alPHa
Association of Local PUBLIC HEALTH Agencies

425 University Avenue, Suite 502
Toronto ON M5G 1T6
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: mail@alphaweb.org

Providing leadership in public health management

To All Members of Ontario Boards of Health

AGENDA

Board of Health Section General Meeting

Thursday, February 7, 2008 • 1:00 – 4:30 PM
King I, Convention Level (Mezzanine), Holiday Inn On King
370 King Street West, Downtown Toronto

CHAIR: Valerie Sterling,
Board of Health Section Chair
Association of Local Public Health Agencies (alPHa)

1.0	**CALL TO ORDER & WELCOMING REMARKS**	VALERIE STERLING
1:00	**APPROVAL OF AGENDA**	ALL
2.0	**APPROVAL OF MINUTES from December 6, 2007 Meeting** *(attached)*	ALL
3.0	**BUSINESS ARISING / STANDING ITEMS**	
1:10	**3.1 Association Update** *Report on recent association activities (attached).*	LINDA STEWART
1:30	**3.2 Alcohol - The Next Tobacco** *Presentation and discussion on alcohol policy.*	DEB KEEN Director of Prevention Cancer Care Ontario ANDY MURIE, CEO MADD Canada
2:30	**BREAK**	
2:45	**3.3 Ministry Update** *Q&A with Acting Assistant Deputy Minister of Health & Long-Term Care.*	ALLISON STUART

3:30 **3.4 Ontario Council on Community Health Accreditation (OCCHA) Update** HELEN MULLIGAN

Report on recent OCCHA activities (attached).

4.0 LEARNING FROM EACH OTHER

3:45 **4.1 Chewing (Smokeless) Tobacco** ALL

Consideration of this upcoming public health issue

5.0 INFORMATION ITEMS

5.1 Board of Health Section Policies and Procedures

Updated Section Policies and Procedures (attached).

6.0 NEXT MEETING

At 2008 alPHa Annual Conference, June 8-10, 2008, Nottawasaga Inn Resort, Alliston, ON.

7.0 ADJOURNMENT

4:00

To end the day ……

5:00 **RECEPTION**

- Join your colleagues in the King II Ballroom (next door) for an informal mix and mingle featuring light refreshments and cash bar. Dinner is on your own.

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Providing leadership in public health management

MINUTES
Board of Health Section General Meeting
Thursday, December 6, 2007 ● 1:00 – 4:00 PM

deHavilland Hall, Holiday Inn Toronto Yorkdale
3450 Dufferin St., Toronto

PRESENT:

Brant:	Cliff Atfield Helen Mulligan	**Peterborough**	Ron Millen David Watton
Chatham Kent	Lucy Brown Ron Carnahan Ellen Craeymeersch Brian King	**Porcupine**	Gilles Chartrand Bill Gvozdanovic Gil Hebert Jos Matko Mike Milinkovich
Durham:	April Cullen Colleen. Jordan Bonnie Littley Larry O'Connor	**Simcoe Muskoka**	Barry Ward
Eastern Ontario	Bob Kilger Marcel Leduc Jim McDonell	**Sudbury**	Madeleine Dennis
Haliburton, Kawartha, Pine Ridge	Peter Delanty Marg Godawa Brian Todd	**Thunder Bay**	Maria Harding Joe Virdiramo
Kingston, Frontenac	Beth Pater	**Timiskaming**	Brian Hughes
Middlesex-London	Vance Blackmore Patricia Coderre	**Toronto**	Valerie Sterling
North Bay Parry Sound	Rick Champagne	**Waterloo**	Jean Haalboom
		Windsor-Essex	Tom Bain

Chair:
Valerie Sterling, Board of Health, Toronto Public Health

alPHa Staff :
Linda Stewart, Executive Director
Susan Lee, Manager, Administrative & Association Services

Guest Presenters:
Allison Stuart, Acting Assistant Deputy Minister, Public Health Division, Ministry of Health and Long Term Care
Norman Giesbrecht, Senior Scientist, Centre for Addiction and Mental Health

1.0 CALL TO ORDER and WELCOMING REMARKS

The meeting was called to order at 1:11PM. The Chair introduced members of the 2007-2008 Board of Health Section Executive Committee in attendance. New Section Executive members J. Haalboom (Waterloo Region) and C. Jordan (Durham Region) were identified. The agenda was approved on a motion by M. Harding, which was seconded by M. Leduc and carried.

