of-care clinics so far with plans to expand into the district. We have partnered with the HIV & AIDS Resource Program (HARP) to help deliver this important intervention and are grateful for their help and continued support.

Further Updates

We continue to distribute the findings of the CHP to key partners. This is occurring through many channels including the media and discussions with partners. Our teams have been finding the information valuable and have heard feedback from partners that they also have found it useful.

APH is also continuing our work regarding the ongoing opioid crisis. In addition to our routine work, we have supported the recent HART Hub application and have also met with the Public Health Agency of Canada to explore how federal partnerships can help further address this issue.

PROGRAM HIGHLIGHT – Immunization of Children in Schools

Topic: Immunization of Children in Schools

From: Nick Minardi

Ontario Public Health Standard Requirements⁽¹⁾ addressed in this report:

- OHPS standards – Immunization
- Children have up-to-date immunizations according to the current Publicly Funded Immunization Schedules for Ontario, and in accordance with the *Immunization of School Pupils Act* and the *Child Care and Early Years Act, 2014*⁽¹⁾

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

- The *Immunization of School Pupils Act (ISPA)* protects children against nine designated diseases, delivered in the school setting. 2023 and 2024 saw the initial comprehensive review of immunization records of children in the school setting since the Covid-19 pandemic.
- This initiative helps to promote and protect health and prevent disease outbreaks for those who attend school and contributes to overall community health and health equity.

Students Assessed by the Numbers

Starting in July of 2023, the immunization records of students were assessed for compliance with *Immunization of School Pupils Act (ISPA)*⁽²⁾ in 48 elementary, 5 intermediate (grade 7-8) and 14 secondary schools across the district of Algoma⁽³⁾. Parents/guardians of students who were found to be overdue received a letter indicating Algoma Public Health (APH) records were not up to date; failure to update the record meant a student could potentially be suspended from school. At that time, there were 7,655⁽³⁾ students with immunization records that were not up to date. Overdue records could be related to factors including immunization records not being reported to Algoma Public Health or that students were not up to date with the publicly funded immunization schedule for their age. Parents/guardians have the responsibility to update Algoma Public Health of their child(ren)'s immunizations.

In January of 2024, notice letters required by ISPA were distributed to students whose records were still not up to date after the initial July 2023 letters were issued. Starting in April of 2024, 3,786 orders for suspension were issued to those students who still had overdue immunization records or were not up to date with immunizations. The vast majority of those receiving suspension orders were able to be immunized or present a plan for immunization prior to commencement of the suspension. Of those who were suspended, many met the requirements during the suspension at which point we immediately lifted the suspension. APH continues to assess immunization records and will continue to inform students and parents/guardians of overdue immunization records in the 2024/2025 school year.

Of the 3,786 suspension orders that were issued, 3,129 students updated their immunization records and/or received the necessary vaccines to bring them into compliance. Currently, only 657 students remain overdue or have incomplete immunization records⁽³⁾. In addition to the ongoing planning and delivery of school-based immunization clinics, APH has been offering catch up vaccine clinics to provide further opportunities for immunization. From January to October 16, 2024, 2,041 clients aged 4 to 18 have attended an immunization appointment at APH⁽³⁾.

As part of ISPA, parents/guardians of students who attend school in Ontario may complete an exemption from immunization for medical or non-medical conscience or religious beliefs. For medical reasons a Statement of Medical Exemption is completed by an authorized medical professional (Physician, Nurse Practitioner). Non-medical exemptions may be submitted utilizing a Statement of Conscience or Religious Belief and requires the parent/guardian to complete an immunization educational session. Exemption numbers in Algoma remain below 100 and are not included in the immunization catch-up numbers.

In addition to the planning and delivery of APH immunization clinics, APH leads local efforts to distribute and administer publicly funded vaccines through multiple channels across the district. Vaccines are delivered to physician offices, family health teams, Nurse Practitioner-led clinics, hospitals and walk-in clinics. The immunization team continues to share messages with the public about how to submit vaccine records to APH, as well as frequently communicates with vaccine administrators to further increase the numbers of records submitted to APH. The ongoing reporting and collection of immunization records supports the efficiency of the ISPA process to avoid suspensions, improve data quality, support analysis and reporting, and strengthen community connections and partnerships.

Next Steps: 2024 and Beyond

- Build on and continue ISPA through the annual monitoring and enforcement of the suspension notices
- Continue collaboration and communication with local health care providers and school boards
- Continue to promote public health information and messages which highlight the value of vaccines for population health

References

1. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. Ontario Ministry of Health; 2021. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guide_lines/Ontario_Public_Health_Standards_2021.pdf
2. Immunization of school pupils act Ontario: 2024. Available from: <https://www.ontario.ca/laws/statute/90i01>.
3. Algoma Public Health. Program data 2024. [Unpublished].

