

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

March 7, 2025

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Board of Health Meeting MINUTES

Wednesday, November 27, 2024 - 5:00 pm SSM Algoma Community Room | Videoconference

BOARD MEMBERS APH MEMBERS

PRESENT: Deborah Graystone Dr. John Tuinema - Acting Medical Officer of Health & CEO

Sally Hagman - Chair Rick Webb - Director of Corporate Services

Donald McConnell - 2nd Vice-Chair Kristy Harper - Director of Health Promotion & Chief Nursing Officer

Loretta O'Neill Leslie Dunseath - Manager of Accounting Services

Matthew Shoemaker Tania Caputo - Board Secretary
Sonia Tassone Brandon Hazelton - Communications

Suzanne Trivers Jody Wildman

REGRETS: Julila Hemphill-Board member, Luc Morrissette-Board member, Leo Vecchio-Manager of Communications

1.0 Meeting Called to Order - 5:00 pm

S. Hagman, welcomed the Board of Health members, read the land acknowledgment, roll call and declaration of conflict of interest.

- a. Land Acknowledgment
- b. Roll Call
- c. Declaration of Conflict of Interest

No conflicts were declared.

2.0 Adoption of Agenda

RESOLUTION Moved: S. Tassone
2024-117 Seconded: M. Shoemaker

THAT the Board of Health agenda dated November 27, 2024 be approved as presented.

CARRIED

3.0 Delegations / Presentations

Not applicable.

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION Moved: D. McConnell **2024-118** Seconded: S. Tassone

THAT the Board of Health meeting minutes dated October 23, 2024, be approved as presented.

CARRIED

5.0 Business Arising from Minutes

Not applicable.

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Report

MOH Report - November 2024

• 2024 Public Health Champion Awards Launch

Dr. Tuinema announced that Algoma Public Health (APH) will host an event with community partners on Friday, November 29, to release a report on toxic drugs in Algoma. Dates for similar events in Wawa, Blind River, and Elliott Lake will be announced soon. These discussions aim to strengthen collaborations to tackle this crisis.

At the recent annual conference of the Association of Public Health Epidemiologists of Ontario (APHEO), our data analysts and epidemiologists presented "Syphilis in Algoma - Accessibility Issues in Northern Ontario," addressing rising syphilis rates in the district.

Dr. Tuinema highlighted the importance of promoting public health information on social media and we regularly send emails to municipalities with information relevant to their work. He noted our ongoing review of social media strategies to adapt to the ever changing landscape.

We are also accepting nominations for the Public Health Champion Awards for 2024, which recognize individuals and organizations that significantly contribute to public health. We think a good public health champion advocates for positive change, connects communities and is a health equity warrior. Categories include adult (25+), youth (24-), and organizations. Champions will be recognized at a Board of Health meeting on January 29th, 2025.

RESOLUTION Moved: J. Wildman 2024-119 Seconded: L. O'Neill

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

CARRIFD

b. Finance and Audit

i. Finance and Audit Committee Chair Report
 RESOLUTION Moved: S. Trivers
 2024-120 Seconded: L. O'Neill

THAT the Board of Health accepts the November 6, 2024, Chair Report for the Finance and Audit Committee Meeting as presented.

CARRIED

ii. Unaudited Financial Statements ending September 30, 2024

L. Dunseath provided the summary of the statements.

RESOLUTION Moved: M. Shoemaker **2024-121 Seconded:** S. Trivers

THAT the Board of Health accepts the Unaudited Financial Statements for the period ending September 30, 2024 as presented.

CARRIED

iii. 2025 Recommended Capital and Operating Budget Report

J. Tuinema provided a summary of the work undertaken and context to arrive at the report and L.Dunseath presented the highlights of the report.

RESOLUTION Moved: M. Shoemaker 2024-122 Seconded: S. Tassone

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee to approve the 2025 Capital and Operating Budget Report.

CARRIED

c. Governance

i. Governance Committee Chair Report

RESOLUTION Moved: M. Shoemaker **2024-123 Seconded:** S. Tassone

THAT the Board of Health accepts the November 13, 2024, Governance Committee Chair Report as presented.

CARRIED

ii. Policy 02-05-020 Travel

RESOLUTION Moved: D. Graystone **2024-124** Seconded: S. Tassone

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

CARRIED Page 4 of 140

iii. Bylaw 06-02 Ontario Building Code Appointments

RESOLUTION Moved: L. O'Neill
2024-125 Seconded: D. Graystone

THAT the Board of Health approves Bylaw 06-02 Ontario Building Code Appointments as presented.

CARRIED

iv. Bylaw 95-1 To Regulate the Proceedings of the Board - (in addendum)

RESOLUTION Moved: D. Graystone 2024-126 Seconded: S. Trivers

THAT the Board of Health approves Bylaw 95-1 To Regulate the Proceedings of the Board as presented.

CARRIED

7.0 New Business/General Business

Not applicable.

8.0 Correspondence - requiring action

a. Provincial Funding Letter

RESOLUTION Moved: J. Wildman
2024-127 Seconded: D. McConnell

THAT the Board of Health approves the Provincial Funding Letter as presented.

CARRIED

9.0 Correspondence - for information

- a. alPHa Information Break November 2024
- b. alPHa Virtual Conference Report November 2024

10.0 Addendum

a. Bylaw 95-1 - To Regulate the Proceedings of the Board (reviewed in 6.0, c, iv.)

11.0 In-Camera

Not applicable.

12.0 Open Meeting

Not applicable.

13.0 Announcements / Next Committee Meetings:

Board of Health

Wednesday, January 22, 2025 @ 5:00 pm SSM Algoma Community Room | Video Conference

Finance and Audit Committee Meeting

Wednesday, February 12, 2025 @ 5:00 pm SSM Algoma Community Room | Video Conference

14.0 Evaluation - Annual

15.0 Adjournment - 5:50 pm

RESOLUTION Moved: S. Tassone
2024-128 Seconded: M. Shoemaker

THAT the Board of Health meeting adjourns.

CARRIED

Suzanne Trivers, Board Chair

January 29, 2025

Date

Tania Caputo, Secretary

January 29, 2025

Date



February 26, 2025

BOARD OF HEALTH MEETING

SSM Algoma Community Room
294 Willow Avenue, SSM
www.algomapublichealth.com

Meeting Book - February 26, 2025, Board of Health Meeting

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11. In-Camera
10. Addendum
b. Letter to the Standing Committee on Social Policy, and the Ministry of Health from Public Health Sudbury and Districts regarding amendment of Section 22 of the Health Protection & Promotion Act.
a. alPHa InfoBreak - February 2025
9. Correspondence - Items for Information
8. Correspondence - Items for Action
7. New Business
ii. APH Unaudited Financial Statements ending December 31, 2024
i. February 12, 2025, Finance and Audit Committee Chair Report
b. Finance and Audit
i. MOH CEO Report - February 2025
a. Medical Officer of Health and Chief Executive Officer Report
6. Reports to Board
5. Business Arising
a. Environmental Health - Program Highlights 2024
4. Delegation/Presentations
a. January 29, 2025, Board of Health Meeting Minutes
3. Adoption of Minutes
a. February 26, 2025, Board of Health Meeting Agenda
2. Adoption of Agenda
a. Declaration of Conflict of Interest
1. Call to Order

- 12. Open Meeting
- 13. Resolutions Resulting From In-Camera
- 14. Announcements
 - a. Next Meeting Dates
- 15. Adjournment



Board of Health Meeting AGENDA

Wednesday, February 26, 2025 - 5:00 pm SSM Algoma Community Room | Videoconference

BOARD MEMBERS

Deborah Graystone

Sally Hagman

Julila Hemphill

Donald McConnell - 2nd Vice-Chair

Luc Morrissette

Luc Morrissette

Sonny Spina

Sonia Tassone

Suzanne Trivers - Board Chair Jody Wildman - 1st Vice-Chair

Natalie Zagordo

APH MEMBERS

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

Rick Webb - Director of Corporate Services

Kristy Harper - Director of Health Promotion & Prevention /

Chief Nursing Officer

Leslie Dunseath - Manager of Accounting Services

Leo Vecchio - Manager of Communications

Tania Caputo - Board Secretary

STAFF GUESTS: Virginia Huber - Manager of Environmental Health, Mariah Tremblay - Public Health Inspector

1.0 Meeting Called to Order

a. Land Acknowledgment

b. Roll Call

c. Declaration of Conflict of Interest

2.0 Adoption of Agenda

RESOLUTION

THAT the Board of Health agenda dated February 26, 2025, be approved as presented.

3.0 Delegations / Presentations

Environmental Health - Program Highlights 2024

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION

THAT the Board of Health meeting minutes dated January 29, 2025, be approved as presented.

5.0 Business Arising from Minutes

S. Trivers

S. Trivers

S. Trivers

V. Huber /

S. Trivers

M. Tremblay

6.0 Reports to the Board

J. Tuinema

a. Medical Officer of Health and Chief Executive Officer Reports

MOH Report - February 2025

- 2024 Public Health Champions
- School Health Vaping Initiatives

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for February 2025 be accepted as presented.

b. Finance and Audit

i. Finance and Audit Committee Chair Report

J. Wildman

RESOLUTION

THAT the Board of Health accepts the February 12, 2025, Chair Report for the Finance and Audit Committee Meeting as presented.

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ii. Unaudited Financial Statements ending January 31, 2025. J. Wildman **RESOLUTION** THAT the Board of Health accepts the Unaudited Financial Statements for the period ending December 31, 2025, as presented. **New Business/General Business** S. Trivers 8.0 **Correspondence - requiring action** S. Trivers Correspondence - for information S. Trivers a. alPHa Information Break - February 2025 Letter to the Standing Committee on Social Policy, and the Ministry of Health from Public Health Sudbury and Districts regarding amendment of Section 22 of the Health Protection & Promotion Act. Addendum 10.0 S. Trivers 11.0 In-Camera S. Trivers 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. S. Trivers 12.0 Open Meeting Resolutions resulting from in-camera meeting. S. Trivers 13.0 **Announcements / Next Committee Meetings: Finance and Audit Committee Meeting** Wednesday, March 12, 2025 @ 5:00 pm SSM Algoma Community Room | Video Conference **Governance Committee Meeting** Wednesday, March 19, 2025 @ 5:00 pm SSM Algoma Community Room | Video Conference **Board of Health** Wednesday, March 26, 2025 @ 5:00 pm

RESOLUTION

Adjournment

14.0

THAT the Board of Health meeting adjourns.

SSM Algoma Community Room | Video Conference

S. Trivers

Environmental Health Program: Highlights 2024

Virginia Huber, Manager of Environmental Health

Mariah Tremblay, Public Health Inspector

Contributing author: Lauren Febbraro, Health Promotion

Specialist

February 2025





Overview

- APH's Strategic Directions & Ontario Public Health Standards
- Core Program Overview
- Inspection Overview and Goals
- Program Inspection Work Highlight
- Disclosure Overview
- Inspection Spotlight: Statistics
- Next Steps & Questions





Strategic Directions







Improve the impact and effectiveness of Algoma Public Health programs.



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

Ontario Public Health Standards (OPHS)

Ministry of Health and Long-Term Care **Protecting and Promoting the Health of Ontarians** Ontario Public Health Standards: Requirements for Programs, Services, and **Accountability** The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Effective: January 1, 2018 Revised: July 1, 2018 Ontario

Food Safety

Goal

To prevent or reduce the burden of food-borne illnesses.

Safe Water

Goals

- . To prevent or reduce the burden of water-borne illnesses related to
- To prevent or reduce the burden of water-borne illnesses and injuries related to recreational water use.

Healthy Environments

Goal

To reduce exposure to health hazards9 and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate.

Infectious and Communicable **Diseases Prevention and Control**

Goal

To reduce the burden of communicable diseases and other infectious diseases of public health significance. 12,13



Environmental Health Core Programs





Environmental Health Core Programs





Inspection Overview and Goals

- An inspection is completed by a Public Health Inspector (PHI).
 - Tobacco and Vaping Control and Enforcement Inspections are completed by Environmental Assistant.
- Overall goal of an inspection:
 - Ensure there are no health hazards
 - o Ensure regulations and guidelines are being followed
 - Determine inspection frequencies based on risk assessment
- Inspection results are publicly available on the Algoma Public Health website.



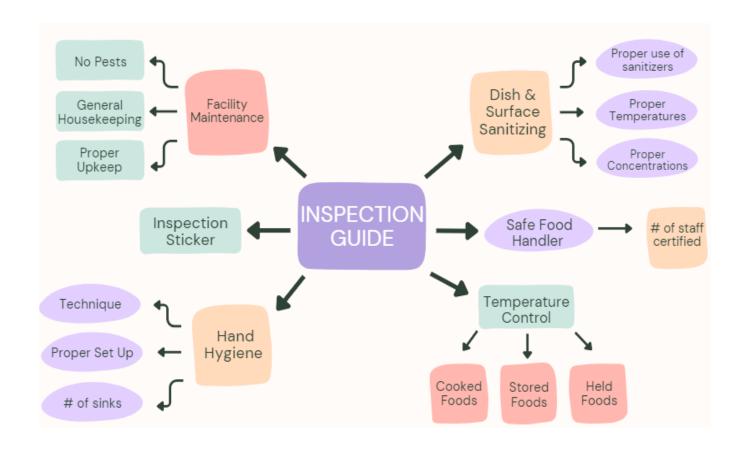


Inspection Spotlight: Food Safety

Inspections include:

- Restaurants, cafeterias, grocery, convenience and variety stores
- Home-based food premises and food/mobile catering
- Banquet halls/catering services/serving kitchens
- Fly-in camp kitchens
- food processing plants
- Childcare, Long-term care, and hospital facilities

Legal considerations: Section 13 order, provincial offense notices, and Ministry reporting.





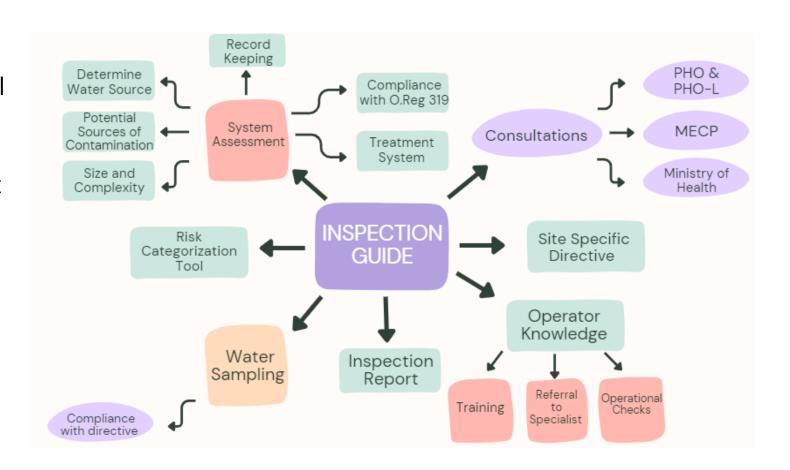
Inspection Spotlight: Drinking Water

Inspections include:

 Any water system that is not on municipal services may be a Small Drinking Water System (SDWS).

Site Specific Directives: A legal document issued to SDWS owners with requirements for record keeping, operational checks, treatment systems, sampling requirements, and training.

Legal considerations: Include Site Directives, section 13 orders, Provincial Offence notices, and Ministry reporting.



