



The Corporation of the City of Sault Ste. Marie  
Council Correspondence

March 24, 2023

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# WCO | WIND CONCERNS ONTARIO

To members of Council, City of Sault Ste. Marie:

Following news reports in the Sault Star last September about a proposal presented to Sault Ste. Marie council for a battery energy storage system or BESS that offered few details, Wind Concerns Ontario undertook a review of other news stories, citizen concerns as voiced at public meetings else where in Ontario, and the current regulatory environment.

I've attached our report for your information.

What we've found is that generally, there are a lot of questions about BESS installations, but not a lot of answers. Citizens are concerned about the risk of fire, the need for fire services to be provided by their municipality, and environmental impacts such as noise.

Key observations:

- **Standards needed for emergencies** – As BESS technology is relatively new, standards are rapidly changing in response to emergency situations encountered. Even projects developed by companies with extensive battery experience have experienced serious emergency situations.
- **Not enough information** – The requirements for submissions to the IESO and to municipalities when requesting support for the project include few, if any, details on the actual project. The process appears to assume that once a company is awarded an IESO contract based largely on price, it will then proceed to develop the real proposal which will be submitted into an undefined permitting process or processes. Based on information submitted, it is not clear how the IESO will be able to distinguish between proposals with higher prices because they meet high standards for development and those with lower prices because the proposal includes the minimal safety standards.
- **Renewable energy or not?** – BESS systems are neither defined as a Renewable Energy project by Regulation 359/09, nor are they included in the list of excluded projects. The intention may be to omit further provincial review of these projects and to proceed directly to the municipal permitting process but this would be a recipe for substantial delay as the building officials in each host municipality (many of which are small rural municipalities) individually develop the expertise needed to assess and approve these projects.
- **Safety regulations?** – While Ontario Hydro has defined setbacks from BESS installations to protect their infrastructure, there are no setbacks for BESS installations established in Regulation 359/09 to protect other buildings and activities. Similarly, there are no noise standards for these systems which could create a new enforcement challenge for Ministry of Environment, Conservation and Parks field staff.

- **Potential for support to be withdrawn** – As the submissions to municipalities have included minimal information, there is potential for municipalities to rescind their support resolution once they learn the risks associated with these projects and the municipal resources that will be potentially required to deal with emergency situations.

Other municipalities share concerns; there is a group of municipalities in south-western Ontario that had a meeting about BESS just last week, and discussed concerns such as the need for fire services, etc.

We are sending you this just to share this information and the fact that other communities are experiencing concerns about having to approve these projects on so little information.

Thank you.

Jane Wilson

President, WIND CONCERNS ONTARIO

## Battery Energy Storage Systems (BESS)

### Assessment of Community Risks

#### Introduction

Ontario has placed emphasis on grid-scale Battery Energy Storage Systems (BESS) to address shortfalls in electrical generation capacity that may occur due to the shutdown of the Pickering nuclear station and increasing demand for electricity. Proponents see this technology as key to addressing the intermittent nature of renewable power generation. BESS is a relatively new technology; however, installations around the world provide significant information on design requirements and actual operating benefits. Learning from the operating experience of other facilities reveals risks associated with the technology and highlights the need for changes in the industry standards that govern development of BESS facilities. The overarching goal of the Government of Ontario should be to ensure that projects using this technology will not harm residents of Ontario or result in adverse environmental impacts.

#### Incidents Reported at BESS Facilities

The 2021 fire in the Tesla's 300 megawatt (450 megawatt hours) Megapack in Geelong, Victoria, Australia received considerable media coverage. This situation highlights the potential risks from BESS facilities:

*The fire started on the morning of Friday July 30 and was not brought under control until the afternoon of Monday August 2. More than **30 fire trucks** and support vehicles and about **150 fire fighters** from the County Fire Authority and local Fire Rescue Victoria responded, containing the flames so they only affected two Megapacks of the approximately 210 that make up the system.<sup>1</sup>*

This incident is of particular note as it occurred in a facility designed and built by a company with extensive expertise in lithium battery technology. The duration of the fire and the scale of the response raise concerns. While Australian states have infrastructure to fight forest fires that can respond to this emergency, most municipalities, particularly in rural Ontario, do not

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<sup>1</sup> CNBC News, Tesla Megapack fire highlights issues to be solved for utility 'big batteries', August 5, 2021.



have easy access to 150 firefighters that could be dedicated to an incident for 3 days, as was the case with this situation.

It is not an isolated incident: other similar situations have been documented in the United States. A fire at a BESS facility in Chandler, Arizona received wide coverage<sup>2</sup> and other incidents were assessed by authorities responsible for setting fire standards for the United States.<sup>3 4</sup> This suggests that Ontario should be moving with caution on new BESS projects.

The potential for issues with BESS technologies should be viewed in the context of the experiences of rural Ontario communities with wind turbines. Even though they have since proven inadequate, at least the government set out some basic requirements for wind turbines such as separation from people's homes. These and other limitations governing the basic parameters for the approval of these projects were put in place before approvals were accelerated. A comprehensive set of reports that were made widely available before any community consultation or request for municipal support could move forward. While there are serious gaps in this process, it is robust compared to the review and consultation process that is currently underway for BESS in Ontario.

As we saw with the approvals for wind power, it could be left to "host" communities to deal with any negative impacts of these projects.

### **Key considerations**

There are several key issues to consider related to BESS technology. These issues are developed based on reviews of proposals published as part of the current RFP process; responses to questions from residents that will be affected; and a review of published reports on incidents involving BESS technology.

It is not intended to be a comprehensive study but rather, an overview of the rapidly evolving situation while identifying current work in this area that is relevant to the problem and providing some preliminary suggestions on potential content for an Ontario regulation related to this technology. Even these preliminary findings indicate that a need for the IESO and Ontario government ministries **to put a more rigorous regulatory framework in place before BESS projects are approved and implemented.**

This view that more regulations are required is shared with the Canadian Renewable Energy Association or CanREA which notes the need for these requirements in their January 2022

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<sup>2</sup> News 10 Phoenix, Fire at Lithium Battery Storage Facility prompts Evacuations, April 22, 2022.

<sup>3</sup> North American Electrical Reliability Corporation, Battery Energy Storage Cascading Thermal Runway, Lesson Learned, 21010301, March 29 2021, pp.1-4.

<sup>4</sup> National Fire Protection Association, Battery Energy Storage Hazards and Failure Modes, December 3, 2021.

white paper, “Laying the Foundation.”<sup>5</sup> In particular, CanREA recognizes the need sufficient expertise in regulatory bodies to fairly evaluate proposed energy-storage installations.<sup>6</sup>

Based on the findings outlined here, it is clear that work is required on the Ontario process for approving BESS projects so that the errors of the Green Energy program are not repeated.

### Underwriters Laboratory (UL) Standards for BESS Systems

Canadian regulators generally point to two standards in terms of the requirements for BESS. For example, the Canadian Electrical Safety Association document published in May 2022<sup>7</sup> references a UL standard, **ANSI/CA/UL9540**.<sup>8</sup> This is safety standard for an energy storage system and equipment intended for connection to a local utility grid or stand-alone application. It designates key issues associated with these systems including safety of the battery system, functional safety, fire detection/ suppression/ containment and environmental performance. The standard was adopted in February 27, 2020 and updated on April 9, 2021.

The second standard, **UL9540A**<sup>9</sup> is related to the base UL9540 standard. It outlines a test methodology to evaluate the fire safety characteristics of a storage system at each of the cell, module, unit and installation levels. The focus is the ability of the BESS installation to handle thermal runaway propagation. Performance criteria are specified for each level within the installation. Meeting the criteria for each level is required before moving to the next level. Any installation that does not meet the applicable performance criteria is considered non-compliant and would need to be revised and re-tested.<sup>10</sup> These tests are designed to be undertaken in specialized fire testing facilities.

The UL9540 covers storage capacities up to 50 kWh. Installations larger than this need to comply with UL 9540A fire test performance criteria. These standards have been developed for the United States but have also been adopted for use in Canada.

### National Fire Protection Association (NFPA) Standard 855

The US-based NFPA views BESS installations as systems that can provide clean, low-cost sources of energy but it notes that they also present significant life safety hazards. NFPA 855<sup>11</sup>, a “Standard for the Installation of Stationary Energy Storage Systems”, was originally published in 2020 to address the dangers of toxic and flammable gases, stranded energy, and increased fire intensity associated with using lithium metal or lithium-ion batteries. Based on learning since 2020, this standard has already been updated in 2023 requirements for fire detection and suppression, explosion control, exhaust

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<sup>5</sup> Canadian Renewable Energy Association, Laying the Foundation, January 2022.

<sup>6</sup> IBID, page 14.

<sup>7</sup> Ontario Electrical Safety Code, Bulletin 64-7-1, Installation and Approval of Energy Storage Systems, May 2022.

<sup>8</sup> UL Solutions, Energy Storage Systems and Equipment, UL Standard 9540, 2<sup>nd</sup> Edition, February 27, 2020.

<sup>9</sup> UL Solutions, Standard for Test Method for Evaluating Thermal Runaway Fire Propagation in Battery Energy Storage Systems, UL Standard 9540 A, November 12, 2019.

<sup>10</sup> UL Solutions, Webinar - Canadian Codes and Standards for Energy Storage Systems, May 13, 2021.

<sup>11</sup> National Fire Protection Association, NFPA 855, Standard for the Installation of Stationary Energy Storage Systems, 2020.

ventilation, gas detection, and thermal runaway have been added or revised.<sup>12</sup> In a technology environment that is rapidly changing, this more recent standard may include important new information. Even though this is a US standard, it can also be used for BESS projects in Canada.

## Fire Suppression Systems

As there is no IESO requirement to address fire safety issues as part of the community meetings or requests for municipal support required in the RFP process, there is limited published information on how the proponents of BESS projects intend to comply with appropriate standards.

For example, Solar Flow-Through Funds, the company proposing a BESS system in Chesley (Arran-Elderslie), did not include this information in its presentation to the Arran-Elderslie Council when the municipal support resolution was requested nor is reflected in its community presentation. Limited information was provided to a local resident in response to a specific question about fire safety. The company responded that the system proposed for Chesley would include a comprehensive Fire Suppression System consisting of at least seven layers of protection. Below is the company description of each layer:

- First, the batteries are isolated from each other to prevent any current from flowing between them.
- Second, there are gas and fire monitoring and controls for each battery, rack and cabinet that provide immediate isolation, suppression, and mitigation in the experience of a thermal event.
- Third, each battery module can be isolated from the overall system, shut down and thermal management applied to suppress propagation.
- Fourth, deflagration systems are built into the containers that are designed to release gases in case of a build-up. The deflagration systems are designed to allow the container doors or roof to blow off if the gas detectors detect a rise in gas concentration beyond prescribed limits. When gases are released, the probability of a fire is significantly reduced as it is the combination of pressure, concentration, and heat that can cause a fire/explosion.
- Fifth, the fire suppression is planned to be accomplished with a potassium nitrate aerosol-based generator. Potassium Nitrate is a benign ionic salt.
- Sixth, in the event of a fire, a dry pipe sprinkler system is triggered to eliminate all thermal events within the cabinet.
- Finally, each system has 24/7 monitoring requirements and annual preventative maintenance plus training for the operators.

Other safety measures described include 24/7 remote monitoring to ensure normal system functioning. This system is monitored for performance and safety continuously and integrated with the IESO command center to perform the dispatch functions required by the system operator.

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<sup>12</sup> IBID,2023.

This layered system generally aligns with the requirements of UL9540, but the response did not provide a commitment that the system would meet the performance standards for 9540A testing. The statement that training would be provided for operators conflicts with the statement at the municipal council that the proponent would have no local operators but would contract with local electrical suppliers to undertake required repairs and maintenance. These contract arrangements will not ensure the availability of trained resources in the event of an emergency.

The discussions at the Prince Edward County Municipal Council<sup>13</sup> meeting regarding a municipal support resolution for a BESS project included a lengthy assessment of these provisions. Inadequate provisions to address fire safety issues were a key reason why the proposal did not receive support.

Safety measures were also a concerns raised residents living near the RES project proposed for Enniskillen Township.<sup>14</sup> Enniskillen Mayor Marriott said township officials tried to gather information on battery storage projects from provincial agencies and officials while attending a recent Rural Ontario Municipal Association conference in Toronto, “but the information is fairly sparse.”<sup>15</sup>

## Hydro One Setback Standards

The standards discussed above are primarily focused internally on the design of the battery structure but Hydro One has a set of additional standards that defines how BESS systems will be positioned relative to Hydro One infrastructure. As part of its Transmission Generation Interconnection Requirements, Hydro One includes a specific section on Setback Considerations for BESS facilities.

Hydro One explains that these requirements are necessary because:

*Lithium battery storage facility fires can generate intense heat and smoke for prolonged periods of time and are difficult to extinguish. If these facilities are located in close proximity to Hydro One transmission facilities, there is an increased risk to the system. Of more concern is the risk associated with a fire in the BESS that can damage the Hydro One facilities and/or cause line or station equipment flashovers due to the ionization of the air. This can cause Hydro One facilities to be taken out of service and pose a risk to safe, secure and reliable operation of the transmission system.*<sup>16</sup>

Hydro One has established minimum set-back distances for BESS systems from Hydro One facilities as outlined in the following table.<sup>17</sup>

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<sup>13</sup> Municipality of Prince Edward County, Municipal Council, January 31, 2023.

<sup>14</sup> Sarnia Observer, Oil City Battery Storage Proposal Dead in the Water, February 16, 2023.

<sup>15</sup> Sarnia Observer, Battery Storage Project Proposed, January 25, 2023.

<sup>16</sup> [Hydro One, Transmission General Interconnection Requirements](#), December 8, 2020, pg.22

<sup>17</sup> IBID.

Item #	Hydro One Facilities	Setback Distance
1	500 kV Right of Way	500 m
2	230 kV Right of Way	350 m
3	230 kV or 115 kV Right of Way with 2 or more double circuit 230 kV or 115 kV lines	250 m
4	115 kV Right of way with single circuit 115 kV line	150 m
5	550kV station	500 m
6	230 kV switching station	350 m
7	115 kV Switching station or a 230 kV or 115 kV step down station	250 m

*Source: Hydro One, General Transmission Interconnection Requirements, 2021*

As Hydro One is involved in confirming circuit capacity availability, it is assumed that these setbacks will be implemented as part of that process. Enbridge advised residents that setbacks used in the petroleum industry were reflected in the design of the project proposed for St. Clair Township.

If Hydro One and Enbridge are concerned about the impacts of BESS facilities on neighbouring activities that it requires setbacks from rights of way and facilities, **should similar setbacks not be incorporated into a provincial standard that would also apply to municipal road allowances and/or other improvements on adjacent land?**

### Requirements for Local Emergency Resources

The emergency response capabilities and resources available to respond need to be aligned with the types of emergency situations that can be encountered at each BESS location. As shown in the 2021 Tesla fire noted above, significant fire resources can be required for an extended duration to deal with emergency situations at these facilities.

This situation and emergency events at other BESS facilities provide some key learning for the emergency response plans for the BESS facilities being approved for Ontario:

- Rapid emergency responses are required suggesting that automated calls sent directly to the emergency call system for the community when an emergency situation is detected.
- Local emergency crews who respond need to be trained to handle lithium fires.
- While water will not put out a fire in a lithium battery, large volumes of water are required to cool all adjacent modules to stop an expansion of the fire. As a result, hydrants connected to a municipal water system are recommended on site.<sup>18</sup> The dry pipe system proposed as part of the BESS facility in Chesley assumes that this water source is available.
- The facility needs to be designed to allow emergency personnel to reach the problem module and to introduce water into the container at a safe distance.

<sup>18</sup> Brendan D. Miller, P.E. Westwood Professional Services, [4 Requirements you may be missing on your BESS project](#), July 28, 2021.

- Toxic fumes can be released when most of these facilities are experiencing an emergency situation. These emissions can contain hydrocarbons, carbon dioxide and carbon monoxide.<sup>19</sup> These can include flammable gases and designs include venting procedures to prevent an explosion within the unit. These situations need to be monitored remotely with warning provided to affected people.

The ability of the local community to supply these emergency resources needs to be confirmed as part of the approval process and in many cases may determine the locations where these facilities can be developed. An emergency plan should be developed in conjunction with the host municipality for each site that documents which services are expected from the municipality and which services the proponent will be providing or sourcing elsewhere. This plan should be reviewed and updated annually.

In response to questions from a local resident about the proposed St. Clair BESS, Enbridge stated that there were going to provide equipment and training to local fire departments as part of their implementation. Enbridge also stated that it is evaluating how it might integrate local Enbridge staff to work in conjunction with local fire departments in the event of a fire emergency. This confirms that Enbridge sees these risks are worth addressing and all projects should be providing similar support to local emergency services.

## Noise Emissions

The potential for noise emissions from BESS installation has been raised at a number of public meetings with the discussions largely centred on the equipment used to cool the batteries. In most of the discussions, it has been generally dismissed by proponents as “just noise from fans”.

More details on the noise emissions were provided in the discussion at the Arran-Elderslie Council meeting<sup>20</sup> in response to a specific question from a Councillor. The proponent indicated that current ventilation systems used for their type of small application generated noise levels of about 75 dBA at source. They expected that this noise level would decrease to a 40–45 dBA level over distance, but no support or engineering estimates for these statements was provided. The proponent also stated that the facility would be located in an area zoned for light industrial uses (i.e., not residential) where noise of this level could be expected.

Though not challenged at the Council meeting, there is a reasonable probability that these noise emissions of 75 dBA will violate the Arran-Elderslie noise by-law. Section 3.16<sup>21</sup> of this by-law prohibits commercial operations from discharging noise that is clearly audible 15.25 metres (50 feet) from the property line on which the structure is located. **The proponent was not correct** in stating that noise levels are determined by the zoning of the property on which the operation is located. In Chesley, it is assessed based on noise levels at nearby receptors. If the nearby site is seniors’ housing that is designated as a “Quiet Zone”, noise emissions are more restrictive.

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<sup>19</sup> UL Solutions, Webinar - Canadian Codes and Standards for Energy Storage Systems, May 13, 2021.

<sup>20</sup> Municipality of Arran-Elderslie, Video of Municipal Council Meeting, January 9, 2023.

<sup>21</sup> Municipality of Arran-Elderslie, By-law 61-09 (Noise Bylaw), November 9, 2009

The District Office of the Ministry of Environment Conservation and Parks will have a role in responding to any complaints that are logged with the Spills Action Centre or the local ministry offices. Addressing the noise levels early in the development process to ensure would reduce the need for local interventions after the project is built. In particular, noise barriers can be used to address these problems but a noise assessment of each location should be included in the application so that the need for any remedial sound abatement can be addressed before the project is approved. This would also allow the abatement to be designed before the construction phase is understood,

Transformer stations are another potential source of problem noise. Regulation 359/09 sets out noise mitigation measures for transformer stations linked to renewable energy projects.<sup>22</sup> It is assumed that these will also apply to any transformer station needed to link a BESS to the grid.

## IESO Requirements

The IESO's current submission requirements for applicants to respond to the RFP with a BESS project are fairly general except for those requirements that relate to the contractual relationship with the IESO.

The requirements in the contract are similarly general:

*The Supplier agrees to design and build the Facility using Good Engineering and Operating Practices and meeting all relevant requirements of the IESO Market Rules, Transmission System Code, Distribution System Code, the Connection Agreement, in each case, as applicable, and all other Laws and Regulations. The Supplier shall ensure that the Facility is designed, engineered and constructed to operate in accordance with the requirements of this Agreement<sup>23</sup>*

Beyond "using Good Engineering and Operating Practices", there are no further details in terms of the standards that need to be met. Similarly the "Municipal Support" form does not require the submission of any information on standards the proposed project will meet. The primary focus of the RFP and contract on matters of direct concern to the IESO: bid price, timing of completion, etc. With the limited information submitted, it is not clear how the IESO will distinguish between submissions in which bid price reflects an identified need to invest heavily in safety features and practices and one that has cut corners in the design to generate a lower bid price. Similarly, the value of a Municipal Support Resolution based on the minimal information required is questionable when municipal support may be withdrawn when the full details of the project are known. The legal implications in the event that a municipality withdraws its support resolution after a proponent has been awarded a contract are unknown. If a proponent has incurred costs for consultancy reports, deposits for equipment and infrastructure components, etc., is it possible the company could opt to initiate legal action against the municipality as a means of coercion if support is withdrawn?

The limited role of the IESO was less of an issue with wind turbine and solar projects when the IESO was only responsible for the approval of the contract. For those projects, there was a separate approval process operated by the environment ministry that had an application and municipal consultation process that required detailed submission documenting the details of the proposal including

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<sup>22</sup> Ontario, Regulation 359/09 Renewable Energy Projects, Section 35, October 10, 2009.

<sup>23</sup> Ontario Independent Electricity System Operator, ET1 – Contract Consolidated – February 3, 2023, Section 2.1 a

equipment proposed for use, siting arrangements, operating procedures, estimates of noise emissions and decommissioning arrangements. It is not clear what additional approval steps the IESO or the government as a whole are anticipating being applied to these projects.

## Role of Ontario Regulation 359/09

Development of some renewable energy facilities is regulated by Regulation 359/09. As shown by this review, a BESS facility can generate emissions that can be considered as “Adverse Effects” as defined by the Environmental Protection Act.<sup>24</sup> A BESS can also require significant resources from the host municipality.

### **There are no specific regulations applicable to BESS projects.**

The field staff of the Ministry of the Environment, Conservation and Parks will be responsible for management of any complaints about their noise emissions. This creates the potential for regulations and enforcement procedures related to BESS facilities to be developed after construction through the enforcement process.

New BESS facilities can also be linked to wind and solar projects which are covered under the Regulation and it is expected that new wind and solar projects may incorporate BESS capabilities to maximize revenue generated by the projects.

Despite these relationships, BESS projects are neither included, nor excluded, from the list of activities covered by Regulation 390/09. This regulatory environment needs to be clarified before moving forward with the approval of BESS projects:

- The approval process set out by the IESO only deals with the contractual relationship related to the generation and sale of electricity.
- The information that proponents are providing to municipalities to request a support resolution is not sufficient to consider this endorsement as an “approval” to proceed with construction of the project.
- The technology and standards related to BESS facilities continue to evolve rapidly, meaning that it is inappropriate to leave the technical requirements in the hands of local municipal building officials.

## Cost/Benefit Assessments

The IESO requirements for presentations to community meetings or municipal councils did not include any requirement to present cost-benefit analysis for the specific BESS project; however, proponents in the meetings already reference did put forward benefits from the project being proposed.

In their presentations, Solar Flow Through Funds focus on preventing local brownouts. For example, in their presentation to Arran-Elderslie Council,<sup>25</sup> the company representative indicated that the area had

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<sup>24</sup> Ontario, Environmental Protection Act, RSO 1990, July 1, 2020, Section 1 (1) Interpretation – Adverse effect.

<sup>25</sup> Municipality of Arran-Elderslie, Video of Municipal Council Meeting, January 9, 2023.



been identified by the IESO as needing this type of back-up capacity “to prevent potential brown-outs” in the Chesley/Paisley area. In a subsequent question, the Deputy Mayor reported on a community meeting where she learned confirmed that isolating the community from brown-outs was a key driver of the project.

This information presented to Arran-Elderslie conflicts with the priorities indicated in the IESO RFP which is focused on fixing capacity issues west of London and east of Pickering as the current problem areas. Four of the six sites being proposed by Solar Flow Through align with those criteria and it not clear why the IESO has specifically identified Chesley as a problem location or how at 4.99 MW project that is only capable of generating 19.96 megawatt hours for a period of four hours would provide a robust solution to this problem. It is also unlikely that Chesley would have a higher exposure to brownouts than other area communities without BESS facilities if the project did not proceed.

As no proponent has been willing to discuss costs for their proposed BESS projects, it is difficult to prove confirm that these BESS projects are providing real value to electricity users across Ontario. Given that the IESO reports that 70% of capacity shortfalls last for more than four hours<sup>26</sup>, the concern about the parallel community risk being created by increasing dependence on what is a very expensive supply with a very limited output.