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

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Algoma Public Health
Statement of Operations
August 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	6,680,202	6,680,140	62	10,020,210	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	1,558,031	1,524,533	33,498	2,286,800	2%	102%
Provincial Grants - Mitigation Funding	0	0	-	0	-	-
Fees, other grants and recovery of expenditures	362,338	346,733	15,605	494,600	5%	105%
Total Public Health Revenue	\$ 11,930,997	\$ 11,881,833	\$ 49,164	\$ 17,242,179	0%	100%
Expenditures						
Public Health Cost Shared	\$ 10,115,897	\$ 10,060,066	\$ (55,831)	\$ 14,913,154	1%	101%
Public Health 100% Prov. Funded Programs	1,613,899	1,550,725	(63,174)	2,329,026	4%	104%
Total Public Health Programs Expenditures	\$ 11,729,796	\$ 11,610,790	\$ (119,006)	\$ 17,242,180	1%	101%
Total Rev. over Exp. Public Health	\$ 201,201	\$ 271,043	\$ (69,842)	\$ 0		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 445,011	475,313	(30,302)	1,140,750	-6%	94%
Expenditures	465,470	483,470	18,001	1,140,750	-4%	96%
Excess of Rev. over Exp.	(20,459)	(8,158)	(12,301)	-		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ -	0	-	-	#DIV/0!	#DIV/0!
Expenditures	266,733	-	(266,733)	-	#DIV/0!	#DIV/0!
Excess of Rev. over Fiscal Funded	(266,733)	-	(266,733)	-		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 92,565	\$ 92,564	\$ 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	\$ 149,287	\$ 149,286	\$ 1	\$ 376,600	0%	100%
Expenditures						
Brighter Futures for Children	58,692	47,686	(11,006)	114,447	23%	123%
Nurse Practitioner	69,966	68,127	(1,838)	162,153	3%	103%
Stay on Your Feet	35,472	42,301	6,829	100,000	-16%	84%
Total Fiscal Community Health Programs	\$ 164,130	\$ 158,115	\$ (6,015)	\$ 376,600	4%	104%
Total Rev. over Exp. Fiscal Community Health	\$ (14,843)	\$ (8,829)	\$ (6,014)	\$ (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 Eight Months Ending August 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	6,680,202	6,680,140	62	10,020,210	0%	67%	5,863,473	5,863,467	6
Total Public Health Cost Shared Funding	6,680,202	6,680,140	62	10,020,210	0%	67%	5,863,473	5,863,467	6
MOH Funding - MOH / AMOH Top Up	114,020	105,533	8,487	158,300	8%	72%	121,680	126,200	(4,520)
MOH Funding Northern Ontario Fruits & Veg.	78,267	78,267	0	117,400	0%	67%	78,270	78,267	3
MOH Funding Unorganized	353,600	353,600	0	530,400	0%	67%	353,600	353,600	0
MOH Senior Dental	921,811	921,800	11	1,382,700	0%	67%	835,265	835,267	(2)
MOH Funding Indigenous Communities	65,333	65,333	(0)	98,000	0%	67%	65,330	65,333	(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	1,558,031	1,524,533	33,498	2,286,800	2%	68%	1,447,191	1,458,667	(11,475)
Total Public Health Mitigation Funding	0	0	0	0	#DIV/0!	0%	691,870	691,867	3
Recoveries from Programs	19,906	20,000	(94)	29,600	0%	67%	8,111	26,667	(18,556)
Program Fees	30,869	29,733	1,136	45,000	4%	69%	26,634	39,733	(13,099)
Land Control Fees	143,570	182,000	(38,430)	225,000	-21%	64%	150,000	165,000	(15,000)
Program Fees Immunization	48,945	30,000	18,945	45,000	63%	109%	2,777	60,000	(57,223)
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	97,830	70,000	27,830	105,000	40%	93%	121,425	21,856	99,569
Other Revenues	7,946	0	7,946	0	#DIV/0!	100%	0	10,000	(10,000)
Total Fees and Recoveries	362,338	346,733	15,605	494,600	5%	73%	321,152	323,256	(2,104)
Total Public Health Revenue Annual	11,930,997	11,881,833	49,164	17,242,179	0%	69%	11,465,600	11,479,168	(13,568)
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 Eight Months Ending August 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	6,773,926	6,826,560	52,634	10,236,247	-1%	66%	\$ 7,074,290	\$ 7,222,042	\$ 147,752
Benefits	1,835,793	1,887,299	51,506	2,665,034	-3%	69%	1,880,522	1,694,253	(186,269)
Travel	104,442	116,350	11,908	174,526	-10%	60%	123,921	105,867	(18,054)
Program	888,438	665,298	(223,140)	1,012,197	34%	88%	1,063,914	824,775	(239,139)
Office	41,874	40,267	(1,607)	60,400	4%	69%	40,636	54,933	14,297
Computer Services	706,905	617,332	(89,573)	926,000	15%	76%	621,112	597,261	(23,851)
Telecommunications	172,544	162,668	(9,876)	244,000	6%	71%	198,343	176,665	(21,678)
Program Promotion	14,493	13,000	(1,493)	19,500	11%	74%	27,813	30,000	2,187
Professional Development	23,333	34,070	10,737	51,105	-32%	46%	39,357	53,616	14,259
Facilities Expenses	594,550	651,332	56,782	977,000	-9%	61%	658,384	616,000	(42,384)
Fees & Insurance	268,550	291,667	23,117	418,750	-8%	64%	343,987	327,333	(16,654)
Debt Management	304,947	304,947	0	457,421	0%	67%	304,947	304,947	0
	\$ 11,729,795	\$ 11,610,790	\$ (119,005)	\$ 17,242,180	1%	68%	\$ 12,377,226	\$ 12,007,692	\$ (369,534)