2.0 APPROVAL OF MINUTES

The minutes of the previous meeting held June 11, 2007 were approved as amended on a motion by G. Hebert, seconded by R. Champagne and carried.

BUSINESS ARISING

3.1 Ministry Update

Following introductions, Allison Stuart gave remarks in her first official role as Acting Assistant Deputy Minister of Health and Long-Term Care (MOHLTC). She provided an update on MOHLTC activities. Highlights included, but were not limited to:

- The new Ontario Agency for Health Protection and Promotion has been established; 50% of its board has been recruited; priorities are hiring a Chief Executive Officer in the new year, drafting organizational bylaws and moving the Public Health Laboratory offices into the Agency.
- The Ontario Public Health Standards have been finalized and protocols are presently being drafted. Consultations with the field to review the protocols will take place early in the new year and later in the Spring. A support manual will be developed in late spring; the manual will be continually updated.
- There have been staffing changes within the Public Health Division (PHD). Dr. David Williams is the new Acting Chief Medical Officer of Health (CMOH) for Ontario and there are now three Associate CMOH positions, two of which are new (one focuses on health promotion, the other on public health policy). Recruitment for a permanent CMOH has been restarted.
- The province is currently reviewing the CRC Report recommendations and will be moving forward initially on those recommendations that will be easier to implement (e.g. performance management, recruitment of public health expertise).
- A physician re-entry program has been established by the government to provide for post-graduate training in Community Medicine (participants must work in public health for two years following program completion). Five positions are available each year. There is also a provincial bursary program for individuals currently working in public health seeking further academic accreditation. One bursary is available each year.

ACTION: - alPHa to circulate information on bursary program to boards of health

The floor was opened to questions. Concerns were expressed over the following: possible defections from the field to fill the vacant positions at the new Agency, the 5% funding cap and its negative impact on health unit, the limitation of the bursary program and the uncertainty regarding the funding situation for the transfer of Small Drinking Water Systems after two years (Ministry will provide 100% funding for the first two years only).

A. Stuart reported that the Ministry could not provide information on the status of health unit amalgamations at this time. She was of the opinion that public health and the LHINs needed to be

working closely together but acknowledged that there were many issues to resolve before that could take place.

A. Stuart indicated she would report back to alPHa on the following:

- SDWS funding after first two years (i.e. what will happen after the first two years)
- a timeline for consultation with the field on health unit amalgamations
- previous lessons learned on health unit amalgamation
- funding for health units whose municipalities discontinue fluoridation of local drinking water

3.2 Association Update

L. Stewart, alPHa's Executive Director, gave the following update:

- alPHa and OPHA created pre-election materials that were distributed to all provincial candidates; key public health messages were underscored. Successful electorates were sent a follow-up letter. These materials are available on alPHa's web site.
- alPHa has been working with Family Health Teams (FHTs) and had informed members about recent FHT workshops; it appears that relationships between FHTs and local HUs are varied across Ontario.
- alPHa is planning a number of members' conferences over the next year and a half.

L. Stewart referred to her written report in the agenda package. Regarding the LHINs priority chart, the Section Executive has reviewed it and has been included today's package for their information. (It was noted that the chart in the package was truncated. It was further noted that LHINs do not have emergency preparedness in their Performance Agreements with the MOHLTC.) LHINs are focusing on collaborations with other LHIN boards and with other agencies in the community. These are called 'voluntary partnerships.' She also reported on Bill 130 and changes to the Municipal Act. Of interest to Boards of Health is the requirement to appoint an individual to investigate a complaint regarding decisions made to go in camera. Some municipalities are using the offices of the Ombudsman; others are using the services of a private lawyer to conduct the investigation.

ACTION: alPHa to circulate information on Bill 130 to all Boards with suggested options (Ombudsman, private lawyer) and inform them about resources available to them (e.g., Association of Municipalities of Ontario)

3.3 Ontario Council on Community Health Accreditation (OCCHA) Update

As the Section's representative on the board of the Ontario Council on Community Health Accreditation (OCCHA), H. Mulligan expressed her appreciation of the OCCHA Board of Directors and Executive Director. She provided an update on recent OCCHA activities.