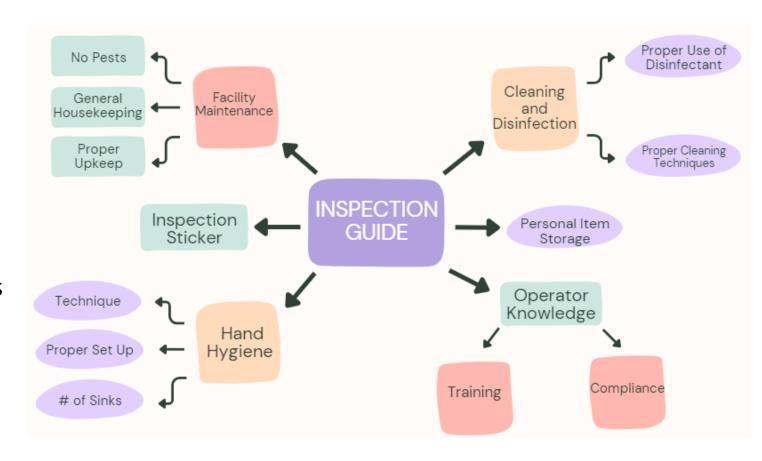


Inspection Spotlight: Infection Prevention and Control

Inspections include:

- Compliance inspections
- Complaint-based inspections
- Infection Prevention and Control (IPAC) lapse inspections
- Licensing and pre-opening inspections
- Demand and follow-up inspections

Legal considerations: Section 13 Order, Provincial Offense notices, and Ministry reporting.



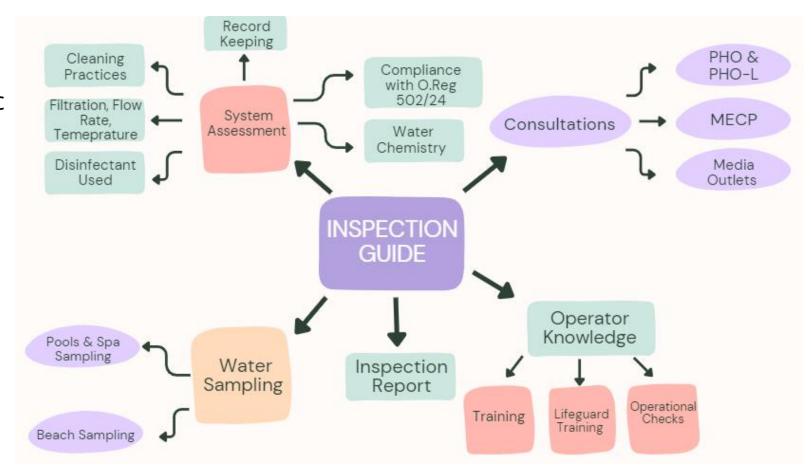


Inspection Spotlight: Recreational Water

Inspections include:

- Pools, spas, wading pools, splash pads open to the public
- Public beaches
- Recreational camps with waterfront access

Legal considerations: Regulations 502/24, Section 13 orders, Provincial Offence notices.





Disclosure of Inspections

The Inspection Disclosure database provides the public with a quick and accessible interactive report of our inspection work and enforcement activities.

Inspection information is available for:

- Childcare services
- Food premises
- Personal service settings
- Public pools and recreational water facilities
- Small drinking water systems

Enforcement-related information is available for:

- Food premises
- Personal service settings
- o Public pools, public beaches and recreational water facilities
- Drinking water facilities
- Tobacco and electronic cigarette vendors

Environment & Inspections > Inspection, Enforcement & Disclosure > Facility
Inspection Reports >

Facility Inspection Reports

Get the latest inspection results from across Algoma!



Inspection Spotlight: Statistics

In 2024, across the district, the EH team did:



1,333 **food safety** inspections



48 **drinking water** inspections



167 recreational water inspections



389 **personal service setting** inspections



Next Steps: Continued Challenges

Environmental Health continues to adapt and evolve to new challenges and trends emerging such as:

- Cold plunges
- Home-based food premises
- Landlord tenant concerns and re-direction
- Evolving personal service setting services
- Uncertainty with the public health lab and lack of access to a private lab





FREQUENTLY ASKED QUESTIONS

Cold Plunge Tanks and Pools

Published: October 2024





Questions?

Chi-Miigwech. Merci. Thank You.



February 26, 2025

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. John Tuinema and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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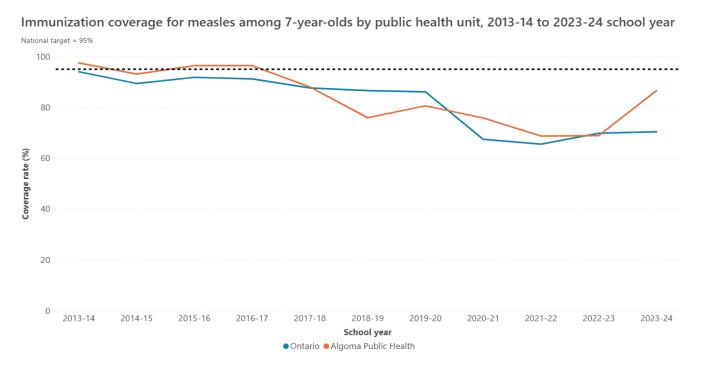
APH AT-A-GLANCE

We are on the verge of a provincial election, and due to the commencement of the writ period, there are few updates from a provincial perspective. APH recognizes that a healthy democracy is vital for a healthy community, and we encourage all residents in Algoma to vote on February 27th.

A key partner for local public health agencies is Public Health Ontario (PHO). They are an important support in the public health sector given their mandate to "provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors". PHO collaborates with APH in many ways. They are available 24/7 to assist with technical expertise in emergencies, they act as our Research Ethics Board, and they assist with rare scenarios just to name a few of the many ways they support local public health.

PHO also provides data at the health unit level that is accessible to the public. Their visualizations of data illustrate how the social determinants of health impact the North much more starkly than they do in other parts of the province. In many cases, the maps show a strong gradient from North to South as can be seen in their maps on <u>Potential Years of Life Lost</u> and <u>Self-Reported Overall</u> Health.

Although these maps and data can show our relative challenges, they can also highlight successes. In the recently developed Immunization Data Tool, APH is doing very well in immunizing schoolchildren compared to the provincial average. There is still room for improvement, but the current trends are very positive thanks to the hard work of APH staff and community partners.



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PROGRAM HIGHLIGHT – School Health Vaping Initiatives

Topic: School Health Vaping Initiatives

From: Hilary Gordon, Manager of Community Wellness & School Health

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

- School Health, Requirement #3: The board of health shall develop and implement a program of
 public health interventions using a comprehensive health promotion approach to improve the health
 of school-aged children and youth
- School Health, Requirement #4: The board of health shall offer support to school boards and schools, in accordance with the School Health Guideline, 2018 (or as current), to assist with the implementation of health-related curricula and health needs in schools, based on need.

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

- Public Health aims to protect youth and support them to make healthy decisions.
- Youth are vaping addictive nicotine at alarming rates, often to cope with stress and anxiety.
- It is important to encourage adults to talk to the youth in their lives about vaping.
- Initiatives are underway to raise awareness, enhance knowledge, and equip both adults and youth with necessary tools and resources.

Background

Vaping has become increasingly popular among youth, with 1 in 4 Ontario students in grades 7-12 reporting having tried it⁽²⁾. Vaping poses significant health risks⁽³⁾. Vapes often contain nicotine, which is a highly addictive substance that can affect memory, concentration, behaviour, thinking, and impulse control. Youth are at a higher risk for nicotine addiction because their brains are still developing, making it harder for them to quit. The level of harm and long-term effects of vaping is still not entirely known. The nicotine content in vape cartridges varies, but they often contain as much nicotine as a pack of cigarettes⁽⁴⁾. Among students in grades 7 to 12 who have used vapes, 84% were using nicotine-based products⁽²⁾

Young people may experience social pressure to try vaping, and many vape to alleviate stress. Nearly one-quarter of Canadian youth who vape reported doing it to relax and relieve tension⁽⁵⁾. In Algoma, 24.3% of youth 12-17 years old reported feeling anxious, nervous, or worried almost daily, and 26.4% reported daily feelings of sadness and/or hopelessness which resulted in them discontinuing their usual activities within the past year⁽⁶⁾.

Although we lack recent Algoma data on the number of students who vape, schools have noted that vaping continues to be an issue in our local schools. In Algoma in 2023-24, 37 students aged 9-17 were reported to APH for vaping on school property. Students aged 12-18 who are reported receive education

from the APH Smoke Free Ontario Enforcement Officer and face fines if they reoffend. Since vapes are easy to conceal, these numbers likely represent only a fraction of students who vape.

The Council of Chief Medical Officers of Health (CCMOH), including Dr. Theresa Tam, Chief Public Health Officer of Canada, provided recommendations for government to address this public health threat. These include limiting flavours, restricting marketing, preventing underage online purchases, and increasing enforcement and penalties for sales to minors⁽⁷⁾. It is unclear if these actions will take place at the federal or provincial level. In April 2024, the Ontario Ministry of Education announced plans to strengthen rules around students caught using or carrying vapes or cigarettes at school⁽⁸⁾. The changes made to Policy/Program Memorandum No. 128 (PPM 128) came into effect at the start of the school year in September 2024.

Supporting Adult Influencers to Have Ongoing Conversations

APH encourages all adults to talk to youth about the risks of vaping from both a preventative and cessation lens. Youth especially require support and information when they are ready to quit. Increasing adult confidence to have these conversations with young people is a priority for APH this year. We are providing information, guidance, and resources to parents/guardians, teachers, and other adult influencers.

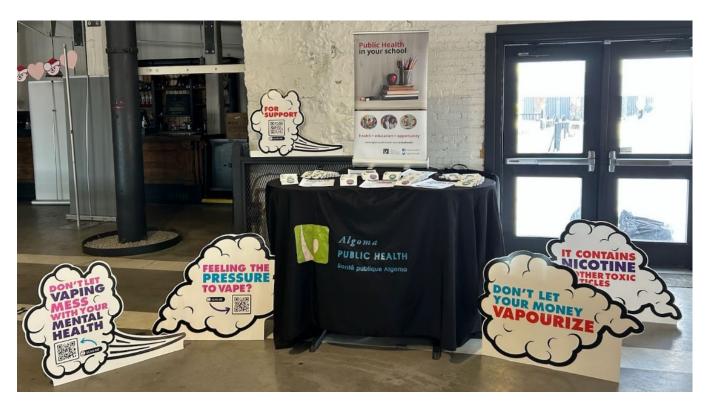
The Brief Conversations Toolkit (BCT) was developed by the Lung Health Foundation and Ontario's public health units. This toolkit uses a concept called Brief Contact Interventions (BCI), which is an evidence-based behaviour change technique used to talk with youth about vaping, and to promote the benefits of change while providing information on programs and supports. The BCI outlines two key steps for short, meaningful conversations – ASK and ACT. ASK includes approaching the topic with care, asking open questions, and learning if youth are open to quitting. Then, if they are open to quitting, the next step is providing information and guidance (ACT). Content in the toolkit is broken down into simple lessons, short videos, and resources. It is intended for anyone who works with, or cares for youth including parents, guardians, educators, school administrators, youth workers, coaches, and more. Whatever your role, you can make an impact in as little as three minutes!

Throughout January, APH ran a series of posts on social media highlighting the BCT. This content received over 15,000 views and over 50 interactions across the posts and platforms. Additionally, we recognize that our own staff may have young people in their lives who would benefit from this approach, and we highlighted this resource in our stAPH portal in December.

Opportunities for Youth Awareness

Funding was received from the North East Tobacco Control Area Network (NE-TCAN), to be used towards the purchase of smoking and vaping resources. With those funds, APH was able to create quit support resources and packages. APH is promoting Not an Experiment, which is a comprehensive vaping prevention tool which includes a guide for quitting. The guide helps young people identify reasons to quit, set a quite date, understand nicotine addiction and withdrawal, and recognize personal triggers, supports, and rewards. APH is distributing the packages and resources at health promotion events and providing them to high school counsellors to give to youth who are interested in quitting. For youth who are open to change, apps like Quash are available to help them through the stages of quitting. APH also purchased new displays called "In the Clouds". These are available for events, and for schools and student groups to borrow. They are pictured below at the 2025 Action for Building a Community that is

Drug-Free (ABCD) Bon Soo Winter Olympics, which was attended by over 200 district high school students, where our Public Health Nurses (PHNs) also distributed information about vaping.



APH resources and presentations on vaping and substance use have been refreshed and updated so that they can be delivered directly by teachers of students in grades 5 to 9. The presentations link to the curriculum, and can be found on <u>our website</u>, and the resources are accessed through the school health PHNs.

Community Partner Happenings

The Ministry of Education is currently funding a program called *Halt the Haze*. Fifteen school boards in Ontario are taking part in it this year, including the Huron Superior Catholic District School Board (HSCDSB). This comprehensive initiative, designed by the Lung Health Foundation in consultation with Ontario Health Units, aims to provide strategies to help students stop vaping using the BCT and Quash resources. The School Health PHNs are actively involved and providing support to this initiative and sharing the available resources with all local school boards. At the end of January, Halt the Haze held a free webinar for parents and guardians across the province. It was called "Building a Vape Free 2025". APH promoted this opportunity via our social media channels, with community partners, and through various school board channels in Algoma.

Next Steps: 2025 and Beyond

- Ensure that youth have the support and resources to make healthy choices and avoid vaping and provide resources to those who are ready to quit.
- Encourage and equip adults to engage in conversations with young people about vaping.
- Advocate for policy change that reduce accessibility and the appeal of vaping for youth (i.e., flavours, packaging, advertising, etc.).

- Prioritize mental health promotion by strengthening protective factors such as social connectedness, supportive environments, and building healthy coping strategies.
- Engage with community partners, youth and their allies, especially in the schools, to review and prioritize next steps.

References

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Finance and Audit Committee Chair Report February 12, 2025

Attendees:

Sally Hagman Luc Morrissette Suzanne Trivers Jody Wildman – Chair

Regrets:

None

APH Members:

Dr. John Tuinema – Acting Medical Officer of Health & CEO Rich Webb – Director of Corporate Services
Leslie Dunseath – Manager of Accounting Services
Tania Caputo – Board Secretary

Guests:

Eric Pino – KPMG

Minutes

• The Minutes of the Finance and Audit Committee meeting of November 6, 2024 were approved.

In Camera

- The Committee went into Closed session to considered matter pertaining to the security and property of the Board:
 - o 2025 Audit Planning
 - MOH/CEO and AMOH Salary review

Report and Recommendations to the Board of Health

The Committee:

- Received the 2025 Audit Planning Report from APH's Auditor, KPMG LLP. There
 are no significant changes from the Audit Plan for 2024. The Committee approved
 the 2025 Audit Planning Report as presented.
- Received a staff report on the 100% funded Ministry of Health compensation program ("the program") for the MOH/CEO and AMOH position salaries. In order to remain eligible for the program and continue to have a portion of these salaries covered through the Ministry 'top-up', APH must meet the minimum framework requirements. The result is that the province is requiring that a larger share of the

total compensation for these positions come from APH's cost-shared budget. Although this increases the amount required from APH's cost-shared budget, the salaries themselves are not increasing. Also, there are no financial implications to the 2025 cost-shared budget, as the 2025 budget was prepared anticipating a lower contribution from the province. The Committee recommends the Board of Health approve increasing the internal salary supported by the cost-shared budget to meet the framework minimum to avoid APH's MOH/CEO and AMOH becoming ineligible for the program.

 Reviewed APH's Unaudited Financial Statements for the period ending December 31, 2024. The Committee recommends Board of Health approval.

The Committee also reviewed and made minor amendments (removing references to "CAO" and "CFO") to the Committee's Terms of Reference.

Next Meeting

The Finance and Audit Committee is next scheduled to meet on March 12, 2025.

Submitted for Board of Health consideration by: Jody Wildman, Chair, Finance and Audit Committee.