Notes to Financial Statements – August 2024

Reporting Period

The August 2024 financial reports include eight months of financial results for Public Health programming. All other non-funded public health programs are reporting five 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.

In July 2024, APH received confirmation that the annual allocation for the Healthy Babies, Healthy Children program funded through the Ministry of Children, Community & Social Services has received a \$73K base funding increase, which will be ongoing. This represents a 6.8% increase and is the first received since 2015. The funding increase is provided to help address increasing operational costs and there is no expectation of service level expansion.

As of August 31, 2024, Public Health calendar programs are reporting a \$70K negative variance – which is driven by a \$119K negative variance in expenditures and a \$49K 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 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, program enhancement 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 throughout the 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)

Travel Expenses

There is a \$12K positive variance associated with travel expenses based on position vacancies, as well as staff continuing to take advantage of virtual options enforced during the pandemic when possible/beneficial.

Program Expenses

There is a \$223K 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 \$90K negative variance associated with computer services based on the purchase of necessary network server equipment as approved by the Board in February 2024.

Professional Development

There is a \$11K positive variance associated with professional development. With various organization wide professional development sessions scheduled for the fall season, this variance is expected to be timing related.

Facilities Expenses

There is a \$57K 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 August 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)

	August 2024	December 2023
Date: As of August 2024		
Assets		
Current		
Cash & Investments	\$ 5,328,728	\$ 4,663,966
Accounts Receivable	953,073	2,089,635
Receivable from Municipalities	26,212	6,482
Prepaid Expenses	354,611	128,517
<i>Subtotal Current Assets</i>	6,662,624	6,888,600
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,080,229	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
<i>Subtotal Current Liabilities</i>	10,769,290	11,252,901
Net Debt	(4,106,665)	(4,364,301)
Non-Financial Assets:		
Building	23,072,474	23,072,474
Furniture & Fixtures	2,145,864	2,145,864
Leasehold Improvements	1,583,164	1,583,164
IT	3,372,128	3,372,128
Automobile	40,113	40,113
Accumulated Depreciation	-13,300,309	-13,300,309
<i>Subtotal Non-Financial Assets</i>	16,913,434	16,913,434
Accumulated Surplus	12,806,768	12,549,133

Procurement Policy

REFERENCE #: 02-05-002

DATE: Original: Feb 13, 1996
~~Revised: Mar 18, 2018~~
Revised: Jun 26, 2019
Revised: Nov 25, 2020
Revised: Jun 28, 2023
[Revised:](#)

APPROVED BY: Board of Health

SECTION: Policies

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., 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. Communication and other utility services

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

4.0 FORM OF COMMITMENT BY ROLE/SIGNING AUTHORITY

4.1 Signing Authority to Make Purchases

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

Expenditure \$ Amount	Required Approval
\$0 - \$4,000 <u>\$5,000</u>	Executive Assistants and HR Assistants
\$0 - \$6,000 - <u>\$10,000</u>	Supervisors and Managers
\$0 - \$20,000 <u>\$30,000</u>	Any Director or Associate MOH or Manager of Accounting Services
\$0 – \$60,000	CEO / MOH or <u>Associate MOH or</u> Director of Corporate Services
<u>\$0 - \$100,000</u>	<u>CEO / MOH</u>
Greater than \$60,000 <u>\$100,000</u>	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:

- The spending authorization limits noted above and throughout this policy are before applicable taxes.
- 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.
- 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~~ [for purchases greater than \\$100,000](#).
- 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., 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.

Sole sourcing from a vendor of record that has been approved by the Ontario Education Collaborative Marketplace (OECM) or a similar government agency is permitted.