## Conclusion

Residents of rural Ontario have extensive experience with energy projects that were approved without sufficient attention to the impact on people and communities. We are concerned that the current IESO RFP is repeating the mistakes of the past by launching a new RFP process that requires very few details on what is proposed or how its operation will integrate with existing municipal structures and services.

We do not want the situation with wind turbines to be repeated. The failure of the IESO or other agencies of the Ontario government to set out a comprehensive set of siting requirements for battery storage systems seems to be preparing rural Ontario for a repeat of the situation with wind turbines.

## Recommendations

It appears that the process for projects receiving an IESO contract is that following acceptance of a submission, the proponent would proceed to develop a more detailed proposal for implementation to be presented to local building officials for review and issuance of permits. Given the complexity of these projects and the rapidly changing technology, it is expected that this process could result in substantial delays in implementation of these projects as each small municipality involved gains an understanding of the detailed requirements required to issue the necessary permits. At the same time, these projects require detailed support from municipal partners meaning that the final approval must rest with local authorities.

On that basis, it is recommended that BESS systems be added to the list of renewable energy projects covered by Regulation 359/09.

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<sup>26</sup> IESO, LT1 RFP and Additional Mechanisms Engagement, June 9, 2022, Slide 14.

In addition, Regulation 359/09 needs to be amended to add setbacks from nearby activities. These setbacks would likely, at a minimum, mirror the setbacks established by Hydro One for setbacks from their facilities.

Proponents awarded contracts should be required to present detailed proposals for review by the Ministry of Environment, Conservation and Parks for technical completeness. These proposals should include the following:

- A design showing the proposed location of the facility in relationship to nearby activities that could be affected by an emergency at the facility.
- Confirmation that their technology provider(s) assembling the completed battery storage system has been certified by an accredited body that the BESS conforms to all requirements of ANSI/CAN/UL 9540A and NFPA 855.
- Confirmation that the design of the project includes fire monitoring and suppression system in the design of the project.
- A detailed construction and commissioning plan, including the on-site expertise required from start of construction to connection to the grid.
- The proponents must confirm that noise emission from all aspects of the proposed project will meet the requirements of the noise by-law of the host municipality or not exceed 40 dBA nighttime, and 45 dBA daytime, at the closest receptor to the project during times when the receptor is downwind of the project site whichever is more restrictive. Where noise barriers are required to meet these standards, they would be shown in the design of the facility.
- The proponent must confirm that it has established an emergency plan, in conjunction with the local municipalities and fire authorities, in the event of a battery fire. This would include details on the resources that it is expected that the host municipality would provide.
- The proponent must confirm that its emergency plan includes a communication plan with nearby residents and the local communities in the event of a battery fire.
- The proponent must confirm that its emergency plan includes an evacuation strategy for nearby residents, and livestock if necessary, in the event that evacuation is required.

Once the MECP has confirmed that the plan is technically complete, the package would be presented to the community for comment and the municipality Council for review and approval.

Only after the project has been reviewed by MECP and approved by the host municipal council would the formal requests for building permits be initiated.

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March 22, 2023

## BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

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

# Meeting Book - March 22, 2023, Board of Health Meeting

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a. Next Meeting Dates

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15. Adjournment



**Board of Health Meeting**  
**AGENDA**  
**March 22, 2023 at 5:00 pm**  
**Video/Teleconference**

**BOARD MEMBERS**

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

**APH MEMBERS**

Dr. Jennifer Loo - Medical Officer of Health & CEO  
 Dr. John Tuinema - Associate Medical Officer of Health  
 Antoniette Tomie - Director of Corporate Services  
 Laurie Zeppa - Acting Director of Health Protection  
 Kristy Harper - Acting Director of Health Promotion & Chief Nursing Officer  
 Leo Vecchio - Manager of Communications  
 Leslie Dunseath - Manager of Accounting Services  
 Tania Caputo - Board Secretary

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

- 2.0 Adoption of Agenda** *S. Hagman*
- RESOLUTION**
- THAT the Board of Health agenda dated March 22, 2023 be approved as presented.

**3.0 Delegations / Presentations**

- 4.0 Adoption of Minutes of Previous Meeting** *S. Hagman*
- RESOLUTION**
- THAT the Board of Health minutes dated February 22, 2023, be approved as presented.

- 5.0 Business Arising from Minutes** *S. Hagman*
- a. alPHa Winter Symposium Report

- 6.0 Reports to the Board** *J. Loo*
- a. **Medical Officer of Health and Chief Executive Officer Reports**
    - i. MOH Report - March 2023
    - ii. Public Health Champion Awards
    - iii. Strategic Plan

**RESOLUTION**

THAT the report of the Medical Officer of Health and CEO for March 2023 be accepted as presented.

**a. Finance and Audit**

*L. Morrissette*

**i. Finance and Audit Committee Chair Report**

**RESOLUTION**

THAT the Finance and Audit Committee Chair Report for March 2023 be accepted as presented.

**ii. Unaudited Financial Statements ending January 31, 2023**

*L. Morrissette*

**RESOLUTION**

THAT the Board of Health approves the Unaudited Financial Statements for the period ending January 31, 2023, as presented.

**b. Governance Committee**

*D. Graystone*

**i. Governance Committee Chair Report**

**RESOLUTION**

THAT the Governance Committee Chair Report for March 2023 be accepted as presented.

**ii. Policy 02-05-020 - Travel**

**RESOLUTION**

THAT the Board of Health has reviewed and approves **Policy 02-05-020 - Travel** as presented.

**iii. Policy 02-05-030 Board Member Code of Conduct**

**RESOLUTION**

THAT the Board of Health has reviewed and approves **Policy 02-05-030 Board Member Code of Conduct** as presented.

**iv. 02-05-080 Performance Evaluation for MOH CEO**

**RESOLUTION**

THAT the Board of Health has reviewed and approves **Policy 02-05-080 Performance Evaluation for MOH CEO** as presented.

**v. Policy 02-05-085 Orientation Board Members**

**RESOLUTION**

THAT the Board of Health has reviewed and approves **Policy 02-05-085 Orientation Board Members** as presented.

**vi. 02-05-087 Board Member Terms of Office**

**RESOLUTION**

THAT the Board of Health has reviewed and approves **Policy 02-05-087 Board Member Terms of Office** as presented.



**vii. 02-05-089 Chair Roles and Responsibilities**

**RESOLUTION**

THAT the Board of Health has reviewed and approves **Policy 02-05-089 Chair Roles and Responsibilities** as presented.

**viii. By-Law 15-01 To Provide for the Management of Property**

**RESOLUTION**

THAT the Board of Health has reviewed and approves **By-Law 15-01 To Provide for the Management of Property** as presented.

**7.0 New Business/General Business**

*S. Hagman*

**8.0 Correspondence**

*S. Hagman*

- a. Letter to the Minister of Health from Windsor-Essex County Health Unit regarding Physical Literacy for Healthy Children dated February 28, 2023.
- b. Letter to the Prime Minister of Canada from Northwestern Health Unit regarding Alcohol Health Warning Labels dated March 3, 2023.
- c. Letter to the Minister of Health and to the Minister of Intergovernmental Affairs, Infrastructure and Communities, from Peterborough Public Health Regarding Federal IAQ Advocacy dated March 3, 2023.
- d. Letter to the Minister of Health and to the Minister of Labour, Immigration, Training and Skills Development, Ontario, from Peterborough Public Health Regarding Provincial IAQ Advocacy dated March 8, 2023.
- e. Letter to the Minister of Health from alPHa regarding the 2022 Chief Medical Officer of Health Report dated March 9, 2023.

**9.0 Items for Information**

*S. Hagman*

- a. **2022 Chief Medical Officer of Health Annual Report**
- b. **alPHa Information Break - March 2023**
- c. **alPHa Annual General Meeting**

**10.0 Addendum**

*S. Hagman*

**11.0 In-Camera**

*S. Hagman*

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

**RESOLUTION**

THAT the Board of Health go in-camera.

**12.0 Open Meeting**

*S. Hagman*

Resolutions resulting from in-camera meeting.

**13.0 Announcements / Next Committee Meetings:**

*S. Hagman*

**Finance & Audit Committee**

Wednesday, April 12, 2023 @ 5:00 pm  
SSM Algoma Community Room | Video Conference

**Board of Health**

Wednesday, April 26, 2023 @ 5:00 pm  
SSM Algoma Community Room | Video Conference

**Board of Health Orientation & Governance PD**

Saturday, April 29, 2023 @ 9:00 am  
SSM Algoma Community Room | Video Conference

**14.0 Evaluation**

*S. Hagman*

**15.0 Adjournment**

*S. Hagman*

**RESOLUTION**

THAT the Board of Health meeting adjourns.

## **ALPHA WORKSHOP ~ Thursday, February 23, 2023 ~ 1:00 p.m.**

**Trudi Sachowski – President Loretta Ryan – Executive Director**

**Road to Mental Health Readiness – Suzanne Bailey & Marty Lipcsey**

When responding to a traumatic event – acknowledge and listen

- Public shaming when wearing a mask
- People have replaced social isolation with ranting/death threats
- Employees leaving their jobs and no one to take these jobs
- Conspiracy theories – lack of trust on what is being communicated
- Burnout from being in the COVID phase for a long time
- Families were torn about – the anti vacsers vs. the vacsers
- Home schooling– trying to maintain job and teaching children
- Fear of contacting COVID
- Milestones were missed such as graduation, funerals, weddings
- People questioned recommendations
- Situations beyond our control
- Four ingredients activate our stress response
  - Coping strategies had to be learned – crisis situations brought forward new support systems
  - Novelty
  - Non predictability
  - Destabilizations
- Members are facing things that they never thought they would see in their lifetime.
- “Not all super heroes wear capes”
- The pandemic raised the profile of Public Health
- There is an increase of sick leave due to burn out
- Working from home was an adjustment/coming back to work is a bigger adjustment

What was good about the past three years?

- Human nature to focus on the negative
- Family unit strengthened
- Partnerships with municipalities came about and relationships improved
- Connectivity has improved on many platforms – e.g. Zoom
- Being able to identify the factors that are at play in specific situations can help us be more effective in managing and resolving the situation. Being able to identify the factors gives a sense of control, which in and of itself can lower the stress response.

- The cost of virtual meetings allows Councils and Boards of Health to meet virtually. This has been a times saver and saves funds that can be diverted to different envelopes.
- Many lives have been saved due to public health rollout of vaccines!
- Our brains are wired to hang on to negative experiences so we need to deliberately seek out the positive situations
- Not knowing when COVID will end can lead to mental, physical and emotional fatigue – in times like this we might experience stronger emotions and this drains our energy
- “Oh sorry that wasn’t my best five minutes” a phrase that exemplifies when we aren’t in control of our emotions

### **Performance Cycle – preparation, performance and recovery**

- Acknowledge that there are a lot of items coming at our senior leader who wear “the badge of honour”
- Mindset acceptance – to manage our stress is to apply the skill of acceptance as there will always to be things that we don’t have control over. It’s normal to resist things that we don’t like. We might not always agree but we can agree to disagree.
- I want to show up each day – ensuring I have a positive mindset, which in turn may influence others around me if I am positive, engaged, energetic understanding etc.
- Gallows humour has saved the day in many cases. All to say that a sense of humour really helps.
- Gratitude – random acts of kindness, looking for positive experiences
- Its surprising have many people who wear a mask have smiling eyes and under our mask we smile back.

Challenged mindset – happens when we don’t have the resources. Does your work give you meaning and purpose?

Sleep and Physical Activity can give us super powers. Insufficient sleep can negatively impact our work like.

Attention is a commodity. Three minutes of negative news can affect our daily outcomes. We can shift our attention to positive outlooks – focus on what you have verses don’t have.

When problem solving – work on active coping strategies such as gathering information, asking for more time, look at it as a positive challenge.

Emotion focused strategies – include physical activities such as walking, cooking and cleaning – things that take you away from the emotional situation.

Goal Setting – can be used to plan our tasks, which helps feeling anxious about situations. By breaking situations into smaller pieces, it's easier to handle.

Visualization or mental rehearsal helps us manage the task at hand.

Deep Breathing – take deliberate control of inhaling or exhaling for 5 minutes.

Self Talk – there is a constant stream of dialogue in our mind. When we are discouraged ask – is this true, is this helpful?

We don't make our best decisions when we are stressed. Clear the mind so that you can see the situation through clear minds.

Celebrate every little thing!

Managing emotions – pay attention to your emotions

- Tune in to the signals – e.g. clenching your jaw, tensing your shoulders
- When the emotion is identified can deactivate the situation by 50%
- Consider how to respond to change the emotions
- Humans are wired for social connection – this can help with healthy coping strategies
- Don't be afraid to rely on the people around us. Sometimes we don't have all the tools to solve a problem – it's okay to call a friend/colleague

**Mental Health Continuum**  
**– Healthy – Reacting – Injured – Ill**  
**– The movement goes both ways.**

**Recovery:**

- Lead by example – mentally slow down from work – leave work at work doesn't look at emails in the evening or on weekends.
- Habits, activities, reading, knitting, playing with pets
- Needs to be built into the daily routine
- Look at your routines – those that get you into your work day and those that get you out of your work day e.g. Physically entering and leaving work
- Take advantage of vacation time to rebuild and re-energize

### **Leadership and Wellness:**

- Share knowledge
- Be patient and encouraging
- Set expectations up early
- Having a feedback mechanism
- Set conditions for staff such as being transparent about the future based on what you know.
- The ability to have 24/7 contact with leadership
- Show and share a vision and plan so staff know where they are in the big picture and can own their hunk of the work
- Take a break and take care of yourself
- Leaders influence others through their personal attributes
- Recognize limits of everyone especially yourself
- Be honest when you don't have all the answers
- Give people permission to adapt at their own pace
- Express gratitude for the hard work that the team has given
- Be kind to yourself and your team
- Listen to your team members in a safe environment
- Have empathy – encourage inclusion and meaning

**Friday, February 24, 2023 – aPHa Winter Symposium – 8:30 a.m.**

### **Opening Remarks:**

**Premier Doug Ford** and **Honourable Sylvia Jones**, Minister of Health provided opening remarks, giving thanks to Public Health and giving an overview of funding and strengthening public health.

**Dr. Theresa Tam**, Chief Medical Officer of Health, Government of Canada – also gave thanks to Public Health representatives reminding everyone to take care of their personal health. Dr. Tam encouraged more data modernization. Dr. Tam spoke of Climate Change and environmental harm. Public health is well positioned to work across sectors.

**Colin Best** – AMO President also gave thanks and support for public health.

**Allan O'Dette** - CEO – Ontario Medical Association

Dean - Dalla Lana School of Public Health

### **Public Health Matters Updates:**

Trudy Sachowski – President alpha Board members are encouraged to look at aPHa website to see the activities and newsletters. There are 34 public health units in the province.

## **RRFSS is the Rapid Risk Factor Surveillance System –**

Wellness Month is in May ~ many activities will be taking place. This will focus mental health and wellness

June will have the first in person alpha conference being held in Toronto.

## **Carmen McGregor, Chair, Boards of Health Section, alpha**

The Board of Health Resources include:

- An Orientation Manual for Board Members
- A BOH governance tool kit - look at alpha web.org
- Supporting PH communities
- Alpha has strategic relationships with all providers of health services and municipal councils
- AMO relationship with public health has grown – health task force sends recommendations to the Minister of Health

## **Dr. Eileen de Villa, Chair, COMO H Section, alpha**

- Public Health Matters is a publication that focuses on the challenges of public health and the successes
- Ontario Pre-Budget Consultations is on the alpha website
- There are several COMO H working Groups
- Congratulated public health employees on the huge strides in the past year in working towards the goals of public health

Loretta Ryan facilitated a question and answer to the three speakers.

## **Dr. Christopher Simpson – Executive Vice President and Chief Medical Officer, Ontario Health Ontario Health Update**

- Slide deck in on the alpha website
- 200,000 on surgical waitlists – which is the same as pre- pandemic – trend of long waiters is coming down except in pediatric surgery
- Key approaches have been identified to facilitate ramping up pediatric access to surgical care and specialized care
- Clinical Leadership is key at all levels
- Questions were posed to Dr. Simpson such as the linkage between Ontario Health, Ontario Health Teams and Public Health

## **OPP Enhancing Safety, Strengthening our Communities – Constable Wendi Hughes**

- Slide deck is on the alpha web
- Walking – don't walk alone, be aware of surroundings, carry a cell phone, plan the route, tell a friend where you are walking
- In a vehicle – keep maintained, have a call police sign in vehicle, cell phone, first aid kit, park in well lit area, back into parking spot, never pick up a hitchhiker, have your key ready when you reach the vehicle, visually check the car before you get in, lock doors and keep windows up, avoid traveling at night, know where you are, be aware of your surroundings
- Being followed – don't drive home, attempt to locate the closest police office and drive there, call police and provide a vehicle description
- Online – never give out personal information, make social media accounts private, nothing online is anonymous or private, consider using an abbreviated name, only add friends to friends lists, don't post your picture on line, adjust privacy settings, limit things online, don't share password
- In public – model calmness, speak softly, raise open hands, not fists, don't argue, consider remaining silent
- At home don't open the door to a stranger, install quality locks, use door viewers, keep doors and windows locked, always lock the door behind you, don't hide your keys outside, leave them with a trusted friend or relative, don't broadcast that you are away, draw shades or blinds after dark, consider security cameras, be firm and if they refuse to leave call police
- When reporting to police – do not put your safety at risk call 888-310-1122 or 911

## **Update from Public Health Ontario – Michael Sherar, President and CEO**

- Big thank you to everyone who was involved with ensuring that people across the province remain healthy and safe
- PHO's role in supporting the Ministry of Health is fundamental in supporting and advancing public health
- There is extra work to be done to ensure that we get back on track now to do all the other facets of public health
- Strategic Planning is going to take place to have goals for the province as it relates to public health initiatives in place

## **Ontario Public Health Information Database Study (OPHID) – Brendan Smith, Scientist PHO, Roman Associate Professor University of Alberta, Naomi Schwartz, PHD, Epidemiologist Lead, PHO**

- Slides are available on alpha website



### **Update from the Minister of Education – on behalf of Honourable Stephen Lecce presenting – Nancy Naylor**

- Appreciation extended to PH for the partnerships that assisted in supporting school boards
- Like to continue collaboration with PH and Ministry of Health
- Important for students to be back learning in person
- There is a plan to catch up for students as the impacts of the pandemic are known – reading strategy, math, attendance are being reviewed

### **Update from the Chief Medical Officer of Health – Dr. Kieran Moore**

- Thank you to all colleagues for the incredible work you are doing!
- 1000 days of dealing with the pandemic
- Amazing resilience at the local level – COVID dominated our professional and personal lives and now we are in a state of recovery of programming although we are in an endemic
- There will be a spring rollout of vaccines
- We continue to monitor all viruses and activities globally

Afternoon Sessions:

### **Middlesex Health Unit – Dr. Alex Summers**

- The works of public health is diverse!

### **Association of Local Public Health Agencies – Loretta Ryan Executive Director – what we're all about!**

- Represent the leadership of the systems as a whole
- alPHa was established in 1986
- There are many stakeholders including 34 medical boards of health, OMA, 7 affiliate groups, COMOH
  - Association of Ontario Public Business Administrators, Epidemiologists, Inspectors, Health Promotion Ontario, Public Health Dentistry, Nursing Leaders and Dietitians
- alPHa does advocacy, communication, education and representation
- Partnerships with other groups such as AMO
- Information Break – gives an up to date communication
- Workplace Health and Wellness Month – May 2023
  - Mental health tips include time management, the right amount of sleep hours, exercise, hobbies, taking breaks from electronic devices, meditation, connect with your close ones (Family and friends), enjoy the little things and celebrate your accomplishments
- Digital e library is being developed for members to access
- June conference taking place in person – looking for representation from all boards of health
- There are Key Resources on the alPHa website

## **Update from Association Municipalities of Ontario (AMO) – Lindsay Jones & Michael Jacek, Daniela Spagnuolo**

- Mandate role and interest in Health
- Current municipal context is the relationship with the province
- AMO's advocacy is housing and homelessness
- Current priority policy work that aligns with public health includes
  - Health human resources strategy
  - Homelessness, housing and health
  - Mental health and addictions
  - Community Para medicine and home care
  - Ontario Health and Ontario Health Teams – and how funded
  - Public health transformation + public health funding

## **Board of Health Liability and Governance – James LeNoury & Monika Turner – slide deck on aPHa website**

- General Liabilities of Directors
  - Statutory liability – Ontario Corporations Act/Not for Profit Corporations Act: BOH exempt under s 52(2) HPPA, Employment Standards Act, ss81 and 80; Occupational Health & Safety s.32 and Human Rights Code, s.5
  - Determining liability happens when conduct fall short of the established standard of care and may be higher in some circumstances
  - Health Protections and Promotion Act (HPPA) – look at section 2 & 4 5,6,9, 12 & 13. As well as section 42,(1), 56 (2) 95 (1) and (2) (3) (4), 72 deals with the obligations regarding finances between a municipality and a board of health
  - “Reasonably prudent person”
  - Ministry Expectations include sections 5,7, and the Public Health Accountability Framework – submit all reports as requested by the Ministry, submit actions places to address any compliance or performance issues, have a formal risk management framework that identifies, assesses and addresses risk
  - Board Governance – have duty of care report submitted at each Board Meeting – everyone's responsibility to ensure the integrity of the public health system, especially its governors
- BOH Governance – on aPHa Website
  - BOH Orientation Manual
  - BOH Governance Toolkit – revised in November 2022
  - There are six elements that are necessary for a BOH to be effective:
    1. Commitment
    2. Acceptance
    3. Planning
    4. Communication
    5. Outcomes & impact in the community

## 6. Reporting – to community and the province

- Governance Policy Framework is in the toolkit
- Legislative Requirements are under the Municipal Act and HPPA
- Ensure your by laws are up to date

Thank you Algoma Public Health Board for permitting me to attend this symposium!

Respectfully submitted by

Sally Hagman

APH Board Chair



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

March 22, 2023

Report of the

# Medical Officer of Health / CEO

Prepared by:  
Dr. Jennifer Loo and the  
Leadership Team

Presented to:  
Algoma Public Health Board of Health

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## APH AT-A-GLANCE

### Spring 2023: Beginning Again

The theme of “beginning again” permeates much of APH life as we enter the spring of 2023. Our local public health unit, and public health units across the province, are once again attending to the full breadth of health and health equity issues that touch our communities, from alcohol and substance use to catch-up immunizations, to food insecurity. Teams are refreshing projects and partnerships put on hold due to the great disruption of COVID-19 more than three years ago. And the APH team itself is literally coming back together. By April 3, 2023, the full complement of APH staff will have fully transitioned back to the office in person. Our new approach will take advantage of the benefits of working primarily together in person and continue to provide programs and services to our clients, while allowing for some flexibility so as not to lose the opportunities that occasional work from home can offer.

At the organizational level, we are revitalizing our strategic plan and engaging all staff – from frontline to leadership team – in pandemic recovery. At APH, this means taking care of our team, acknowledging the tremendous stress and human toll of the pandemic response, finding and celebrating the stories of impact and resilience that have taken place over the past three years, and strengthening employee wellness and development in the months and years ahead.

One of APH’s strategic priorities is to **grow and celebrate an organizational culture of learning, innovation, and continuous improvement**. The human element of pandemic recovery fully aligns with this priority. In recent weeks, initial steps have been taken to lay the foundation for the organization’s work in this area.

- APH has reconstituted our **Employee Wellness Committee**, with representatives from across our geography and teams, and at both staff and management levels.
- On **Employee Appreciation Day** on March 10, 2023, APH leadership and representatives from the Board of Health expressed heartfelt gratitude and appreciation to APH’s 167 employees for their tremendous work and dedication. In addition to a selection of treats to mark the occasion, APH staff also enjoyed presentations from fellow colleagues, which highlighted and celebrated the unique and diverse work of public health.
- APH staff have also recently updated and created new **organizational policies to reflect the requirements and realities of the post pandemic world**, including the Remote Work Policy, Flextime program policy and the Disconnecting From Work Policy.
- At the middle and senior management level, APH has embarked on a program of **leadership training and development**. APH senior management recognizes that many new leadership team members entered their roles during the intensity of the pandemic response when opportunities for orientation and formal training were scarce. During the past several months, all of APH leadership have benefitted from a series of external leadership coaching sessions, both at the team and individual level.