MOTION: That the written report on OCCHA be received. (Moved by B.King, seconded by M. Leduc, CARRIED.)

4.0 NEW BUSINESS

4.1 Board of Health Section Policies and Procedures

Proposed changes to the Section's current Policies and Procedures document, including the move from a board structure-based to a regionally-based board of health representation on the alPHa Board, were reviewed and a motion was made.

MOTION: That the Board of Health Section accept in whole the proposed revisions to the Section's Policies and Procedures. (Moved by G. Hebert, seconded by J. Matko, CARRIED.)

It was clarified that for a number of years now, alPHa has not covered travel expenses for alPHa-related business incurred by members of the alPHa Board. This was as a result of the MOHLTC's cessation of a grant to alPHa for this purpose.

ACTION: alPHa to amend the Section Policies and Procedures as per today's motion

4.2 Alcohol - The Next Tobacco

Following introductions, Dr. Norman Giesbrecht of the Centre for Mental Health and Addiction (CAMH) gave a presentation on the link between alcohol consumption and chronic disease. He distributed copies of his PowerPoint presentation to the audience. The main points of his talk included but were not limited to:

- risk of cancer (e.g. digestive tract, oral) is proportional to the quantity of alcohol consumed
- recent research has confirmed increased risk of breast cancer and colorectal cancers with increased alcohol intake
- importance of alcohol as a carcinogen is often **under-estimated**; consumption is rising in many countries, including Canada
- net damage to health due to alcohol consumption is greater than previously thought
- erosion of control measures in Ontario (government retailing, restricted hours and days, partial privatization, raised taxes) is increasing and is a worrisome factor
- alcohol management and licensing is a health issue and health experts need to be at the decision-making table

Questions from the floor included the following topics: legal drinking age, the role of the LCBO in advertising and marketing alcohol in Ontario and the shift in mandate for the LCBO toward a greater emphasis on marketing, and the need to increase the public's awareness of the negative health effects of alcohol intake. It was noted that within the health community, there are groups that are presently trying to raise awareness such as OPHA's alcohol policy group and the CAMH Alcohol Policy Group.

ACTION: alPHa to circulate information and web link on the national alcohol strategy to the Section

A suggestion for future action was that alPHa draft a resolution regarding raising the legal drinking age to 21 as well as on the retailing and marketing on alcohol in Ontario.

5.0 INFORMATION ITEMS / LEARNING FROM EACH OTHER

Members requested that the full report made as part of the standing agenda item on the Association Update be provided in writing in the future for sharing purposes among Boards of Health.

It was clarified that the June 2008 Annual Conference for alPHa will be in Alliston, Ontario, and that the Public Health Summit co-hosted by alPHa, OPHA and Niagara Region Public Health will be held in Niagara Falls in October 2008.

It was also reported that the cigarette power walls (i.e., tobacco products displayed behind the service

counter in retail stores) are to disappear as of May 31, 2008. After May 31, cigarettes must be moved out of sight under the service counter.

Another suggestion for a resolution from alPHa was made to include chewing tobacco in youth (i.e., smokeless tobacco), which increases risk of oral cancers and dental problems.

6.0 NEXT MEETING

The next meeting will be held during the 2008 alPHa Winter Semi-Annual Meeting, February 7 & 8, 2008, Holiday Inn on King, 370 King St. W., Toronto, Ontario.

7.0 ADJOURNMENT

Prior to adjournment, the Section's Chair and alPHa's President expressed their appreciation on behalf of the members to the alPHa staff for their efforts in organizing today's conference and other activities.

The meeting adjourned at 4:19 PM on a motion by H. Mulligan, which was seconded by J. Matko and carried.