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~~ \$100,000.
- c. The contract/lease is for multiple years and exceeds ~~\$60,000~~ \$100,000 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~~ \$100,000 must be approved by the MOH/CEO **and** Director ~~o~~ f Corporate Services. Consulting Contracts for more than ~~\$60,000~~ \$100,000 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~~ \$100,000 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~~ \$100,000 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 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, Manager ~~Director~~ 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., 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 Requisition / Purchase Order is a three(3) part form with a pre-printed number. One copy is to be forwarded to the vendor via mail or electronic means, an additional copy, is to be forwarded to APH accounts Payable. APH Accounts Payable will use the Purchase Order number to match with the vendor invoice in addition to the receipt documentation, such as a packing slip, in order to execute payment. Once payment is completed, documentation is filed by aPH Accounts Payable department. The electronic copy, along with copies of all documentation should be retained by the requisitioning department for future inquiry.~~
- ~~c.~~
- ~~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.

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

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

11.3 Blanket Purchase Orders

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

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

11.4 Cheque Requisition

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

11.5 Petty Cash

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

Disbursements from the Petty Cash Fund must be properly documented with original itemized receipts approved by the employees Manager or a Director and include the appropriate cost center [\(including account and program number\)](#) -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.



**Public Health
Santé publique**
SUDBURY & DISTRICTS

October 16, 2024

VIA ELECTRONIC MAIL

Honourable Minister Sylvia Jones
Minister of Health
Ministry of Health
5th Floor, 777 Bay Street
Toronto, ON M5G 2C8

Michael Sherar
President and Chief Executive Officer
Public Health Ontario
661 University Avenue, Suite 1701
Toronto, ON M5G 1M1

Dear Minister Jones and Mr. Sherar:

Re: Support for Ontario to continue to protect the safety of private drinking water

At its meeting on September 19, 2024, the Board of Health carried the following resolution [#48-24](#):

WHEREAS twenty-two percent of households within the Public Health Sudbury & Districts service area rely on private drinking water systems; and

WHEREAS it is recommended that drinking water be tested frequently to ensure that it is safe for human consumption; and

WHEREAS exposure to contaminated drinking water can lead to severe gastrointestinal illness and in rare cases may result in death; and

Sudbury

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

Elm Place

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

Sudbury East / Sudbury-Est

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

Espanola

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

Île Manitoulin Island

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

Chapleau

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

toll-free / sans frais

1.866.522.9200

phsd.ca



WHEREAS anyone can become ill from drinking contaminated water; however, children, older adults, and people with weakened immune systems are at a higher risk of the harmful effects; and

WHEREAS Public Health Ontario's Well Water Testing program is a publicly-funded service that tests water samples from private drinking water sources for indicators of bacterial contamination; and

WHEREAS testing drinking water quality at private laboratories can be cost prohibitive; and

WHEREAS Public Health Ontario in conjunction with the Ministry of Health has proposed joint modernization plans in 2017 and again in January 2023 that proposed discontinuing well water testing as part of a plan to streamline operations; and

WHEREAS the Auditor General of Ontario in its December 6, 2023 [Value-for-Money Audit: Public Health Ontario](#), called for Public Health Ontario and the Ministry of Health to move forward with streamlining laboratory operations in consideration of the proposed modernization plans; and

WHEREAS Public Health Ontario and the Ministry of Health have not yet announced a final plan for streamlining laboratory operations at this time;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly recommends to the Minister of Health and to Public Health Ontario that Ontario's Well Water Testing program be continued in the plan to implement streamlined laboratory operations, and That the Board of Health endorse the resolutions adopted by the Council of the Town of Gore Bay (May 14, 2024), the Council of the Corporation of Northeastern Manitoulin & the Islands (May 23, 2024), and the Council of Central Manitoulin (July 8, 2024) concerning provincial well water testing.

Exposure to contaminated drinking water can cause debilitating gastrointestinal illness, particularly in children, older adults and people with weakened immune systems. Close to one quarter of households within Public Health Sudbury & Districts service area rely on private drinking water systems. For these residents, drinking water testing is the only way to know if their drinking water is safe.

For the well-being of residents, our Board of Health support the continuation of Ontario's publicly funded Well Water Testing program and affirm resolutions adopted by the Council of the Town of Gore Bay (May 14, 2024), the Council of the

Letter

Re: Support for Ontario to continue to protect the safety of private drinking water

October 16, 2024

Page 3

Corporation of Northeastern Manitoulin & the Islands (May 23, 2024), and the Council of Central Manitoulin (July 8, 2024) concerning provincial well water testing.

Maintaining publicly-funded drinking water testing is a needed service that protects many Ontarians utilizing private drinking water systems. Thank you for your attention to this important issue.