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

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Dublic Health Due was 40 clauster)		Actual YTD 2024		Budget YTD 2024		/ariance ct. to Bgt. 2024		Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ YTD Budget 2024
Public Health Programs (Calendar)										
Revenue Municipal Levy - Public Health	\$	4,440,568	\$	4,440,569	\$	(1)	\$	4,440,569	0%	100%
Provincial Grants - Cost Shared Funding	Ψ	10,020,300	Ψ	10,020,210	Ψ	90	Ψ	10,020,210	0%	100%
Provincial Grants - Public Health 100% Prov. Funded		2,337,618		2,286,800		50,818		2,286,800	2%	102%
Provincial Grants - Mitigation Funding		0		0		-		0		.027
Fees, other grants and recovery of expenditures		536,701		494,600		42,101		494,600	9%	109%
Total Public Health Revenue	\$	17,335,187	\$	17,242,179	\$	93,008	\$	17,242,179	1%	101%
Expenditures										
Public Health Cost Shared	\$	14,962,701	\$	14,913,153	\$	(49,548)	\$	14,913,154	0%	100%
Public Health 100% Prov. Funded Programs	•	2,680,008	Ψ	2,329,026	Ψ	(350,982)	Ψ	2,329,026	15%	115%
Total Public Health Programs Expenditures	\$	17,642,709	\$	17,242,179	\$	(400,530)	\$	17,242,180	2%	102%
Total Day, aver Eve Dublic Hoolth		(307,521)	.	0	\$	(207 524)	Φ.	(0)		
Total Rev. over Exp. Public Health	Þ	(307,521)	\$	U	Ф	(307,521)	\$	(0)		
Healthy Babies Healthy Children (Fis	scal)									
Provincial Grants and Recoveries	\$	855,567		855,563		5		1,140,750	0%	100%
Expenditures		857,770		852,645		(5,126)		1,140,750	1%	101%
Excess of Rev. over Exp.		(2,203)		2,918		(5,121)		-		
Public Health Programs (Fiscal)										
Provincial Grants and Recoveries	\$	-		473,325		(473,325)		631,100	-100%	0%
Expenditures		477,398		475,133		(2,265)		631,100	0%	100%
Excess of Rev. over Fiscal Funded		(477,398)		(1,808)		(475,590)		-		
Fiscal Programs										
Revenue		400.047	•	400.045	•		•	000.450		
Revenue Provincial Grants - Community Health	\$	196,617	\$	196,615	\$	2	\$	262,153	0%	100%
Revenue Provincial Grants - Community Health Municipal, Federal, and Other Funding	\$	114,447	\$	114,447	\$	2	\$	262,153 114,447	0%	100%
Revenue Provincial Grants - Community Health Municipal, Federal, and Other Funding Other Bill for Service Programs		114,447 0	·	114,447 0		- -	·	114,447 -	0% #DIV/0!	100% #DIV/0!
Revenue Provincial Grants - Community Health	\$ \$	114,447	\$	114,447	\$	2 - - 2	\$,	0%	100%
Revenue Provincial Grants - Community Health Municipal, Federal, and Other Funding Other Bill for Service Programs Total Community Health Revenue Expenditures		114,447 0 311,064	·	114,447 0 311,062		2	·	114,447 - 376,600	0% #DIV/0! 0%	100% #DIV/0! 100%
Revenue Provincial Grants - Community Health Municipal, Federal, and Other Funding Other Bill for Service Programs Total Community Health Revenue		114,447 0	·	114,447 0		- -	·	114,447 -	0% #DIV/0!	100% #DIV/0!
Revenue Provincial Grants - Community Health Municipal, Federal, and Other Funding Other Bill for Service Programs Total Community Health Revenue Expenditures Brighter Futures for Children Nurse Practitioner		114,447 0 311,064	·	114,447 0 311,062		2	·	114,447 - 376,600	0% #DIV/0! 0%	100% #DIV/0! 100%
Revenue Provincial Grants - Community Health Municipal, Federal, and Other Funding Other Bill for Service Programs Total Community Health Revenue Expenditures Brighter Futures for Children Nurse Practitioner Stay on Your Feet		114,447 0 311,064 85,572	·	114,447 0 311,062 85,835		- - 2 263	·	114,447 - 376,600 114,447	0% #DIV/0! 0%	100% #DIV/0! 100%
Revenue Provincial Grants - Community Health Municipal, Federal, and Other Funding Other Bill for Service Programs Total Community Health Revenue Expenditures Brighter Futures for Children Nurse Practitioner		114,447 0 311,064 85,572 123,716	·	114,447 0 311,062 85,835 121,276		263 (2,440)	·	114,447 - 376,600 114,447 162,153	0% #DIV/0! 0% 0% 2%	100% #DIV/0! 100% 100%

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 Twelve Months Ending December 31, 2024 Comparison Prior Year: (Unaudited) Actual Budget Variance **Annual** Variance % YTD Actual/ YTD YTD Bgt. to Act. **Budget** Act. to Bgt. Annual Budget YTD Actual YTD BGT 2024 2024 2024 2024 2024 2024 2023 2023 Variance 2023 Levies Sault Ste Marie 0 0% 3.088.475 3.088.475 3,088,475 100% 2.913.655 2.913.655 0 Levies District 1,352,093 1,352,094 (1) 1,352,094 0% 100% 1,275,562 1,275,562 4,440,568 4,440,569 (1) 0% 4,189,217 **Total Levies** 4,440,569 100% 4,189,217 0 MOH Public Health Funding 10.020.300 10.020.210 90 10.020.210 0% 8.861.200 100% 8.861.200 90 **Total Public Health Cost Shared Funding** 10,020,300 10,020,210 10,020,210 0% 100% 8,861,200 8,861,200 0 MOH Funding - MOH / AMOH Top Up 177,118 158,300 18,818 158,300 12% 112% 182,521 189,300 (6,779)MOH Funding Northern Ontario Fruits & Veg. 117,400 117,400 0 117,400 0% 117,400 117,400 100% MOH Funding Unorganized 530,400 530,400 0 530,400 0% 100% 530,400 530,400 0 MOH Senior Dental 0% 1,382,700 1,382,700 0 1,382,700 100% 1,350,250 1,350,250 MOH Funding Indigenous Communities 98,000 0% 98,000 (0)98,000 100% 98,000 98,000 OTF COVID-19 Extraordinary Costs 25,000 25,000 #DIV/0! 100% (6.954)1,078,089 (1.085,043)Total Public Health 100% Prov. Funded 2,330,618 2,286,800 43,818 2,286,800 2% 3,363,439 (1,091,822)2,271,617 102% #DIV/0! 1,037,800 **Total Public Health Mitigation Funding** 0 0 0 0 1,037,800 0% 0 Recoveries from Programs 30,000 804 1,808 30,804 29,600 3% 104% 11,808 10,000 44,600 2,359 (37,688)Program Fees 46,959 45,000 5% 41,912 79,600 104% Land Control Fees 225,000 225,000 -1% 196,325 225,000 (28,675)223,400 (1,600)99% Program Fees Immunization 70.925 45.000 25.925 45.000 58% 158% 71.206 50.000 21.206 **HPV Vaccine Program** 11,118 20,000 (8.882)20,000 -44% 17,986 9,500 8,486 56% Influenza Program 445 16,000 (7,180)(15,555)16,000 -97% 16,320 23,500 3% Meningococcal C Program 3,842 9,000 (5,158)9,000 -57% 8,840 7,000 1,840 43% Interest Revenue 144,962 105,000 39,962 105,000 38% 171,916 32,784 139,132 138% Other Revenues 0 (8.300)11,246 n 11,246 #DIV/0! 6,700 15,000 100% **Total Fees and Recoveries** 543,701 494,600 49,101 494,600 10% 543,013 452,384 90,629 110% 17,335,187 17.242.179 93.008 17.242.179 1% 101% (1,001,192)**Total Public Health Revenue Annual** 16,902,848 17,904,040 Public Health Fiscal April 2024 - March 2025 Infection Prevention and Control Hub (473, 325)0 473,325 631,100 -100% 0% 0 473,325 #DIV/0! 0% 0 0 0 **Total Provincial Grants Fiscal** (473, 325)631,100

Algoma Public Health

Expense Statement- Public Health

For Twelve Months Ending December 31, 2024 (Unaudited)

							Comparison Price	or Year:	
	Actual YTD	Budget YTD	Variance Act. to Bgt.	Annual Budget	Variance % Act. to Bgt.	YTD Actual/ Budget	YTD Actual	YTD BGT	
	2024	2024	2024	2024	2024	2024	2023	2023	Variance 2023
Salaries & Wages	10,210,363	10,236,247	25,884	10,236,247	0%	100%	\$ 10,607,635	\$ 10,833,060	\$ 225,425
Benefits	2,645,019	2,665,034	20,015	2,665,034	-1%	99%	2,673,289	2,541,380	
Travel	156,956	174,526	17,570	174,526	-10%	90%	170,538	158,800	
Program	1,438,634	1,012,197	(426,437)	1,012,197	42%	142%	1,631,587	1,237,163	(394,424)
Office	59,535	60,400	865	60,400	-1%	99%	58,442	82,400	23,958
Computer Services	991,746	926,000	(65,746)	926,000	7%	107%	942,098	895,892	(46,206)
Telecommunications	262,904	244,000	(18,904)	244,000	8%	108%	332,288	265,000	(67,288)
Program Promotion	17,759	19,500	1,741	19,500	-9%	91%	32,558	45,000	12,442
Professional Development	63,597	51,105	(12,492)	51,105	24%	124%	44,292	80,424	36,132
Facilities Expenses	919,433	977,000	57,567	977,000	-6%	94%	941,211	924,000	(17,211)
Fees & Insurance	419,341	418,750	(591)	418,750	0%	100%	396,046	383,500	(12,546)
Debt Management	457,421	457,421	0	457,421	0%	100%	457,421	457,42	0
	\$ 17,642,708	\$ 17,242,180	\$ (400,528)	\$ 17,242,180	2%	102%	\$ 18,287,405	\$ 17,904,040	\$ (383,365)

Notes to Financial Statements – December 2024

Reporting Period

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

Statement of Operations (see page 1)

Summary – Public Health and Non-Public Health Programs

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

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

As of December 31, 2024, Public Health calendar programs are reporting a \$308K negative variance – which is driven by a \$401K negative variance in expenditures and a \$93K positive variance in revenue.

Public Health Revenue (see page 2)

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

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

In early January 2024 the Ministry requested public health units to forecast anticipated spend on COVID immunization programming for the months of January through March 2024 only. Based on the forecast provided, APH was approved for \$25,000 in one time, program enhancement funding to help address base funding pressures for the first three months of the calendar year. Based on communications to date, there will be no further availability of COVID-19 extraordinary funds or mitigation funding in 2024. One time funding requests to address financial pressures above and beyond what can be supported by the cost shared budget were also not made available via the 2024 Annual Service Plan (which was due to the Ministry on April 2, 2024), nor were they made available in year.

In March 2024, the Ministry confirmed that IPAC Hub funding will continue in the 2024-25 fiscal year and in the years following, with formal planning and funding meetings with individual hubs to be forthcoming throughout the fiscal year. This funding has been provided to hubs across the Province in

Notes Continued...

order to enhance IPAC practices in identified congregate care settings. Formal funding approvals for this initiative were received in early December 2024, which includes \$316K in committed base funding and \$316K in one time funding for the 2024/25 fiscal year for a total of \$631K for the current fiscal year.

Public Health Expenses (see page 3)

Travel Expenses

There is a \$18K positive variance associated with travel expenses. This variance is based on actual travel of staff throughout the district for program related activities and is based on methods of travel chosen and use of virtual options, as applicable.

Program Expenses

There is a \$426K negative variance associated with program expenses. The majority of this identified pressure is driven by demand for our Ontario Senior Dental program (externally sourced professional services for maintenance, preventative and denture services). We note that APH has requested an increase to base funding totaling \$641K for the 100% funded Ontario Senior Dental program alongside the 2024 Annual Service Plan to fund these identified pressures. We continue to await response to this request, however continue to service our communities based on demand considering conversations with the Ministry where APH has been instructed to continue programming as planned, with funding opportunities to continually be made available to address ongoing pressures.

Professional Development

There is a \$12k negative variance associated with professional development based on a higher than anticipated level of workforce development training having been offered in 2024 driven by available funding and staff availability.

Financial Position - Balance Sheet (see page 6)

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

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

Algoma Public Health Statement of Financial Position

(Unaudited)

Date: As of December 2024	December 2024	December 2023
Assets		
Current		
Cash & Investments \$	4,330,570 \$	4,663,966
Accounts Receivable	1,289,587	2,089,635
Receivable from Municipalities	6,172.50	6,482
Prepaid Expenses	364,384	128,517
Subtotal Current Assets	5,990,714	6,888,600
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,194,153	1,402,404
Payable to Gov't of Ont/Municipalities	3,112,946	3,426,716
Deferred Revenue	277,755	280,411
Employee Future Benefit Obligations	2,835,275	2,835,275
Term Loan	3,308,095	3,308,095
Subtotal Current Liabilities	10,728,223	11,252,901
Net Debt	(4,737,510)	(4,364,301)
Non-Financial Assets:		
Building	23,072,474	23,072,474
Furniture & Fixtures	2,145,864	2,145,864
Leasehold Improvements	1,583,164	1,583,164
IT Automobile	3,372,128 40,113	3,372,128 40,113
Accumulated Depreciation	-13,300,309	-13,300,309
Subtotal Non-Financial Assets	16,913,434	16,913,434
Accumulated Surplus	12,175,924	12,549,133

PLEASE ROUTE TO:

All Board of Health Members

All Members of Regional Health & Social Service Committees

All Senior Public Health Managers

February 20, 2025



February 2025 InfoBreak

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

Leader to Leader - A message from alPHa's Chair - February 2025



Trudy Sachowski Chair, alPHa Board of Directors

Resources from the 2025 Winter Symposium, Section Meetings, and Workshops are now available!



Thank you to all of the alPHa Members who attended this year's Winter Symposium. We were glad to see so many of you engaged in discussions and dialogue on key public health issues. A special thanks goes to alPHa Chair, Trudy Sachowski, for chairing the event. We would also like to thank BOH Section Vice Chair, Tammy DeGiovanni, and COMOH Section Chair, Dr. Lianne Catton, for chairing their meetings.

A huge shoutout goes to Obadiah George from the Dalla Lana School of Public Health and Andy Morrisson from the Eastern Ontario Health Unit for their generous event and technical support. The event would not have been possible without them!

Thank you to all those who submitted videos from their public health units. We had a strong response and we greatly appreciate your participation.

Lastly, we would like to note and thank the alPHa staff for all of their work to make the Symposium, workshops, Section meetings, and Board meeting a success.

Presentations from this year's Winter Symposium are now available (please see below for more information from Tim Arnold and GenWell). Please note, you will need to log in to the members' side of the website to view the presentations. You can do so here. Please note, we are continuing to receive these, so check back often. Additionally, we will be featuring the Resources from the Esri Canada workshop in next month's newsletter.

If you have not yet filled out the after-event survey, there is still time to do so. You can be entered into a draw for a gift card. The link to the survey is here and the final date to fill it out is Friday, February 28.

Leading Change - The 5 Tensions to Manage Successful Transformation



It was an honour to facilitate the "Leading Change" workshop at the Winter Symposium. Thank you (once again) for allowing me to support you in your leadership development journey.

To ensure the learning is put into action, visit www.timarnold.ca/resources. Once you click the "Leading Change Resources", you can download key slides and a personal action plan from the workshop. You'll also find an 11-question assessment to further your insights, and information on purchasing my recent book, "Leading Change."

Don't let the workshop be "one-and-done"! Subscribe to "The Leaders' Edge" at www.timarnold.ca/newsletter. This monthly newsletter provides actionable insights and DIY team activities to empower your success at work and in life.

Here's how to reach Tim on social media: <u>Click here for his LinkedIn</u> page, and <u>click here for his Instagram page</u>.

GenWell Resources



We would like to thank Pete Bombaci, CEO and Founder, GenWell, for presenting to the EAs/AAs on Tuesday, February 11 and for being the keynote speaker for the alPHa Winter Symposium on Friday, February 14. It was wonderful to hear from him!

The following resources have been available to alPHa Members. These are:

- Presentation
- GenWell Social Health Toolkit
- GenWell Connection Event (May 2-4)
- GenWell Case for Support A call for your public health unit to participate in a workshop or speaking opportunity.
- GenWell Social Health Workshop Overview Please note, any alPHa Member who books a social health workshop before the end of February will receive a 25 per cent discount.
- A compilation of the GenWell Social Health Toolkit, GenWell Connection Event, GenWell Case for Support, and GenWell Social Health Workshop is available here.
- Other workshops that GenWell offers

alPHa's Strategic Plan



alPHa's Mission: Serving Ontario's local public health agencies for a strong public health system

Thank you, Executive Assistants/Administrative Assistants!