Item 3.1

alPHa
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PUBLIC HEALTH
Agencies

BRIEFING NOTE

Environmental Health Inspection Needs Assessment Project

BACKGROUND

In November 2007, alPHa was approached by the MOHLTC to discuss ways to ensure that appropriate information technology infrastructure for environmental health inspection is available to all public health units across the province. While this discussion was driven by the need to ensure public health units have the capacity to fulfill their new responsibilities to assess and inspect small drinking water systems, the Ministry sees the transfer of SDWS from MOE to MOHLTC as an opportunity to address environmental health inspection systems in general.

alPHa was contracted by MOHLTC to complete a project that would identify information system needs in public health agencies to support local Environmental Health inspection activity and would recommend a strategy to address the identified needs, including:

1) assessing one-time needs (software, hardware, training, etc) for health units to move to enhanced or new systems

2) assessing the one-time costs (software, hardware, training, etc) for health units to move to enhanced or new systems

3) ensuring appropriate IT infrastructure for environmental health inspection is available to all PHUs

The final report for the project is due by the middle of February 2008. Work is being carried out with a view to ensure longer-term needs of health units are met, as well as positioning health units to take advantage of funding that may be available in the current fiscal year.

PROGRESS TO DATE

The project has undertaken the following activities:

1. project team has been assembled (including the hiring of a temporary staff)

2. needs assessment that was carried out by Deloitte in 2005 has been reviewed

3. all public health units have been surveyed to collect baseline data

4. a request for information (RFI) has been conducted including the short-listed vendors identified in the Deloitte study

5. two focus groups with environmental health inspection staff was carried out by teleconference on January 15 and 17

6. a full-day face-to-face meeting was held on January 25 in Woodstock, Ontario to discuss options for both long-term and short-term recommendations

NEXT STEPS

With input from the Woodstock meeting the following steps are now being taken:

1. briefing health units that did not attend the Woodstock session
2. developing technical specifications for a group purchase
3. arranging a vendor demonstration day
4. developing a funding formula based on need that will support all health units to get to a base level of IT infrastructure
5. developing health unit-specific technology shopping lists

We are also in the process of preparing three documents:

1. Needs Assessment Final Report, including
   - Health unit survey results
   - Summary of products reviewed (RFI)
   - Assessment of costs for Health Units with older systems to move to enhanced or new systems
   - Assessment of costs for Health Units with newer systems to expand and/or optimize use
   - Longer-term requirements, e.g., training, ongoing service needs, ongoing software development

2. Proposal for 1-time expenditures this year, including
   - Options for health units - which products can best meet HU needs
   - Allocation of funds - who gets how much and for what
   - Disbursement of funds
     - Buying options – centralized vs. distributed
     - How are funds disbursed – to HUs or to central purchaser

3. Proposal for Future Support, including
   - installation and training
   - collaborative software development
     - SDWS modules/enhancements
     - Other software development to meet new and ongoing HU needs
   - vendor contract administration
   - ongoing vendor negotiations for system upgrades
   - user groups
   - accountability and reporting requirements

Item 3.4

OCCHA BOARD OF DIRECTORS
Summary of Activities
June – January 2008

2006-2007 OCCHA Board of Directors *(as of June 2007)*

President:	Ellen Wodchis (Health Promotion Ontario)
Vice-President:	Marion McGeein (ANDSOOHA – Public Health Nursing Management
Sec – Treasurer:	Daina Mueller (Ontario Public Health Association
Past President:	Bonnie Jeffrey (Ontario Association of Public Health Dentistry)
Member:	Catherine Bloskie (Association of Ontario Public Health Business Administrators)
Member:	Helen Mulligan (alPHa, Board of Health Section)
Member:	Allan Northan (alPHa, COMOH)
Member:	Robert Thompson (Association of Supervisors of Public Health Inspectors in Ontario)
Member:	Shelley Stalker (Association of Public Health Epidemiologists in Ontario)
Member:	Elaine Murkin(Ontario Society of Nutrition Professionals in Public Health) – effective January 2008

OCCHA's Mission Statement

The Ontario Council on Community Health Accreditation promotes accountability and excellence in public health programs and services.

OCCHA's Mandate

- ✓ To establish, review and revise accreditation standards related to governance, administration, program planning, implementation, monitoring and evaluation.
- ✓ To enhance knowledge through consultation and shared experience.
- ✓ To measure agency performance against peer set standards, provide comprehensive reports and confer accreditation awards.
- ✓ To promote and facilitate continuous quality improvement in public health units through consultation across Ontario public health units.
- ✓ To work in partnership with other community health organizations and relevant provincial ministries to promote excellence in public health programs and services.