Sincerely,



René Lapierre

Chair, Board of Health

cc: Dr. M. M. Hirji, Acting Medical Officer of Health and Chief Executive Officer
Dr. Kieran Moore, Chief Medical Officer of Health
Local Municipalities
Ontario Boards of Health
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma – Manitoulin
Association of Local Public Health Agencies



6020 Highway 542, P.O. Box 420
Mindemoya, ON P0P 1S0
Tel: 705-377-5726
Fax: 705-377-5585
Email: ddeforge@centralmanitoulin.ca

July 8, 2024

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON. M7A 1A1

Via Email: premier@ontario.ca

Dear Premier Ford,

RE: PUBLIC HEALTH ONTARIO PROPOSES PHASING OUT FREE WATER TESTING FOR PRIVATE WELLS

Please be advised that the Council of the Municipality of Central Manitoulin adopted the following resolution at their meeting of June 27, 2024, regarding the above noted matter;

Resolution # 200-2024

Moved by: Councillor D. Stephens

Seconded by: Councillor Mitchell

BE IT RESOLVED THAT Central Manitoulin Council supports the Township of Archipelago's request to the Province of Ontario to reconsider and ultimately decide against the proposed phasing out of free private drinking water testing services;

FURTHER, this resolution is circulated to all Ontario municipalities, the Minister of Health, and Sudbury District Health Unit...Carried

Please contact our office should you require further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Denise Deforge", is written over a horizontal line.

Ms. Denise Deforge
CAO/Clerk

cc. Minister of Health sylvia.jones@pc.ola.org
Sudbury District Health Unit sutcliffep@phsd.ca
Ontario Municipalities

~ AT THE HEART OF IT ALL ~



May 14, 2024

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Via Email: premier@ontario.ca

Dear Premier Ford:

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

Please be advised that the Council of the Town of Gore Bay adopted the following resolution at their meeting of May 13, 2024, regarding the above noted matter;

15772

Moved by Kelly Chaytor

Seconded by Rob Dearing

BE IT RESOLVED THAT Gore Bay Council supports the Township of Archipelago's request to the Province of Ontario to reconsider and ultimately decide against the proposed phasing out of free private drinking water testing services;

FURTHER, this resolution is circulated to all Ontario municipalities, the Minister of Health, and Sudbury District Health Unit.

Carried

Should you have any questions or concerns, please do not hesitate to contact the undersigned.

Respectfully,

A handwritten signature in black ink, appearing to read 'Stasia', written in a cursive style.

Stasia Carr
Clerk

Cc:
Minister of Health sylvia.jones@pc.ola.org
Sudbury District Health Unit sutcliffe@phsd.ca
Ontario Municipalities



May 23, 2024

Bradford West Gwillimbury
100 Dissette Street
Units 7 & 8
Box 100
Bradford, Ontario
L3Z 2A7

Thank you for bringing your resolution to our attention. Well water testing is an important need of many of our residents as well.

Council reviewed your resolution and passed the following motion in support with a slight change for our region.

Resolution No. 114-05-2024

Moved by: L. Cook

Seconded by: M. Erskine

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands supports the well water testing resolution put forth by Brandford west Gwillimbury and further that a copy of this resolution be forwarded to Manitoulin Sudbury Health Unit.

Carried

Thank you

Pam Myers

Clerk

John Tuinema

From: COMOH <comoh-bounces@lists.alphaweb.org> on behalf of Gordon Fleming
<gordon@alphaweb.org>
Sent: Tuesday, October 15, 2024 3:28 PM
To: COMOH LIST (comoh@lists.alphaweb.org)
Subject: [COMOH] October 2024 InfoBreak

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

October 15, 2024



October 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 - October 2024



"Ultimately, leadership is not about glorious crowning acts. It's about keeping your team focused on a goal and motivated to do their best to achieve it, especially when the stakes are high and the consequences really matter, it is about laying the groundwork for others' success and then standing back and letting them shine."

– Chris Hadfield, Canadian Astronaut

In its governance role, your [2024-2025 alPHA Board of Directors](#) team is indeed motivated and focussed on achieving alPHA's strategic goals. September's inaugural board meeting was preceded with an orientation on good governance, guided by alPHA's [Strategic Plan](#). The Board of Directors welcomed guest speakers Dr. Kieran Moore, Ontario's Chief Medical Officer of Health, Executive Lead Elizabeth Walker, and Michael Sherar, President and CEO, Public Health Ontario. As well as regular business, board discussions centred on forward planning based on alPHA's strategic goals, legal obligations, and laying the groundwork for further development of the series of [Public Health Matters](#) infographics and videos with availability anticipated in the spring of 2025.

[The Association of Local Public Health Agencies Operating By-law No. 2 \(June 2024\)](#) is compliant with the Ontario Not-for-Profit Corporations Act, 2010. [Loretta Ryan](#), alPHA's Chief Executive Officer, alPHA volunteers, and alPHA's legal counsel are currently conducting a fulsome review and revision of policies and procedures to ensure alignment with the new By-law, and compliance with the legislation. The compendium of policy and procedures will be brought to the alPHA Board of Directors for review and approval. It is a time-consuming process as there are many detailed legal requirements within the Act that must be followed. The membership will be updated at the alPHA 2025 Winter Symposium. Many thanks to the many volunteers, staff and legal counsel for their work on this important initiative.