Thank you to all those who attended the Executive Assistant/Administrative Assistant (EA/AA) Workshop. It was a huge success and it's all thanks to your enthusiastic participation! On Tuesday, February 11, EAs/AAs gathered together to increase collaboration and enhance creativity and productivity. We hope you were all able to take some time for yourselves and that you will take what you've learned from GenWell and apply it both inside and outside the workplace. alPHa would like to thank Melanie Dziengo for her leadership and planning on this workshop and Melissa Ziebarth, from Renfrew County and District Health Unit, for her assistance. Additionally, your support for alPHa Member Representatives does not go unnoticed. Thank you for all that you do! Please do not forget to fill out your after-event survey that was sent to you by e-mail. The final date to complete it is Tuesday, February 25.

2025 alPHa Pre-Budget Submission



On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Organizations, alPHa sent in a submission to provide input on the financial requirements for a stable, locally based public health system as part of this year's pre-budget consultation. To read more, click here.

Rural Ontario Municipal Association (ROMA) Conference recap









alPHa would like to congratulate the Association of Municipalities of Ontario (AMO) on a very successful ROMA conference that took place from January 19-21 in Toronto with approximately 2,000 delegates.

Many alPHa members were in attendance, including alPHa representatives - Trudy Sachowski, Chair and Loretta Ryan, Chief Executive Officer. Trudy and Loretta had numerous interactions at the ROMA Conference including a meeting with Robin Jones, President, AMO and an opportunity to speak with the Hon. Sylvia Jones, Minister of Health. These are two of the many interactions that took place to continue to actively position and profile local public health with municipal officials and their staff.

Here are some of the AMO documents that were highlighted at the event:

- <u>Public Awareness Campaign Provincial Election</u>
- Municipalities Under Pressure: The Growing Human and Financial Cost of Ontario's Homelessness Crisis
- Pre-Budget Submission

TOPHC 2025



TOPHC is hosting a two-day convention that will include one day of virtual presentations and interactive activities and a second day of in-person workshops and networking.

Important dates

• March 26: In-person Convention

April 2: Virtual Convention

This year's theme is: Insight to Impact: Leveraging evidence & collective expertise to advance public health practice.

TOPHC brings together a multi-disciplinary community of public health professionals to prevent illness and improve health, by sharing the latest research and information, promoting best practices, and advancing evidence-based public health initiatives and policies. This is a unique opportunity to build and refine practical skills, learn best practices, keep up with new and emerging developments in the field, and network with peers across Ontario. To learn more, click here.

GenWell: Who, What, and Why?



This month, GenWell is giving you a snapshot of what they are trying to accomplish. This infographic covers who they are, what they do, and why they do it. Ultimately, their goal is "to make the world a happier and healthier place by emphasizing the importance of face-to-face social connection." To learn more, click here.

Boards of Health: Shared Resources



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

Resources available on the alPHa website include:

- Orientation Manual for Boards of Health (Revised Jan. 2024)
- Review of Board of Health
 Liability, 2018, (PowerPoint presentation, Feb. 24, 2023)
- <u>Legal Matters: Updates for</u>
 <u>Boards of Health</u> (Video, June 8, 2021)
- Obligations of a Board of Health under the Municipal Act, 2001 (Revised 2021)
- Governance Toolkit (Revised 2022)

- The Ontario Public Health
 Standards
- <u>Public Appointee Role and</u>
 <u>Governance Overview</u> (for Provincial Appointees to BOH)
- Ontario Boards of Health by Region
- <u>List of Units sorted by</u>
 Municipality
- <u>List of Municipalities sorted by</u>
 Health Unit
- Map: Boards of Health Types

- Risk Management for Health
 Units
- Healthy Rural Communities
 Toolkit
- The Canadian Centre on Substance Use and Addiction
- NCCHPP Report: Profile of Ontario's Public Health System (2021)
- The Municipal Role of Public Health(2022 U of T Report)
- Boards of Health and Ontario
 Not-for-Profit Corporations Act

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



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

BOH Governance training course

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

Social Determinants of Health training course

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

Speakers are Monika Turner and Loretta Ryan.

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

Affiliates

Association of Local Public Health Agencies



Ontario Dietitians in Public Health (ODPH) is pleased to share the announcement that Dr. Valerie Tarasuk, Professor Emeritus, University of Toronto, was appointed to the Order of Canada. This prestigious recognition is a testament to Dr. Tarasuk's outstanding contributions to research on household food insecurity in Canada. As principal researcher of PROOF (an interdisciplinary research program), her research and advocacy has influenced evidence-based policy across Canada and internationally. Her research has informed ODPH's comprehensive health promotion approaches to food insecurity across Ontario's local public health agencies. Congratulations to Dr. Tarasuk!

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 Page 55 of 140

surveillance services in all of Ontario's communities. A complete online library of submissions is available here. These documents are publicly available and can be shared widely.

- alPHa Letter PH Matters Infographic #4
- alPHa Submission 2025 Ontario Budget

Ontario Public Health Directory: January 2025 update



The <u>Ontario Public Health Directory</u> has been updated and is available on the alPHa website. Please ensure you have the latest version, which has been dated as of **January 14, 2025**. To view the file, log into the alPHa website.

Please note, we will be updating the directory again soon with regards to the recently announced mergers.

Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- <u>Black Health Lecture Series</u> (Feb. 25, Mar. 4, Mar. 26)
- Health Inc Seminar Series: Why wellness sells (Mar. 5)
- <u>CQuIPS+ Masterclass: Motivate Improvement in Your Hospital by Telling a</u> <u>Compelling Story with Data (Mar. 7)</u>
- Health Summit: Charing a course to accessible, equitable & high quality public health care (Mar. 8)

BrokerLink Insurance





Please note, alPHa's partnership with Aviva is no longer in place. All Members who are with Aviva are encouraged to explore insurance with BrokerLink.

In partnership with alPHa, <u>BrokerLink</u> is proud to offer preferred home and auto insurance rates for members, click <u>here</u> to get a quote. Do you have questions about understanding your car insurance renewal? Our advisors are here to help. Learn about renewing car insurance, and a few of the most common reasons why it's important to always review your annual insurance policy <u>here</u>.



alPHa's mailing address

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

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

News Releases

The most up to date news releases from the Government of Ontario can be accessed here.





alPHa actively represents all of Ontario's boards of health, medical officers and a medical officers of health, and senior public health managers. The association is voice and a trusted advisor on public health, advances the work of local public through strategic partnerships and collaborations, supports the sustainability of local public health system, and delivers member services to local public health alPHa's Strategic Plan was launched a year ago and acts as a foundational docuachieve the organization's goals and objectives. Thank you to all those who partic the discussion on how your association is implementing the Strategic Plan.

We would like to thank Maria Sánchez-Keane for leading the session!

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

"Leadership is not about a title or a designation. It's about impact, influence and inspiration."

The <u>alPHa Board of Directors</u> and alPHa staff continue to be actively engaged on your behalf. This month, the alPHa Board of Directors met in their governance role guided by alPHa's <u>Strategic Plan</u> with a focus on being the leading, unified voice for Ontario's public health system. alPHa's ask of Ontario's policy influencers and decision-makers is for their support for the goals and objectives of public health, with sustained, sufficient resources to ensure sustainability for Ontario's locally based network of public health agencies. Here are two recent submissions:

- alPHa Ontario 2025 Budget Hon. Peter Bethlenfalvy, Minister of Finance,
 and
- <u>alPHa Public Health Matters Hon. Sylvia Jones, Ontario's Deputy Premier</u> and Minister of Health

The alPHa 2025 Online Winter Symposium, Section meetings and Workshops were a resounding success! The events were engaging for all participants with polling, facilitated Q&A, and breakout sessions. Thank you to everyone who participated, and to the Simcoe Muskoka District Health Unit (co-host sponsor), speakers, moderators, video submissions, Dalla Lana School of Public Health, and Eastern Ontario Health Unit. Special thanks for planning and choreographing an exceptional event to Loretta Ryan, alPHa Chief Executive Officer (CEO) and alPHa staff.

The symposium commenced with an impressive showcase of local public health videos. Keynote, Pete Bombaci of GenWell, spoke on being a catalyst for action to meaningfully improve long-term health and well-being, reduce costs to the healthcare system, increase social cohesion and inclusivity, and drive economic and community benefit.

An informative lineup of topics followed throughout the day. Principals of StrategyCorp, Sabine Matheson and John Perenack, provided insight into the current political situation and offered strategies. alPHa's 1st year anniversary report of the 2024-2027 Strategic Plan, facilitated by Maria Sánchez-Keane, was interactive and informative on the progress of alPHa's accomplishments. The South East Health Unit shared their challenges and opportunities, along with what to expect next, as the newly merged health unit moves forward.

The merger conversation carried forward in the afternoon at the Boards of Health Section meeting with the chairs of the newly merged boards of health: Jan O'Neill, Chair, Board of Health, South East Health Unit; Michelle Boileau, Chair, Board of Health, Northeastern Public Health; Ron Black, Chair, Board of Health, Haliburton Kawartha Northumberland Peterborough Health Unit; and John Bell, Acting Chair, Board of Health, Grand Erie Public Health. Their informative updates were complemented by a presentation on governance roles and responsibilities from James LeNoury, Principal, LeNoury Law, alPHa Legal Counsel, Doug Lawrance, Chair, Northwestern Health Unit, and Ann-Marie Kungl, Chair, Board of Health, Simcoe Muskoka District Health Unit.

Two pre-symposium workshops were value-added. Tim Arnold's interactive Leading Change: The 5 Tensions to Manage Successful Transformation discussed leadership skills to help manage current and future challenges during this time of change for public health. The second workshop, Harnessing the Power of 'Where' for Public Health Discussions by Esri Canada, had a series of presentations of case studies and dynamic discussions, attendees learned how geographic data, real-time maps, and new innovations in geographic technology are connecting Canadian public health teams to uncover local drivers of health inequity, strengthen health emergency preparedness, and improve collaborative decision-making.

Anticipation is building for the alPHa 2025 AGM and Conference in-person in Toronto. This is a tremendous opportunity to network, and to continue the important conversation on the role of local public health in the province's resilient public health system and its demonstrated role for the public health of all Ontarians.

Page 60 of 140

At the Rural Ontario Municipal Association 2025 ROMA Conference in January, it was great to have the chance to connect with many of you. Along with Loretta Ryan, alPHa's CEO, I was also pleased to meet and have a productive discussion with Robin Jones, President of the Association of Municipalities of Ontario (AMO), who also serves on the Board of Health for South East Health Unit.

Perhaps I will see you at The Ontario Public Health Convention TOPHC 2025 in March or at the alPHa 2025 AGM and Conference in June. If you are at either of these events, I look forward to the opportunity to connect.

Stay tuned for the Annual General Meeting Package, which contains the Call for Resolutions, Distinguished Service Award nominations, and Boards of Health elections information.

Thanks to each of you for your individual and collective commitment, and for support to alPHa as we all work to advance the cause of a resilient, sufficiently resourced, local public health system in Ontario.

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

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January 28, 2025

Christine Hogarth, MPP Chair, Standing Committee on Social Policy Whitney Block, Room 1405 Toronto, ON M7A 1A2

Ministry of Health 438 University Ave, 10th Floor Toronto, ON, M5G 2K8

[Submitted electronically via the Legislative Assembly of Ontario, Standing Committee on Social Policy invitation for written submissions & Ontario Regulatory Registry Proposal for Comment 24-HLTC044]

Members of the Standing Committee and staff of the Ministry of Health,

We commend the government on proposing of Bill 231 2024 An Act to enact or amend various Acts related to health care, particularly Schedule 4, which seeks to amend the Health Protection & Promotion Act's section 22, subsection 5.0.1 concerning Class Orders. This section of law was used in novel ways during the COVID-19 pandemic response, and review and adjustment of this provision is very sensible to ensure we appropriately balance protecting the freedom of the public with protecting the health of the population.

As we seek to support the government and Legislative Assembly to update this provision of the Health Protection & Promotion Act, we wish to highlight what we believe could be unintended impacts of the proposed legislated amendment. It is our recommendation that the Legislative Assembly not adopt these amendments as currently written, but rather convene a thorough and detailed review of this provision in order to develop a comprehensive modernization of this important public health measure.

Sudbury

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

Elm Place

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

Sudbury East / Sudbury-Est

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

Espanola

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

Île Manitoulin Island

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

Chapleau

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

toll-free / sans frais

1.866.522.9200

phsd.ca



Public health orders under Section 22 are a longstanding public health tool that are used sparingly, but are essential when they are needed to protect the population. Variations of this exist in public health legislation across the country. We appreciate the government's recognition of the importance of this power, and that the general use of section 22 orders has not been proposed for amendment.

The Class Orders provision of section 22 was enacted after the first wave of SARS in 2023, and proclaimed on May 5, 2003. This legislation was a response to the real gaps in public health law that were identified during that first wave of SARS, and sought to ensure local public health had the tools to protect the population from a novel and deadly virus. As Dr. Sheila Basrur explained to the Standing Committee on Justice Policy on August 18, 2004:

One of the elements that arose during SARS was our inability to issue orders on anything but a person-by-person, one-at-a-time kind of basis. There was an instance wherein we had an entire group of people who needed to be put into quarantine on a weekend. It was physically and logistically impossible to issue orders person to person on a Saturday afternoon for 350 people who happened to live in three or four different health units all at once, each with their own MOH, their own solicitors and so on. So now there is an amendment to the Act. Again, that was processed even between phases one and two of the SARS outbreak. So things can happen fast when the will is there, but also when the need is apparent, such that orders can be issued against a class of persons. In a future pandemic or other wide-scale emergency, that will be a very helpful provision so we can issue mass orders if necessary and if warranted under the circumstances.

This measure has been used in similar fashion by local public health authorities for two decades. As Dr. Basrur noted, an essential element of this measure is that it can be issued swiftly, typically within hours on the same day that a risk to the public arises.

This original use of Class Orders is different than the novel use it had during the COVID-19 pandemic response. Whereas the original use was for a targeted and localized group of tens to hundreds of persons, during the pandemic response it was applied to the entire population of a local health unit (tens to hundreds of thousands of people), or to all businesses within a local health unit. There are rightly concerns about the breadth of this power and questions about what checks and balances should be in place.

The proposed amendments to require notice and written approval of the Chief Medical Officer of Health for any Class Order has merit for the latter, novel and very broad use of a Class Order. In particular, for something like the pandemic response where there would be provincial leadership of the response, and a desire for consistency across the province,

there is a good argument for the Chief Medical Officer of Health to have a role to bring some alignment to local orders.

However, we believe the proposed amendments as written would undermine the original purpose of Class Orders, to enable swift action on fast-moving health threats that are of a local nature. Awaiting written approval of the Chief Medical Officer of Health would delay response, perhaps critically, of a tool that was designed for swift action. And the involvement of a provincial authority in a purely local matter is both inefficient and unsound.

We believe that legislation needs to distinguish between these two scenarios and tailor conditions for the use of each in light of the very different problems they are seeking to address. The language proposed in Bill 231 does not draw these distinctions, and so would address one problem (alignment and accountability over health unit-wide orders) at the expense of another (protecting the public from a rapidly-moving local infectious outbreak) In addition to this fundamental issue, we believe there are additional issues surrounding Class Orders that should be explored:

- Do Class Orders need additional checks and balances beyond the Chief Medical Officer of Health's review? Should there be civilian review? Should there be a post-hoc assessment of whether it was used appropriately, similar to what is done after use of the federal Emergency Act?
- How do we ensure appropriate provincial review does not unduly delay a class order of the more novel variety? Should there be timelines for the Chief Medical Officer of Health's review? An alternate approach could be to allow a Class Order to go into effect, but be rescinded by the Chief Medical Officer of Health upon their review.
- Should the legal standard for a Section 22 order applied to an individual, to a class
 of persons, or to the entire population of the health unit remain the same
 standard? Should the legal standard perhaps escalate with the breadth of its
 application? The Campbell Commission after SARS also raised questions in 2005
 regarding the ambiguity of the current legal standards. There is opportunity to
 review this.
- The Campbell Commission also made recommendations around the logistics of issuing section 22 orders as well as their geographic scope. These recommendations have not been addressed as of this date.