OCCHA's Strategic Directions

1. Strengthen OCCHA's partnership with the MOHLTC by creating opportunities for collaboration in support of public health renewal.
2. Enhance customer service and marketing of OCCHA and the accreditation process and nurture/strengthen alliances and partnerships in support of OCCHA's mission.
3. Encourage and facilitate organizational excellence and ongoing quality of practice (CQI) in public health.
4. Build the capacity to fulfill OCCHA's role in support of public health renewal.

Key Initiatives for 2007-2008

1. Further review and update of the quality framework for public health.
2. Consultation with the Ministry of Health and Long Term Care in support of the public health renewal, performance measurement and accountability
3. Comprehensive review of the accreditation process in support of continuous quality improvement. This will include the development of annual reporting processes and tools; the review and revision of on-site survey review documents, and the review and revision of the accreditation report to more clearly capture innovation and risk management.
4. Enhanced marketing of the accreditation program and the development of guidelines and tools to assist health units in their preparations for an accreditation survey.

OCCHA's Accreditation Award and Standards

In consideration of OCCHA's work to support continuous quality improvement and to facilitate increased participation in the accreditation program, the OCCHA Board of Directors has recently approved a standardized accreditation award, to be implemented in January 2009. Over the next 12 months, the Principles and Standards Committee, in consultation with the Board, will be developing processes and tools to support this change in the program. It is the intention of the OCCHA Board of Directors to expand the accreditation program to include annual reviews and reporting mechanisms. In addition, the Principles and Standards Committee will be making appropriate revisions to the standards to incorporate the Ontario Public Health Standards and protocols.

All accredited health units will be receiving notice of the changes to the accreditation process and the potential impact on accreditation surveys currently scheduled for 2009. To facilitate a smooth transition from the current program to the revised accreditation program, OCCHA will be offering additional support through on-site presentations and program updates. As changes are approved, updates will also be provided on the OCCHA web site. For further information, please contact Meighan Finlay, Executive Director, at meighanfinlay@occha.org

OCCHA's Continuous Quality Improvement (CQI) Advisory Group

The quality framework was circulated to health units for feedback in February 2007. The OCCHA CQI Committee has reviewed this feedback and the CQI Advisory Group will be meeting to approve final updates to the framework. On behalf of the OCCHA Board of Directors, I would like to thank all those who provided feedback on the quality framework. Support for the development of a quality framework and the appropriate implementation tools is quite strong. The framework will also be updated to reflect any ongoing changes in the accreditation program.

The CQI Advisory Group provides ongoing feedback to OCCHA on CQI initiatives and assists in priority-setting of CQI activities. Membership on the Advisory Group is open to all public health units. The Advisory Group currently has representation from 20 of the 36 public health units. For more information, please visit the OCCHA website at www.occha.org or contact Bev Russ at bevruss@occha.org.

Public Health Renewal

OCCHA provided feedback on the proposed changes to the Mandatory Programs and Services Guidelines. OCCHA will also be participating in the consultation process for the Ontario Public Health Standards protocols. The OCCHA Board of Directors looks forward to our continued involvement in support of public health renewal, particularly in the areas of performance measurement and accountability.

Surveyor Training Workshop

A surveyor training workshop is being planned for the Fall of 2008, upon completion of the accreditation standards and documents review process. Workshops are organized and conducted based on the upcoming schedule of accreditation surveys. For more information, please contact Meighan Finlay at meighanfinlay@occha.org or visit the website at www.occha.org.

Accreditation Surveys

OCCHA conducted one accreditation survey in June 2007. OCCHA will be conducting one additional surveys prior to the end of March 2008. Health Units interested in learning more about OCCHA and the accreditation process should contact Meighan Finlay at meighanfinlay@occha.org or visit the website at www.occha.org. OCCHA would be pleased to provide a presentation to your Board of Health or Health Unit.

Item 5.1

BOARD OF HEALTH SECTION POLICIES AND PROCEDURES

December 2007

Name

1. The name of the organization shall be: "The Board of Health Section", hereinafter referred to as the Section.

Objectives

2. The objectives of the Section shall be:

   (a) To represent the views of boards of health as members of the Association of Local Public Health Agencies.