Throughout the pandemic, APH staff have demonstrated their above-and-beyond commitment to their clients, communities, and fellow colleagues. Our internal activities of the recent months, and the work ahead, reflect APH’s ongoing priority to invest in our people and nurture a culture of learning, innovation, and continuous improvement.

## PROGRAM HIGHLIGHT - Communications

**From:** Leo Vecchio, Manager, Communications

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

- The **Foundational Standard: Effective Public Health Practice Foundational Standard** includes research, knowledge exchange, and communication, and acknowledges that promotion and protection of the public's health requires effective communication. Requirement 7 outlines that "the board of health shall use a variety of communication modalities, including social media, taking advantage of existing resources where possible, and complementing national/provincial health communications strategies".<sup>(1)</sup>

### **2021-2025 Strategic Priorities addressed in this report<sup>(2)</sup>:**

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

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

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

### **Key Messages**

- Health communication is foundational to the work of public health; it helps translate and connect evidence-based information on health promotion and protection to individuals, organizations, communities, and the broader population in Algoma to inform policy, programming, decision-making and behaviours that support health and wellbeing.
- An effective health communication strategy is comprehensive and mindful of its audience's needs.
- APH uses online and traditional platforms to communicate with target audiences to help improve program delivery and the reach of our messages.
- Throughout the COVID-19 pandemic, communication efforts increased to meet public demand and relay pertinent information to protect oneself and others, as pandemic guidance was constantly being updated at federal, provincial, and local levels, necessitating education for community action.
- Communication is a critical element of pandemic recovery and the revitalization of APH's strategic plan.

### **Understanding Health Communication: What is it? How do we do it?**

Health communication is the study and use of communication strategies to inform and influence individual and community decisions that enhance health<sup>(3)</sup> It is a dynamic process, where health communication and health promotion theories and concepts (e.g., Nudge Theory, Theory of Planned Behaviour) are used to underpin communication, both the content and delivery of messages, to move individuals or groups towards a positive behaviour.

Public health practitioners are trained and continuously learning to communicate effectively with diverse groups, interpret information for professional and community audiences, mobilize communities by using appropriate media and social marketing techniques, and to use technology to communicate and support access to credible information.<sup>(4)</sup> Currently, APH uses digital and social platforms (i.e., website, online advertising (i.e., Google), Facebook, Instagram, and Twitter, traditional media including radio and print, as well as e-blasts to sector-specific audiences to share messaging.

Health communication is central to health promotion because it can influence change among individuals, organizations, communities, and society. Health communication can increase demand for a service, provide education, counter myths and misconceptions, and help drive healthy public policy development and reform at the local, provincial, or federal level.

Health communication does this by:

- Prompting an individual to take action to improve their health (e.g., testing for sexually transmitted infections, steps and supports to reduce or stop smoking).
- Communicating the benefits of a behavior change (e.g., benefits of home radon testing or benefits to staying up to date with routine vaccinations).
- Advocating for healthy public policy (e.g., adding healthy menu options at recreation centres, adding health warning labels to purchased alcohol to inform consumers).

At Algoma Public Health (APH), communication plans are comprehensive and consider many factors, as communication is a dynamic process.<sup>(5)</sup> To create a communication plan, public health programs work in consultation with the communications team to gather data, analyze audiences, establish goals and objectives, develop evidence-informed messages, implement the communication plan, and evaluate the outcomes.

Two current examples of this process in action include:

- Communications plan driving the food safety campaign launched in January 2023 that will provide information on important decisions that need to be made when you are prepping, cooking, or even eating meals at home to avoid food-borne illness.
- Communications plan being developed for the Community Health Profile, that will provide guidance on how we will share, make accessible, and help the public and community partners digest our population health data, including information on social determinants of health and health inequities, that is presented in the final report and/or webpage.

When the end-user receives, understands, and/or acts upon the public health message being communicated, we can say that our health communications are effective.

### **Snapshot of Communication during the COVID-19 Pandemic**

Risk communication is essential in managing any public health crisis and was at the core of the work of public health during the COVID-19 pandemic.<sup>(6)</sup> Providing timely, clear, and consistent information to the public, key stakeholders and partners that was supported by reliable evidence on the risks, uncertainties, and consequences of the pandemic was fundamental to our role.<sup>(6)</sup> Effective risk communication helped to increase awareness, build trust, and encourage people to take appropriate actions to protect themselves and their communities.

During the COVID-19 pandemic, risk communication was used to educate the public about the transmission of the virus, symptoms for screening, prevention measures (e.g., masking, distancing), and the safety, effectiveness, and availability of vaccines. It also helped to address concerns and fears related to the pandemic and provided updates on the evolving situation.

The snapshot below emphasizes the pivotal role of communications by APH during the pandemic. Communities were looking for local information, and the use of media and social media by the public speaks to the volume of use of the information shared. From March 2020 to December 2022, APH:

- Responded to 766 media requests.
- Continually updated the APH website and relevant pages (e.g., Case and contact management, COVID-19 vaccines, workplace policy toolkit, healthy workplaces, etc.), which had 7.1 million unique page view with an average time of 1:51 minutes per view.
- Maintained the APH Facebook page (main social media account) which had 9.5 million impressions with over 230, 000 engagement on posts.

This was in addition to media releases, community bulletins, sector-specific e-blasts (group emails), information primers and print (e.g., bus ads, bulletin boards, digital advertising, signage, etc.) that were circulated through Algoma.



## Next Steps

The communications team intends to leverage insights gained from communication during the pandemic to inform and enhance future communications related to public health services and programs, especially as we work to restore and rebuild public health as part of recovery.

Over the next year, the communications team plans to continue consulting with programs to share evidence-informed health messages and information with the communities we serve and promote available services and supports, to increase awareness of the role and work of local public health outside of emergency response. In addition, the communications team will continue building capacity internally and with community partners for health communication (e.g., plain language, including writing for the web, working with media, effective presentation skills and using social media as a listening tool, etc.).

Communications is also supporting the revitalization and implementation of APH's strategic plan and vision and mission. For example, to help our staff and our community know our vision and mission we have developed wall art that displays our vision and mission. This plays a crucial role in reinforcing this message to staff and our community.

## References

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## PROGRAM HIGHLIGHT - Food Affordability for Low-Income Households in Algoma

**From:** Hilary Cutler, Manager, Community Wellness

### Program Standard requirements<sup>(1)</sup> addressed in this report:

- The board of health shall conduct surveillance, including the **ongoing collection, collation, analysis, and periodic reporting of population health information**, as required by the Health Protection and Promotion Act and in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
- The board of health shall **assess and report on the health of local populations describing the existence and impact of health inequities** and identifying effective local strategies that decrease health inequities in accordance with the *Health Equity Guideline, 2018* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).
- The board of health shall **lead, support, and participate with other stakeholders in health equity analysis, policy development, and advancing healthy public policies that decrease health inequities** in accordance with the *Health Equity Guideline, 2018* (or as current).

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

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

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

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

### Key Messages

- March is National Nutrition Month, a time to recognize the important role nutrition plays in overall health and wellness, while also bringing awareness to the fact that healthy eating is unattainable for many people in Algoma, especially those experiencing low-income.
- Algoma Public Health's (APH) Nutritious Food Basket survey is used to monitor local food affordability and has shown that low-income households in Algoma experience some level of food insecurity.<sup>(2)</sup>
- Household food insecurity is the inadequate or insecure access to food due to financial constraints, meaning a household does not have enough money for food.<sup>(3)</sup>
- According to the Canadian Income Survey, 17.3% of households in Algoma were food insecure, compared to 16.7% of households in Ontario, between 2018-2020.<sup>(4)</sup>
- Food insecurity is a serious public health concern that negatively impacts physical, mental, and social well-being, as well as life expectancy, and poses a burden to the health care system.<sup>(3, 5)</sup>
- Upstream policy interventions are required to effectively reduce household food insecurity.

### The Process of Monitoring Food Affordability in the District of Algoma

Boards of Health are required to monitor food affordability at the local level according to the *Population Health Assessment and Surveillance Protocol, 2018*<sup>(6)</sup> within the Ontario Public Health Standards. The *Monitoring Food Affordability Reference Document, 2018*<sup>(7)</sup> provides guidance to Boards of Health for fulfilling this requirement. The purpose of monitoring food affordability is to understand the cost of foods that reflect healthy eating recommendations and to support access to nutritious, safe, and preferred foods.

Since 1998, Ontario Public Health Units have monitored food affordability using the Nutritious Food Basket (NFB) survey. After release of the *2019 Canada's Food Guide*<sup>(8)</sup> and a corresponding update to the *National Nutritious Food Basket*, the Ontario Dietitians in Public Health (ODPH) Food Insecurity Workgroup (FIWG) (of which APH is a member), adapted the survey tool to be reflective of current healthy eating recommendations.

In June 2022, APH was one of 27 health units that participated in piloting the new survey tool and a hybrid model of in-store and online costing. Public health dietitians collected food prices from eight grocery stores across Algoma (5 in Sault Ste. Marie, 1 in Wawa, 1 in Elliot Lake and 1 in Blind River). Costing was conducted online for 6

stores and in-person for 2 stores. Pricing data from all stores was pooled together and used to calculate the average cost of food for 22 different age and gender groups. **In 2022, the cost to feed a family of 4 in Algoma was \$254 a week, or \$1,100 a month.**<sup>(2)</sup>

Since a new survey tool and costing methodology was used in 2022, the results cannot be compared to previous years. Furthermore, according to the *Monitoring Food Affordability Reference Document*, comparisons should not be made between health units, as the mix of stores and the approach to store selection may be different.<sup>(7)</sup>

A few limitations of this tool are that it assumes people have the time, skills, and equipment needed to cook the food items and it does not include prepared convenience foods, baby foods, infant formula, foods purchased for religious, cultural reasons or special diets or household non-food items, such as toiletries or cleaning supplies, items that many families purchase alongside groceries.

### 2022 Income Scenarios

To monitor food affordability, the cost of food is related to individual and household incomes. The ODPH FIWG supports this work by developing various income scenarios. Public health units input local food costs using their NFB data and local rental costs from the Canadian Mortgage and Housing Corporation (CMHC) to determine the percentage of a household’s income that would be used to pay for rent and food. According to the CMHC, housing is considered “affordable” if it costs less than 30% of a household’s income before-tax.<sup>(6)</sup> The money leftover is what is available to put towards all other necessities, such as food, medication, clothing, school supplies, transportation, and activities.

Results in Table 1.0 below show that low-income households experience some level of food insecurity. Food insecurity is the inadequate or insecure access to food due to financial constraints and ranges in severity from worrying about food running out, to buying lower quality foods, to eating less food, and in extreme cases, going an entire day or more without eating.<sup>(3)</sup> When households do not have enough money to meet the rising cost of basic needs, their food budget is often used to pay for other fixed costs, like rent and utilities.

**Table 1.0: Income, Rent, and Food Expenses for Families in Algoma**

	Family of Four Minimum Wage	Family of Four Ontario Works	Single Male Ontario Works	Single Male Ontario Disability Support Program	Senior Old Age Security/ Guaranteed Income Supplement
<b>Monthly Income*</b>	\$3,993	\$2,780	\$876	\$1,322	\$1,898
<b>Rent** (% income)</b>	\$1,144 (29%)	\$1,144 (41%)	\$671 (77%)	\$871 (66%)	\$871 (46%)
<b>Food (% income)</b>	\$1,100 (28%)	\$1,100 (40%)	\$396 (45%)	\$396 (30%)	\$284 (15%)
<b>Money Leftover</b>	<b>\$1,749</b>	<b>\$536</b>	<b>-\$191</b>	<b>\$55</b>	<b>\$743</b>

\*This amount that assumes all eligible tax credits and entitlements are received. Actual income may be lower if the household does not file their income tax or does not apply for all available tax credits.

\*\*Amounts are from the CMHC’s 2021 Rental Market Survey Data Tables for Sault Ste. Marie.<sup>(9)</sup>

People who experience food insecurity are more likely to be diagnosed with chronic diseases, mental health disorders, infections, and communicable diseases.<sup>(3, 5)</sup> Food insecurity also makes it more difficult to manage chronic diseases, leading to poorer health outcomes. This makes food insecurity a serious public health concern and poses a burden to the health care system from preventable illness and disease.

### **Income-Based Policy Solutions**

Food charity, such as free meal programs and food banks, have been the primary response to food insecurity by governments and communities. These are downstream interventions that try to alleviate the effects of food insecurity at the individual level. Food charity provides temporary relief to people who access these programs and research has shown that only 20% of people who are food insecure will use a food bank.<sup>(5)</sup>

To effectively reduce food insecurity, upstream interventions at the policy level are required. Policies that improve the income of low-income households address the root of the problem. Federal and provincial governments are responsible for implementing high-level policies that can reduce household food insecurity, such as increasing minimum wage, raising social assistance benefits to reflect costs of living, providing a basic income, and reducing income tax rates for the lowest income households.<sup>(3)</sup> These policy conversations are not new to public health, as local Boards of Health, with support from the Association of Local Public Health Agencies (aLPHa), have been calling for federal and provincial policy reform on income security and its direct link to negative health outcomes, since 2005.<sup>(10)</sup>

Municipalities can take action to improve the financial circumstances of low-income households by advocating to provincial and federal governments for income-related policies, supporting free income-tax filing programs for low-income households, providing a living wage, and investing in local programs and services that make life more affordable (e.g. affordable housing, transit and recreation programs, and subsidized childcare).

Income solutions ensure the basic right to food, and everyone should be able to achieve their most basic human needs.

### **Next Steps: 2023 and Beyond**

- Utilize the NFB survey results to raise awareness that food insecurity is a serious public health concern caused by inadequate income.
- Continue to monitor food affordability by conducting NFB costing in May-June 2023.
- Continue working with the internal Food Insecurity Committee to coordinate agency-wide messaging and initiatives.
- Collaborate with municipalities and community partners to support evidence-based activities to address food insecurity at the local level (e.g. health equity awareness and education, such as “Bridges out of Poverty” workshops).
- Consider policy windows and opportunities to support advocacy regarding income-based policy solutions for addressing food insecurity at the population level (e.g. timely motions and resolutions that support local public health action across Ontario).

### **References**

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## Vision

Health for all. Together.

## Mission

We promote and protect community health and advance health equity in Algoma.

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

- A.** Strengthen population health assessment to improve understanding of the distribution and determinants of health and disease, including local health disparities, and identify priority populations for public health and health equity action.
- B.** Work with partners to exchange knowledge and align our shared data to have more impact on population health.
- C.** Work with priority populations to develop a shared, holistic understanding of community health needs.



### Improve the impact and effectiveness of Algoma Public Health programs.

- A.** Align programs to population health priorities and to the unique role of public health.
- B.** Use evidence and data to plan and evaluate for program effectiveness and impact.
- C.** Support agency-wide, integrated strategies for health.
- D.** Meaningfully engage clients, partners, and communities based on shared goals and accountabilities.



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

- A.** Invest in our people and develop organizational capacity to use evidence and data and build effective partnerships.
- B.** Engage staff and external partners in the evolution of our public health role in Algoma communities.
- C.** Recognize and share the stories of our people and partners.



#### Finance and Audit Committee Meeting - Chair Report for February 15, 2023

The Finance and Audit committee met for the first time this February 15, 2023. First, KPMG will do the financial audit for the year ending December 2022. They will be working with the staff in preparing the required documents and will bring back their findings and draft audited financial statements for review by the Finance and Audit committee in April. Also, the renewal of insurance policies was discussed and recommended changes will be brought to the board for approval. We also reviewed the unaudited financial statements ending December 2022 and recommend for approval by the board.

#### Finance and Audit Committee Meeting - Chair Report for March 8, 2023

The Finance and Audit committee reviewed the unaudited financial statements ending January 2023 as presented and recommend for approval by the board. We also received and reviewed the full insurance policy renewal from our insurance company and recommend that the proposed insurance renewal be approved by the board. KPMG has commenced the audited financial statements for the period ending December 2022.

**Algoma Public Health  
(Unaudited) Financial Statements**

**January 31, 2023**

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**Algoma Public Health  
Statement of Operations  
January 2023**  
(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ YTD Budget 2023
<b>Public Health Programs (Calendar)</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 1,047,304	\$ 1,047,304	\$ 0	\$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	732,934	732,933	1	8,795,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	181,768	182,333	(565)	3,266,089	0%	100%
Provincial Grants - Mitigation Funding	0	86,483	(86,483)	1,037,800	-100%	0%
Fees, other grants and recovery of expenditures	28,544	25,615	2,928	452,384	11%	111%
<b>Total Public Health Revenue</b>	<b>\$ 1,990,550</b>	<b>\$ 2,074,669</b>	<b>\$ (84,119)</b>	<b>\$ 17,740,689</b>	<b>-4%</b>	<b>96%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 1,361,219	\$ 1,276,141	\$ (85,078)	\$ 15,542,525	7%	107%
Public Health 100% Prov. Funded Programs	179,921	182,333	2,412	2,198,164	-1%	99%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 1,541,140</b>	<b>\$ 1,458,474</b>	<b>\$ (82,666)</b>	<b>\$ 17,740,689</b>	<b>6%</b>	<b>106%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ 449,410</b>	<b>\$ 616,195</b>	<b>\$ (166,785)</b>	<b>\$ 1</b>		

**Healthy Babies Healthy Children (Fiscal)**

Provincial Grants and Recoveries	\$ 890,011	890,009	(2)	1,068,011	0%	100%
Expenditures	886,177	890,376	(4,198)	1,068,011	0%	100%
<b>Excess of Rev. over Exp.</b>	<b>3,834</b>	<b>(367)</b>	<b>4,200</b>	<b>0</b>		

**Public Health Programs (Fiscal)**

Provincial Grants and Recoveries	\$ 1,952,832	1,984,367	31,534	2,176,700	-2%	98%
Expenditures	1,052,026	1,794,362	(742,336)	2,176,700	-41%	59%
<b>Excess of Rev. over Fiscal Funded</b>	<b>900,807</b>	<b>190,005</b>	<b>710,802</b>	<b>-</b>		

**Community Health Programs (Non Public Health)**

**Calendar Programs**

<b>Revenue</b>						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	0	0	-	0	#DIV/0!	#DIV/0!
<b>Total Community Health Revenue</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
<b>Expenditures</b>						
Child Benefits Ontario Works	0	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	0	0	-	-	#DIV/0!	#DIV/0!
<b>Total Calendar Community Health Programs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>
<b>Total Rev. over Exp. Calendar Community Health</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		

**Fiscal Programs**

<b>Revenue</b>						
Provincial Grants - Community Health	\$ 247,388	\$ 273,283	\$ (25,895)	\$ 325,308	-9%	91%
Municipal, Federal, and Other Funding	114,447	114,447	-	114,447	0%	100%
Other Bill for Service Programs	0	0	-	-	#DIV/0!	#DIV/0!
<b>Total Community Health Revenue</b>	<b>\$ 361,835</b>	<b>\$ 387,730</b>	<b>\$ (25,895)</b>	<b>\$ 439,755</b>	<b>-7%</b>	<b>93%</b>
<b>Expenditures</b>						
Brighter Futures for Children	75,675	95,373	19,698	114,447	-21%	79%
Infant Development	23,481	0	(23,481)	0	#DIV/0!	#DIV/0!
Preschool Speech and Languages	7,411	58,155	50,744	58,155	-87%	13%
Nurse Practitioner	138,150	140,461	2,311	167,153	-2%	98%
Stay on Your Feet	63,419	83,333	19,914	100,000	-24%	76%
Rent Supplements CMH	32,258	0	(32,258)	0	#DIV/0!	#DIV/0!
Bill for Service Programs	0	0	-	0	#DIV/0!	#DIV/0!
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
<b>Total Fiscal Community Health Programs</b>	<b>\$ 340,393</b>	<b>\$ 377,322</b>	<b>\$ 36,929</b>	<b>\$ 439,755</b>	<b>-10%</b>	<b>90%</b>
<b>Total Rev. over Exp. Fiscal Community Health</b>	<b>\$ 21,441</b>	<b>\$ 10,408</b>	<b>\$ 11,034</b>	<b>\$ (0)</b>		

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

**Algoma Public Health**  
**Revenue Statement**  
For One Month Ending January 31, 2023  
(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Bgt. to Act. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Annual Budget 2023	Comparison Prior Year:		
							YTD Actual 2022	YTD BGT 2022	Variance 2022
Levies Sault Ste Marie	728,414	728,414	(0)	2,951,725	0%	25%	737,931	737,931	(0)
Levies District	318,891	318,891	(1)	1,237,491	0%	26%	309,373	309,373	0
<b>Total Levies</b>	<b>1,047,304</b>	<b>1,047,305</b>	<b>(1)</b>	<b>4,189,216</b>	<b>0%</b>	<b>25%</b>	<b>1,047,304</b>	<b>1,047,304</b>	<b>(0)</b>
MOH Public Health Funding	732,934	732,933	1	8,795,200	0%	8%	725,676	725,676	0
MOH Funding Needle Exchange	0	0	0	0	0%	0%	0	0	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	0	0	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	0	0	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	0	0	0
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	0	0	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	0	0	0
MOH Funding Infection Control	0	0	0	0	0%	0%	0	0	0
MOH Funding Diabetes	0	0	0	0	0%	0%	0	0	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	0	0	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	0	0	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	0	0	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	0	0	0
<b>Total Public Health Cost Shared Funding</b>	<b>732,934</b>	<b>732,933</b>	<b>1</b>	<b>8,795,200</b>	<b>0%</b>	<b>8%</b>	<b>725,676</b>	<b>725,676</b>	<b>0</b>
MOH Funding - MOH / AMOH Top Up	15,210	15,775	(565)	189,300	-4%	8%	15,276	15,775	(499)
MOH Funding Northern Ontario Fruits & Veg.	9,784	9,783	1	117,400	0%	8%	9,784	9,783	1
MOH Funding Unorganized	44,200	44,200	0	530,400	0%	8%	44,200	44,200	0
MOH Senior Dental	104,408	104,408	(0)	1,252,900	0%	8%	58,158	81,492	(23,334)
MOH Funding Indigenous Communities	8,166	8,167	(1)	98,000	0%	8%	8,166	8,167	(1)
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%	0	0	0
OTF COVID-19 Extraordinary Costs	0	0	0	1,078,089	#DIV/0!	0%	0	0	0
<b>Total Public Health 100% Prov. Funded</b>	<b>181,768</b>	<b>182,333</b>	<b>(565)</b>	<b>3,266,089</b>	<b>0%</b>	<b>6%</b>	<b>135,584</b>	<b>159,417</b>	<b>(23,833)</b>
<b>Total Public Health Mitigation Funding</b>	<b>0</b>	<b>86,483</b>	<b>(86,483)</b>	<b>1,037,800</b>	<b>-100%</b>	<b>0%</b>	<b>0</b>	<b>0</b>	<b>0</b>
Recoveries from Programs	898	2,500	(1,602)	10,000	-64%	9%	880	833	47
Program Fees	3,145	4,967	(1,822)	79,600	-37%	4%	7,269	4,884	2,385
Land Control Fees	3,275	10,000	(6,725)	225,000	-67%	1%	3,000	5,000	(2,000)
Program Fees Immunization	3,403	4,167	(763)	50,000	-18%	7%	780	4,166	(3,386)
HPV Vaccine Program	0	0	0	9,500	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	23,500	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	7,000	#DIV/0!	0%	0	0	0
Interest Revenue	17,822	2,732	15,090	32,784	552%	54%	1,793	1,667	126
Other Revenues	0	1,250	(1,250)	15,000	-100%	0%	0	0	0
<b>Total Fees and Recoveries</b>	<b>28,544</b>	<b>25,615</b>	<b>2,928</b>	<b>452,384</b>	<b>11%</b>	<b>6%</b>	<b>13,722</b>	<b>16,551</b>	<b>(2,829)</b>
<b>Total Public Health Revenue Annual</b>	<b>1,990,550</b>	<b>2,074,670</b>	<b>(84,120)</b>	<b>17,740,689</b>	<b>-4%</b>	<b>11%</b>	<b>1,922,286</b>	<b>1,948,947</b>	<b>(26,661)</b>
<b>Public Health Fiscal April 2022 - March 2023</b>									
Needle Exchange Supplies	26,257	26,250	7	31,500	0%	83%			
Infection Prevention and Control Hub	1,114,474	1,116,667	(2,193)	1,240,000	0%	90%			
Practicum	25,000	25,000	0	30,000	0%	83%			
School Nurses Initiative	522,700	522,700	0	522,700	0%	100%			
Fire System Upgrade	73,252	73,250	2	87,900	0%	83%			
Smoke Free Ontario Tablets	9,838	9,833	5	11,800	0%	83%			
Temporary Retention Incentive for Nurses	130,406	159,750	(29,344)	191,700	-18%	68%			
Upgrade Network Switches	50,905	50,917	(12)	61,100	0%	83%			
<b>Total Provincial Grants Fiscal</b>	<b>1,952,832</b>	<b>1,984,367</b>	<b>Page 36 of 142</b>	<b>2,176,700</b>	<b>-2%</b>	<b>90%</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Algoma Public Health**  
**Expense Statement- Public Health**  
For One Month Ending January 31, 2023  
(Unaudited)

	Actual YTD 2023	Budget YTD 2023	Variance Act. to Bgt. 2023	Annual Budget 2023	Variance % Act. to Bgt. 2023	YTD Actual/ Budget 2023	Comparison Prior Year:		
							YTD Actual 2022	YTD BGT 2022	Variance 2022
Salaries & Wages	868,326	891,590	23,264	10,699,084	-3%	8%	\$ 942,633	\$ 996,423	\$ 53,790
Benefits	233,278	209,334	(23,945)	2,512,002	11%	9%	213,270	230,792	17,522
Travel	3,460	13,233	9,773	158,800	-74%	2%	6,131	17,066	10,936
Program	131,737	103,097	(28,640)	1,237,163	28%	11%	59,259	106,476	47,217
Office	8,303	6,867	(1,436)	82,400	21%	10%	3,952	5,617	1,665
Computer Services	119,954	74,658	(45,296)	895,895	61%	13%	50,949	72,216	21,268
Telecommunications	23,328	22,083	(1,245)	265,000	6%	9%	26,521	28,333	1,812
Program Promotion	0	3,885	3,885	46,625	-100%	0%	3,859	8,117	4,258
Professional Development	5,946	6,567	621	78,799	-9%	8%	407	7,178	6,771
Facilities Expenses	101,265	76,250	(25,015)	924,000	33%	11%	123,755	99,820	(23,935)
Fees & Insurance	7,424	12,792	5,368	383,500	-42%	2%	3,139	12,025	8,886
Debt Management	38,118	38,118	0	457,421	0%	8%	38,118	38,118	0
Recoveries	0	0	0	0	#DIV/0!	0%	(2,250)	(2,250)	0
	<b>\$ 1,541,139</b>	<b>\$ 1,458,474</b>	<b>\$ (82,665)</b>	<b>\$ 17,740,689</b>	<b>6%</b>	<b>9%</b>	<b>\$ 1,469,743</b>	<b>\$ 1,619,932</b>	<b>\$ 150,190</b>

## Notes to Financial Statements – January 2023

### **Reporting Period**

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

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

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

APH has not yet received the 2023 Amending Agreement from the province identifying the approved funding allocations from the province for public health programs. The annual budget for public health programs has been updated to reflect the Board approved budget as presented at the October 2022 Board of Health meeting.