We believe that the issue of section 22 orders including class orders is complex and warrants thorough and careful examination. We commend the government for its leadership to better define the conditions in which class orders should be used. We advise

Letter - January 28, 2025 Page 4

the Legislative Assembly that a broader review is warranted to study the many issues that are associated with his important public heath measure. A comprehensive and transparent review could strengthen our public health system, better balance protecting individual freedoms with protecting the public's health, and build public confidence in public health and section 22 orders specifically.

We appreciate the opportunity to provide feedback, and we look forward to an opportunity to support the government and Legislative Assembly to achieve their vision for Class Orders, while also strengthening our public health system as a whole. Our staff would be pleased to speak further to you about our thoughts and to support you any way possible as you seek to optimize this amendment.

Sincerely,

Mark Signoretti

Chair, Board of Health

Cc: Lesley Flores, Clerk, Standing Committee on Social Policy

Kieran Moore, Chief Medical Officer of Health

Kate Bingham, Associate Medical Officer of Health

Local MPPs

Local Boards of Health

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

Districts



City Council

Member Motions - Meeting 26

MM26.7	ACTION	Amended		Ward: All
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Creation of a City of Toronto "Buy Local, Buy Canadian" Campaign - by Councillor Mike Colle, seconded by Councillor Jennifer McKelvie

City Council Decision

City Council on February 5, 2025, adopted the following:

- 1. City Council request the City Manager, and relevant Divisions to develop a comprehensive, multifaceted "Buy Local, Buy Canadian" campaign in response to the potential 25-percent tariffs announced by the Trump Administration, such campaign to encourage Toronto residents and businesses to join the City of Toronto's divisions and its agencies and corporations in purchasing locally made Canadian goods and services in order to protect local jobs in Toronto and Ontario where the proposed punitive tariffs would result in hundreds of thousands of job losses if imposed on Canada.
- 2. City Council direct the Chief Financial Officer and Treasurer and the City Manager, in consultation with the Chief Procurement Officer and the General Manager, Economic Development and Culture, to accelerate the development of local procurement approaches as set out in Sidewalks to Skylines: A Ten-Year Action Plan for Toronto's Economy to strengthen local businesses and protect local jobs.
- 3. City Council request the Federal Government to develop a standard recognizable label to be placed on all Canadian goods in clear, readable fonts that clearly shows percentages of Canadian content and any and all foreign content.
- 4. City Council forward the Item to all Ontario municipalities and encourage them to join Toronto in a "Buy Local, Buy Canadian" campaign.

City Council Decision Advice and Other Information

City Council considered the following Items together:

MM26.7 headed "Creation of a City of Toronto "Buy Local, Buy Canadian" Campaign - by Councillor Mike Colle, seconded by Councillor Jennifer McKelvie"; and

MM26.13 headed "Affirming Our Canadian Independence - by Councillor Stephen Holyday, seconded by Councillor Vincent Crisanti".

Summary

With recent threats from President Donald Trump to impose a 25 percent tariff on Canadian products and services, it is important that municipalities, businesses, and residents across Canada stand up for our country, our economy, and our businesses.

The City of Toronto, Canada's largest municipality, has an opportunity to encourage residents, businesses, and cities across Canada to create and participate in a "Buy Local, Buy Canadian" campaign to ensure that we support local products, local businesses, and local growth.

This motion requests that the City Manager and relevant City Divisions develop a comprehensive "Buy Local, Buy Canadian" campaign that will encourage spending to further develop our own local economies through the purchasing of local goods and services when available.

Background Information (City Council)

Member Motion MM26.7 (https://www.toronto.ca/legdocs/mmis/2025/mm/bgrd/backgroundfile-252857.pdf)

Communications (City Council)

(February 2, 2025) E-mail from George Bell (MM.Supp)



The Corporation of the County of Northumberland

555 Courthouse Road Cobourg, ON, K9A 5J6



SENT VIA EMAIL February 25, 2025

Right Hon. Justin Trudeau (Prime Minister of Canada)

Hon. Melanie Joly, (Minister of Foreign Affairs),

Hon. Nate Erskine-Smith (Minister of Housing, Infrastructure and Communities),

Hon. Doug Ford (Premier of Ontario and Leader of the Progressive Conservative Party),

Marit Stiles (Leader of the Ontario New Democratic Party),

Bonnie Crombie (Leader of the Ontario Liberal Party),

Mike Schreiner (Leader of the Ontario Green Party),

Ontario's Minister of Economic Development, Job Creation and Trade,

Ontario's Minister of Municipal Affairs and Housing,

Rebecca Bligh (President, FCM and Councillor, City of Vancouver),

Robin Jones (President, AMO and Mayor of Westport),

Christa Lowry (Chair, Rural Ontario Municipal Association),

Jeff Leal (Chair, Eastern Ontario Leadership Council),

John Beddows (Chair, Eastern Ontario Mayors' Caucus),

All regional Members of Canadian Parliament,

All candidates running as Ontario Members of Parliament,

All of Ontario Municipalities

Re: Correspondence, Eastern Ontario Wardens' Caucus 'Canadian and Ontario Governments Negotiations with the United States Government on Trade Tariffs'

At a meeting held on February 19, 2025 Northumberland County Council approved Council Resolution # 2025-02-19-134, adopting the below recommendation:

Moved by: Councillor Scott Jibb **Seconded by:** Councillor John Logel

"That County Council support the correspondence from the Eastern Ontario Wardens' Caucus (EOWC) regarding 'Canadian and Ontario Governments Negotiations with the United States Government on Trade Tariffs', and direct staff to send a copy of the resolution to:

- The Right Hon. Justin Trudeau (Prime Minister of Canada),
- Hon. Melanie Joly (Minister of Foreign Affairs),
- Hon. Nate Erskine-Smith (Minister of Housing, Infrastructure and Communities).



The Corporation of the County of Northumberland

555 Courthouse Road Cobourg, ON, K9A 5J6

- Hon. Doug Ford (Premier of Ontario and Leader of the Progressive Conservative Party),
- Marit Stiles (Leader of the Ontario New Democratic Party),
- Bonnie Crombie (Leader of the Ontario Liberal Party),
- Mike Schreiner (Leader of the Ontario Green Party),
- Ontario's Minister of Economic Development, Job Creation and Trade,
- Ontario's Minister of Municipal Affairs and Housing,
- Rebecca Bligh (President, FCM and Councillor, City of Vancouver),
- Robin Jones (President, AMO and Mayor of Westport),
- Christa Lowry (Chair, Rural Ontario Municipal Association),
- Jeff Leal (Chair, Eastern Ontario Leadership Council),
- John Beddows (Chair, Eastern Ontario Mayors' Caucus),
- All regional Members of Canadian Parliament,
- All candidates running as Ontario Members of Parliament,
- All of Ontario's municipalities.

Council Resolution # 2025-02-19-134

Carried

If you have any questions regarding this matter, please do not hesitate to contact the undersigned at matherm@northumberland.ca or by telephone at 905-372-3329 ext. 2238.

Sincerely, Maddison Mather

Manager of Legislative Services / Clerk

Northumberland County

Mather



Council Resolution

Moved By 5. John
Seconded By 0. Feyl

Agenda Item 8.a **Resolution Number**

2025-02-19-134

Council Date: February 19, 2025

"That County Council support the correspondence from the Eastern Ontario Wardens' Caucus (EOWC) regarding 'Canadian and Ontario Governments Negotiations with the United States Government on Trade Tariffs', and direct staff to send a copy of the resolution to:

- The Right Hon. Justin Trudeau (Prime Minister of Canada),
- · Hon. Melanie Joly (Minister of Foreign Affairs),
- Hon. Nate Erskine-Smith (Minister of Housing, Infrastructure and Communities),
- Hon. Doug Ford (Premier of Ontario and Leader of the Progressive Conservative Party),
- Marit Stiles (Leader of the Ontario New Democratic Party),
- Bonnie Crombie (Leader of the Ontario Liberal Party),
- Mike Schreiner (Leader of the Ontario Green Party),
- Ontario's Minister of Economic Development, Job Creation and Trade,
- Ontario's Minister of Municipal Affairs and Housing,
- Rebecca Bligh (President, FCM and Councillor, City of Vancouver),
- Robin Jones (President, AMO and Mayor of Westport),
- Christa Lowry (Chair, Rural Ontario Municipal Association),
- Jeff Leal (Chair, Eastern Ontario Leadership Council),
- John Beddows (Chair, Eastern Ontario Mayors' Caucus),
- All regional Members of Canadian Parliament,
- All candidates running as Ontario Members of Parliament,
- All of Ontario's municipalities.

Recorded Vote Requested by		Carried	
	Councillor's Name		Warden's Signature
Deferred _		Defeated _	
	Warden's Signature		Warden's Signature



Resolution: EOWC Support of Canadian and Ontario Governments' Negotiations with the United States Government on Trade Tariffs

Moved by: Corinna Smith-Gatcke, Warden of the United Counties of Leeds & Grenville Seconded by: Steve Ferguson, Vice-Chair, EOWC / Mayor of Prince Edward County

Whereas the Canadian government is currently in negotiations with the United States (U.S.) government on their proposed 25% tariffs on Canadian goods exported to the U.S.; and

Whereas Canada's Prime Minister and Ontario's Premier have outlined several plans to combat the impact that the proposed tariffs would have on Ontario which focus on strengthening trade between Ontario and the U.S. while bringing jobs back home for workers on both sides of the border; and

Whereas the Canadian government has also outlined several ways to address the current relationship with the U.S. including establishing the Council on Canada-U.S. relations to support the federal government as it negotiates with the U.S. on tariffs; and

Whereas trade between Ontario and the U.S. is very important to our residents and local economies, and requires all levels of government to work together in the best interest of those residents; and

Whereas according to data from the Association of Municipalities of Ontario, across Ontario municipalities are expected to spend between \$250 and \$290 billion on infrastructure in the next 10 years; and

Whereas Ontario municipalities have traditionally treated trade partners equally and fairly in all procurements in accordance with our established international trade treaties; and

Whereas municipalities play a crucial role as part of the Team Canada approach to combat tariffs and support businesses in our procurement for capital and infrastructure programs; and

Whereas there are trade barriers between Canadian provinces and territories.

Therefore, be it resolved that the Eastern Ontario Wardens' Caucus supports the Canadian and Ontario governments on the measures they have put in-place in response to the proposed U.S. tariffs on Canadian goods and ask that they take any and all measures to protect the interests of Ontario in any upcoming trade negotiations, and ensure municipalities are part of the coordinated Team Canada approach;

And that the Canadian and Ontario governments remove any impediments to municipalities preferring Canadian companies and services for capital projects and other supplies;

And that the Canadian and Ontario governments take action to remove trade barriers between provinces as a response to U.S. tariffs and support Canadian businesses;

And that the Canadian and Ontario governments remove all legislative barriers that impact the ability to buy local, and indemnify municipalities should there be challenges to buying Canadian;

And that the Canadian and Ontario governments fontinue to invest in infrastructure to provide stability, jobs, and support our communities' social and economic prosperity over the long-term.

Be it further resolved, that copies of this motion be sent to:

- The Right Hon. Justin Trudeau, Prime Minister of Canada
- The Hon. Melanie Joly, Minister of Foreign Affairs
- The Hon. Nate Erskine-Smith, Minister of Housing, Infrastructure and Communities
- Doug Ford, Leader of the Progressive Conservative Party
- Marit Stiles, Leader of the Ontario New Democratic Party
- Bonnie Crombie, Leader of the Ontario Liberal Party
- Mike Schreiner, Leader of the Ontario Green Party
- Ontario's Minister of Economic Development, Job Creation and Trade
- Ontario's Minister of Municipal Affairs and Housing
- Rebecca Bligh, President, FCM and Councillor, City of Vancouver
- Robin Jones, President, AMO and Mayor of Westport
- Christa Lowry, Chair, Rural Ontario Municipal Association
- Jeff Leal, Chair, Eastern Ontario Leadership Council
- John Beddows, Chair, Eastern Ontario Mayors' Caucus
- All regional Members of Canadian Parliament
- All candidates running as Ontario Members of Parliament
- All of Ontario's municipalities for their support

Carried

Chair Bonnie Clark, EOWC

Bonnie Clark

February 10, 2025



The Corporation of The Township of The Archipelago Council Meeting

Agenda Number: 16.5. Resolution Number 25-029

Title: Response to Tariff Threats - Support Canadian Business and Consumers

Date: Friday, February 21, 2025

Moved by: Councillor Manners
Seconded by: Councillor Barton

WHEREAS the Corporation of The Township of The Archipelago (The Archipelago) is a Canadian government entity; and

WHEREAS The Archipelago is committed to fiscal responsibility and prudent management of financial and organizational resources, information databases, and the protection of taxpayer information; and

WHEREAS The Archipelago developed 'guiding principles' for its broadband connectivity project that included 'Canadian solutions first, North American second' in the acquisition of technology and services; and

WHEREAS The Archipelago's projected capital program for 2025 is \$1.5 million; and

WHEREAS all Canadian municipalities have significant purchasing power through capital and infrastructure programs; and

WHEREAS United States President, Donald Trump, issued executive orders to impose tariffs on imports from Canada effective March 12, 2025; and

WHEREAS predatory tariffs by the US government affect all our residents, businesses, and institutions within The Archipelago, the Province of Ontario, and Canada; and

WHEREAS federal, provincial, and municipal leaders are encouraging Canadians to 'buy Canadian'; and

WHEREAS The Archipelago supports Team Canada efforts to stop US tariffs on Canadian goods and services.

NOW THEREFORE BE IT RESOLVED that The Archipelago adopts the following actions:

- 1. That staff ensure that all municipal data resides within Canada for security and sovereignty interests; and
- 2. That The Archipelago supports the federal and provincial call to action "Canadian business first" policy in its procurement of capital and infrastructure programs; and
- That The Archipelago promotes the policy of "Buy Canadian" to encourage the purchase of Canadian goods and services and to support local business in The Archipelago and Parry Sound District; and
- 4. That all travel to the US for municipal advocation requires the adoption of a formal position on US tariffs by The Archipelago; and
- 5. That Staff prepare a Council tariff position and policy for Council approval.
- 6. That The Archipelago participate in the Parry Sound Chamber of Commerce survey of businesses on the impact of tariffs and support, where possible, actions that follow.

FURTHER BE IT RESOLVED that this resolution be forwarded to: Prime Minister Justin Trudeau, Premier Doug Ford, MP Scott Aitchison – Parry Sound Muskoka, MPP Graydon Smith – Parry Sound Muskoka, Mayors of Parry Sound District Municipalities, Chief Adam Pawis - Shawanaga First Nation, Chief Warren Tabobondung - Wasauksing First Nation, Chief M. Wayne McQuabbie - Henvey Inlet First Nation, Association of Municipalities of Ontario, all Ontario municipalities, Rural Ontario Municipal Association, The Federation of Northern Ontario Municipalities, the Federation of Canadian Municipalities, and community associations in The Archipelago.