   (b) To promote and maintain a high standard of public health service in Ontario.

   (c) To work with other organizations which, from time to time, may exhibit similar objectives in the universal furtherance of a high standard of public health service in Ontario.

   (d) To promote the mutual helpfulness and procure harmonious action among the Boards of Health in the province.

   (e) To encourage legislation for the betterment of public health and to be available to cooperate with the Ministry of Health and Long-Term Care as consultants in the development of provincial policies and programs.

   (f) To endorse conferences and seminars to promote education and interaction amongst the membership.

Membership

3. (a) Active Membership in the Section shall be open to all active members of the boards of health, appointed or elected to serve a local, regional or municipal jurisdiction in Ontario. Active members shall have full voting privileges at Section general meetings and shall be eligible, under Article V of the constitution to vote at the annual meeting of the Association of Local Public Health Agencies.

   (b) Honourary Membership may be designated, at the discretion of the Section Executive, to any former Section Chair and/or Association of Boards of Health (AOBH) Past Presidents. They shall have no voting privileges.

Meetings and Procedures

4. (a) The general membership shall meet semi-annually: once at the Annual Conference of alPHa; and once in conjunction with the February All Members Meeting. Special general meetings may be held, at the call of the Chair, between meetings.

   (b) A quorum for the transaction of business for the Section annual meeting shall consist of representatives from no fewer than one percent of member boards of health.

   (c) The procedure for the order of business shall be those set forth in "Robert's Rules of Order" and shall prevail at all meetings.

   (d) The Chair of the Section Executive shall preside over meetings and carry a vote. In the event of a tie vote on any motion or resolution the motion is defeated.

   (e) Any board of health member of member agency shall qualify to be a voting delegate at large at any general meeting of the Section.

Executive Committee

5. (a) The Section will designate seven (7) members to make up one third of the Board of Directors of the Association of Local Public Health Agencies. These members will be elected for 2 year terms by the membership and constitute the Executive Committee of the Section. The Executive Committee of the Section will include:
   - a Chair
   - a Vice-Chair
   - and 5 members-at-large

   (b) The Executive Committee shall meet at times and places as deemed necessary by the Chair to conduct the business of the Section. At other times the Executive Committee of the Section will maintain a continuity of effort through correspondence or directly through the alPHa Secretariat.

   (c) The Section Executive may, from time to time, or upon direction from the alPHa Board, strike special committees or recruit from the membership special representatives to ad hoc committees.

   (d) A quorum for the transaction of business at a Section Executive Committee meeting shall be four (4).

   (e) No member of the Executive Committee of the Section shall receive any remuneration or honorarium from the Association of Local Public Health Agencies for acting as such.

   (f) Attendance – It shall be the policy of the Section that any member who has two (2) absences in a row, or a total of three (3) during the same year, without giving prior notice of their absence, will be reminded by the Chair via official letter. After a total of four (4) absences, or three (3) in a row during the same year, without giving prior notice of their

absence, the member will be deemed to have resigned from the Section unless exempted by a Section resolution.

Elections

6. (a) Elections for members of the Section Executive Committee shall be held each year during the alPHa Annual Conference.

(b) Elected or appointed members of a member board of health or health committee of a regional municipal council may be elected to the Section Executive. Termination of election or appointment at the local level will terminate membership of the Section and its Executive Committee.

(c) The Executive shall have the power to fill any vacancy within 60 days, if they so choose.

(d) The Board of Health Section Executive shall consist of seven (7) members, elected at the inaugural meeting of the Association, four (4) for two (2) year terms, the remaining three (3) for one (1) year terms. Thereafter, all newly-elected members of the Executive shall serve two (2) year terms. This shall promote continuity of experienced Executive members.

(e) Nominations will be accepted until five (5) business days prior to the commencement of the Annual Conference of the Association of Local Public Health Agencies, at which time all Section Executive candidates will be allowed up to 2 minutes each for a brief statement of position.

(f) Board of Health voting delegates will be asked to elect from the slate of nominees the number of candidates to fill the number of Section Executive vacancies.