As of January 31, 2023, Public Health calendar programs are reporting a \$167K negative variance driven by a \$83K negative variance in expenditures and a \$84K negative variance in revenues.

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

Our Public Health calendar revenues are within 4% of budget for 2023. The variance is driven by nil payments received year to date related to our annual allocation of mitigation funding. The Ministry has confirmed that mitigation funding will continue for the 2023-2024 calendar year, and it is typical for the payments related to some one-time initiatives to be delayed in the early months of the year while the Ministry updates their payment schedule to reflect payment installments representative of the current year's allocations. We would expect a catch-up payment related to this in March/April 2023.

The province has confirmed that one-time extraordinary cost reimbursement for the COVID 19 programs will continue through 2023, with approval and on-going funding to be based off of our Annual Service Plan and quarterly submissions to the province. Our Annual Service plan is due to the Ministry on April 3, 2023.

Fiscal funding has been approved totaling \$2.2M for one-time projects and initiatives. This includes \$191,700 to support the Temporary Retention Incentive for Nurses for the 2022-23 fiscal year. This funding is to support the second installment of two bonus payments which was due and paid to eligible nurses in September 2022. IPAC Hub funding of \$1.2M including \$500K carryover from the previous fiscal year continues to drive a surplus related to our Public Health fiscal programs – any potential for additional carryover of these funds into the 2023-2024 fiscal year is not yet known.

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

The COVID-19: School-Focused Nurses Initiative has been extended for the remainder of the 2022-2023 school year (i.e. through June 2023).

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

### ***Travel***

There is a \$10K positive variance associated with travel expenses. This is a result of staff continuing to take advantage of virtual platforms and generally lower levels of travel associated with a large portion of our work currently being tied to program recovery.

### ***Programs***

There is a \$29K negative variance associated with programs. This is driven by ongoing COVID recovery initiatives (leadership and workforce development programs).

### ***Computer Services***

There is a \$45K negative variance associated with computer services. This is driven by identified needs associated with our staff returning to the workplace – including conference room upgrades and miscellaneous computer equipment.

### ***Facilities Expense***

There is a \$25K negative variance associated with facilities expenses driven by one-time repair/maintenance & janitorial costs completed in January. We expect to see this variance level out in the coming months.

## **COVID-19 Expenses**

### ***COVID-19 Response***

This program includes case and contact management as well as supporting the information phone lines. January year to date expenses were \$27K (versus \$566K this time last year). The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances would be working in their assigned public health programs.

### ***COVID-19 Mass Immunization***

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. January year to date expenses were \$20K (versus \$349K this time last year).

## **Financial Position - Balance Sheet**

APH's liquidity position continues to be stable and the bank has been reconciled as of January 31, 2023. Cash includes \$2.0M in short-term investments.

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

Please note that similar to previous years, the Balance Sheet as of January 31, 2023 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2022 annual audited financial statements are completed, the comparative balance sheet will be updated and provided.

## **Governance Committee Meeting**

March 15, 2023

### **Attendees In Person:**

Deborah Graystone - Chair

Loretta O'Neill

Sonia Tassone

### **Attendance Electronically**

Matthew Shoemaker

Jody Wildman

Tanya Caputo – Executive Assistant - electronically

**Regrets:** Dr. Jennifer Loo – Medical Officer of Health/CEO

### **APHU Members In-Person:**

Dr. John Tuinema – Associate Medical Officer of Health

Antoinette Tomie – Director of Corporate Services

Minutes for Governance Meeting of September 13, 2022 were approved.

Policy #02-05-085 – Orientation of Board Members- This policy was approved with amendments – no new amendments were added.

By-Law 15-01 - To Provide for the Management for the Management of Property was approved with amendments lines # 7 and 9 with clarification of “Medical Officer of Health/Chief Executive Officer or their designate” to minimize need for further title changes.

Governance Committee Terms of reference was reviewed and approved with no amendments.

Policy #02-05-020 - Travel policy was approved with amendments and clarification of Tips/Gratuities not being included in the maximum meal allowance.

Policy #02-05-030 – Board Member Code of Conduct – was approved with amendments removing reference to the COVID 19 pandemic and using “Board members will abide by Algoma Public Health - Health and Safety policies or requirements of appropriate public health jurisdictions”.

Policy #02-05-045 – Attendance at Meetings Using Electronic Means – was deferred for review of any legislative or regulatory changes that may impact this policy. It will be reviewed at our next Governance meeting.

Policy #02-05-080 - Performance Evaluation for MOH CEO was approved with no amendments.

Policy #02-05-087 – Board Members Terms of Office was approved with no amendments.

Policy #02-05-089 - Chair Roles and Responsibilities was approved with no amendments.

By-Laws #95-2 – To Provide Banking and Finance; By-Law #95-3 To Provide Duties of the Auditor of the Board will be forwarded to the Finance Committee for review before coming to the Governance Committee.

Policies #04-030 – Procurement Policy; and Policy #02-05-086 Sponsorship of Charitable Donations will be forwarded to the Leadership Team for review before coming to the Governance Committee.

In-Camera minutes from September 2022 were reviewed and approved.

Next Meeting date was changed to May 17, 2023.

No new business.

Meeting adjourned at 1745 hrs.

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

**APPROVED BY:** Medical Officer of Health

**REFERENCE #:** 02-05-020

**DATE:** Original: Mar 1991  
Revised: Jul 8, 2015  
Revised: Jan 13, 2017  
Revised: Nov 27, 2019  
Revised:

**SECTION:** Policies

**SUBJECT:** Travel Policy

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### **PURPOSE:**

The purpose of this document is to ensure that employees and board members have a clear understanding of the policy and procedures for Algoma Public Health (APH) business travel.

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

### **TRAVEL POLICY:**

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

- An employee or board member is travelling outside the district of Algoma
- An employee or board members requires accommodations within the district for at least one night
- An employee or board member is travelling more than 250 km within one day

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

*The below scenarios will serve as a guide:*

#### Scenario One

Employee/board member travelling between Sault Ste. Marie and Elliot Lake and will spend ~~the~~ one night in the destination location

- Departure time is 1:00 p.m. Return to Sault Ste. Marie 3:00 pm the next day. Admissible meal expenses would include:
  - Dinner the night of travel
  - Breakfast the next day (assuming not provided at the hotel)
  - Lunch the next day~~;~~

#### Scenario Two

Employee/board member travelling between Elliot Lake and Blind River and will return to origin the same day (114 total km).

- No admissible meal expenses permitted~~;~~

#### Scenario Three

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

- Departure time is 5:30 p.m. on Monday. Return home Wednesday at 5:00pm. Admissible meal expense would include:
  - Dinner the night of travel



- Breakfast the next day (assuming not provided by the hotel/conference/seminar)
- Lunch the next day (assuming not provided by the conference/seminar)
- Dinner the next day (assuming not provided by the conference or seminar)
- Breakfast the second day (assuming not provided by the hotel/conference/seminar)
- Lunch the second day (assuming not provided by the conference/seminar)

#### Scenario Four

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

- Lunch for that day
- Dinner for that day only if the employee arrives home after 6:30 p.m.

#### Scenario Five

Employee/board member travelling more than 250 km within one day while conducting APH Business.

- Departure time is 8:30 a.m. Return home by 4:30 p.m. the same day. Admissible meal expense would include:
  - Lunch for that day

#### Scenario Six

Employee travelling from Sault Ste. Marie to Toronto for a meeting and will return the same day.

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

### **TRAVEL AUTHORIZATION:**

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

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

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

### **METHOD OF TRAVEL:**

~~Employees/board members will travel to places outside the health unit area by the most practical and economical method. In some cases, travel by air is the most economical giving consideration to out of office time. In other cases, vehicle travel is the better alternative.~~

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

Air Travel

When booking air travel, the employee must engage an APH Clerical/Administrative Assistant to book the flight on the employee's behalf. Air Travel must be booked through *Maritime Travel* at (705) 942-2800 or 1 (800) 461-7261. Reservations should be made several weeks in advance to ensure flight availability and acquire reasonable pricing. Economy flights are to be booked. Board members will work with the Secretary of the Board to book travel via air.

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

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

APH will reimburse employees/board members for 1<sup>st</sup> checked baggage fee charged by certain airlines. APH will not reimburse employees/board members for additional checked baggage fees. APH will not reimburse employees/board members for fees associated with overweight bags.

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

Personal Automobiles

Per ~~kilometre~~kilometer reimbursement for employees is provided at Canada Revenue Agency rate and updated annually on April 01

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

For reference, the following is provided:

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

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

18 Ganley Street, Wawa	450	734	844	N/A
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Car Rental

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

APH has special rates for car rentals in Sault Ste. Marie with Enterprise Rent-A-Car. Reservations may be made directly with *Enterprise Rent-A-Car* at 705-254-3227 and billed to APH directly.

Note: Employees/board members will NOT be reimbursed for any traffic or parking tickets resulting from business travel

**ACCOMMODATIONS:**

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

Hotel reservations will be made by the travelling employee. For board members, the Secretary to the Board will make hotel reservations. Where possible, the accommodations chosen should be a government-approved hotel offering government rates or the host hotel of the conference or seminar. Employees/Board Secretary should inquire about the possibility of obtaining a government rate. Once a confirmation number for the reservation is provided, the employee/board member should carry it with them during their travels.

Algoma Public Health has secured corporate rates with the following hotels within the District of Algoma based on price and proximity to APH offices:

**Sault Ste. Marie, ON**

**Quattro Hotel & Conference Centre**  
 229 Great Northern Road,  
 Sault Ste. Marie, ON, P6B 4Z2  
 Tel: 705-942-2500

**Algoma's Water Tower Inn & Suites**  
 360 Great Northern Rd  
 Sault Ste. Marie, ON, P6B 4Z7  
 Tel: 705-949-8111

~~**Quality Inn and Suites Bay Front**  
 180 Bay Street  
 Sault Ste. Marie, ON  
 Tel: 705-945-9264~~

**Wawa, ON**

**Algoma Motel & Cabins**  
 164 Mission Rd  
 Wawa, On, P0S 1K0  
 Tel: 705-856-7010

~~**Best Northern Motel**  
 150 Hwy 17 South  
 Wawa, On, P0S 1K0  
 Tel: 705-856-7302~~

**Wawa Motor Inn**  
 118 Mission Rd

~~**Long Beach Bed & Breakfast**  
 55 Long Beach Road, Site 9, Box 6~~

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

~~Wawa, On, P0S 1K0  
Tel: 705-856-4286~~

**Elliot Lake, ON**

**Hampton Inn**  
279 Highway 108 North  
Elliot Lake, ~~ON P0N P5A~~ 2S9  
Tel: 705-848-4004

**Blind River**

<b><u>Lakeview Inn</u></b>	<b><u>Pier 17 Hotel</u></b>
<u>143 Causley St</u>	<u>1 Causley St</u>
<u>Blind River, ON P0R 1B0</u>	<u>Blind River, ON P0R1B0</u>
<u>Tel: 705-356-0800</u>	<u>Tel: 705-356-1717</u>

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

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

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

**Cancellations**

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

**MEALS & OTHER EXPENSES:**

**Alcohol is NOT a reimbursable expense.**

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

Reimbursement for meal expenses will be based on actual expenses incurred up to the rates set out in the chart below. These rates include gratuities.

<u>Meals</u>	<u>Maximum Amount</u>
Breakfast	\$ <del>152</del> .00
Lunch	\$ <del>2548</del> .00
Dinner	\$ <del>350</del> .00

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

Reimbursement is for restaurant or prepared food only.

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

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

When more than one meal is claimed for any day, you may allocate the combined maximum rates between the meals. For example, if you will be eating breakfast and lunch, the combined rate is \$~~430~~.00. This now becomes the maximum rate for the two meals, regardless of what you spend on each meal.

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

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

**TIPS/GRATUITIES**

You may be reimbursed for reasonable gratuities for meals and taxis. Keep a record of gratuities paid.

- 15%-18% on a meal and a taxi fare (not included in maximum amount)

**TRAVEL ADVANCES**

APH will NOT provide travel advances.

**EXPENSE REPORTS:**

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

expenses approved by the Chair of the Board or Vice-Chair of the Board. Board members must have expense approved by the Chair of the Board/ Vice-Chair of the Board. The Chair of the Board must have expenses approved by the Vice-Chair .

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

### **TRAVEL REIMBURSEMENT THROUGH MINISTRY/THIRD PARTY:**

APH recognizes there are times when an employee/board member will be travelling, and the expenses incurred are to be submitted to the Ministry/Third Party for reimbursement. When such a situation arises, the employee/board member is expected to follow the rules outlined in the Ministry/Third Party Travel Policy. The Ministry/Third Party travel policy will supersede APH's travel policy with regards to allowable reimbursable expenses and dollar amounts. Any travel that is considered reimbursable through the Ministry/Third Party must be approved at the Director level or above.

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

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

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

NOTE: Flights are to be booked through Maritime Travel. Hotels are to be paid using the employee's personal credit card.

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

**APPROVED BY:** Board of Health

**REFERENCE #:** 02-05-030

**DATE:** Original: Jun 20, 2007  
Revised: Mar 28, 2018  
Revised: May 27, 2020  
Revised: Mar 24, 2021  
**Revised:**

**SECTION:** Policies

**SUBJECT:** Board Member Code of Conduct

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The Algoma Public Health Board believes that its members must adhere to a high standard of ethical behaviour in all aspects of their conduct at all times and that all members shall fulfill their duties in a manner that maintains and enhances public confidence in the APH Board.

### **POLICY:**

Each member of the Board of Health shall comply with the Code of Conduct for the District of Algoma Health Unit (operating as Algoma Public Health). The Code of Conduct will be added to the agenda of the first Board of Health meeting each year for a review of expectations.

### **CODE OF CONDUCT:**

Board Members shall:

- 1.0 Adhere to all Board of Health bylaws, policies, and rules of procedure and perform their duties with integrity, transparency and accountability.
- 2.0 Represent the best interests of public and community health and the respective programs and services of Algoma Public Health.
- 3.0 Comply with conflict of interest policy and declare conflicts either perceived or actual on agenda matters as appropriate.
- 4.0 Keep in confidence any confidential information acquired by virtue of their position as a board member.
- 5.0 Attend both board and committee meetings as scheduled, as it is an important accountability for all members. The expectation is that all members attend a minimum of 2/3 of all meetings within the year unless approved by the Chair of the board or affected committee.
- 6.0 Preserve a state of neutrality by supporting and endorsing board and committee decisions regardless of the level of prior personal disagreement. Public inquiries regarding APH services shall be directed to the board chair or MOH/CEO or delegate.
- 7.0 Review board package materials in advance of the meeting and participate productively in meetings.
- 8.0 Recognize that only the Board of Health Chair speaks for the Board on public disclosures unless the chair delegates that responsibility on a specific topic.

- 9.0 Not publish or post on social media, a statement that could impair the public’s confidence in the Algoma Public Health Unit and its ability to make transparent, objective, impartial and fair decisions that are in the public interest.
- 10.0 Interact with each other, staff and members of the public with respect, diplomacy and dignity. Respect the boundaries between the roles of staff and the roles of Board and committee members.
- 11.0 Support one another and the MOH/CEO.

**~~During the COVID-19 pandemic and during the implementation of the Emergency Measures Act, Board Members will:~~**

~~1.0—12.0—Board members will abide by Algoma Public Health - Health and Safety policies or requirements of appropriate public health jurisdictions, -Complete the COVID-19 daily self-assessment questionnaire before attending meetings within the APHU building.~~

~~2.0—Practice physical distancing by staying two metres apart from others, e.g., in elevators, stairwells, hallways.~~

~~3.0—Wash hands, use proper cough, sneeze etiquette, and avoid touching my eyes, nose or mouth.~~

~~4.01.0 Wear the proper personal protective equipment (PPE) when required.~~

5.0 13.0 When attending meetings electronically/virtually, will maintain a designated workspace; the video is maintained and during confidential portions of meeting will be ensure the discussion is protected at all times and conducted in a manner that does not compromise confidentiality.

**PROCEDURE**

If a board member has a performance concern that violates the Code of Conduct and is unable to resolve with informal communication with the member or regarding the MOH/CEO, the concern shall be brought to the Chair of the Board or Vice-Chair (*if issue is with Chair*).

The Board Chair, in collaboration with the two Vice-Chairs (*if issue is with a Vice-Chair, the remaining Vice-Chair and Board Chair will be involved*), will mediate any disputes between Board members and/or the MOH/CEO in situations where the parties were unable to resolve the issue.

Where a Board or Committee member believes that another board or committee member has violated the Code of Conduct with respect to confidentiality or a conflict of interest that has not been declared despite any appropriate informal communications, the Board or committee member shall advise an appropriate person such as the Chair of the Board or Chair of the affected committee. The Board Chair will, in collaboration with the two Vice-Chairs, investigate and try to resolve the issue informally.

Where there has been a failure on the part of a Chair and Vice-Chairs to resolve informally, the issue will be brought back to the entire Board for review. The Board may request that the Chair:

- i) Issue a verbal reprimand; or
- ii) Issue a written reprimand; or
- iii) Request that the Board member resign or
- iv) Seek dismissal of the Board member based on regulations relevant as to how the board member \ was appointed.



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

<b>APPROVED BY:</b>	Board of Health	<b>REFERENCE #:</b>	02-05-080
<b>DATE:</b>	Original: Mar 28, 2018 Revised: Sep 23, 2020 <u>Reviewed:</u>	<b>SECTION:</b>	Policies
		<b>SUBJECT:</b>	Performance Evaluation for Medical Officer Of Health/Chief Executive Officer (MOH/CEO)

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### **POLICY:**

A written performance evaluation system will be used to provide an objective and uniform way to evaluate the Medical Officer of Health/Chief Executive Officer (MOH/CEO's) performance. It is a constructive process to build on strengths, correct weaknesses, and maximize performance.

The MOH/CEO's performance is to be evaluated before the end of the probationary period, in order to recommend to the Board of Health (BOH) appointment to regular appointment status, extension of the probationary period, or termination of employment.

At the beginning of each year, the Board Chair (Chair) will meet with the MOH/CEO to set and review professional development goals.

The MOH/CEO Performance Evaluation Committee (MOHPEC) is made up of the current Chair and Vice-Chairs. The MOHPEC will conduct the performance evaluation of the MOH/CEO. The Director of Human Resources will assist with the evaluation process. The performance evaluation will be conducted by MOHPEC chaired by the Chair annually for two (2) years and every two (2) years thereafter. MOHPEC will incorporate feedback from internal stakeholders such as Board of health members, staff and, where appropriate external stakeholders, as part of the 360° component of the evaluation.

As part of the performance evaluation, the MOH/CEO is responsible for completing a self-assessment.

Formal performance evaluations do not take the place of ongoing evaluation and feedback. If the MOH/CEO's work is not adequate, the matter is to be dealt with while details and facts are fresh and will not wait for the formal review. The MOH/CEO's performance must return to the required standard within a specified time period, or further action may be taken by the Board.

### **PROCEDURES**

1. Annually, the Chair of the BOH will meet with the MOH/CEO to review the professional development goals/objectives.
2. The Chair will schedule the performance evaluation before the end of the probationary period and then annually for two (2) years and every two (2) years thereafter.
3. The Director of Human Resources will send out the evaluation form to MOHPEC, and they will complete and return to the Director of Human Resources for collation. MOHPEC can consult with any other persons they feel could provide relevant input to the performance evaluation, review the job description, operational plans, significant events and any other pertinent items from the period under review.

4. The Director of Human Resources will send the MOH/CEO a self-evaluation form to be completed before the meeting with the Chair. The self-evaluation is not to be submitted.
5. The Chair will work with the Director of Human Resources to organize the 360° component of the evaluation. This would include a list of staff and external stakeholders, when warranted, who could be approached for potential feedback.
6. The Director of Human Resources will schedule a meeting with the Chair and Vice-Chairs to review responses obtained and prepares the draft form. The information collected from the various sources will be used to grade each factor to complete the evaluation form, using the definitions included in the performance evaluation form and support the decision with comments and examples wherever possible. The evaluation should also include an assessment of performance relative to any learning or performance objectives set in the previous performance evaluation. In the BOH's comments clearly indicate whether the overall performance is satisfactory or not. For probationary, MOH/CEOs indicate if probation has been completed satisfactorily.
7. The Chair will present the performance evaluation to the BOH at the next BOH meeting in-camera session. The MOH/CEO is not present for this part of the meeting. BOH members may provide input to the draft evaluation.
8. The Director of Human Resources schedules a meeting(s) with the Chair and the MOH/CEO to discuss the evaluation. This part may require more than one meeting. When weighing all of the feedback, consideration should be given to the MOH/CEO's input and make changes/additions to the factor comments, examples and even grading where warranted.
9. The Chair will forward the draft evaluation form to the Director of Human Resources to update the form with changes. The Director of Human Resources will send the final copy to the Chair.
10. The Chair and MOH/CEO meet to sign and date the performance evaluation form. The MOH/CEO's signature means that they have read and understood the review.
11. The Chair will provide the MOH/CEO with a copy of the completed performance evaluation form. The Director of Human Resources is to retain the original in the MOH/CEO's personnel file.
12. A follow up meeting(s) may be scheduled should the Chair deem it necessary.