Carried



Legal and Legislative Services

February 12, 2025

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

The Honourable Sylvia Jones, Minister of Health 5th floor, 777 Bay Street Toronto, ON M7A 2J3 Sylvia.Jones@pc.ola.org

Honourable and Dear Sir and Madam:

Re: Provincial Election Health Care Advocacy

The Municipal Council of the Town of Fort Erie at its Special Council meeting of February 11, 2025 passed the following resolution:

Whereas the Town of Fort Erie submitted a letter to the Minister of Health dated August 7, 2024, advocating for the continuation of the Douglas Memorial Urgent Care Centre as a primary care safety net in the community, which has not received a response, and

Whereas the Province of Ontario has appointed Dr. Philpott as the Chair of the New Primary Care Action Team to develop a strategy to address the shortage of primary care physicians with a mandate to attach all Ontarians to primary care in the next five years (2030), and

Whereas the Town of Fort Erie has a population of 36,000 residents, with over 8,000 who are unattached to a primary care physician, demonstrating a need for a primary care safety net locally, and

Whereas the Douglas Memorial Urgent Care Centre provides a first point of contact with our health care system for Niagara residents without a primary care physician, which will continue beyond the opening of the South Niagara Hospital in 2028, and

Whereas the Council for the Town of Fort Erie passed a resolution on October 21, 2024 requesting a continuation of funding for Douglas Memorial operations, without reduction of any funding to Niagara Health for construction and operation of the new South Niagara Hospital, and that the Premier support that resolution, and

../2

Office Hours 8:30 a.m. to 4:30 p.m. Phone: (905) 871-1600 FAX: (905) 871-4022

Web-site: www.forterie.ca

Now, therefore, be it resolved,

That: The Town of Fort Erie Mayor and Council requests a response from the Premier of Ontario and the Minister of Health regarding submissions by the Town of Fort Erie, including letter dated August 7, 2024, the Town of Fort Erie Rural Ontario Municipalities Association presentation to the Ministry of Health, Parliamentary Assistant, Anthony Leardi, the resolution passed by the Town Council on October 21, 2024, and the Niagara Health resolution that the Town of Fort Erie presented to the Niagara Health Board on January 28, 2025, and

That: The Town of Fort Erie Mayor and Council requests that the Province of Ontario put a moratorium on the closure of urgent care centres and the implicit removal of primary care health services from the Town of Fort Erie and all small and rural communities in Ontario until Dr. Philpott's mandate is complete to ensure that all Ontarians are attached to a primary care physician, and;

That: This resolution and the information it references be forwarded to Niagara's local MPPs and all candidates seeking election in Niagara and circulated to the Rural Ontario Municipal Association and all Ontario municipalities.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me.

Kind regards,

Ashlea Carter,

Acting Manager, Legislative Services/Town Clerk

acarter@forterie.ca

AC:dlk

c.c: Niagara Region MPP's <u>wgates-co@ndp.on.ca</u>; <u>JStevens-CO@ndp.on.ca</u>; <u>JBurch-QP@ndp.on.ca</u>; sam.oosterhoff@pc.ola.org

Candidates Seeking an Election in Niagara info@niagaratinting.com; dumelie.gary@gmail.com; shafolikapur@ontarioliberal.ca; wayne.gates@ontariondp.ca; contact@ruth-ann.ca; greenteam@gpo.ca Rural Ontario Municipal Association roma@roma.on.ca

All Ontario Municipalities

Attachments:

The Honourable Sylvia Jones, Minister of Health Letter – August 7, 2024

The Honourable Doug Ford, Premier and The Honourable Sylvia Jones, Minister of Health Letter – October 22, 2024 Rural Ontario Municipalities Association presentation to the Ministry of Health, Parliamentary Assistant, Anthony Leardi – January 21, 2024

NH Board Resolution - January 28, 2024



Office of the Mayor

WAYNE H. REDEKOP

August 7, 2024

The Honourable Sylvia Jones, Minister of Health 5th floor, 777 Bay Street Toronto, ON M7A 2J3 Sylvia.Jones@pc.ola.org

Honourable and Dear Madam:

Re: Urgent Care Centre, Fort Erie

I appreciate the challenges that you and your Ministry face as you endeavour to ensure that every resident of Ontario has timely, effective and meaningful access to primary health care. I also appreciate the interest that you have taken in the specific issues that challenge us in Fort Erie as we attempt to establish a model that will address the need of our residents to access primary care.

The Town of Fort Erie Council recently passed a resolution calling on you and Niagara Health for a commitment to continue the operation of the Urgent Care Centre at Douglas Memorial, in Fort Erie, following the opening of the South Niagara Hospital as our primary care safety net until a viable and sustainable alternative is in place in the community. I attach a copy of that resolution. This resolution has also been supported by the City of Niagara Falls, the City of Port Colborne and the Niagara Region.

The Town administration has been working with local family physicians, other health care providers, Bridges (the local Community Health Centre), the Indigenous community, Niagara Health, the Niagara Ontario Health Team and Ontario Health West to identify the specific service needs of our residents, the resources that we can rely on to meet our residents' needs and establish the model that will ensure that the primary health care, diagnostic and associated services are in place for the long term. As the community continues to grow, the Town is taking necessary steps to ensure that all residents will be rostered with a family physician, including continued support for a local Physician Recruitment Incentive program. As you can imagine, this is a significant investment and a moving target that is elusive for municipalities across Ontario. Fort Erie estimates that over 7,000 residents are unattached to a primary care physician and all of our 34,000 residents rely on the Urgent Care for primary care health issues. Hence the absolute importance of the Urgent Care Centre at Douglas Memorial continue its operation as our primary care safety net.

..../2

In July 2023, Niagara Health reduced the hours of operation of the UCC in Fort Erie (and Port Colborne) from 24 hours to essentially 10 hours (10 a.m. to 8 p.m.). This has jeopardized the access to primary care not only of unrostered patients, but for all residents of our community after available family physician working hours. The implications seem predictable: greater pressure on the Emergency Departments in Niagara Falls and Welland, lower acuity health issues using Emergency and EMS as a first point of contact, greater demand on Emergency Medical Services and offload delay pressures, delayed medical attention by those with transportation or other logistical challenges which make it difficult to seek medical service at a distance. All of these have financial impacts that erode the ability of the hospital system to provide the services required by residents. I believe that it is unlikely that the new South Niagara hospital will eliminate these concerns.

Insofar as Niagara Health is responsible for the operation of our UCC at Douglas Memorial, we understand the need to maintain a fruitful working relationship with it. Accordingly, NH has participated in our Community Health Care Services Committee and in meetings with other health care providers as we search for the model for primary care that will meet our community's needs. Regretfully, NH has recently decided that it will no longer participate in the committee or any meetings in which the Town of Fort Erie is represented for reasons best known to it. Furthermore, it removed the invitation to Fort Erie's Chief Administrative Officer and Health Services Coordinator to attend a recent meeting (Aug 2nd) with Ministry representatives, Ontario Health West, Niagara Health, the Niagara OHT and other health service partners, without an explanation to the attendees. This was very embarrassing and concerning to us and brings into question NH's ability to gain public trust and confidence as our publicly funded hospital, but more significantly, it raises community concern about its ability to understand the dynamic between operation of the UCC and our quest to find a long-term primary care solution for our residents.

We look forward to your consideration to commit to the continuation of the Urgent Care Centre beyond 2028, as our primary care safety net or until a viable and sustainable alternative is in place.

Yours very truly,

Wayne H. Redekop

Mayor

WHR:dlk Attach

c.c C. McQueen, Chief Administrative Officer

Town of Fort Erie - Resolutions Regular Council

Agenda Number:

16.2.

Resolution No.

14

Title:

Councillor McDermott

Date:

Monday, May 27, 2024

Moved by:

Councillor McDermott

Seconded by:

Councillor Christensen

Whereas Niagara Health has received approval from the Provincial Government to build a new South Niagara Hospital in Niagara Falls that will provide a range of emergency and acute care services, and Whereas the shortage of primary care physicians in Fort Erie results in over 7,000 residents being unattached (unrostered) to a family physician, and

Whereas the Fort Erie Urgent Care Centre at Niagara Health's Douglas Memorial site provides a primary care "safety net" for the community and serves as a first point of health care contact for both attached and unattached residents who cannot receive time-sensitive primary health care, and

Whereas the Provincial Government is attempting to reduce EMS offload delays and eliminate hallway medicine arising from low acuity patients who would be better served by primary care physicians or an Urgent Care Centre providing access to the primary care "safety net", and

Whereas the viability of the health care and hospital systems in Niagara are dependent on all residents having time-sensitive access to primary health care;

Now therefore be it resolved.

That: The Town of Fort Erie advocate to the Minister of Health and Niagara Health for a commitment to continue the operation of Urgent Care Centre at Douglas Memorial in Fort Erie following the opening of the South Niagara Hospital as the primary care safety net until a viable and sustainable alternative is in place in the community, and further

That: This resolution be sent to the Niagara Region and Niagara's local area municipalities for their support and endorsement.

Carried



Legal and Legislative Services

October 22, 2024

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

The Honourable Sylvia Jones, Minister of Health 5th floor, 777 Bay Street Toronto, ON M7A 2J3 Sylvia.Jones@pc.ola.org

Honourable and Dear Sir and Madam:

Re: Request Provincial Funding Remain Available to Support Fort Erie's Primary Care Initiative

The Municipal Council of the Town of Fort Erie at its Council meeting of October 21, 2024 unanimously passed the following resolution:

Whereas the Douglas Memorial Hospital was built primarily with funds left by the estate of William Douglas on his death in 1929; and

Whereas the Douglas Memorial Hospital ("the Hospital") opened for operation in 1931; and

Whereas the Hospital operated in the black during all of it years of operation (1931- 1998) as a full-service hospital under the management and guidance of its own Board of Trustees: and

Whereas the Health Services Restructuring Commission ("HSRC") recommended in 1998 that Douglas Memorial continue operation as a hospital within the new Niagara Health System ("NHS"), with acute and chronic care beds, emergency and ambulatory services and a range of diagnostics; and

Whereas despite the creation of a standing committee of the NHS Board for Fort Erie, pursuant to recommendation of the HSRC, to assure local input into Board decision making and that no decision to eliminate any inpatient or emergency services would be made unless approved by such standing committee, the NHS embarked on a systematic reduction or elimination of various services at the Hospital until the adoption by the NHS of its "Hospital Improvement Plan" ("HIP") in 2008; and

Whereas pursuant to the HIP the NHS eliminated emergency and all other health care services at the Hospital in 2009, with the exception of a 24-hour Urgent Care Centre ("UCC"), chronic care beds, palliative care beds and some diagnostics, without the approval of the Hospital standing committee; and

../2

Office Hours 8:30 a.m. to 4:30 p.m. Phone: (905) 871-1600 FAX: (905) 871-4022

Web-site: www.forterie.ca

Whereas in July 2023 Niagara Health ("NH"), as it is now designated, reduced the hours of operation of the Hospital UCC to 12 hours, although the public only has access to the UCC from 10 a.m. to 8 p.m. daily; and

Whereas NH has recently adopted a 3 hospital model for the future of hospital services in Niagara that intends to completely close the Hospital, resulting in no urgent, chronic or palliative or diagnostic services in Fort Erie once the new South Niagara Hospital is opened in or about 2028; and

Whereas the most recent population data available indicates that Fort Erie's current population is 36,200, far greater than projected during deliberations with respect to Niagara Region's new Official Plan, adopted in July 2022; and

Whereas the Niagara Region's population is growing at a rate far greater than anticipated by the Province or NH, particularly when projections were being made for the hospital needs of South Niagara when planning for the new South Niagara Hospital; and

Whereas there are over 7,000 Fort Erie residents unattached to a primary care physician, necessitating a primary care "safety net", such as a UCC or alternative to avoid first point of health care contact at local emergency departments; and

Whereas the UCC at Douglas Memorial forms that primary health care "safety net" in the absence of sufficient primary care physicians or service providers in Fort Erie; and Whereas the removal of UCC services, chronic care beds, palliative care beds and diagnostics from the Hospital will result in an unreasonable and unnecessary hardship for current and future residents of Fort Erie and will foreclose the use of the Hospital as a safety valve for NH patients anywhere in Niagara in the event the new South Niagara Hospital is unable to meet the demands that the increasing population of Niagara will place on it; and Whereas a prudent approach to managing the hospital and health care needs of Niagara, particularly South Niagara and Fort Erie, would recognize the value of retaining a fully-operational UCC, with diagnostics and clinics, as well as chronic care and palliative care beds at the Hospital; and

Whereas there is no indication that NH has any intention of changing course on its 3 hospital model for Niagara despite requests by the Town of Fort Erie to continue the services available at the Hospital; and

Whereas the residents of Fort Erie need and deserve equitable primary health care services, including 24-hour Urgent Care and associated services;

Now therefore be it resolved.

1. **That** the Council for the Town of Fort Erie requests that the Minister of Health commit to funding all necessary services at the new South Niagara hospital without the removal or reallocation of operational funding from the Douglas Memorial for the UCC and other current health services, and further

.../3

- 2. **That** the Council for the Town of Fort Erie requests that the Minister of Health direct any and all funding from the Province of Ontario for the operation of the UCC (primary care), chronic care beds and palliative care beds, and all diagnostic and associated services at Douglas Memorial remain in Fort Erie for use by Niagara Health as part of a revised hospital model for Niagara or an alternative model operated by a qualified designated health care services entity working in collaboration with the Town of Fort Erie should NH close Douglas Memorial as a hospital site, either before or following the completion and opening of the new South Niagara Hospital, and further
- 3. **That:** the Mayor and Town of Fort Erie staff enter into discussions with the Minister of Health and Niagara Health and such other health care providers as deemed appropriate to ensure the continued operation of primary care and other current services at Douglas Memorial, with or without the involvement of NH, and further
- 4. **That:** the Premier of Ontario, the Honourable Doug Ford, be requested to support this initiative, and further
- 5. **That:** a copy of this Resolution be provided to the Premier of Ontario, the Honourable Doug Ford; the Ontario Minister of Health, Sylvia Jones; the Prime Minister of Canada, the Honourable Justin Trudeau; the federal Minister of Health, Mark Holland; the four MPPs and MPs who represent Niagara; the Niagara Region and the other 11 local area municipalities in Niagara for support.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Peter Todd.

Manager, Legislative Services / Town Clerk

ptodd@forterie.ca

PT:dlk

c: The Honourable Justin Trudeau, Premier of Ontario <u>Justin.trudeau@parl.gc.ca</u>

The Honouable Mark Holland, Federal Minister of Health <u>mark.holland@parl.gc.ca</u>

Lynn Guerriero, President and CEO, Niagara Health, Lynn.Guerriero@niagarahealth.on.ca Niagara Region MPP's wgates-co@ndp.on.ca; JStevens-CO@ndp.on.ca; JBurch-QP@ndp.on.ca;

sam.oosterhoff@pc.ola.org Niagara Region MP's Vance.Badawey@parl.gc.ca; tony.baldinelli@parl.gc.ca; Chris.Bittle@parl.gc.ca;

dean.allison@parl.gc.ca Niagara Region

Local Area Municipalities



Presentation to:
Anthony Leardi, Parliamentary Assistant
to the Minister of Health
January 21, 2025



Page 83 of 140



Overview

- A leader in community Health Care
- Investing in our community
- Community profile
- Our Issue
- Our Challenges
- Current Impacts on access
- How the Province can help
- Progress with Niagara Health
- Indigenous Health Services





A Leader in Community Health Care

Community Collaboration

- Creation of a Community Health Care Services Committee with representation from Regional Public Health, Niagara Health System, Primary Care Physicians, Fort Erie Native Friendship Centre (initially established in 2003, first of its kind in Ontario)
- Conversion of former fire hall into medical clinic (underway)

Physician Recruitment

- Promoted establishment of family group practice in clinics
- Secured 4 new physicians in past 5 years 2 new physicians in 2022/23
- · 1 new physician recruitment pending
- Recent policy changes allowing streamlining and credentialing for certified physicians is removing barriers to repatriate or relocate practices to Canada.
- Attended UK/Ireland repatriation recruitment with Niagara Region

Physician Retention

- Facilitating a local family physicians network (Community of Practice)
- For over 20 years have provided physician retention incentives to address planned retirements

Education

Partnership funding – Rural Medicine Week, Student Assistance Programs, Clerkships

Programs

- Nurse Practitioner, Mental Health, Memory Clinic
- Mobile clinics Cancer Screening, Dental Services, REACH Mobile Bus









Investing in our Community

 Community Health and Wellness has been a Council priority since 1999/2000 and took on critical importance in 2008 when Douglas Memorial Hospital was converted to an Urgent Care Centre.