alPHA continues to provide strategic leadership in building collaborations and partnerships across stakeholder groups, focussing on strengthening Ontario's local public health system. The Board of Directors receives regular updates from its Sections and from the Affiliate member organizations of alPHA. Loretta Ryan, Chief Executive Officer, works with the alPHA Executive Committee, Board of Directors, public health agencies, Ministry of Health, and with her leadership counterparts from other partner organizations. Key information for alPHA members is sent out via the monthly edition of *Information Break*, which is alPHA members' information portal with links to the [alPHA website](#), and other pertinent resources. Although alPHA tries to limit inundating

members' email inboxes, if time is of the essence, information is transmitted through email. alPHA's *Information Break* and emails are sent to the administrative key contact at each local public health unit. This is the most efficient, effective and timely way to disseminate information to their local public health senior leadership and board of health members. It ensures that everyone receives the information equitably, especially in the event of leadership and board of health member turnovers.

There is an exciting line-up for [alPHA's 2024 Fall Symposium](#) (click [here](#) to view the flyer). Included in the symposium registration are two free workshops on November 6 and 7. The Symposium's plenary sessions are on Friday, November 8, followed by the afternoon Section meetings. At the Symposium, alPHA is launching [Mentimeter](#) for feedback, surveys, and voting at all future events. On November 5, alPHA is offering the [2024 alPHA Executive Assistant/Administrative Assistant Fall Virtual Workshop](#) as part of support for those who work closely with our members.

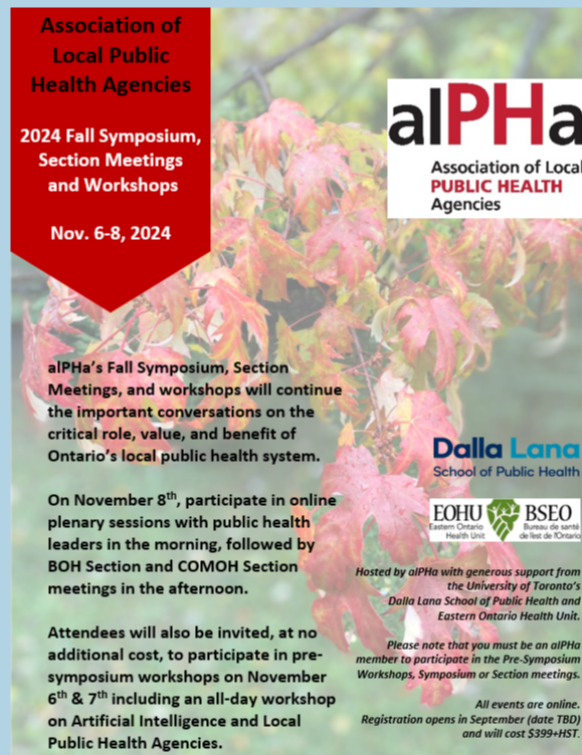
Fall is a time of thoughtful, and appreciative reflection with National Day for Truth and Reconciliation, Thanksgiving, and Remembrance Day. This leads to further reflection on the dedicated work, and the significant challenges that you, as Ontario's public health leaders, along with your teams on the ground, face each and every day. I gratefully acknowledge my colleagues on the alPHA Board of Directors, the alPHA staff, and to each and every one of you, for your unwavering commitment to local public health. Thank You! Merci! Maarsii! Miigwech!

With gratitude,

Trudy

Trudy Sachowski
Chair, alPHA Board of Directors

Registration for the alPHA Fall Symposium, Section Meetings, and Workshops closes on October 30!



Thank you to all the members who have registered. We're pleased to see so many of you sign up for this important educational and networking event!

Have you registered for the online [2024 Fall Symposium, Section Meetings, and Workshops](#) that are taking place November 6-8 yet? If not, registration closes at the end of the month. This event will discuss a variety of issues of key importance to public health leaders and you won't want to miss out.

On Friday, November 8, 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. This includes a public health video showcase; welcoming remarks from the alPHA Chair, Trudy Sachowski, and Robin Jones, President, Association of Municipalities of Ontario; an *alPHA Update* from Trudy Sachowski, the BOH Section Chair, René Lapierre, the COMOH Section Chair, Dr. Lianne Catton, and the Affiliate Representative, Cynthia St. John, and Dr. Charles Gardner; an *Update from the Office of the Chief Medical Officer of Health*, Executive Lead, Liz Walker; an *Update from Public Health Ontario*, featuring President and Chief Executive Officer, Michael Sherar, and staff; an *Update on Public Health Workforce Burnout: A Canadian Cross-sectional Study* from Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer, Public Health Ontario; an *Update on Rapid Review of Public Health Recovery, Renewal, and Resilience Building Post Pandemic: A Thematic Synthesis of Essential Organizational Imperatives* from Julia

Roitenberg, General Manager and Chief Nursing Officer at York Region Public Health; *Public Health Unit Mergers* featuring Dr. Miriam Klassen, Medical Officer of Health and CEO, Huron Perth Public Health, Peter McKenna, Chair, Board of Health, Leeds, Grenville and Lanark District Health Unit, Amy Martin, Chair, Board of Health, Haldimand-Norfolk Health Unit and *So, What's Still Keeping You Up at Night?* from Sabine Matheson and John Perenack, Principals, StrategyCorp, and alPHA Chief Executive Officer, Loretta Ryan.