Algoma Public Health- Medical Officer of Health/Chief Executive Officer(MOH/CEO)

Performance Evaluation Form

Name:

*This performance evaluation is due on:*

It reviews the performance for the period from: to:

And sets objectives for the period from: to:

**The following rating scale is used in this performance evaluation:**

Exceeds Expectations	Performance consistently exceeds all expectations/standards
Meets Expectations	Accomplishments are clearly obvious. Solid reliable performance that substantially meets expectations. In some instances, expectations are exceeded. In some instances, expectations are still being developed.
Progressing	Fulfilled some requirements of expectations/standards however expectation/standard is not fully or consistently met.
Requires Improvement	Fulfillment of requirements of expectations/standards was less than adequate and must improve.
Not applicable (n/a)	The Board of Health is not able to rate this area at this time.

**Append additional sheets / documentation where required/appropriate.**

**Once completed, discussed and all signatures obtained, the original of this form is to be retained in the MOH/CEO's personnel file.**

<p><b>Program Excellence-</b>  <i>This area reflects on how the MOH/CEO has influenced the impact APH has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed community and public health services</i></p>	<p><b>Exceeds Expectations</b></p>	<p><b>Meets Expectations</b></p>	<p><b>Progressing</b></p>	<p><b>Requires Improvement</b></p>	<p><b>n/a</b></p>
<ul style="list-style-type: none"> <li>• Responds effectively to health hazards and provides effective control of communicable diseases under the Health Protection and Promotion Act.</li> </ul>					
<ul style="list-style-type: none"> <li>• Champions coordinated approaches and engagement of clients and community partners in planning and evaluation of programs and services.</li> </ul>					
<ul style="list-style-type: none"> <li>• Maintains statutory obligations through the delivery of mandated and locally needed community and public health services.</li> </ul>					
<ul style="list-style-type: none"> <li>• Anticipates and plans for major trends in needs and services.</li> </ul>					
<ul style="list-style-type: none"> <li>• Uses evidence-informed decision making in developing programs and services to meet community needs.</li> </ul>					
<ul style="list-style-type: none"> <li>• Considers Health Equity in all program work.</li> </ul>					
<ul style="list-style-type: none"> <li>• Ensures processes in place to regularly evaluate public health programs and services, seeking ways to improve efficiency and effectiveness.</li> </ul>					
<p><b>Comments:</b> (include major strengths in this area of focus and any areas that may need future development)</p>					

<i>Client and Community Impact – This area reflects on the MOH/CEO’s representation of APH in the community</i>	Exceeds Expectations	Meets Expectations	Progressing	Requires Improvement	n/a
<ul style="list-style-type: none"> <li>Contributes to increasing community awareness about public health.</li> </ul>					
<ul style="list-style-type: none"> <li>Promotes productive relationships with the media and acts as a resource to the media regarding public health issues.</li> </ul>					
<ul style="list-style-type: none"> <li>Promotes productive relationships, maintains regular communication and strong working partnerships with external stakeholders including Boards of Education, labour, government and media, health care providers, community organizations, citizen groups and the Ministry of Health.</li> </ul>					
<ul style="list-style-type: none"> <li>Seeks new and innovative ways to work with partners to advance mutual goals in the community.</li> </ul>					
<ul style="list-style-type: none"> <li>Promotes excellence in customer service within APH. Responds quickly and efficiently to enquiries/complaints/issues from citizens/community groups. Exhibits tact and diplomacy in dealing with citizen/group complaints. Resolves complaints to citizen/ groups’ satisfaction whenever feasible. Provides helpful explanation where legislatively or otherwise constrained. Researches/facilitates appropriate contact when referral is necessary.</li> </ul>					
<p><b>Comments:</b> (include major strengths in this area of focus and any areas that may need future development)</p>					

<p><b>Employee Engagement and Learning</b> – <i>This area reflects on how the MOH/CEO has influenced APH's organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning</i></p>	<p><b>Exceeds Expectations</b></p>	<p><b>Meets Expectations</b></p>	<p><b>Progressing</b></p>	<p><b>Requires Improvement</b></p>	<p>n/a</p>
<ul style="list-style-type: none"> <li>Promotes a positive working environment. Advocates integrity, empowerment, collaboration and striving for excellence among staff. Sets a professional example for staff.</li> </ul>					
<ul style="list-style-type: none"> <li>Allocates resources to maximize departmental and program effectiveness. Proposes revision to staff structure and numbers as necessary. Collaborates with the executive team on opportunities for sharing/reallocating existing staff/resources wherever possible. Explores alternatives such as cost-sharing/joint services with other agencies and/or contract services.</li> </ul>					
<ul style="list-style-type: none"> <li>Provides adequate supervision and direction of direct-reporting staff. Includes working with them to identify and prioritize short and longer-term goals. Conducts meaningful performance evaluations in a timely manner, and identifies their strengths and areas for development. Identifies and takes actions necessary to obtain improved performance where necessary. Recognizes and commends staff for outstanding work. Identifies and deals with performance concerns quickly and effectively by dealing with performance / communication / disciplinary issues in an appropriate manner.</li> </ul>					

<ul style="list-style-type: none"> <li>Maintains effective communication with staff. Fosters a workplace climate conducive to open communication. Holds regular executive and leadership team meetings. Institutes feedback mechanisms to gauge leadership effectiveness.</li> </ul>				
<ul style="list-style-type: none"> <li>Identifies areas where staff training and development would be of benefit to the leadership team and/or agency as a whole. Encourages staff commitment and ownership to upgrading and maintaining job related effectiveness. Promotes the view of training as a shared responsibility between staff and the organization. Supports planning of short and long term departmental training and development initiatives.</li> </ul>				
<ul style="list-style-type: none"> <li>Regularly evaluates corporate operations, seeking ways to improve efficiency and effectiveness.</li> </ul>				
<ul style="list-style-type: none"> <li>Exhibits excellent time management skills. Systematically organizes own time. Commits to and meets deadlines. Respects others' time. Is punctual for meetings.</li> </ul>				
<ul style="list-style-type: none"> <li>Sets and achieves personal and professional development objectives.</li> </ul>				
<p><b>Comments:</b> (include major strengths in this area of focus and any areas that may need future development)</p>				

<p><b>Governance-</b> <i>This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve APH's mission and vision. This area also reflects on the MOH/CEO's responsibility for actions, decision and policies that impact APH's ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Standards (OPHS), other funder requirements and direction provided by the Board of Health</i></p>	<p><b>Exceeds Expectations</b></p>	<p><b>Meets Expectations</b></p>	<p><b>Progressing</b></p>	<p><b>Requires Improvement</b></p>	<p>n/a</p>
<ul style="list-style-type: none"> <li>Monitors overall APH financial situation demonstrating effective management of financial resources. Ensures transparency and understanding of financial processes and procedures.</li> </ul>					
<ul style="list-style-type: none"> <li>Develops innovative approaches to financing and revenue generation. Devises strategies to protect APH assets.</li> </ul>					
<ul style="list-style-type: none"> <li>Ensures agency compliance with the Ontario Public Health Standards.</li> </ul>					
<ul style="list-style-type: none"> <li>Abides by employment and other relevant legislation including Employment Standards Act, Labour Relations Act, Occupational Health and Safety Act, Accessibility for Ontarians with Disabilities Act and the Human Rights Code. Adheres to terms of union and other contracts.</li> </ul>					
<ul style="list-style-type: none"> <li>Develops and maintains APH bylaws, policies and procedures and ensures adherence within the organization. Advises and consults with the BOH on significant matters.</li> </ul>					



<ul style="list-style-type: none"> <li>Communicates regularly with the Chair of the Board and provides support in identifying agenda items for the BOH and Committee meetings.</li> </ul>					
<ul style="list-style-type: none"> <li>Ensures adequate orientation and on-going education of BOH members.</li> </ul>					
<ul style="list-style-type: none"> <li>Informs BOH of important developments affecting public health and APH (e.g. legislative changes, public health emergencies, organizational issues, system development, and environmental trends.) Makes recommendations as appropriate and includes financial analysis for recommendations.</li> </ul>					
<ul style="list-style-type: none"> <li>Provides appropriate and timely written reports to the BOH. Writes and speaks clearly. Reports are easily understood by the BOH members.</li> </ul>					
<p><b>Comments:</b> (include major strengths in this area of focus and any areas that may need future development)</p>					

**SUMMARY OF OVERALL PERFORMANCE**

<b>Area of Focus</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Progressing</b>	<b>Requires Improvement</b>	<b>n/a</b>
<b>Program Excellence</b>					
<b>Community and Client Impact</b>					
<b>Employee Engagement and Learning</b>					
<b>Governance</b>					
<b>Comments – (Including comments with respect to the major strengths of the MOH/CEO and areas for future development.)</b>					

**GOALS FOR THE NEXT PERIOD – BY AREA OF FOCUS**

<b>Program Excellence</b>	<b>Possible Key Performance Indicator(s)</b>

<b>Community and Client Impact</b>	<b>Possible Key Performance Indicator(s)</b>

<b>Employee Engagement and Learning</b>	<b>Possible Key Performance Indicator(s)</b>

<b>Governance</b>	<b>Possible Key Performance Indicator(s)</b>

**SIGNATURES**

**Medical Officer of Health/CEO**

I discussed this performance evaluation with the Chair of the Board of Health.

I have participated in the setting of goals and targets for the next performance period, have reviewed my job responsibilities with the Chair of the Board of Health, and agree to the goals, targets and measurement standards noted above for the next performance period.

**Comments**

\_\_\_\_\_  
Medical Officer of Health/CEO

\_\_\_\_\_  
Date

**For the Board of Health**

I have discussed the performance evaluation with the Medical Officer of Health/CEO. We have reviewed the past period's work performance and goals and objectives, and have discussed goals and objectives for the coming performance period. We have also discussed professional development and training needs. The goals and objectives for the coming year have been established, including job responsibilities and measurement methods.

\_\_\_\_\_  
Chair, Board of Health

\_\_\_\_\_  
Date

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

**APPROVED BY:** ~~Board of Health~~Board of Health      **REFERENCE #:** 02-05-085  
**DATE:** Original: Mar 28, 2018      **SECTION:** ~~Board~~Policies  
Reviewed: Jun 24, 2020  
Revised:      **SUBJECT:** Orientation – Board Members

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### **POLICY:**

The ~~Board of Health~~Board of Health (BOH) for Algoma Public Health (APH) shall ensure that BOH members are aware of their roles and responsibilities and emerging public health issues and trends by ensuring the development and annual implementation of a comprehensive orientation plan for new BOH members and a continuing education for continuing BOH members.

The Ontario Public Health Standards: Requirements for Programs, Services and Accountability~~The Ontario Public Health Organizational Requirements~~ provide the following expectations for all ~~Boards of Health~~Boards of Health:

### **Good Governance and Management Practices**

~~Boards of health~~Boards of Health are held accountable for executing good governance practices to ensure effective functioning of ~~B~~oards of ~~H~~ealth and management of public health units

#### Objective of Requirements

The organizational requirements support the use of recommended best practices in governance and organizational processes. By adhering to these practices, ~~boards of health~~Boards of Health are able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

#### Requirements

1. The ~~board of health~~Board of Health shall submit a list of board members.
2. The ~~board of health~~Board of Health shall operate in a transparent and accountable manner, ~~and~~manner and provide accurate and complete information to the ministry.
3. The ~~board of health~~Board of Health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.
4. The ~~board of health~~Board of Health shall carry out its obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.
5. The ~~board of health~~Board of Health shall comply with the governance requirements of the Health Protection and Promotion Act (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.
6. The ~~board of health~~Board of Health shall comply with the ~~medical officer of health~~Medical Officer of Health appointments requirements of the Health Protection and Promotion Act, and the ministry's policy framework on ~~medical officer of health~~Medical Officer of Health appointments, reporting, and compensation.

7. The ~~board of health~~Board of Health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.

8. The ~~board of health~~Board of Health shall ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision.

9. The ~~board of health~~Board of Health shall engage in community and multi-sectoral collaboration relevant stakeholders in decreasing health inequities.

10. The ~~board of health~~Board of Health shall engage in relationships with Indigenous communities in a way that is meaningful for them.

11. The ~~board of health~~Board of Health shall provide population health information, including social determinants of health and health inequities, to the public, community partners, and health care providers in accordance with the Foundational and Program Standards.

12. The ~~board of health~~Board of Health shall develop and implement policies or by-laws regarding the functioning of the governing body, including:

a) Use and establishment of sub-committees;

b) Rules of order and frequency of meetings;

c) Preparation of meeting agenda, materials, minutes, and other record keeping;

d) Selection of officers;

e) Selection of ~~board of health~~Board of Health members based on skills, knowledge, competencies and representatives of the community, where ~~boards of health~~Boards of Health are able to recommend the recruitment of members to the appointing body;

f) Remuneration and allowable expenses for board members;

g) Procurement of external advisors to the board such as lawyers and auditors (if applicable);

h) Conflict of interest;

i) Confidentiality;

j) ~~Medical officer of health~~Medical Officer of Health and executive officers (where applicable) selection process, remuneration, and performance review; and

k) Delegation of the ~~medical officer of health~~Medical Officer of Health duties during short absences such as during a vacation/coverage plan.

13. The ~~board of health~~Board of Health shall ensure that by-laws, policies and procedures are reviewed and revised as necessary, and at least every two years.

14. The ~~board of health~~Board of Health shall provide governance direction to the administration and ensure that the ~~board of health~~Board of Health remains informed about the activities of the organization on the following:

a) Delivery of programs and services;

b) Organizational effectiveness through evaluation of the organization and strategic planning;

c) Stakeholder relations and partnership building;

d) Research and evaluation;

e) Compliance with all applicable legislation and regulations;

f) Workforce issues, including recruitment of ~~medical officer of health~~Medical Officer of Health and any other senior executives;

g) Financial management, including procurement policies and practices; and

h) Risk management.

15. The ~~board of health~~Board of Health shall have a self-evaluation process of its governance practices and outcomes that is completed at least every other year. Completion includes an

analysis of the results, ~~board of health~~Board of Health discussion, and implementation of feasible recommendations for improvement, if any.

16. The ~~board of health~~Board of Health shall ensure the administration develops and implements a set of client service standards.

17. The ~~board of health~~Board of Health shall ensure that the ~~medical officer of health~~Medical Officer of Health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management

Orientation and continuing education activities shall occur on an on-going basis and shall include information on the following topics:

- The structure, vision, mission goals and objectives of the public health unit;
- Overview of the strategic plan, the planning process, its relationship to the operational plan, and performance monitoring;
- Community demographics overview, including information on social and cultural diversity;
- Program and service overview, including organizational emergency preparedness planning;
- Provincial government structure and the funding streams of the three ministries;
- The duties and responsibilities of board members, including requirement to attend board meetings, advanced review of meeting materials, understanding of ~~board of health~~Board of Health policies and procedures, and understanding of public health issues;
- Board members' fiduciary responsibilities in terms of trusteeship, due diligence, avoiding conflict of interest, maintaining confidentiality, strategic oversight, ethical and compliance oversight, stakeholder engagement, MOH (and executive officers, where applicable) compensation, risk management oversight and succession planning; and
- Opportunities for board members to participate in conferences or seminars that are sponsored or hosted by other organizations.

## SCOPE

This policy applies to new and continuing members of the BOH.

New members of the BOH for APH will be provided with an orientation process and access to the orientation materials (either an orientation binder or available electronically) when they become a member of the BOH. The purpose of the orientation process is to provide all BOH members with information relating to public health standards, finance, legislation governing health units, BOH roles, responsibilities, by-laws, structure, relevant policies and procedures. The orientation process will take place as a separate in-person meeting apart from regularly scheduled BOH meetings and will include review of the orientation materials.

The orientation material is created by the office of the MOH/CEO and will be revised at a minimum once a year or as changes occur. BOH members will be provided with updated information for their orientation material as changes occur in order to ensure current information is available to all BOH members. BOH members are encouraged to attend ALPHA seminars, workshops, and meetings as they arise.

**SCOPE**

~~This policy applies to new and continuing members of the BOH.~~

**RESPONSIBILITIES**

MOH/CEO and/or BOH Chair (or appropriate designate(s)) will:

- ~~Provide a letter of welcome and an invitation to the orientation session to the Board of Health Board of Health members (within the month following the appointment[s]).~~
- ~~Set up an orientation meeting with each new BOH member is prior to the first BOH meeting;~~
  - ~~At the start of an initial term following the appointment of municipal members (term four years).~~
  - ~~Following an initial public appointment by the Lieutenant Governor in Council (term one, two or three years).~~
- ~~Will establish a mutually agreeable date and location of the orientation session~~
- ~~Within three months of appointment~~
- ~~R~~review the orientation material with the BOH member to provide a clear understanding of relevant BOH and APH information;
- Provide ongoing orientation to all BOH members during their tenure on the ~~BOH~~board;
- Provide each BOH member with current and complete orientation material: and
- ~~Ensure the orientation material is kept up to date and revised information is provided to each BOH member.~~

BOH Members will:

- Attend an initial orientation meeting with the BOH Chair and/or MOH/CEO upon becoming a member of the BOH;
- Ensure they have a working understanding of their role as a BOH member and all information as outlined in the orientation material;
- Attend/participate in continuing education activities; and
- Use the orientation material as a BOH resource.



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

<b>APPROVED BY:</b>	Board of Health	<b>REFERENCE #:</b>	02-05-087
<b>DATE:</b>	Original : Jun 26, 2019 Revised: Mar 24, 2021 <u>Reviewed:</u>	<b>SECTION:</b>	Policies
		<b>SUBJECT:</b>	Board Member Terms of Office

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

### **PURPOSE:**

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

### **BOARD MEMBERSHIP:**

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

- request municipalities to submit the name of the new member when a current board member's term of office expires and send a letter of recommendation.
- notify the Public Appointment Secretariat, Ministry of Health, regarding provincial appointee: due to a resignation, vacancy or reappointment application and send a letter of recommendation

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

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

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

The Algoma Public Board of Health Policy #02-05-000 describes the geographic jurisdiction and subsequent representation required for the Algoma Public Health Unit.

### **Provincial Board Members shall:**

1. Apply through the appropriate provincial process for Provincial Appointees; skills and attributes required by the Algoma Board of Health will ensure the best quality of Board Membership
2. According to the Policy #, 02-05-000, Provincial appointees are appointed for a three-year term and may be renewed for one additional term not to exceed six years.

**Municipal Board Members shall:**

1. Be appointed by each appropriate Municipality with consideration of APHU's skills and attributes matrix at the beginning of each term of office of the Municipal council.
2. The term of office of appointed Municipal members should extend for the duration of their 4-year term with an option of one additional term not to exceed eight years.

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



- Act on and communicate changes in Board Membership by identifying vacancies, communicate and collaborate with the Governance Chair and Medical Officer of Health/CEO in ensuring vacancies/changes are communicated to the Board and relevant governments to facilitate timely replacement.
- Act on non-attendance at Board of Health or Board Committee meetings, Election, Terms of Office, Duties and Responsibilities of the Chairperson and Vice-Chairperson of the Board of Health.
- Facilitate co-operative relationships and foster a collaborative work environment for Board of Health members and the Medical Officer of Health/Executive Officer.
- Lead in monitoring and evaluating the performance of the Medical Officer of Health/Executive Officer.

#### Duties and Responsibilities of the First Vice-Chairperson of the Algoma Board of Health

The First Vice-Chair is elected at the first meeting of the year and has the following prescribed duties and vested responsibilities:

- Assume the role of the Chair of the Finance Committee and all duties and responsibilities of ensuring the committee fulfills its responsibilities to the Board of Health.
- Provide regular reports to the Board following Finance Committee meetings.
- Work collaboratively with the Board of Health Chair and support the Board of Health Chair in fulfilling their role.
- Assume the role and duties of the Chair of the Board of Health in their absence or as requested by the Chair.
- Set a high standard for Board of Health conduct and uphold policies and by-laws regarding Board of Health member conduct.
- Serve as a mentor to other Board of Health members.
- Serve as a member of Committees to which they have been assigned.
- Other duties and responsibilities as are from time to time determined by the Board of Health.

#### Duties and Responsibilities of the Second Vice-Chairperson of the Board of Health

The Second Vice-Chair is elected at the first meeting of the year and has the following prescribed duties and vested responsibilities:

- Assume the role of the Chair of the Governance Committee and all duties and responsibilities of ensuring the committee fulfills its responsibilities to the Board of Health.

- Provide regular reports to the Board following Governance Committee meetings.
- Work collaboratively with the Board of Health Chair and support the Board of Health Chair in fulfilling their role.
- Assume the role and duties of the Chair of the Board of Health in their absence or as requested by the Chair.
- Set a high standard for Board of Health conduct and uphold policies and by-laws regarding Board of Health member conduct.
- Serve as a mentor to other Board of Health members.
- Serve as a member of Committees to which he/she has been assigned.
- Other duties and responsibilities as are from time to time determined by the Board of Health.
- Ensure an annual review of the Board of Health Membership through the Chair of the Board and the Medical Officer of Health/Executive Officer; and will bring this information to the Governance Committee to review and recommend appointees with consideration of the Skills Matrix.
- Ensure that notification of the Public Appointment Secretariat (PAS) and Ministry of Health, regarding Provincial appointees and Municipal Governments regarding Municipal appointees.
- In support of the PAS process, the Second Vice-Chair in collaboration through the Medical Officer of Health/CEO and the Board Chair will ensure that vacancies will be advertised on the Public Appointments secretariat website and both municipal and provincial public appointment vacancies on the Algoma Public Health website or as deemed appropriate throughout the catchment area.
- In support of the PAS process, the Board will be informed of and will advertise the public appointment vacancies on the Algoma Public Health website or as deemed appropriate throughout the catchment area.

**Algoma Public Health – Policy and Procedure Manuals – Board Policies and Bylaws**

**APPROVED BY:** Board of Health

**BY-LAW #:** 15-01

**DATE:** Original: Jun 17, 2015  
Reviewed: Jun 28, 2017  
Revised: Apr 25, 2018  
Reviewed: Jun 24, 2020  
Revised:

**SECTION:** Bylaws

**SUBJECT:** To Provide the Management of Property of the Board of Health

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The Board of Health for the District of Algoma Health Unit enacts as follows:

1. The Board shall acquire and hold title to any real property acquired by the by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it in accordance with the Act [Health Protection and Promotion Act R.S.O. 1990, c.H.7, s.52(3)].
2. Clause 1 is subject to the requirement that the Board of Health first obtain the consent of the councils of the majority of the municipalities within the Health Unit served by the Board of Health [Health Protection and Promotion Act R.S.O. 1990, c.H.7,s 52(4);2002, c. 18, Sched I.s.9(8)].
3. Prior to the sale of any real property owned by the Board of Health, the Board shall,
  - a. By by-law or resolution passed at a meeting open to the public, declare the real property to be surplus;
  - b. Obtain not more than one (1) year before the date of sale at least one appraisal of the fair market value of the real property from such person as the Medical Officer of Health/Chief Executive Office considers qualified
4. Notice to the public of a proposed sale of real property owned by the Board of Health shall be given prior to the date of the sale by publication in a newspaper that is of sufficiently general paid or unpaid circulation within the Health Unit area to give the public reasonable notice of the proposed sale.
5. Despite the requirement of clause 3(b) of the by-law, and subject to the requirements of clause 2, the Board of Health may sell any real property owned by it to any one of the following classes of public bodies without first obtaining an appraisal:
  - a. Any municipality within the Health Unit served by the Board of Health;
  - b. A local board as defined in the Health Protection and Promotion Act.
  - c. The Crown In Right of Ontario or of Canada and their agencies.
6. The Medical Officer of Health/Chief Executive Officer shall establish and maintain a public register listing and describing all real property owned or leased by the Board and which should, to the extent that is reasonable possible, include the following information:

- a. A brief legal description of the property
  - b. The assessment roll number of the property;
  - c. The municipal address or the real property, if available;
  - d. The date of purchase;
  - e. The name of the person to whom the property was purchased;
  - f. The instrument number of the transfer or deed by which title was transferred to the municipality;
  - g. The purchase price of the real property;
  - h. A brief description of improvements, if any, on the real property;
  - i. The date of the sale of the property;
  - j. The name of the person to whom the property was sold;
  - k. The sale price of the real property.
7. The ~~Director Of Corporate Services CFO/Director of Operations through the~~ Medical Officer of ~~Health/Chief Executive Officer~~ Health or their designate shall be responsible for the care and maintenance of all properties required by the Board
8. Such responsibility shall include, but shall not be limited to, the following:
- a. The replacement of, or major repairs to, capital items such as heating, cooling and ventilation systems; roof and structural work; plumbing; lighting and wiring;
  - b. The maintenance and repair of the parking areas and the exterior of the building;
  - c. The care and upkeep of the grounds of the property;
  - d. The cleaning, maintaining, decorating and repairing the interior of the building;
  - e. The maintenance of up-to-date fire and liability insurance coverage.
9. The Board of Health will establish and maintain reserve funds which may be used for properties in which it has an ownership interest in land and/or buildings (the "Property") the purpose of which shall be for the repair and replacement on and for the Property in order to maintain the Property in good repair and condition. Contributions to the Reserve Funds will be determined by the Board's Reserve Fund Plan. The Reserve Fund Plan shall be updated from time to time at the discretion of the ~~M~~ Medical Officer of Health and the Chief Financial Officer ~~Director of Corporate Services or their designate.~~

10. The Board shall ensure that all such properties comply with applicable statutory requirements contained in either local, provincial or federal legislation (e.g. building and fire code).