 Council's 2023 – 2026 Corporate Strategic Plan was unanimously supported with an enhanced focus to secure and enhance essential health care services in Fort Erie when new South Niagara Hospital opens (2028).

 Since 2012, the Town has invested over \$2.7 million in health- related services, as well as contributions to the Community Health & Wellness Reserve (since 2019 -\$885,000).

Council committed \$3 million to the South Niagara
 Hospital and \$150,000 toward Hospice Niagara's 10
 bed hospice residence to be built in Fort Erie.





A Growing, Diverse Community

- Fort Erie has a population of approximately 36,000 persons. It has the perfect mix of rural and urban settings a lot of green space but within close proximity to international airports and larger city centres.
 - Approximately 5% of our population identifies as Indigenous (First Nations, Metis, Inuit).
 - Over 156 new businesses have opened since the start of the pandemic (March 2020)
- Strategically situated on the Canada/USA border, from a trade standpoint, Fort Erie is important as one of North America's busiest gateways. Presently about 14% of all Canada-US trade crosses at Fort Erie with access to a U.S. population of over 44 million within a daily trucking distance, including 9 marine ports

of entry/exit.

- From an immigration standpoint, Fort Erie plays an important role in welcoming newcomers, working with many service providers and the Fort Erie Multicultural Centre in providing settlement programs and services.
- Thousands of visitors are attracted to the beautiful sandy beaches in Fort Erie. Our Bay Beach Master Plan improvements make the experience at our most popular beaches even better and accessible. More than 86,000 annual visitors come to the beach and tens of thousands of others come for the boating, fishing, bird-watching and cycling opportunities.
- Fort Erie continues to be identified as a strategic location for investment by Invest Ontario and Niagara Economic Development.





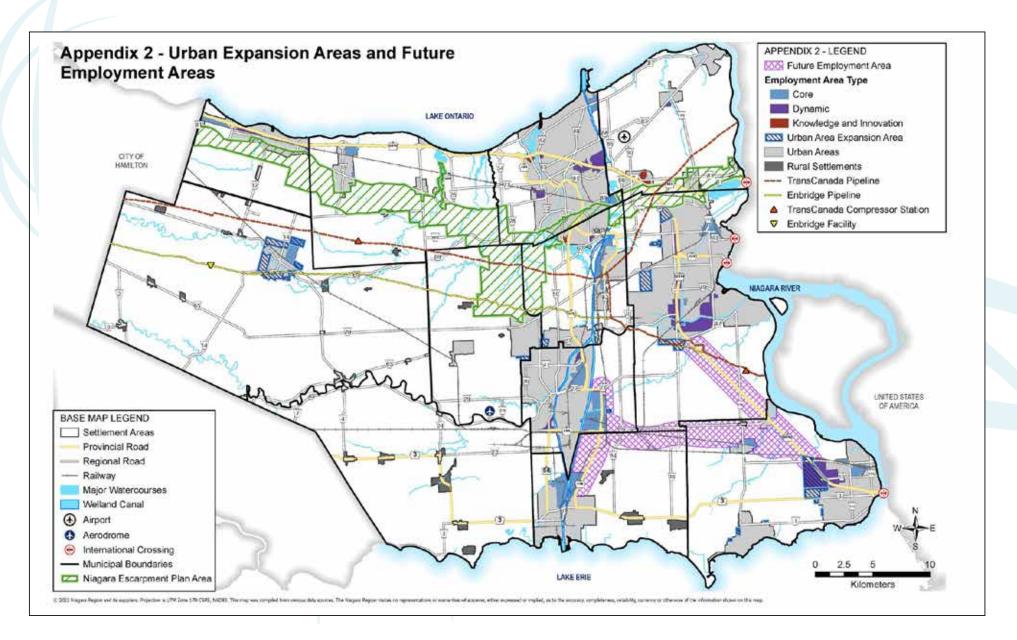
Our Issue:

- Currently, 8,000 Fort Erie residents are not rostered to a family physician in Fort Erie or not receiving care at all. *
- First point of care for unattached and many attached residents is Fort Erie Urgent Care Centre; however, service hours were reduced from 24 hour care to 10 hour care (10 a.m. to 8 p.m.), effective July 5, 2023.
- Fort Erie Urgent Care has served the community as appropriate first point of contact for lower acuity health issues (for both attached and unattached residents - 36,000) and it is considered a primary health care "safety net".
- Niagara Health plans to close the Fort Erie Urgent Care in 2028, with the opening of the new South Niagara Hospital. Without a first point of contact "safety net" for low acuity health conditions, residents will go to the emergency department or call EMS.
- Primary Care was identified as a priority by the province, leading to the appointment of Dr.Philpott to address this issue.

^{*}Ministry of Health Statistics, 2024









Our Challenge:

 Douglas Memorial Urgent Care Centre (UCC) needs to be available 24/7 post 2028 (when South Niagara Hospital opens) OR until an alternate plan to secure primary care services is in place for our growing community.

Town is working with local health service partners, Niagara Ontario Health Team, local family physicians and Community Health Centre (CHC) to collaborate on an EOI Interdisciplinary Care Team (ICT) submission as an interim measure to address primary care physician shortages. Fort Erie UCC remains as a critical primary care "safety net" to avoid emergency room crowding.

 Fort Erie is prepared to support Niagara Health as a credible and sustainable health care provider to oversee a local health service solution after 2028. Such a solution breaks down health care silos, facilitates continuity of care, and reduces pressures on hospitals (e.g. ED overcrowding; EMC offload delays) by addressing primary care access in the community.



■ Current Impacts on Access



Unmet needs in Primary Care escalate to Emergency Care

- > Lack of primary care physicians
- Lack of local primary care alternatives (e.g. walk in/afterhours/UCC)
- > Low acuity visits to ER
- Low acuity calls for EMS
- Hospital readmissions/admit no beds (backlog)

Primary Care

Urgent Care



Emergency Care Acute Care

End of Life Care/ Palliative Care

- 14 full-time physicians and 2 part-time
 Approximately 8 physicians short.
- A minimum of 8,000 residents not rostered to a doctor in Fort Erie as per patient enrollment data (Ministry of Health 04/24) - this puts pressure on walk-in clinics, UCC and ERs
- o 1,620 Indigenous population
- 15% of Niagara physicians are over 65 years of age;
 13% of Fort Erie physicians are over 65 years of age
- o 24/7 Urgent Care Centre
- Niagara Health temporarily closed the Urgent Care Centre at the Fort Erie Site on January 6, 2021 in order to redeploy emergency-trained physicians and nurses to Emergency Departments. The UCC did not reopen until February 23, 2021.
- On July 5, 2023 Fort Erie Urgent Care Centre service hours were further reduced from 24 hours to 12 hours



New South Niagara Hospital (Niagara Falls)

- 2028 Opening -

TOFE donated \$3 million towards the new build



New Gilmore Lodge 160 bed Long Term Care Home

- 2024 Opening -

TOFE donated \$300K towards the new build



New Hospice Niagara Build (in close proximity to the LTC)

TOFE donated \$150K over 3 years

PRIMARY CARE SOLUTION NEEDED FOR FORT ERIE



Statement by the Minister

• The release of the "Your Health: a Plan for Connected and Convenient Care" includes a statement by the Minister of Health, as follows:

"Our goal is to make health care more convenient for Ontarians by connecting you to care closer to home ... we will continue to prioritize making it easier for you and your family to connect to the care you need... we are focused on connecting you to the care you need, when and where you need it."

With the recent appointment of Dr.Philpott, the Minister also added

"There's no one I trust more than Dr. Philpott
with her considerable experience to keep moving
us forward and get us across the finish line of
connecting everyone in the province to more convenient
primary health care within the next five years. Doing so

will have enormous benefits for people's health and wellbeing, as well as the province's health care system by reducing pressures on emergency departments."





Progress with Niagara Health:

Niagara Health publicly stated that they are not in the primary care business.

 They confirmed plans to cease operations of the Fort Erie Urgent Care Centre upon the opening of the South Niagara Hospital.

 They plan to allocate primary care spending dollars from Fort Erie Urgent Care Centre to operations at South Niagara Hospital.

 Niagara Health has excluded town staff from local health services discussions and has withdrawn their participation on the Fort Erie Health Services Committee.







How the Province can help:

 Request that Niagara Health restore and continue Urgent Care hours/operations in order to provide continued services to our residents and with consideration to meet the primary and incidental health care

needs for the growth that our community continues to experience.

 Provide Niagara Health with the required operational funding for the new South Niagara Hospital so that current primary care funding for the UCC remains in our community to address primary care needs.

 Work with Town, Niagara Health, the Indigenous community and local physicians to develop a funded Fort Erie Health Services Model that will provide essential, sustainable and reliable first point of contact primary care health services to all residents (attached and unattached) beyond 2028.



How the Province can help:



- Continue to review/update the new practice agreement for family physicians to remove barriers that would discourage a collaborative primary care facility model (e.g. distance between members/clinics, funding caps) and increase incentives or create attractive conditions for family physicians to work after hours at UCCs.
- Address health care as "one envelope" of funding vs. fractured health funding envelopes (primary care, hospitals, EMS, public health, home and community care, etc.)
- Continue to advocate for additional seats on health and medical professional training programs - opportunities for post-secondary training in Fort Erie (FEIA/ Sheridan/Niagara College).



Indigenous Health Services

Challenges:

- Indigenous community and clients already experience access to care issues. The
 potential closure of the Douglas Memorial Hospital and access to urgent care present
 more barriers to access.
- Mainstream and conventional models of health services offered through Niagara
 Health System (NHS) and the Ministry of Health (MOH) do not meet specific needs of
 Indigenous community and clients.
- Lack of physicians especially those familiar with holistic medicines.
- Lack of addiction services/harm reduction services that align to Indigenous healing journey.
- Child care pressures.
- · Housing pressures.
- Transportation accessing programs out of Town is a barrier for many.





Indigenous Health Services

Success with Indigenous-led Services:

- Wellbriety -12 week program based on Medicine Wheel Teachings that connects
 addiction and recovery services offered at the Fort Erie Native Friendship Centre
 facilitation in circles that begin the healing journey using a holistic approach with
 a mental health component (Niagara Health System does not provide support for
 this model). While main stream addiction services is well-intentioned, it can be
 more dangerous for Indigenous people to participate in these programs and lead to
 additional health crises.
- Under the Rainbow Childcare Centre is open to all Fort Erie residents and currently has a large wait list due to its popular programming.
- Fort Erie Native Friendship Centre has undertaken training their own ECE workers to compliment the Childcare Centre and Head Start program.
- Fort Erie Native Friendship Centre is represented on the Town's Community Health Care Services Committee and other municipal committees, and brings thoughts and ideas that help plan for the future of the community and Indigenous Health Services.





What the Province can do to help

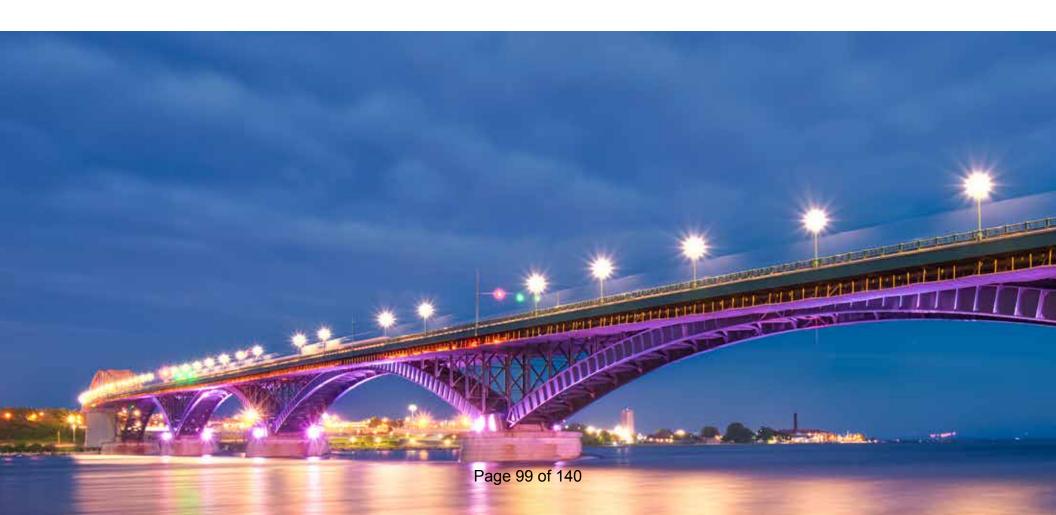


- Support the Town's request to continue operation of the Urgent Care Centre (UCC) beyond 2028 as a local primary care access for the Indigenous community as part of Fort Erie's primary health care "safety net". The Town's request has also been supported by the Niagara Region, City of Niagara Falls, and City of Port Colborne.
- Encourage the inclusion of the Ministry of Health and Niagara Health System in facilitating health services specific to Indigenous Health.
- Encourage the acceptance of addiction services/harm reduction with more of an Indigenous lens that will assist with the healing journey.
- Consider support for the expansion of child care services at Under the Rainbow, provided through the Fort Erie Native Friendship Centre.



Thank you for providing us with this opportunity to share with you the commitment that the Town continues to make in addressing community health care needs and discuss with you the importance of all Fort Erie residents having equitable access to comprehensive, community-based, innovative health care.

Mayor Wayne H. Redekop
Councillor Joan Christensen
Councillor George McDermott
Chris McQueen, Chief Administrative Officer





Proposed Resolution for the Niagara Health Board of Directors

Whereas, the Town of Fort Erie has clearly stated its position that the community requires a primary health care "safety net", currently provided at the Douglas Memorial Urgent Care Centre, that should responsibly continue operation in Fort Erie until a viable alternative is in place.

Now, therefore, be it resolved that,

That the Niagara Health Board of Directors instruct Niagara Health representatives to re-engage with the Town of Fort Erie Health Services Committee to assist with local health and community service discussions; and

That Niagara Health commit to include the Town of Fort Erie Mayor, Chief Administrative Officer, Community Health Services Coordinator and/or Director of Community Services in all discussions regarding local health services that impact the Town of Fort Erie; and

That the Niagara Health Board of Directors advocate to the Minister of Health to commit to the operational funding for all necessary services at the new South Niagara hospital without the removal or reallocation of operational funding from Douglas Memorial Urgent Care Centre (primary care services) to allow the continuation of the UCC and other current health services beyond 2028 or until a sustainable alternative is established; and

That the Niagara Health Board of Directors advocate to the Ministry of Health to direct all existing provincial funding for the operation of the Douglas Memorial UCC (primary care), chronic care beds and palliative care beds, and all diagnostic and associated services to remain in Fort Erie for use by Niagara Health as part of a revised hospital model for Niagara or an alternative model operated by a qualified designated health care services entity working in collaboration with the Town of Fort Erie should Niagara Health close Douglas Memorial as a hospital site, either before or following the completion and opening of the new South Niagara Hospital; and

That the Niagara Health Board notify the Town of Fort Erie of its decisions with respect to the above resolutions.



Legislative Services

Municipal Offices: 66 Charlotte Street Port Colborne, Ontario L3K 3C8 • www.portcolborne.ca

T 905.228.8031 **F** 905.834.5746

E charlotte.madden@portcolborne.ca

February 27, 2025

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

The Honourable Sylvia Jones Minister of Health 5th Floor, 777 Bay Street Toronto, ON M7A 2J3 Sylvia.Jones@pc.ola.org

Dear Honourable Doug Ford and Honourable Sylvia Jones:

Re: City of Port Colborne Support the Town of Fort Erie Re: Provincial Election Health Care Advocacy

Please be advised that, at its meeting of February 25, 2025 the Council of The Corporation of the City of Port Colborne supported the resolution from the Town of Fort Erie regarding Provincial Election Health Care Advocacy.