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 6, from 9 a.m. to 4:30 p.m. **As an important update, access to this workshop is through an individual and customized Zoom meeting link. You will need to be individually registered and have the passcode in order to access the workshop. This is a vital way to ensure all attendees have paid and are supporting alPHA in doing so.** 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. To view the agenda (last updated on October 9), please click [here](#).

On the afternoon of Thursday, November 7, 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. The Symposium program (last updated on October 2) is available [here](#) and, for the BOH Section Meeting agenda (last updated on October 2), click [here](#). Also posted on the webpage is a call for public health unit videos and a document on Zoom troubleshooting tips.

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). Cancellations and substitutions are permitted until October 30, 2024. 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.

Please note, after the Fall Symposium, alPHa will collect any presentations shared by the speakers with the membership and will distribute the presentations as soon as these are available.

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!



Thank you to the public health units who have submitted videos!

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 and Instagram 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!

EAs/AAs: There's two weeks to go to register for the fall virtual workshop!



Thank you to all those who have registered already. We are pleased so many EAs/AAs are participating.

Registration for this year's [Executive Assistant/Administrative Assistant Fall Virtual Workshop](#) is closing on **Wednesday, October 30, 2024**! This event, which costs \$149+HST, 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 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/associate 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.

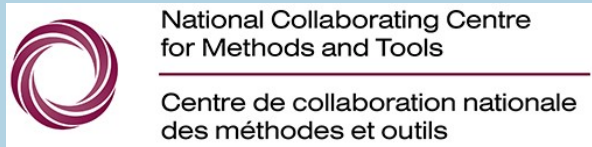
We hope to see you online November 5!

Ontario Public Health Directory: September 2024 update



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 **September 18, 2024**. To view the file, log into the alPHa website.

National Collaborating Centre for Methods and Tools



With your team balancing a full workload and the pressure to keep up with evidence-informed decision-making competencies, finding the time to build those skills can seem impossible!


Make the most of the time you have by reaching out to the National Collaborating Centre for Methods and Tools (NCCMT) to set up a custom virtual team assessment to explore your strengths and needs. The NCCMT's experienced Knowledge Brokers help you navigate professional development planning by creating a needs-based, guided learning plan that includes both free and paid recommended learning opportunities. Contact the NCCMT at nccmt@mcmaster.ca to learn more about tailored learning plans.

Public Health Sudbury & Districts: *Unlearning and Undoing White Supremacy and Racism Project*



At the Board of Health for Sudbury & Districts meeting in September, members of the Indigenous Engagement team presented the [Unlearning & Undoing White Supremacy and Racism](#) project. The Board unanimously resolved to join the public health agency's staff in the *Unlearning and Undoing White Supremacy and Racism Project*. This project was originally developed by the Office of the Provincial Health Officer in British Columbia. Public Health is adapting the project, with the permission of the OPHO, to fit the local context. The project addresses colonization, racism, and white supremacy in an 18-month voluntary commitment that allows learners time to read, watch, listen, reflect, and start to understand their role in upholding these harmful systems and how to do better. Since the Board of Health committed to this work, there has been extensive media coverage, including the following interview on [CBC Radio](#).

alPHa Workplace Health and Wellness: GenWell



Join us November 18-24, 2024

This campaign intends to educate, empower, and catalyze Canadians about the many benefits of talking to strangers.

Talk To A Stranger Week is an opportunity to build a sense of connection and community that many need in a post-pandemic world. It is seizing the opportunity that many of us have each day to make a difference in our own lives and the lives of others by simply saying hello, smiling or striking up a conversation with a stranger.


www.TalkToAStrangerWeek.org
[@GenWellProject](https://www.instagram.com/GenWellProject)

THE BENEFITS:

Connecting with strangers can enhance our happiness, optimism, empathy, and sense of belonging, grounding us in the world.

Additionally, several long-term benefits arise from these connections, including:

- Increased well-being
- Greater happiness and optimism
- Stronger empathy and compassion for others
- Better cognitive performance
- Heightened sense of connection
- Higher trust levels
- Decreased feelings of social isolation, disconnection, and loneliness





TIPS TO CONNECT:

- Say hello
- Compliment someone
- Make eye contact and smile
- Celebrate or complain about the weather
- Strike up a conversation in a line-up
- Speak about a current event
- Ask for advice
- Tell a joke or make light of a situation

"A stranger today can be a friend tomorrow."