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Read a first and second time this 17<sup>th</sup> day of June 2015.

*Originally signed by*  
L. Mason, Chair  
I. Frazier, Vice-Chair

Reviewed and passed by the Algoma Public Health Board on this 28<sup>th</sup> day of June 2017  
Revised and passed by the Algoma Public Health Board on this 25<sup>th</sup> day of April 2018  
Reviewed and passed by the Algoma Public Health Board on this 24<sup>th</sup> day of June 2020  
Revised and passed by the Algoma Public Health Board on this

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February 28, 2023

[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

The Honourable Sylvia Jones  
Minister of Health and Deputy Premier  
Ministry of Health  
College Park 5th Floor, 777 Bay St  
Toronto, ON M7A 2J3

Dear Minister Jones:

**Letter of Support – Physical Literacy for Healthy Active Children**

On February 16, 2023 at a regular meeting of the Windsor-Essex County Board of Health, the Board considered a letter from Sudbury & Districts Public Health to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth, including agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators.

The following motion was passed:

**Motion: That the WECHU Board of Health support the letter from Sudbury & Districts Public Health to Directors of Education, Local School Boards, Sports and Recreation Organizations and Early Learning Centres, encouraging them to work to improve physical activity levels among children and youth.**

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Fabio Costante, Chair  
Windsor-Essex County Board of Health

c: Kenneth Blanchette, CEO, WECHU  
Windsor-Essex County Directors of Education  
Loretta Ryan, Executive Director, alPHa  
Ontario Boards of Health  
Lisa Gretzky, MPP Windsor-West  
Andrew Dowie, MPP Windsor-Tecumseh  
Anthony Leardi, MPP Essex  
Trevor Jones, MPP Chatham-Kent

210 First Street North  
Kenora, ON P9N 2K4



The Right Honourable Justin Trudeau, P.C., MP  
Prime Minister of Canada  
Office of the Prime Minister  
80 Wellington Street  
Ottawa, ON K1A 0A2

Dear Prime Minister Trudeau:

via email: [justin.trudeau@parl.gc.ca](mailto:justin.trudeau@parl.gc.ca)

**Re: Alcohol Health Warning Labels**

On March 3, 2023, at a regular meeting of the Board of Health for the Northwestern Health Unit, the Board received a report titled *Update to Canada's Guidance on Alcohol and Health*.

The report outlined the following:

- Northwestern Health Unit (NWHU) catchment area has the highest rates in the province for ER visits and hospitalizations attributable to alcohol:
  - ER visits due to alcohol: NWHU rate of 7,486.6 per 100,000 in 2021, **13 times as high as the provincial rate** of 543.3 per 100,000<sup>8</sup>
  - Hospitalization due to alcohol: 1,498.9 per 100,000, **7 times as high as the provincial rate** of 210.9 per 100,000<sup>9</sup>
- NWHU Self-report data from 2019/20 also reveals higher heavy drinking rates than the province:<sup>10</sup>
  - Proportion of people reporting heavy drinking in the NWHU is 20.2%, statistically higher than the province (15.6%). This rate has decreased from the 25.5% reported in 2015/16.

Considering the health harms associated with alcohol and the benefits of alcohol health warning labels, the Board of Health passed the following resolution:

BE IT RESOLVED THAT the Northwestern Health Unit (NWHU) Board of Health call on the Government of Canada to amend the Food and Drug Act to make mandatory that all alcohol beverage containers have enhanced alcohol labels affixed:

1. Indicating what constitutes a standard drink;
2. Illustrating the number of standard drinks in the beverage container; and
3. Displaying health messages regarding adverse health outcomes, including the cancer risks associated with the consumption of alcohol.

AND FURTHER THAT the Northwestern Health Unit Board of Health endorse, in principle, [Bill S254](#) – An Act to Amend the Food and Drug Act (Warning Labels on

Alcoholic Beverages) and [Motion M-61](#) A National Warning Label Strategy for Alcoholic Products.

The Northwestern Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Douglas Lawrance

Chair, Board of Health, Northwestern Health Unit

Copy to:

- Hon. Eric Melillo, Member of Parliament, Kenora
- Hon. Marcus Powlowski, Member of Parliament, Thunder Bay - Rainy River
- Hon. Jean-Yves Duclos, Minister of Health
- Dr. Theresa Tam, Chief Public Health Officer of Canada
- Hon. Greg Rickford, Member of Provincial Parliament, Kenora - Rainy River
- Hon. Sol Mamakwa, Member of Provincial Parliament, Kiiwetinoong
- Hon. Kevin Holland, Member of Provincial Parliament, Thunder Bay - Atikokan
- Dr. Kieran Moore, CMOH
- Chair of the *Council of Chief Medical Officers of Health*
- Loretta Ryan, Executive Director, Association of Local Public Health Agencies
- Ontario Boards of Health
- Canadian Public Health Association
- Rainy River District Ontario Health Team
- All Nations Health Partners Ontario Health Team
- Kiiwetinoong Healing Waters Ontario Health Team

March 3, 2023

## **Peterborough Public Health Urges Government of Canada to Explore Improvements to Funding Streams to Supporting Small Businesses and Other Organizations to Improve Indoor Air Quality**

The Honourable Jean-Yves Duclos, MP  
Minister of Health, Canada  
[jean-yves.duclos@parl.gc.ca](mailto:jean-yves.duclos@parl.gc.ca)

The Honourable Dominic LeBlanc, MP  
Minister of Intergovernmental Affairs, Infrastructure  
and Communities, Canada  
[dominic.leblanc@parl.gc.ca](mailto:dominic.leblanc@parl.gc.ca)

Dear Honourable Ministers:

Re: Improved Indoor Air Quality in Public Settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,<sup>[1]</sup> and does not spread as easily as we once thought by touching contaminated surfaces.<sup>[2]</sup> The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."<sup>[3]</sup> Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."<sup>[4]</sup>

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be through tax credits, grants, or other incentives to support small businesses in improving the indoor air quality of their spaces.

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens."<sup>[5]</sup> These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;

- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.<sup>[6]</sup>

To this end, there are many examples of improved indoor air quality being prioritized around the world. Last year for example, Belgium legislated an indoor air quality framework<sup>[7]</sup>, as did France<sup>[8]</sup>, while Australia earmarked over \$270 million AUD for classroom upgrades alone to further “provide their students with improved learning facilities in a COVID-19 safe environment”.<sup>[9]</sup>

In an effort to make public indoor spaces safer, and recognizing that COVID-19 is airborne, Peterborough Public Health (PPH) is urging the Government of Canada and its provincial and territorial partners to consider similar initiatives as these other global leaders, and explore a variety of options that support businesses and organizations in protecting their staff and patrons – most notably through improvements to their HVAC and ventilation systems, as detailed above.

PPH recently identified that because of local and provincial protections, 265-291 lives were saved in the area served by our Health Unit<sup>[10]</sup>, while the CD HOWE Institute found that vaccines alone contributed to a “cost/benefit of -\$0.4 billion to \$2.1 billion without considering mortality.”<sup>[11]</sup> Including the value of reduced mortality, this figure balloons to “\$27.6 billion, dwarfing the costs of the vaccines and savings associated with averting more minor cases.”<sup>[12]</sup> Given that a multilayer approach – including improved ventilation - is needed when preventing the transmission of COVID-19, **it is clear that the costs of inaction with the toll of COVID-19 transmission and other respiratory viruses is significant.**

As the Chair of our Board of Health I am writing to you today, to urge that the Federal government, in partnership with all provincial and territorial governments, identify, fund, and implement strategies such as through grants, tax breaks, and other incentives, to improve indoor air quality in public settings.

The staff at PPH and I are ready to support your teams in moving this forward; please don’t hesitate to reach out if we can be of assistance.

Respectfully,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag

cc: Local MPs  
Local MPPs  
Curve Lake First Nation  
Hiawatha First Nation  
Association of Local Public Health Agencies  
Ontario Boards of Health

- <sup>[1]</sup> Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>
- <sup>[2]</sup> Chen T. (2021) Fomites and the COVID-19 pandemic: An evidence review on its role in viral transmission. Vancouver, BC: National Collaborating Centre for Environmental Health. Retrieved October 12, 2022 from <https://ncceh.ca/documents/evidence-review/fomites-and-covid-19-pandemic-evidence-review-its-role-viral-transmission>
- <sup>[3]</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). COVID-19 transmission through short and long-range respiratory particles. Toronto, ON: Queen’s Printer for Ontario. Retrieved October 11, 2022 from [https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc_lang=en)
- <sup>[4]</sup> Science M, Thampi N, Bitnun A, et al. (2022). Infection prevention and control considerations for schools during the 2022- 2023 academic year. Science Briefs of the Ontario COVID-19 Science Advisory Table. Retrieved October 11, 2022 from [https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year\\_20220825\\_published.pdf](https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year_20220825_published.pdf)
- <sup>[5]</sup> Chief Science Advisor of Canada. (2022). Post-COVID-19 Condition in Canada: What We Know, What We Don’t Know and a Framework for Action. Retrieved December 15, 2022 from, [https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report\\_PCC\\_Dec2022.pdf](https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report_PCC_Dec2022.pdf)
- <sup>[6]</sup> Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.
- <sup>[7]</sup> Vandenbroucke, F. Deputy Prime Minister and Minister of Social Affairs and Health. Chancellery of the Prime Minister. (2022). Indoor air quality: future policy and legislative framework. Retrieved February 13, 2023 from <https://vandenbroucke.belgium.be/nl/binnenluchtkwaliteit-beleid-van-de-toekomst-en-wetgevend-kader>
- <sup>[8]</sup> Sub-section 3: Indoor air quality monitoring in certain establishments open to the public (Articles R221-30 to D221-38). Retrieved February 13, 2023 from [https://www.legifrance.gouv.fr/codes/section\\_lc/LEGITEXT000006074220/LEGISCTA000024912670/](https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000006074220/LEGISCTA000024912670/)
- <sup>[9]</sup> Australian Government. (2022). Schools Upgrade Fund. Retrieved, February 13, 2023 from <https://www.education.gov.au/schools-upgrade-fund>
- <sup>[10]</sup> Peterborough Public Health. (2022). Peterborough Public Health Thanks Community for Efforts in Response to the COVID-19 Pandemic to Date. Retrieved March 2, 2023 from <https://www.peterboroughpublichealth.ca/peterborough-public-health-thanks-community-for-efforts-in-response-to-the-covid-19-pandemic-to-date/>
- <sup>[11]</sup> Wyonch, Rosalie, and Tingting Zhang. 2022. Damage Averted: Estimating the Effects of COVID-19 Vaccines on Hospitalizations, Mortality and Costs in Canada. Commentary 634. Toronto: C.D. Howe Institute. Retrieved March 3, 2023 from [https://www.cdhowe.org/sites/default/files/2023-01/Commentary\\_634.pdf](https://www.cdhowe.org/sites/default/files/2023-01/Commentary_634.pdf)
- <sup>[12]</sup> Ibid.

March 8, 2023

## **Medical Officer of Health Urges Ministry of Labour, Immigration, Training and Skills Development to Explore Improvements to Occupational Health and Safety Act to Improve Indoor Air Quality**

The Honourable Monte McNaughton, MPP  
Minister of Labour, Immigration, Training and Skills Development, Ontario  
[Minister.MLTSD@ontario.ca](mailto:Minister.MLTSD@ontario.ca)

Dear Honourable Minister:

Re: Improved Indoor Air Quality (IAQ) in Public Settings

We've learned a great deal about COVID-19 since the pandemic began, most notably, is that **COVID-19 is an airborne virus**,<sup>1</sup> and does not spread as easily as we once thought by touching contaminated surfaces.<sup>2</sup> The Canadian Centre for Occupational Health and Safety states that "the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols."<sup>3</sup> Additionally, the Ontario Science Table noted that "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas."<sup>4</sup>

While provincially legislated 'lockdowns', mask mandates, and gathering limits may be behind us, the COVID-19 pandemic is not over. With all that we have learned, **improvements to indoor air quality of the spaces we occupy are necessary and life-saving** to truly control how the SARS-CoV2 virus and other respiratory/airborne pathogens spread. One important strategy to support this change would be through consideration of simple amendments to the Occupational Health and Safety Act (OHSA), to include the recommendations listed in many of the resources linked from the Province's own COVID-19 and workplace health and safety website<sup>5</sup>.

Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens."<sup>6</sup> These sentiments are echoed by the Ontario Society of Professional Engineers (OSPE) Indoor Air Quality group who have created many tools and resources to help Ontarians. [Recommendations](#) OSPE have developed, include:

- increasing the minimum number of air exchanges to at least 6 per hour in any indoor occupied space;
- improving ventilation requirements to follow the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) and the Canadian Standards Association;
- ensuring that HVAC systems and portable units use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern;
- having certified technicians install upper room ultraviolet germicidal systems; and
- committing to public transparency about the air quality of a space.<sup>7</sup>



Plainly, we need to action these evidence-based approaches and apply science to the laws that protect the workers of Ontario. Given that there are currently no regulations beyond 'general duty' clauses in the OHSA that regulate IAQ,<sup>8</sup> amendments would ensure protections are in place to keep workers safe, and subsequently keep the economy open.

O. Reg. 332/12: Building Code, Part 9 (Housing and Small Buildings), subsection 9.32.1.3 (3) speaks to the ventilation of rooms and spaces, however, falls short of OSPE recommendations of at least 6 air exchanges per hour and the use of HEPA filters or filters with a MERV 13 rating in HVAC systems.<sup>9</sup> **Amending the OHSA to include these requirements would bolster the defined purpose of the Act** which states that the Minister shall "promote occupational health and safety and to promote the prevention of workplace injuries and occupational diseases."<sup>10</sup>

We must start including the quality of the air we breathe when we think of and refer to the safety of indoor settings, and protection of Ontario workers.

While we recognize the cost-implications of these changes, they could be operationalized in a way to minimally impact owners and operators of fixed premises. Keeping workplaces open is also a critical priority and so, economic considerations should factor in to changes to OHSA. However, low to no cost solutions exist to improve indoor air quality.

Peterborough Public Health (PPH) recently identified that because of local and provincial protections, 265-291 lives were saved in the area served by our Health Unit<sup>11</sup>, while the CD HOWE Institute found that vaccines alone contributed to a "cost/benefit of -\$0.4 billion to \$2.1 billion without considering mortality."<sup>12</sup> Including the value of reduced mortality, this figure balloons to "\$27.6 billion, dwarfing the costs of the vaccines and savings associated with averting more minor cases."<sup>13</sup> Given that a multilayer approach – including improved ventilation - is needed when preventing the transmission of COVID-19, **it is clear that the costs of inaction with the toll of COVID-19 transmission and other respiratory viruses is significant.**

As the Chair of our Board of Health, I am writing to you today, imploring you to thoroughly examine the OHSA, and to identify opportunities to make changes to the Act that can be implemented to improve indoor air quality and provide increased protection for workers in Ontario.

The staff at PPH and I are ready to support your teams in moving this forward; please don't hesitate to reach out if we can be of assistance.

Respectfully,

***Original signed by***

Councillor Kathryn Wilson  
Chair, Board of Health

/ag

cc: Local MPPs  
Curve Lake First Nation  
Hiawatha First Nation  
Association of Local Public Health Agencies  
Ontario Boards of Health



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- <sup>1</sup> Public Health Agency of Canada. (2022). COVID-19: Main modes of transmission. Retrieved October 18, 2022 from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>
- <sup>2</sup> Chen T. (2021) Fomites and the COVID-19 pandemic: An evidence review on its role in viral transmission. Vancouver, BC: National Collaborating Centre for Environmental Health. Retrieved October 12, 2022 from <https://ncceh.ca/documents/evidence-review/fomites-and-covid-19-pandemic-evidence-review-its-role-viral-transmission>
- <sup>3</sup> Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). COVID-19 transmission through short and long-range respiratory particles. Toronto, ON: Queen's Printer for Ontario. Retrieved October 11, 2022 from [https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/nCoV/phm/2022/01/covid-19-respiratory-transmission-range.pdf?sc_lang=en)
- <sup>4</sup> Science M, Thampi N, Bitnun A, et al. (2022). Infection prevention and control considerations for schools during the 2022- 2023 academic year. Science Briefs of the Ontario COVID-19 Science Advisory Table. Retrieved October 11, 2022 from [https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year\\_20220825\\_published.pdf](https://covid19-sciencetable.ca/wp-content/uploads/2022/08/Infection-Prevention-and-Control-Considerations-for-Schools-During-the-2022-2023-Academic-Year_20220825_published.pdf)
- <sup>5</sup> Ministry of Labour, Immigration, Training and Skills Development. (2023). COVID-19 and workplace health and safety. Retrieved March 6, 2023 from <https://www.ontario.ca/page/covid-19-workplace-health-safety>
- <sup>6</sup> Chief Science Advisor of Canada. (2022). Post-COVID-19 Condition in Canada: What We Know, What We Don't Know and a Framework for Action. Retrieved December 15, 2022 from, [https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report\\_PCC\\_Dec2022.pdf](https://ised-isde.canada.ca/site/science/sites/default/files/attachments/2022/Pre-Report_PCC_Dec2022.pdf)
- <sup>7</sup> Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.
- <sup>8</sup> Worker's Health and Safety Centre. Indoor Air Quality: Every Breath You Take, Version 1.0. Retrieved March 6, 2023 from [https://www.whsc.on.ca/Files/Resources/Hazard-Resource-Lines/RL\\_IndoorAirQuality\\_V1\\_web.aspx](https://www.whsc.on.ca/Files/Resources/Hazard-Resource-Lines/RL_IndoorAirQuality_V1_web.aspx)
- <sup>9</sup> Ontario Society of Professional Engineers. (2022). Indoor Air Quality Reports. Retrieved December 8, 2022 from <https://ospe.on.ca/indoor-air-quality/>.
- <sup>10</sup> Occupational Health and Safety Act. (2022). Retrieved March 6, 2023 from <https://www.ontario.ca/laws/statute/90o01>
- <sup>11</sup> Peterborough Public Health. (2022). Peterborough Public Health Thanks Community for Efforts in Response to the COVID-19 Pandemic to Date. Retrieved March 2, 2023 from <https://www.peterboroughpublichealth.ca/peterborough-public-health-thanks-community-for-efforts-in-response-to-the-covid-19-pandemic-to-date/>
- <sup>12</sup> Wyonch, Rosalie, and Tingting Zhang. 2022. Damage Averted: Estimating the Effects of COVID-19 Vaccines on Hospitalizations, Mortality and Costs in Canada. Commentary 634. Toronto: C.D. Howe Institute. Retrieved March 3, 2023 from [https://www.cdhowe.org/sites/default/files/2023-01/Commentary\\_634.pdf](https://www.cdhowe.org/sites/default/files/2023-01/Commentary_634.pdf)
- <sup>13</sup> Ibid.

alPHa's members are  
the public health units  
in Ontario.

**alPHa Sections:**

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

**Affiliate  
Organizations:**

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

March 9, 2023

Hon. Sylvia Jones  
Minister of Health  
College Park 5th Flr, 777 Bay St  
Toronto, ON M7A 2J3

Dear Minister Jones,

**Re: CMOH Annual Report 2022**

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On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, we are writing to congratulate the Chief Medical Officer of Health (CMOH) for the release of his 2022 Annual Report to the Legislative Assembly of Ontario, *Being Ready, Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics* and to reinforce the calls for investments in public health therein.

We could not agree more with the central theme of learning from the experiences of the past three years to put an end to the “boom and bust” cycle of funding and ensure sustained investment in preparedness. While the CMOH Report frames preparedness squarely in the context of future pandemics and outbreaks, we would observe that “preparedness” includes all aspects of the population-wide, upstream, prevention-focused approach to protecting and promoting health.

As you are aware, Ontario’s locally-based public health agencies are subject to a detailed mandate under the Health Protection and Promotion Act (HPPA) and the Ontario Public Health Standards (OPHS) to support and protect the physical and mental health and well-being, resiliency and social connectedness of the population, through the core public health functions of assessment and surveillance; health promotion and policy development; health protection & disease prevention; and emergency management.

It is indeed illustrative that when the coronavirus began to sweep through Ontario in early 2020, our local public health agencies were able to pivot so quickly and completely to the last of these functions, doing exactly what they were designed and mandated to do in a public health emergency. Through case/contact management; data analysis; implementation and enforcement of public health measures; provision of advice to the public, community partners and decision makers; and leadership of outbreak control and vaccination campaigns; local public health agencies were the true “front line” of the pandemic response. As such, we are uniquely positioned to articulate lessons learned and provide specific advice on where investments in preparedness should be directed.

In this report, the CMOH identifies three interrelated domains for sustained investment, namely, “Sector and System Readiness”, “Community Readiness”, and “Societal Readiness”. Local public health has foundational roles in each, and several priorities directly related to its activities are identified, including:

- Leadership in Infection prevention and control (IPAC) strategies and response.
- Leadership in vaccination promotion and delivery strategies.
- Forging collaborative partnerships with communities that face health inequities.
- Collecting sociodemographic data to address health inequities.
- Building social trust and engage society in conversations.
- Increasing health literacy through communication of credible, trusted, and transparent information, while countering misinformation.

None of these priorities is unique to pandemic preparedness, but rather foundational to many, if not all, of the health promotion and protection endeavours undertaken by Ontario’s unique network of locally based public health agencies. Investing in this system is therefore by definition investing in preparedness.

Now that the acute phase of the response is in the past, our members are pivoting back to the routine OPHS-mandated programs and services that promote and protect health in every community every day. This work is often done in collaboration with local partners as well as the broader health sector, and results in a healthier population that in turn is the foundation of a stronger economy and key to the preservation of scarce health care resources.

As the CMOH critically observes, “It is more efficient and more effective to invest in preparedness than to pay the much higher and heavier costs of being unprepared: more illness and death, mental health problems, social disruption, and economic losses”. This observation is as true for each of the population health-based activities our members are responsible for as it is for pandemic preparedness alone.

We hope you will take our perspectives on the CMOH Annual Report into careful consideration, and we look forward to collaborating to create a stronger, healthier, and more prepared Ontario.

We look forward to working with you and would like to request an opportunity to meet with you and your staff. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 647-325-9594.

Sincerely,



Trudy Sachowski,  
President

**Copy:** Dr. Kieran Moore, Chief Medical Officer of Health, Ontario  
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

The Association of Local Public Health Agencies (ALPHA) is a not-for-profit organization that provides leadership to Ontario's boards of health. ALPHA represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, ALPHA advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, 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.