(g) Nominations must be submitted in writing from the respective Board of Health, bearing the signatures of two (2) Board of Health members from the sponsoring Board and that of the nominee using a nomination form that shall be supplied by the Association of Local Public Health Agencies. A biography of the nominee outlining their suitability for candidacy, as well as a motion passed by the sponsoring Board of Health are also required to be submitted with the nomination form. Future meeting expenses for directors will be paid by the sponsoring health unit.

(h) Representation on the Section Executive will include one (1) representative from each of the following regions of Ontario: Central East, Central West, North East, North West, South West, Eastern, and Toronto, as defined by the Ministry of Health and Long-Term Care (see Appendix).

(i) The Executive Committee of the Section will endeavour to include at least one (1) representative from a Municipal Board of Health, meaning a Board that is separate from Council but where staff operations are integrated with the municipal administrative structures; at least one (1) representative from a Regional/Single-Tier Board of Health, meaning a Board where the Regional Council or a standing committee of Regional

Council acts as the Board of Health; and at least one (1) member from an autonomous Board of Health, meaning a Board that is independent from local government.

(j) In general, candidates nominated by their Boards of Health must be present at the Annual General Meeting of the Association of Local Public Health Agencies to stand for election. However, absences may be permitted at the discretion of the existing Executive Committee in the case of emergency, catastrophic, or compulsory events that prevent a candidate from being present at an election.

(k) All Board of Health section members eligible to vote at the general meeting will participate in the election for each regional representative.

(l) Candidates shall be acclaimed to a position on the Section Executive where the candidate meets all of the nomination requirements and is the sole candidate in their region.

(m) The Executive Director of the Association of Local Public Health Agencies or designate shall preside over the election and shall not vote. In the case of a tie vote, the tied candidates will be allowed up to 2 minutes each for a brief statement of position. Immediately following the statements, eligible voters will be asked to vote for one of the tied candidates.

Chair

7. (a) Immediately following the election of the Section Executive Committee members, the new committee shall elect a Chair.

Note: The Chair also serves on the Executive Committee of the alPHa Board of Directors.

(b) It shall be the duty of the Section Chair (or designate) to preside over all Section meetings, to preserve order and, to enforce the Section Policies and Procedures. The Section Chair shall decide all questions of order subject to the appeal by a member to the meeting.

(c) It shall also be the duty of the Section Chair to provide a report of the Section's activities to the alPHa Board of Directors regularly.

Vice-Chair

8. It shall be the duty of the Vice-Chair, in the absence of the Chair, to preside and perform all duties pertaining to the office of the Chair.

Amendments and Alterations

9. (a) The Section Policies and Procedures may be amended at an annual or special general meeting of the Section with a quorum by a consensus vote.

(b) Notice of proposed amendments shall be circulated to each member board of health and health committee 60 days in advance of the meeting at which the proposed amendment will be presented.

Approved by the General Membership
Board of Health Section, ALOHA
June 7, 1988

Amended by the General Membership
Board Trustee Section, ALOHA
June 23, 1991 and June 15, 1992

Amended by the General Membership
Board of Health Section, alPHa
June 10, 2002

Amended by the General Membership
Board of Health Section, alPHa
January 29, 2004

Amended by the General Membership
Board of Health Section, alPHa
December 6, 2007

Appendix – Ontario Boards of Health by Region

Central East Region
- DURHAM
- HKPR
- PEEL
- PETERBOROUGH
- SIMCOE MUSKOKA
- YORK REGION

Central West Region
- BRANT
- HALDIMAND
- HALTON
- HAMILTON
- NIAGARA
- WATERLOO
- WELLINGTON DUFFERIN

Eastern Region
- EASTERN
- HASTINGS
- KINGSTON
- LEEDS
- OTTAWA
- RENFREW

North East Region
- ALGOMA
- NORTH BAY PARRY
- SOUND
- PORCUPINE
- SUDBURY
- TIMISKAMING

North West Region
- NORTHWESTERN
- THUNDER BAY

South West Region
- CHATHAM-KENT
- ELGIN ST THOMAS
- GREY BRUCE
- HURON
- LAMBTON
- MIDDLESEX LONDON
- OXFORD
- PERTH
- WINDSOR-ESSEX

Toronto
- TORONTO