Proud health partners:

GenWell, alPHA's newest Workplace Health and Wellness partner, is promoting [Talk to a Stranger Week](#), which will be held November 18-24, 2024. This campaign is an opportunity to build a sense of connection and community that many need in a post-pandemic world. It is seizing the opportunity that many of us have each day to make a difference in our own lives and the lives of others by simply saying hello, smiling or striking up a conversation with a stranger. To learn more, click [here](#).

Boards of Health: Shared Resources



A resource [page](#) is available on alPHa's website for Board of Health members to facilitate the sharing of and access to 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](#)
- [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](#)

- [Healthy Rural Communities Toolkit](#)
- [The Canadian Centre on Substance Use and Addiction](#)
- [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](#)

Affiliates update



Ontario Association of Public Health Nursing Leaders

On October 9, 2024 Nicole Welch assumed the role of OPHNL President and will be the OPHNL Affiliate representative to alPha's Board of Directors starting in the new year. During this transition, OPHNL's priority is to continue to advance the work of the 2024-2027 OPHNL Strategic Plan. High level priorities 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 work groups addressing priority work. We wish to thank Jen Vickers-Manzin for her leadership and dedication to public health nursing.

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



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

BOH Governance training course

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

Social Determinants of Health training course

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

Speakers are Monika Turner and Loretta Ryan.

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

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

BrokerLink Insurance





In partnership with alPha, [BrokerLink](#) is proud to offer preferred home and auto insurance rates for members, learn more [here](#). Identity theft is a very real issue across Canada. That is why protecting your personal data is so important. Read about what identity theft is, the different types of identity theft out there, and how you can protect yourself [here](#).

Job postings



For more information on health units that are hiring, and to view all of the postings, please click [here](#).

alPha Correspondence



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

Public Health Ontario



The Ontario Immunization Advisory Committee releases a new position statement: A Provincial Immunization Registry for Ontario

The [Ontario Immunization Advisory Committee](#) (OIAC) has recently released [Position Statement: A Provincial Immunization Registry for Ontario](#), which provides recommendations on developing and implementing a comprehensive immunization registry in Ontario. The Statement is centred on three guiding principles and seven recommendations for a comprehensive provincial immunization registry for Ontario.

The seven recommendations outlined in the Statement focus on:

- Implementing a provincial immunization registry that assesses, maintains and documents immunizations across the lifespan to deliver vaccines efficiently, equitably and appropriately across the health system.
- Engaging with groups who use immunization data to meet the needs of diverse populations and ensure timely and equitable access to individual immunization records.
- Having supportive legislation and policy, as well as leveraging existing technology and standards, to support the real-time collection, use and sharing of confidential immunization data across the health system.
- Capturing real-time individual-level immunization data to monitor the uptake, safety, effectiveness and impact of new and existing vaccine programs as well as for individuals and health care providers to make informed decisions about their health.

The Statement includes a detailed overview of each of the recommendations, as well as a plain language and executive summary.

The OIAC is an external group of experts that provides advice to Public Health Ontario about new and existing vaccines and Ontario's immunization programs.

For more information about the Committee, visit the [OIAC webpage](#).

Additional Resources

- [Family Engagement in Comprehensive School Health Programming](#)
- [Youth Health Trends in Ontario: Sleep Infographic](#)
- [Focus On: Social Environments for Health](#)
- [Electronic Device Use Indicators using Data from the Canadian Health Survey on Children and Youth](#)
- [Early Years Risk Indicators using Data from the Canadian Health Survey on Children and Youth 2019](#)
- [Early Years Protective Indicators using Data from the Canadian Health Survey on Children and Youth 2019](#)

- [Review of “The Impact of the Built Environment and Social Environment on Physical Activity: A Scoping Review”](#)
- [COMPASS: Youth Health Trends in Ontario Infographic](#)

Routine Surveillance Reports

- [Mpox in Ontario](#)
- [Measles in Ontario](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [Ontario Respiratory Virus Tool](#)

Events

Be sure to keep an eye on PHO’s [Events page](#) for their upcoming events.

- **Oct 15:** [PHO Rounds: Laboratory Testing Methods & Applications in Bacterial Enteric Case & Outbreak Investigations](#)

Recent Presentations

- [PHO Microbiology Rounds: A Step Toward Understanding Neovaginal Health for Trans Women](#)

Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- [‘Responding to Complex Needs among Children & Youth in Ontario: Catalyzing System Solutions’](#) (Oct. 18)
 - [Climate, Health & Sustainable Care Inaugural Symposium](#) (Oct. 22)
 - [AI and Infectious Diseases Speakers Series: AI and Crowdsourcing for Resilient Hospitals and Enhanced Patient Care](#) (Oct. 23)
 - [From Discovery to Impact: Celebrating 30 years of BRCA1 and BRCA2](#) (Nov. 4-5)
-

alPHA’s Strategic Plan



alPHA's 2024-2027 Strategic Plan is available [here](#).

alPHA's mailing address



**Please note our mailing address is:
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Toronto, ON M6C 4A7**

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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