**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** "All Health Units"  
**Cc:** [Board](#)  
**Subject:** [allhealthunits] 2022 Chief Medical Officer of Health Annual Report - Links to Report and Statement  
**Date:** Tuesday, March 7, 2023 3:41:23 PM

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**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.**

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Dear ALPHA members,

The Chief Medical Officer of Health's 2022 Annual Report was tabled in the Legislature this afternoon. The 2022 report, entitled *Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*, calls for the sustained investment in our preparedness capacities and capabilities to ensure readiness in the health and public health sector, communities, and society.

*The report calls for an adaptive, competent, resilient public health sector that maintains strong relationships with the rest of the health care system and the communities that rely on it. We know that healthier, more equitable communities are more resilient in the face of outbreaks and pandemics and have better health outcomes. We must also support an engaged, informed, and prepared society that has the supports necessary to protect themselves and others. Being Ready further advocates for the collection of sociodemographic data, health equity and community development, which COVID-19 has proven are necessary for ensuring equitable outbreak and pandemic responses.*

**Report:**

EN: <https://www.ontario.ca/page/chief-medical-officer-health-2022-annual-report?share=zH4dQYn4HtSEaHc92TcsEQDefgFnkn4HWDctvFjSdMU>

FR: <https://www.ontario.ca/fr/page/rapport-annuel-de-2022-du-medecin-hygieniste-en-chef?share=zH4dQYn4HtSEaHc92TcsEQDefgFnkn4HWDctvFjSdMU>

**Statement:**

EN: <https://www.ontario.ca/page/chief-medical-officer-health-2022-annual-report?share=zH4dQYn4HtSEaHc92TcsEQDefgFnkn4HWDctvFjSdMU>

FR: <https://www.ontario.ca/fr/page/rapport-annuel-de-2022-du-medecin-hygieniste-en-chef?share=zH4dQYn4HtSEaHc92TcsEQDefgFnkn4HWDctvFjSdMU>

Take Care,

Loretta

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Loretta Ryan, CAE, RPP

Executive Director

**Association of Local Public Health Agencies (ALPHA)**

480 University Avenue, Suite 300

Toronto, ON M5G 1V2

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

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**March 17, 2023**

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## **March 2023 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](http://alphaweb.org).*

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**Registration for alPHA's Annual Conference and AGM now available!**



alPHA's 2023 Annual General Meeting (AGM) and Conference will be held at the University of Toronto's Dalla Lana School of Public Health on Tuesday, June 13, 2023. In addition, a pre-conference walking tour and reception will be held on the afternoon

[here](#).

The [Conference Poster](#) and [Sponsorship Prospectus](#) and [Sponsorship Commitment Form](#) are available online. Further details including, the conference program, will be available in the coming weeks. Updates are posted on our [Conference webpage](#), so check this page regularly. Attendees are encouraged to book accommodations as soon as possible. alPHA does not have a room block, however there are a number of nearby hotels, including the [Delta Chelsea](#) and the [Holiday Inn](#).

alPHA members were notified about the [June 2023 alPHA AGM Notice and Package](#), which is now available. Individual documents can be found here:

- [Notice for the 2023 alPHA Annual General Meeting](#)
- [Call for 2023 alPHA Resolutions](#)
- [Call for 2023 alPHA Distinguished Service Awards](#)
- [Call for Board of Health Nominations](#)

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## Thank you to everyone who attended this year's Winter Symposium



This year's Winter Symposium and Section Meetings took place on February 24, and were a success! We had an exciting line-up of speakers and wonderful presentations from everyone. Thank you to everyone who attended the event. It could not have been possible without all of your support.

We would also like to acknowledge all of our speakers, including Hon. Doug Ford (Premier of Ontario), Hon. Sylvia Jones (Deputy Premier and Minister of Health), Dr. Theresa Tam (Chief Public Health Officer of Canada), Colin Best (President, AMO), Allan O'Dette (CEO, OMA), Steini Brown (Dean, Dalla Lana School of Public Health), Carmen McGregor (BOH Section Chair), Dr. Eileen de Villa (COMOH Section Chair), Loretta Ryan (alPHA Executive Director), Dr. Christopher Simpson (Executive Vice President (Medical) and Chief Medical Officer, Ontario Health), Const. Wendi Hughes (Ontario Provincial Police), Michael Sherar (President and CEO, Public Health Ontario), Brendan Smith (Scientist, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario), Roman Pabayo (Tier II Canada Research Chair in Social and



Ministry of Education), Dr. Kieran Moore (Chief Medical Officer of Health), and Suzanne Bailey and Martin Lipcsey (Road to Mental Readiness).

We would be remiss not to thank Trudy Sachowski, aPHa President and Chair of the symposium, Dr. Eileen de Villa, COMOH Section Chair/COMOH Representative, Toronto, and Carmen McGregor, BOH Section Chair/BOH Section Representative, South West Region.

The winner of the post-event survey gift card is Dr. Hamidah Meghani of Halton Region Health Department.

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

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## **aPHa 2023 Winter Symposium resources**

Presentations from this year's Winter Symposium are available by event and have been uploaded as packages. Please note, you will need to log in to view them.

- [Symposium Resources](#)
- [Boards of Health Section Resources](#)
- [R2MR Workshop Resources](#)
- [Speaker Bios](#)

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## **Leader to Leader – A Message from the aPHa President - March 2023**



February was a busy and highly productive month for aPHa, beginning with the engagement of all members for input that contributed to the development and release of aPHa's [2023 Pre-Budget Consultation](#) submission. In addition to members' advice, the submission was based on the four pillars of aPHa's [Strategic Plan](#), base-budget survey data from 34-member health units, [resolutions](#), and key foundational documents. February wrapped up with several successful key adjacent events.

On Tuesday, February 21st, BOH Section Chair Carmen McGregor, Executive Director Loretta Ryan, and I, as President, participated in the Ontario Chronic Disease Prevention Alliance Day at Queen's Park which was hosted by the Honourable Ted Arnott, Speaker of the House. This included recognition in the Ontario Legislature,



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Parliamentary Assistants, MPPs and their staff.

On Wednesday, February 22nd, alPHa was pleased to host a conference for local public health Executive and Administrative Assistants who support alPHa's members in local public health's senior leadership. Thank you to the team who put this together and for the opportunity for me to bring welcoming remarks. Thank you too, to our other speakers, alPHa Board members Dr. Alex Summers, and Paul Sharma, alPHa's Executive Director Loretta Ryan, and Franger Jimenez, our Centennial College student placement.

The [alPHa Board](#) held their quarterly meeting on Thursday, February 23rd. This included discussion on key public health issues, the development of a Strategic Plan to lead the association into 2024 and beyond, government relations, and compliance with the [Ontario Not for Profit Corporations Act](#). Ontario's Chief Medical Officer of Health, Dr. Kieran Moore, along with Liz Walker, the Ministry of Health's Executive Lead for Public Health and Michael Sherar, President, and CEO of Public Health Ontario (PHO), participated in discussions with the Board. The alPHa Board meeting concluded with recognition of departing Board members Dr. Penny Sutcliffe, COMOH Representative, North Region and Kerry-Schubert-Mackey, Affiliate Representative, ODPH. The alPHa Board extended sincere appreciation and thanks, wishing them well in their future endeavours.

Also on Thursday, BOH and Affiliate members participated in alPHa's Road 2 Mental Readiness Workshop that COMOH participated in last fall. This was developed in collaboration with the Canadian Armed Forces and tailored for public health leaders, based on a cycle that entails preparation, performance, and recovery.

February concluded with the resounding success of [alPHa's 2023 Winter Symposium](#) on February 24th. The event began with greetings and support for alPHa members' work in public health from: the Honourable Doug Ford, Premier of Ontario; the Honourable Sylvia Jones, Deputy Premier of Ontario, and Minister of Health; Dr. Theresa Tam, Chief Public Health Officer of Canada; Colin Best, President, Association of Municipalities of Ontario; Allan O'Dette, President & CEO, Ontario Medical Association and Steini Brown, Dean, Dalla Lana School of Public Health.

Carmen McGregor, Chair, BOH Section; Dr. Eileen de Villa, Chair, COMOH Section; Loretta Ryan, alPHa Executive Director, and I, provided updates on alPHa's recent activities including alPHa's latest [Public Health Matters](#) infographic and the newly launched companion [video](#), alPHa member engagement in, and highlights of, alPHa's Pre-Budget Consultations and alPHa's key partnerships.

Updates were received from Dr. Chris Simpson, Ontario Health, and Michael Sherar, Public Health Ontario (PHO). As well, a team from PHO introducing the Ontario Public Health Information Dataset, a robust tool to examine the impacts of funding changes in Ontario's public health system on population health and health equity.

On behalf of the Honourable Steven Lecce, Ontario's Minister of Education, Deputy Minister of Education Nancy Naylor brought greetings and updates and spoke of the productive working relationship between their ministry, the Ministry of Health, COMOH, and local public health partners, to ensure the health and well being of Ontario's students.

The symposium concluded with informative updates and an interactive Q&A session with Dr. Kieran Moore.

Meetings of the COMOH Section, and the BOH Section which included Affiliate members, were held on the afternoon of February 24th. alPHa presented BOH orientation sessions on roles, legislated and legal responsibilities, and liability.

Thank you to this wonderful line-up of speakers, the moderators from the alPHa Board of Directors and the volunteer planning team - all of whom so generously donated their time. Be sure to check out their [bios](#), along with the presentations that were shared with alPHa at [www.alphaweb.org](http://www.alphaweb.org).

While this event was planned and hosted by alPHa, it took place with the generous support of the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit. I would like to sincerely thank them for their ongoing support.

Thank you to the alPHa staff of Gordon Fleming and Melanie Dziengo under the leadership of Loretta Ryan, alPHa's Executive Director. Special recognition goes to Loretta Ryan's exceptional leadership, planning and coordination of alPHa's work and events. Ms. Ryan has leveraged alPHa to new heights and has greatly increased the association's capacity.

Most of all, I would like to thank all who participated in these events. It is only through the involvement and support of alPHa's members that we are able to do what we do and, as evidenced by the strong attendance numbers, we have an engaged membership.

alPHa's dedicated governance Board of Directors and Executive Committee, supported by alPHa's Executive Director and staff, *provides strategic leadership with one, unified voice representing the public health system across its member constituents*. alPHa will continue to provide valued resources and services to you, its members, leading in the ever-changing public health sector. alPHa is committed to influencing Ontario's decision-makers to ensure a robust local public health system with ample resources to protect the entire population's health.

*Trudy Sachowski*  
*President*

***'The leadership role is really to build the riverbanks and let the water flow freely.'***

## 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. Below are submissions that have been sent in since the last newsletter. A complete online library, which includes alpha's Pre-Budget Submission, is available [here](#).

### [alpha Letter - 2022 CMOH Annual Report](#)

March 9, 2023 letter from President of the Association of Local Public Health Agencies to Minister Jones congratulating the Chief Medical Officer of Health on releasing his 2022 annual report. It also discusses putting an end to the "boom and bust" cycle of funding and ensuring sustained investment in preparedness.

### [alpha Letter - Meeting Request - Parliamentary Assistant to the Premier](#)

March 7, 2023 letter from President of the Association of Local Public Health Agencies to Mr. Lorne Coe requesting a meeting to discuss the importance of immediate and meaningful investments in Ontario's locally-based public health system.

### [alpha Letter - Meeting Request - Minister of Finance](#)

March 7, 2023 letter from President of the Association of Local Public Health Agencies to Minister Bethlenfalvy requesting a meeting to discuss the importance of immediate and meaningful investments in Ontario's locally-based public health system.

### [alpha Letter - Meeting Request - Minister of Health](#)

March 7, 2023 letter from President of the Association of Local Public Health Agencies to Minister Jones requesting a meeting to discuss the importance of immediate and meaningful investments in Ontario's locally-based public health system.

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**New for this year! alpha Workplace Health and Wellness Month**

## 2023 aPHa Workplace Health & Wellness Month

**aPHa**

Association of Local  
PUBLIC HEALTH  
Agencies



aPHa members are encouraged to engage in physical activity (e.g. walking, hiking, swimming, cycling, and paddling) or activities that promote mental health (e.g. meditation, yoga and relaxation exercises) for 30 minutes per day during the month of May.

Good health involves good eating habits.

Do you have a recipe that contributes to health and wellness?

We'd love to hear about these too!

Participate and share on Twitter. Don't forget to include in your tweet: a picture, @PHAgencies and the hashtags #PublicHealthLeaders, #aPHa2023. We'll profile your activities at the aPHa Conference taking place on June 13, 2023.



### HERE'S HOW TO PARTICIPATE

Activities are to be completed at any time during the month of May. Any physical or mental health activities of a 30-minute duration are encouraged.

Post your healthy recipes too.  
Be creative and have fun!

Post your tweets with pictures and include  
**@PHAgencies, #PublicHealthLeaders  
#aPHa2023**

#### Easy Activity Tips!

**At Home** - Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, and dig. Go out for a short walk before breakfast, after dinner or both! Why not start the day off with meditation? Start with 5-10 minutes and work up to 30 minutes.

**At Work** - Many of us have sedentary jobs. If you can, use active transportation to get to and from your workplace. Go for a walk at lunchtime. Incorporate these activities into your work day. Start with short walks and work up to longer trips. Practice mindfulness. Engage in fun team building exercises.

**At Play** - Play and recreation are important for good health. Look for opportunities to be active and have fun at the same time: Plan activities that include physical activity (hiking, backpacking, swimming, etc.). Do your favourite physical activities and regularly go walking, jogging, or cycling. Start with achievable goals and work your way up to regular exercise routines.

**At any time** - Prepare a healthy snack or meal, take a picture, and share it with the recipe.

**Ready! Set! GO!**

The aPHa Fitness Challenge is being rebranded as the [aPHa Workplace Health and Wellness Month](#)! This is an opportunity for all aPHa members to engage in activities that promote physical and mental health for at least 30 minutes during the month of May. Members are encouraged to participate and share their success via Twitter. All you have to do is tweet a picture, tag @PHAgencies, and use the hashtags #PublicHealthLeaders and #aPHa2023. Additionally, the pictures will be highlighted at this year's Conference and AGM.

Additionally, resources, provided by public health units, that members can use to improve their physical, mental, and nutritional health will be coming to the aPHa website soon. There will also be health tools and tips you can use to improve your wellness at home and at work.

Are you interested in healthy recipes but don't know where to start? Information from [Toronto Public Health](#) can help. There, you can find tips to help you make wise choices when preparing food and some other websites where you can find healthy recipes to prepare at home!

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**Shareable aPHa public health materials**



alPHA has created documents to profile public health and the important role the association plays in the sector. These include:

- [Spring 2022 Public Health Matters Infographic](#), [its accompanying video](#), [Public Health Matters Infographic #2](#), and [its video](#)
- [alPHA Public Health Brochure](#)
- [Pre-Budget Submission 2023](#)
- [Statement of Principles \(2019 - conditions agreed upon by the alPHA Board for the foundations of a successful PH system\)](#)
- [alPHA Resolutions - Public Health Funding and Policy](#). These are a collection of resolutions passed by the membership related to those two things that represent accepted alPHA positions.

These documents, which can be widely shared, demonstrate the value and return on investment public health provides. They are also useful for meetings with local councillors, MPPs, and other important stakeholders. Members are strongly encouraged to use these resource materials.

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## Guidelines on Minimum Retentions now available

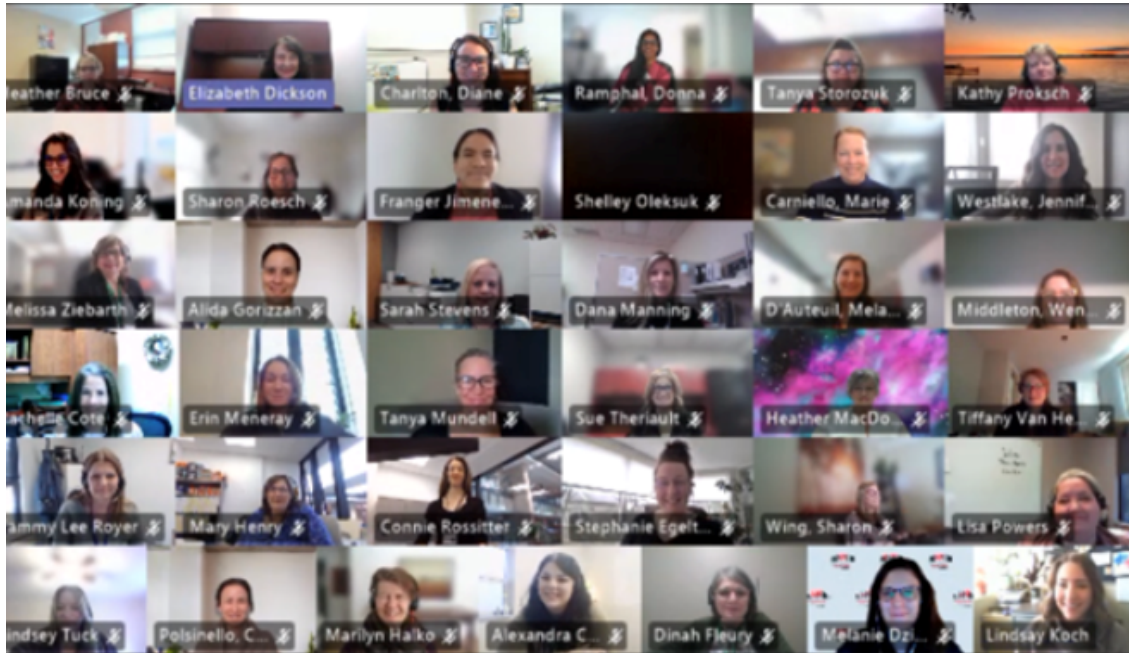


### alPHA Record Retention Resource Document for Public Health Units

alPHA's Record Retention Resource Document for Public Health Units is now up on [the website](#). This a document health units can use to ensure their records retention bylaw/policy, schedule and/or procedure is updated and follows current best practices. It also provides a general overview of the records from a public health services and programs perspective that need to be considered in records retention bylaws/policies, schedules and/or procedures.



**2023 EA/AA Conference a Success**



On February 22, 2023, public health unit Executive and Administrative Assistants came together for a virtual conference. The full presentations can be viewed [here](#).

aPHa would like to thank the Conference Planning Committee, Elizabeth Dickson, Stephanie Egelton, Lindsay Koch, Amanda Koning, Loretta Ryan, and Melanie Dziengo, for all of their hard work. A special shoutout goes to aPHa President, Trudy Sachowski, for bringing welcoming remarks and to the speakers, Paul Sharma (Director, Chronic Disease and Injury Prevention, Peel Region Public Health), Dr. Alexander Summers (MOH, Middlesex London Health Unit), Loretta Ryan (Executive Director, aPHa), and Jon Begg (Communications & Public Relations Specialist, Northwestern Health Unit). Thank you for taking the time out of your busy days to speak at the conference and provide the EAs/AAs with your expertise.

The registration gift card winner was Connie Rossitter of Grey Bruce Public Health. The EA/AA Conference post-event survey winner is Krislyn Fernandes of City of Hamilton Public Health Services.

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**Climate Change Update: February 2023**



Research recently published continues to report that **climate change is harming Ontario's health, wellbeing, and equity** with risk increasing exponentially with every increment of temperature elevation. Ongoing literature and global reports including scientific evidence, Indigenous knowledge and surveillance data suggests that provincial prioritization of climate change and its impact is necessary to protect the health system. To read more, please click [here](#).

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## Boards of Health: Shared Resources



A resource [page](#) is available on aPHa's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) and for posting in the appropriate library. Resources available on the aPHa website include:

- [Orientation Manual for Boards of Health](#) (Revised Feb. 2023)
- [Review of Board of Health Liability, 2018, \(PowerPoint presentation, Feb. 24, 2023\)](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
- [Ontario Boards of Health By Region](#)

- [Obligations of a Board of Health under the Municipal Act, 2001 \(Revised 2021\)](#)
- [Governance Toolkit \(Revised 2022\)](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)
- [The Municipal Role of Public Health \(2022 U of T Report\)](#)

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## Association of Municipalities (AMO) New Head of Council and New Councillor Training



AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants “managing diverse aspects and expectations on issues you will find before your term.” You can register for the New Head of Councillor Training [here](#) and register for New Councillor training [here](#).

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## AMO 2023 Ending Homelessness Symposium

**May 3-4, 2023**

The Association of Municipalities of Ontario (AMO) is holding an **Ending Homelessness Symposium** on May 3-4, 2023. This one and a half-day event is open to elected officials; municipal staff; social, health, and economic partners; and all interested sector associations. AMO’s Ending Homelessness Symposium will offer perspectives on the root causes of homelessness – including income insecurity, insufficient supply of deeply affordable housing, insufficient responses to mental health and addictions challenges and the policy responses required. Location: Hyatt Place Toronto/Mississauga Centre, 5787 Hurontario St., Mississauga. Deadline to register is April 26th. More information, including how to register, can be found [here](#).

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## Public Health by 2033: TOPHC Announces Plenary Panelists and More





More than three years of the SARS-CoV-2 pandemic has taught public health agencies, governments and the broader healthcare sector to re-evaluate the status quo and plan for an uncertain future. The future of public health will be the focus of the plenary session: *Public Health by 2033*, a virtual discussion that is part of [TOPHC 2023's](#) March 27 virtual convention.

Moderated by Toronto's Medical Officer of Health, Dr. Eileen de Villa, this plenary features panelists:

- Dr. Theresa Tam, Chief Public Health Officer of Canada
- Dr. Bonnie Henry, Provincial Health Officer for British Columbia
- Dr. Gaynor Watson-Creed, Associate Dean of Serving and Engaging Society for Dalhousie University's Faculty of Medicine and Assistant Professor in the Department of Community Health and Epidemiology

These public health thought leaders will look ahead to the next decade in public health. The discussion will focus on key public health priorities along with the challenges and the unique opportunities presented by strategic and technological advances. The panelists will also delve into the possibilities for a shared vision of public health in 2033 through collaboration across governments, sectors and communities.

In addition to the plenary, TOPHC's virtual convention will include live and recorded presentations on a range of public health issues, new research findings, and proven health promotion strategies. Everyone who registers for Day One – the virtual convention – will also get six months' access to a virtual library that will include the presentations and other resource material.

TOPHC will also be offering in-person workshops at the Beanfield Centre in Toronto on March 30 – Day Two of the convention. These workshops range from half-day to full-

including management of rising incidence of syphilis, strategies for re-building trust for science in public health, improving health outcomes for Indigenous communities, the future of health promotion and reducing stigma through trauma and violence-informed care.

TOPHC is an annual educational and networking event planned and delivered by Public Health Ontario (PHO), the Association of Local Public Health Agencies (aLPHA), and the Ontario Public Health Association (OPHA).

To learn more and register for TOPHC 2023, visit <https://www.tophc.ca>.

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## Public Health Ontario



### **Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario**

This report, produced collaboratively by Public Health Ontario and Ontario Health, provides estimates of the number of deaths, hospitalizations and emergency department visits caused by smoking and alcohol consumption for Ontario and its public health units. Also included is a discussion of tobacco and alcohol control strategies for preventing and reducing smoking and alcohol consumption.

### **COVID-19 Variants of Concern**

- [Phylogenetic Analysis of SARS-CoV-2 in Ontario](#)

### **COVID-19 Epidemiological Surveillance Report**

- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [COVID-19 Wastewater Surveillance in Ontario](#)
- [Respiratory Virus Overview in Ontario](#)
- [Comparison of COVID-19 Hospitalizations and Deaths in 2022 and 2021](#)
- [COVID-19 in Ontario Weekly Epidemiological Summary](#)

### **IPAC Resources**

- [COVID-19 Preparedness and Prevention in Congregate Living Settings](#)
- [Managing COVID-19 Outbreaks in Congregate Living Settings \(CLS\)](#)

- [Considerations for the 2023 COVID-19 Vaccine Program in Ontario](#)

### **Additional Resources – New**

- [Childhood Fall Prevention Indicators for Public Health Practice in Ontario](#)

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### **PHO Events**

Interested in our upcoming events? Check out our [Events](#) page to stay up-to-date with all PHO events.

Missed an event? Check out our [Presentations](#) page for full recordings our events.

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### **Upcoming DLSPH Events and Webinars**

# **Dalla Lana**

## **School of Public Health**

- [The Ontario Public Health Convention](#) (Mar. 27, Mar. 30)
- [Improving Immunization with People Experiencing Homelessness](#) (Mar. 27)
- [Environments and Health Webinar: Obesity and Environment](#) (Mar. 27)
- [Environments and Health Webinar: Microbiome - Environment Interactions and the impact on health](#) (Mar. 29)
- [Environments and Health Webinar: Agri-Food, the Food-Water Nexus and Health](#) (Apr. 5)

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### **RRFSS Update**



There are still two more opportunities to join RRFSS this year and the next cycle of data collection starts in May. Data collection is available for 2023 in a variety of

interviews and survey length. For example, 720 completed telephone interviews (50 percent landline/50 percent cell) with ten minutes of interview questions would cost approximately \$35,000. A panel sample with 600 completed interviews and a ten-minute survey would cost approximately \$20,000. RRFSS also allows for custom surveys based on specific budgets. Please visit the RRFSS website to see available survey questions and further information about joining RRFSS: <https://www.rfss.ca/>

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## COVID-19 Update

The Ministry of Health COVID-19 resource pages:  
<https://www.ontario.ca/page/covid-19-coronavirus> (English)  
[Ministry of Health - guidance for the health sector](#)  
[Public Health Ontario's COVID-19 landing page](#)  
[Public Health Agency of Canada's COVID-19 landing page](#)  
[alPHA's recent COVID-19 related submissions can be found here.](#)

As part of the ongoing response to COVID-19, alPHA continues to represent the public health system and work with key stakeholders.

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## News Releases

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

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\*|480 University Ave. Suite 300 Toronto, Ont. M5G 1V2|\*

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Photo Credit: Gordon Fleming

# Association of Local Public Health Agencies

## 2023 ANNUAL GENERAL MEETING AND CONFERENCE

alPHa’s 2023 Annual General Meeting and Conference will continue the important conversation on the role of Local Public Health in the province’s Public Health System.

On Monday, June 12<sup>th</sup>, we will get things underway with a walking tour in the afternoon and opening evening reception. The AGM, consideration of Resolutions, Plenary Sessions, and presentation of the 2023 Distinguished Service Awards will take place on Tuesday, June 13<sup>th</sup>. The half-day Section meetings will be held on the morning of Wednesday, June 14<sup>th</sup>.

Stay tuned for further information on the program and registration details.

See you at the AGM & Conference!

# alPHa

Association of Local  
**PUBLIC HEALTH**  
Agencies

## Dalla Lana School of Public Health

*This event is being held with generous support from  
the University of Toronto’s Dalla Lana School of  
Public Health*

## 2023 alPHA Annual General Meeting & Conference



**2023-06-12 to 2023-06-14**

**When:** Monday June 12, 2023 - Wednesday June 14, 2023  
2 pm-12 pm

**Where:** Dalla Lana School of Public Health  
155 College St.  
Toronto M5T 3M7  
Canada

**Contact:** Melanie Dziengo  
[communications@alphaweb.org](mailto:communications@alphaweb.org)  
416-595-0006 ext. 225



**Association of  
Local Public  
Health Agencies**

**2023 ANNUAL  
GENERAL  
MEETING AND  
CONFERENCE**

alPHA's 2023 Annual General Meeting and Conference will continue the important conversation on the role of Local Public Health in the province's Public Health System.

The June 13th event includes alPHA's Annual General Meeting, consideration of Resolutions, Plenary Sessions with guest speakers, Section Meetings, and the presentation of the 2023 Distinguished Service Awards.

More information to follow, including a walking tour and opening reception on Monday, June 12th and half-day Section meetings on Wednesday, June 14th.

Stay tuned for further information on the program.

This event is being held with the generous support from the University of Toronto's Dalla Lana School of Public Health.

**Attendees are encouraged to book accommodations as soon as possible. alPHA does not have a room block, however there are a number of nearby hotels, including the [Chelsea Hotel Toronto](#) and the [Holiday Inn](#).**

**Notice of 2023 AGM**

**Call for 2023 Resolutions**

**Call for 2023 Distinguished Service Awards**

**Call for BOH Nominations to aPHa Board of Directors**

(Download above documents in one package by clicking [here](#))

Conference flyer [here](#)

**Sponsorship Prospectus / Sponsorship Commitment Form**

**Draft Program - to follow at a later date**

**Conference Venue Information: Dalla Lana School of Public Health**

**Registration Information Note:** To register, click the blue "Register" button on the upper right of this screen. While registering, you may receive error messages in red text towards the top of the screen stating various fields are required. This is a quirk in the system the makers of the platform have been unable to resolve. Please continue to fill out the forms as necessary and be assured your registration will process.

Also, if you are registering more than one person, and wish for them to individually receive registration information, please leave their individual e-mail address in the additional comments section when you are entering your credit card information.

**Draft AGM Resolutions, Conference program, draft BOH Section Meeting agenda, and other materials will be available at a later date.**

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# An Update on Housing and Homelessness

Policy Update • March 15, 2023

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AMO's campaign on homelessness and housing is building momentum.

Yesterday, an op-ed by AMO President Colin Best and Executive Director Brian Rosborough was published in the Toronto Star on Ontario's homelessness emergency. The op-ed builds on AMO's call to action that encourages all members, municipal associations and District Social Service Administration Boards (DSSABs) to pass the resolution calling on the provincial government to commit to ending homelessness in Ontario.

Nearly 30 resolutions have been passed to date, and more are coming in daily. The campaign has also been generating significant local media coverage in communities across the province.

AMO greatly appreciates the action taken by our members thus far. Hearing from municipal voices across the province is a critical part of the call on the provincial government to act on these urgent issues.

## **Register for AMO's In-Person Ending Homelessness Symposium**

AMO is inviting elected officials and municipal staff to attend an in-person Ending Homelessness



Symposium on May 3 & 4, 2023. Check out our [website](#) for more information on the program topics, and how to register.

## **Ontario Announces Housing Supply Action Plan Implementation Team Members**

AMO was pleased to see seven additional housing experts and industry leaders [appointed](#) to the province's Housing Supply Action Plan Implementation Team. AMO is confident that the Chair, Mayor Drew Dilkens of Windsor, and Vice-Chair, Mayor Cheryl Fort of Hornepayne will add a strong municipal voice in these conversations which are expected to start in the coming weeks.

AMO has been advocating for the Housing Supply Action Plan Implementation Team since it was announced last year and believe the Team is a great mechanism to evaluate progress and provide advice in implementing Ontario's Housing Supply Action Plans and tackling the housing supply crisis.

## **AMO Submission on Municipal Reporting Requirements**

On March 8, 2023, AMO [submitted comments](#) to the Ministry of Municipal Affairs and Housing's consultation on a proposed municipal reporting regulation for the 29 largest and fastest-growing lower- and single-tier municipalities in Ontario.

The submission reflects the feedback of planning staff from interviews conducted by AMO staff with each of these 29 municipalities. These discussions highlighted that transparency in planning processes, open data, and continuous improvement are important areas of focus. The submission also makes recommendations to track additional areas that municipalities believe would help the proposed reporting regulation tell a more complete story about planning and development processes.

## **Help Keep Homelessness and Housing Top of Mind for Ontario 2023 Budget**

In the lead up to the Ontario 2023 Budget, AMO has created the following tools for members to use to promote our work on homelessness and housing. AMO members are asked to consider:

- Passing the [resolution](#) to call on the provincial government to commit to ending homelessness in Ontario.
- Publishing a [news release](#) on housing and homelessness priorities for the 2023 Budget;
- Using text and graphics from AMO's [social media toolkit](#) for municipalities for social media posts on [AMO's Pre-Budget Submission](#) , [Bill 23](#), and [Ending Homelessness](#)
- Using [key messages](#) on housing and homelessness when writing or meeting with local MPPs.

Contact:

**Michael Jacek**

Senior Advisor

[mjacek@amo.on.ca](mailto:mjacek@amo.on.ca)

T 416.971.9856 ext. 329

TF 1.800.971.9856

F 416.971.9857

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## Related Content



HOUSING

Housing and Homelessness Update

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MAR 20, 2023 • POLICY UPDATE



HOUSING

Call to Action on Housing and Homelessness

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MAR 16, 2023 • RESOURCE



**HOUSING**

## AMO's Compendium of Work on Housing and Homelessness

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MAR 1, 2023 • RESOURCE



**HOUSING**

## AMO 2023 Pre-Budget Submission and Call to Action on Housing and Homelessness

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FEB 13, 2023 • POLICY UPDATE

# The Campaign for **Ronald McDonald House Ottawa**



Oeuvre des Manoirs  
Ronald McDonald  
House Charities<sup>®</sup>  
Ottawa

**65% of children live outside of cities  
with a children's hospital.**



# Ronald McDonald House Charities

## is Canada's Family Care Charity

Ontario is home to four leading children's hospitals. However, as our province spans over 6.5 thousand kilometers, travel for healthcare is **essential**.

Families of sick children incur many unexpected costs as a result. Families from the United Counties of Stormont, Dundas and Glengarry know this firsthand, as they must travel to Ottawa for specialized pediatric care that is unavailable at their local hospital.

Our House has acted as a source of safety and support for families for over 36 year. We have provided approximately **170,000 Nights of Comfort**.



Ronald McDonald House Ottawa's (RMHCO) core service is to provide Nights of Comfort to families in need.

The House currently has 14 bedrooms, a large communal kitchen and dining room, a library, a games room, a TV room, outside grounds to play in and more.

Our House runs at maximum capacity, frequently with multiple families on our wait list.





# Sault Ste. Marie

Since we opened in 1984, RMHC Ottawa has welcomed **80** families from Sault Ste. Marie.

For a total of **4,248** nights of comfort.

We've saved families from your community a total of **\$1,134,216** in expenses that otherwise would have been paid out of pocket.

*Pictured here - The Carroll Family from Pembroke*





**Where are we?**  
RMHC Ottawa is a mere 167 steps away from CHEO.





This is an **\$22.7 million** zero net carbon project that includes careful forecasting of the likely increases in construction costs while we plan, as well as all appropriate contingencies.



The expansion will be approximately **25,000 square feet** in size and will add **22 new bedrooms** to the existing 14.

# Construction Costing and Approval Timeline





# \$9.37 million investment from the federal government

On August 8<sup>th</sup>, 2022, the Federal Government announced a \$9.37 million investment in our House from Infrastructure Canada's Green and Inclusive Community Building Program.

This investment will help our House grow faster, with our anticipated start date set for Spring 2023.



# What is a green and inclusive build?

In addition to eliminating our wait list and providing over 7,000 additional Nights of Comforts for families each year, our carbon-neutral House will be **Rick Hansen Foundation Certified** and built to the **LEED Gold standard**.

Our incredible architects at IDEA Design have designed several buildings to the LEED standard and understands the nuances and of working to this design standard.



# Fundraising Status to Date

Donor Name	Amount
Government - Federal	\$9,377,434.00
RMHC Ottawa	\$4,500,000.00
RMHC Canada	\$2,200,000.00
CHEO Foundation	\$500,000.00
Ottawa and Eastern Ontario McDonald's Owner/Operators	\$500,000.00
BMO Bank of Montreal	\$250,000.00
RMHC Global	\$272,825.00
Britton Smith Foundation, Cansel Survey Equipment Inc., Five B Family Foundation, Taggart Parkes Foundation, The Shabinsky Family Foundation = Each contributed \$100K	\$500,000.00
All other donations inclusive of Board, Staff, Corporate, Municipal, Individuals, Private Foundations	\$515,377.54
Total	\$18,615,636.54
Goal	\$22,720,715.00
Gap	\$4,084,363.46



# Contact Us

407 Smyth Road  
Ottawa, ON  
K1H 8M8

613-737-5523

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

[christine@rmhottawa.com](mailto:christine@rmhottawa.com)



Œuvre des Manoirs  
Ronald McDonald  
House Charities<sup>®/TM</sup>  
Ottawa





## Corporation of the Municipality of Calvin

**Motion by: Councillor Moreton**

**Seconded by: Councillor Grant**

**WHEAREAS** an announcement in the media was made that the English Public School Boards Association, the largest school association in the Province, is asking for the end of the moratorium on most pupil accommodation reviews;

**AND WHEREAS** this announcement potentially threatens the future closure of schools in many single school municipalities;

**AND WHEREAS** access to education and the presence of a school in a community is an essential service and has a direct link to the quality of life in a community;

**AND WHEREAS** schools play a key role in improving services and quality of life in a community and are viewed as activity centres where children have access to education, health services, recreation and culture;

**AND WHEREAS** schools are an important factor in the retention and attraction of residents in a community and is essential in order to resolve labour shortages and allow economic development and growth in small rural municipalities;

**AND WHEREAS** demographics in many areas are currently shifting and changing quickly as we work on meeting the needs of many Ontario residents during a housing crisis;

**NOW THEREFORE BE IT RESOLVED** that Council is requesting the provincial government through the Minister of Education to extend the moratorium on most pupil accommodation reviews in order to allow municipalities, townships, neighbourhoods and subdivisions the opportunity to prosper, develop and grow without being hindered by school closures due to low enrollments that could quickly change.

**FURTHER BE IT RESOLVED** that this resolution be forwarded to Premier Doug Ford, MPP Victor Fedeli and all Ontario Municipalities.                   **Resolution Number: 2023: 054   Carried**





# Corporation of the Municipality of Calvin

**The Corporation of the City of Cambridge  
Corporate Services Department  
Clerk's Division  
The City of Cambridge  
50 Dickson Street, P.O. Box 669  
Cambridge ON N1R 5W8  
Tel: (519) 740-4680 ext. 4585  
[mantond@cambridge.ca](mailto:mantond@cambridge.ca)**

March 15, 2023

**Re: Barriers for Women in Politics**

At the Special Council Meeting of March 14, 2023, the Council of the Corporation of the City of Cambridge passed the following Motion:

**WHEREAS** the City of Cambridge values respect, integrity, equity, inclusivity and service in all areas of life, including politics;

**WHEREAS** women have historically been underrepresented in politics and continue to face barriers and discrimination in their pursuit of elected office;

**WHEREAS** misogyny and harassment have been identified as significant challenges for women in politics, both in Canada and around the world;

**WHEREAS** the City of Cambridge believes that all individuals have the right to participate in a political environment that is free from discrimination, harassment, and misogyny;

**THEREFORE, BE IT RESOLVED** that the City of Cambridge expresses its support for women in politics and their right to participate in a political environment that is free from misogyny and harassment and where everyone feels equitable;

**BE IT FURTHER RESOLVED** that the City of Cambridge commits to taking steps to ensure that our political environment is inclusive and welcoming to all individuals, regardless of gender, race, ethnicity, religion, sexual orientation, or other identity factors;

**BE IT FURTHER RESOLVED** that the City of Cambridge joins the Town of Grimsby in encouraging other municipalities in Ontario and across Canada to join us in supporting women in politics and promoting gender equity in all areas of society;

**BE IT FURTHER RESOLVED** that a copy of this resolution be sent to all Ontario Municipalities for endorsement, the Premier of Ontario, the Minister of Municipal

Affairs and Housing, Cambridge's MP and MPP, and the Association of Municipalities of Ontario to express the City of Cambridge's commitment to this issue and encourage action at the provincial level to create legislation to ensure equity, safety, and security.

Should you have any questions related to the approved resolution, please contact me.

Yours Truly,



Danielle Manton  
City Clerk

Cc: (via email)  
Hon. Premier Ford  
Minister of Municipal Affairs and Housing  
Cambridge's MP and MPP  
Association of Municipalities of Ontario  
All Ontario Municipalities



February 28, 2023

**Via email only**

To: The Honourable Steve Clark, Minister of Municipal Affairs and Housing  
[minister.mah@ontario.ca](mailto:minister.mah@ontario.ca)  
The Honourable Doug Ford, Premier of Ontario  
[doug.fordco@pc.ola.org](mailto:doug.fordco@pc.ola.org)  
The Honourable Dave Smith, MPP Peterborough-Kawartha  
[dave.smithco@pc.ola.org](mailto:dave.smithco@pc.ola.org)  
The Honourable Michelle Ferreri, MP Peterborough-Kawartha  
[michelle.ferreri@parl.gc.ca](mailto:michelle.ferreri@parl.gc.ca)  
Curve Lake First Nation  
[audreyp@curvelake.ca](mailto:audreyp@curvelake.ca)  
The Association of Municipalities Ontario  
[amo@amo.on.ca](mailto:amo@amo.on.ca)

**Re: Oath of Office**

Please be advised that during their Regular Council meeting held February 21, 2023, Council passed the following resolution:

Resolution No. **R2023-119**

Moved by Councillor Franzen  
Seconded by Deputy Mayor  
Armstrong

**Whereas** most municipalities in Ontario have a native land acknowledgement in their opening ceremony; and

**Whereas** a clear reference to the rights of Indigenous people is the aim of advancing Truth and Reconciliation; and

**Whereas** Call to Action 94 of the Truth and Reconciliation Commission of Canada called upon the Government of Canada to replace the wording of the Oath of Citizenship to include the recognition of the laws of Canada including Treaties with Indigenous Peoples; and

**Whereas** on June 21, 2021 an Act to amend The Citizenship Act received royal assent to include clear reference to the rights of Indigenous peoples aimed at advancing the Truth and Reconciliation Commission's Calls to Action within the broader reconciliation framework; and

**Whereas** the Truth and Reconciliation Commission of Canada outlines specific calls to action for municipal governments in Canada to act on, including education and collaboration;

**Therefore be it resolved that** Council request to the Minister of Municipal Affairs and Housing that the following changes be made to the municipal oath of office: I will be faithful and bear true allegiance to His Majesty King Charles III and that I will faithfully observe the laws of Canada including the Constitution, which recognizes and affirms the Aboriginal and treaty rights of First Nations, Inuit and Metis peoples; and further

**That** this resolution be forwarded to the Association of Municipalities of Ontario (AMO), all Ontario municipalities, MPP Dave Smith, MP Michelle Ferreri, Premier Doug Ford and Curve Lake First Nation.

Carried.

Sincerely,

Mayor and Council of the Municipality of Trent Lakes

Cc: All Ontario municipalities

March 14, 2023

Via email: [clerk@trentlakes.ca](mailto:clerk@trentlakes.ca)

Municipality of Trent Lakes  
Attn: Jessie Clark/Clerk  
760 Peterborough County Road 36  
Trent Lakes ON K0M 1A0

**RE: Resolution of Support for Municipality of Trent Lakes – re: Resolutions  
regarding an Oath of Office, dated February 28, 2023**

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On behalf of the Council of the Corporation of the Township of Lake of Bays, please be advised that the above-noted correspondence was presented at the last regularly scheduled Council meeting on March 14, 2023, and the following resolution was passed.

**“Resolution TC-68-2023**

**BE IT RESOLVED THAT Council of the Corporation of the Township of Lake of Bays receives and supports the attached resolution from the Municipality of Trent Lakes requesting changes to the municipal Oath of Office, dated February 28, 2023**

**AND FURTHER THAT this resolution be forwarded to all Ontario Municipalities, Muskoka Area Indigenous Leadership Table (MAILT), MPP Graydon Smith, MP Scott Aitchison, and the Premier of Ontario.**

**Carried.”**

Should you have any questions, please do not hesitate to contact our Municipal Office at 705-635-2272.

Sincerely,



Carrie Sykes, *Dipl. M.A., CMO, AOMC*,  
Director of Corporate Services/Clerk  
CS/lv

Copy to: Premier of Ontario  
Local members of the Provincial Parliament  
Municipalities in Ontario  
Muskoka Area Indigenous Leadership Table

Encl: Municipality of Trent Lakes Resolution R2023-119



760 Peterborough County Road 36, Trent Lakes, ON K0M 1A0 Tel 705-738-3800 Fax 705-738-3801

February 28, 2023

**Via email only**

To: The Honourable Steve Clark, Minister of Municipal Affairs and Housing  
[minister.mah@ontario.ca](mailto:minister.mah@ontario.ca)  
The Honourable Doug Ford, Premier of Ontario  
[doug.fordco@pc.ola.org](mailto:doug.fordco@pc.ola.org)  
The Honourable Dave Smith, MPP Peterborough-Kawartha  
[dave.smithco@pc.ola.org](mailto:dave.smithco@pc.ola.org)  
The Honourable Michelle Ferreri, MP Peterborough-Kawartha  
[michelle.ferreri@parl.gc.ca](mailto:michelle.ferreri@parl.gc.ca)  
Curve Lake First Nation  
[audreyp@curvelake.ca](mailto:audreyp@curvelake.ca)  
The Association of Municipalities Ontario  
[amo@amo.on.ca](mailto:amo@amo.on.ca)

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Moved by Councillor Franzen  
Seconded by Deputy Mayor  
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**Whereas** the Truth and Reconciliation Commission of Canada outlines specific calls to action for municipal governments in Canada to act on, including education and collaboration;

**Therefore be it resolved that** Council request to the Minister of Municipal Affairs and Housing that the following changes be made to the municipal oath of office: I will be faithful and bear true allegiance to His Majesty King Charles III and that I will faithfully observe the laws of Canada including the Constitution, which recognizes and affirms the Aboriginal and treaty rights of First Nations, Inuit and Metis peoples; and further

**That** this resolution be forwarded to the Association of Municipalities of Ontario (AMO), all Ontario municipalities, MPP Dave Smith, MP Michelle Ferreri, Premier Doug Ford and Curve Lake First Nation.

Carried.

Sincerely,

Mayor and Council of the Municipality of Trent Lakes

Cc: All Ontario municipalities



March 14, 2023

The Honourable Steve Clark  
Minister of Municipal Affairs and Housing  
Via email: [minister.mah@ontario.ca](mailto:minister.mah@ontario.ca)

RE: Future Accuracy of the Permanent Register of Electors

Dear Minister Clark,

During the February 27, 2023 regular meeting of council, the resolution received from the Township of Ashfield-Colborne-Wawanosh was brought forward and discussed, the following resolution was carried:

Moved: Bill Clark                      Seconded: Ross O'Hara

THAT the Council of the Town of Petrolia support the Township of Ashfield-Colborne-Wawanosh regarding Future Accuracy of the Permanent Register of Electors.  
AND THAT the Council of the Town of Petrolia requests that the Province of Ontario, through Elections Ontario and the Chief Electoral Officer utilize any resources available to produce the highest quality Permanent Register of Electors;  
AND FURTHER THAT this resolution be circulated to the Township of Ashfield-Colborne-Wawanosh, Minister of Municipal Affairs and Housing, Elections Ontario, MPP Lisa Thompson, MPP Bob Bailey and Ontario Municipal Councils for their support.

Carried

Thank you for circulating this item for County of Lambton Council consideration.

Kind regards,

*Original Signed*

Mandi Pearson  
Clerk/Operations Clerk

cc: file  
Township of Ashfield-Colborne-Wawanosh [clerk@acwtownship.ca](mailto:clerk@acwtownship.ca)  
Elections Ontario [info@elections.on.ca](mailto:info@elections.on.ca)  
MPP Lisa Thompson, [lisa.thompsonco@pc.ola.org](mailto:lisa.thompsonco@pc.ola.org)  
MPP Bob Bailey, Sarnia-Lambton [bob.baileyco@pc.ola.org](mailto:bob.baileyco@pc.ola.org)  
Municipalities of Ontario

Phone: (519)882-2350 • Fax: (519)882-3373 • Theatre: (800)717-7694

411 Greenfield Street, Petrolia, ON, N0N 1R0

[www.town.petrolia.on.ca](http://www.town.petrolia.on.ca)  
Page 141 of 142



March 20, 2023

*via email*

To All Ontario Municipalities

**Re: Resolution re Reducing Municipal Insurance Costs**

Further to the meeting on March 14, 2023, the Council of the Corporation of the Town of Greater Napanee passed the following motion:

Motion #148/23

Moved by *Councillor Schenk*

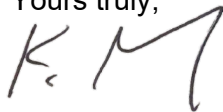
Seconded by *Councillor Pinnell Jr.*

That the correspondence from Chatham-Kent dated March 6, 2023, be received;

That Council send a letter supporting the Town of Chatham-Kent calling for action to reduce insurance costs,

And that, Council direct Staff to investigate any joint municipal efforts to reduce insurance costs.

Yours truly,



Katy Macpherson  
Deputy Clerk

Copy: Association of Municipalities of Ontario (AMO)