Please find the correspondence attached for your consideration.

Sincerely,

Charlotte Madden City Clerk

ec: Niagara Region MPP's

- Wayne Gates
- Jennie Stevens
- Jeff Burch
- Sam Oosterhoff

Candidates Seeking an Election in Niagara:

info@niagaratinting.com; dumelie.gary@gmail.com;

shafolikapur@ontarioliberal.ca;wayne.gates@ontariondp.ca; contact@ruth-ann.ca; greenteam@gpo.ca

Rural Ontario Municipal Association All Ontario Municipalities



The Regional Municipality of Durham

Corporate Services
Department –
Legislative Services
Division

605 Rossland Rd. E. Level 1 PO Box 623 Whitby, ON L1N 6A3 Canada

905-668-7711 1-800-372-1102

durham.ca

Alexander Harras M.P.A. Director of Legislative Services & Regional Clerk February 28, 2025

The Honourable Arif Virani Minister of Justice House of Commons Ottawa, ON K1A 0A6

Dear Minister Virani:

RE: Motion regarding Protecting Canadian Values: Ban the Nazi Swastika in Canada, Our File: C00

Council of the Region of Durham, at its meeting held on February 26, 2025, adopted the following recommendations of the Committee of the Whole, as amended:

"Whereas in recent years, Nazi iconography has surfaced with alarming frequency in the public sphere, used by an increasing number of groups and individuals to promote hate and instill fear within Canadian society; and

Whereas since the atrocities of WWII, the Nazi swastika, also known as the hakenkreuze, has become universally synonymous with systematic violence, terror and hate. Its growing presence in our country poses a threat to every single Canadian citizen, undermining the core values of equality, diversity, and inclusion that define our nation, and

Whereas eighteen countries have already taken action to ban these symbols, it is imperative that Canada follow suit;

Therefore be it resolved, that Durham Region Council supports B'Nai Brith's call to the Government of Canada to pass legislation banning, with exceptions for certain educational and artistic purposes, the public display of Nazi symbols and iconography, including the Nazi swastika (hakenkreuze). Specifically, demanding that the Government of Canada immediately:

1. Ban the Nazi swastika (hakenkreuze)

If you require this information in an accessible format, please call 1-800-372-1102 extension 2097.

2. Ban all Nazi symbols and iconography

Durham Region Council agrees that the people of Canada are counting on the federal government to ensure a future free from hate, where every Canadian is protected, valued, and respected; and

That a copy of this motion is sent to all Canadian Municipalities."

Alexander Harras

Alexander Harras, M.P.A. Director of Legislative Services & Regional Clerk AH/tf

c: B'nai Brith Canada All Canadian Municipalities



RE: Ontario Deposit Return Program

February 27, 2025

Hon. Andrea Khanjin, Minister of Environment, Conservation and Parks 5th Floor 777 Bay Street Toronto, ON M7A 2J3

Dear Minister Khanjin,

At the Council Meeting held on February 19, 2025, Limerick Township Council approved Council Resolution 007-2025, supporting the letter submitted by Bradford West Gwillimbury regarding the Ontario Deposit Return Program.

Motion007-2025

Moved by Councillor Jan MacKillican Seconded by Councillor Glenn Locke

THAT Council for the Township of Limerick hereby supports the letter dated September 20, 2024 by the Town of Bradford West Gwillimbury, regarding the Ontario Deposit Return Program;

AND FURTHER THAT a copy of this resolution be sent to the Minister of Environment, Conservation and Parks, Andrea Khanjin; The Minister of Finance, Peter Bethlenfalvy; the Association of Municipalities of Ontario (AMO); our local MPP, Ric Bresee; and all Ontario Municipalities.

Carried

If you have any questions regarding this matter, please contact the undersigned at clerk@township.limerick.on.ca or by phone at 613-474-2863.

Sincerely,

Victoria Tisdale

Clerk-Treasurer

Township of Limerick

Victoria Tisdale, Clerk Treasurer clerk@township.limerick.on.ca

Telephone: 613-474-2863 Fax: 613-474-0478 Hastings

Nicole Ilcio, Deputy Clerk Treasurer assistant@township.limerick.on.ca

Telephone: 613-474-2863 Fax:613-474-0478



Town of Bradford West Gwillimbury 100 Dissette Street, Unit 4, P.O. Box 100 Bradford, Ontario, Canada L3Z 2A7

Phone: 905-775-5366 jleduc@townofbwg.com

www.townofbwg.com

September 20, 2024

BY E-MAIL

Hon. Andrea Khanjin, Minister of the Environment, Conservation and Parks 5th Floor 777 Bay St.
Toronto, ON M7A 2J3

Dear Minister Khanjin:

Ontario Deposit Return Program

I hope this letter finds you well. I am writing to formally address the recent discussions surrounding the Ontario Deposit Return Program, particularly regarding our community residents asking us about the recycling of nonalcoholic beverage plastics.

Whereas the Ontario Deposit Return Program has successfully incentivized the recycling of alcoholic beverage containers, resulting in the removal of over 204,000 tonnes of greenhouse gas emissions, we recognize the potential for similar success with nonalcoholic beverages.

The Ministry of the Environment, Conservation and Parks highlighted in their June 2023 letter that they are considering the adoption of a deposit-and-return system for nonalcoholic beverages. This initiative presents a unique opportunity to further promote recycling, reduce litter, and encourage sustainable practices among consumers.

Therefore, I am proud to announce that our Council endorses the expansion of the Ontario Deposit Return Program to include nonalcoholic beverage containers. We believe that this expansion will not only enhance environmental stewardship but also foster a culture of sustainability within our community.

We encourage all stakeholders to support this initiative and work collaboratively towards its implementation. Together, we can make a significant impact on our environment and set a positive example for future generations.

Yours truly,

Mayor James Leduc

Town of Bradford West Gwillimbury

CC:

Hon. Peter Bethlenfalvy, Minister of Finance

Hon. Caroline Mulroney, Member of Provincial Parliament for York-Simcoe MPP Sandy Shaw, Opposition Environment, Conservation and Parks Critic

Ontario's Municipal Councils and Conservation Authorities



The Corporation of the County of Northumberland

555 Courthouse Road Cobourg, ON, K9A 5J6



Northumberland County Council Resolution

SENT VIA EMAIL

January 31, 2025

Honourable Andrea Khanjin (Minister of Environment, Conservation and Parks)
Honourable Peter Bethlenfalvy (Minister of Finance)
Honourable David Piccini (Minister of Labour, Immigration, Training and Skills Development and MPP for Northumberland Peterborough-South)
Association of Municipalities of Ontario (AMO)
All Ontario Municipalities

Re: Correspondence, Municipality of St. Charles 'Deposit Return Program'

At a meeting held on January 22, 2025 Northumberland County Council approved Council Resolution # 2025-01-22-035, adopting the below recommendation from the January 6, 2025 Public Works Committee meeting:

Moved by: Councillor Mandy Martin **Seconded by:** Councillor John Logel

"That the Public Works Committee, having considered correspondence from the Municipality of St. Charles regarding 'Deposit Return Program' recommend that County Council support this correspondence; and

Further That the Committee recommend that County Council direct staff to send a copy of this resolution to the Honourable Andrea Khanjin (Minister of Environment, Conservation and Parks), the Honourable Peter Bethlenfalvy (Minister of Finance), the Honourable David Piccini (Minister of Labour, Immigration, Training and Skills Development and MPP for Northumberland Peterborough-South), the Association of Municipalities of Ontario (AMO), and all Ontario Municipalities."

Council Resolution # 2025-01-22-035

Carried

If you have any questions regarding this matter, please do not hesitate to contact the undersigned at matherm@northumberland.ca or by telephone at 905-372-3329 ext. 2238.

Sincerely, Maddison Mather

Manager of Legislative Services / Clerk Northumberland County



Council Resolution

Moved By	М.	Markin	Agenda	Resolution Number
Seconded By	<u>d</u> .	Fosel	Item 10	2025-01-22- 035
•		<i>' O</i>	Council D	ate: .lanuary 22, 2025

"That Council adopt all recommendations from the three Standing Committees, as contained within the Committee Minutes (meetings held January 6 and 8, 2025)."

Recorded Vote Requested by		Carried	
	Councillor's Name		Warden's Signature
Deferred		Defeated	
	Warden's Signature	_	Warden's Signature



Public Works Committee Resolution

January 6, 2025
7.b
2025-01-06- 004
B. Ostrander
d. Logel
January 22, 2025

"That the Public Works Committee, having considered correspondence from the Municipality of St. Charles regarding 'Deposit Return Program' recommend that County Council support this correspondence; and

Further That the Committee recommend that County Council direct staff to send a copy of this resolution to the Honourable Andrea Khanjin (Minister of Environment, Conservation and Parks), the Honourable Peter Bethlenfalvy (Minister of Finance), the Honourable David Piccini (Minister of Labour, Immigration, Training and Skills Development and MPP for Northumberland Peterborough-South), the Association of Municipalities of Ontario (AMO), and all Ontario Municipalities."

Carried

Committee Chair's Signature

Committee Chair's Signature

Deferred

Committee Chair's Signature

The Corporation of the Municipality of St. Charles RESOLUTION PAGE

Regular Meeting of Council

Agenda Number:

8.2.

Resolution Number 2024-403

Title:

Resolution Stemming from October 16, 2024 Regular Meeting of Council - Item

8.1 - Correspondence #4

Date:

November 20, 2024

Moved by:

Councillor Loftus

Seconded by:

Councillor Lachance

BE IT RESOLVED THAT Council for the Corporation of the Municipality of St-Charles hereby supports the letter dated September 20, 2024 by the Town of Bradford West Gwilimbury, regarding the Ontario Deposit Return Program;

AND BE IT FURTHER RESOLVED THAT a copy of this Resolution be sent to the Minister of the Environment, Conservation and Parks, Andrea Khanjin; the Minister of Finance, Peter Bethlenfalvy; the Association of Municipalities of Ontario (AMO); our local Member of Provincial Parliament (MPP); and all Ontario Municipalities.

CARRIED



Department of Administration

1593 Four Mile Creek Road P.O. Box 100, Virgil, ON L0S 1T0 905-468-3266 • Fax: 905-468-2959

www.notl.com

February 26, 2025

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

EMAIL: Doug.fordco@pc.ola.org

Dear Premier Ford,

RE: Requests the Province of Ontario Reconsider the Amendment of Subsection 29(1.2) of the Ontario Heritage Act

Please be advised that at its meeting of February 25, 2025, Council of the Town of Niagara on-the-Lake adopted the following resolution:

- Now Therefore Be It Hereby Resolved That Niagara-on-the-Lake Town Council
 endorses the resolution from the Municipality of South Huron requesting the
 Province reconsider the amendment to Subsection 29(1.2) of the Ontario Heritage
 Act.
- 2. Be It Resolved That copies of this resolution be forwarded to Minister Premier Doug Ford, the Minister of Municipal Affairs and Housing, the Minister of Citizenship and Multiculturalism, local Members of Provincial Parliament (MPPs); and MPP Thompson.
- Be It Further Resolved That copies of this resolution be forwarded to all 444
 Municipalities in Ontario, and the Association of Municipalities of Ontario (AMO) for
 their endorsement and advocacy.

If you have any questions or require further information, please contact our office at 905-468-3266.

Sincerely,



Grant Bivol Town Clerk

c.c. Minister of Citizenship and Multiculturalism Hon. Michael Ford - Michael.Ford@ontario.ca
Minister of Municipal Affairs and Housing Hon. Paul Calandra - minister.mah@ontario.ca
The Association of Municipalities of Ontario - resolutions@amo.on.ca
All local Members of Provincial Parliament (MPPs)
MPP Thompson - lisa.thompsonco@pc.ola.org
All 444 Municipalities of Ontario



February 20, 2025

Sent by email

See Distribution List on page 5

Re: Driver Training and Examinations Auditor General Report

The following recommendation of the Committee of Council Meeting of January 15, 2025 was approved by Council on January 22, 2025, pursuant to Council Resolution C027-2025:

CW009-2025

Whereas:

- It is a relief that Premier Ford was unharmed in the accident on the 401 in Pickering involving a reckless driver (age 18) from Oshawa on January 8, 2025 (Source: https://toronto.ctvnews.ca/ontario-premier-doug-ford-uninjured-in-highway-401-collision-says-his-office-1.7168982)
- In addition to tragic loss of life and injury, vehicle collisions cause higher autoinsurance rates, unwanted congestion, lost productivity, and significant costs associated with emergency response (police, fire, paramedics, hospital emergency rooms and healthcare);
- According to the OPP, there were more car collision-related deaths (568) on Ontario highways in 2023 than in any year since 2007, making it the deadliest year in over 15 years and "...it's so critically important that we understand the rules of the road and we share the road safely, responsibly and understand the consequences for making a bad decision can be deadly." (Source: https://www.cbc.ca/news/canada/toronto/opp-number-fatalities-last-year-deadly-year-1.7204528);
- That same year 26,425 were injured in vehicle collisions according to the MTO Preliminary 2023 Ontario Road Safety Annual Report (Source: https://www.ontario.ca/files/2024-07/mto-orsar-preliminary2023-en.pdf)
- As of Thanksgiving 2024, the OPP notes that 296 drivers, passengers, pedestrians and cyclists died in car collisions, and the vast majority of those road incidents were preventable and attributed to poor and careless actions and behaviours (Source: https://barrie.ctvnews.ca/nearly-300-people-missing-from-thanksgiving-tables-opp-1.7070787), one-fifth involving a transport truck (as at July 2024 Source: https://www.baytoday.ca/local-news/one-fifth-of-fatal-collisions-in-2024-involve-transport-trucks-9177343)

- 2024 is the most dangerous year for pedestrians and cyclists who have been particularly at risk this year, with fatalities in these two road user classes up 100 per cent and 82 per cent respectively over this time last year (Source: https://www.mondaq.com/canada/rail-road-cycling/1565790/how-2024-has-quickly-become-the-deadliest-year-for-cyclists-and-pedestrians);
- By far, the most common type of conviction of the Highway Traffic Act (HTA) and cause for fatalities was speeding, representing 60.4% of all HTA convictions (Source: https://www.g1.ca/driving-statistics/);
- Peel Region had 25 fatalities due to car collisions 13 in Brampton and 12 in Mississauga;
- The most dangerous places to drive in Ontario are Brantford (0.7/5), Kingston (0.7/5), Burlington (0.8/5) and Brampton (1.1/5), which impacts road safety and insurance affordability for everyone in these communities (Source: https://www.newswire.ca/news-releases/top-10-safest-and-most-dangerous-cities-to-drive-in-ontario-in-2024-889054846.html);
- From January to September 2024 the following traffic violation charges have been made by Peel Police:
- 632 careless driving charges (345 in Brampton, a 25% increase compared to Jan-Sep 2023)
- 559 cellphone use while driving charges (125 in Brampton, a 29% increase compared to Jan-Sep 2023)
- 6,367 speeding charges (830 in Brampton, a 117% increase compared to Jan-Sep 2023)
- 1,992 "Fail to Stop" at a stop sign charges (874 in Brampton, a 74% increase compared to Jan-Sep 2023);
- To mitigate speeding drivers, The City of Brampton has made historic investments in ASE cameras, an ASE processing centre, speed bumps, road diets, lower speed limits, police enforcement and other traffic calming measures, however like all municipalities, lacks jurisdiction over driver training and examinations, an area requiring urgent reform under the Provincial Government;
- Under the HTA, the Ministry of Transportation (Ministry) is responsible for protecting the public by restricting the privilege of driving to those who demonstrate that they have the necessary knowledge, skills and experience to drive safely;

- Ensuring that drivers receive appropriate and effective training and testing before they get a driver's licence is a crucial step in keeping Ontario's roads safe;
- The Auditor General (AG) conducted a value for money audit (AG Report) which includes 18 recommendations (*summary attached to this motion*) for the Provincial Government Ministry, published in December 2023 and concludes by highlighting:

"Our audit concluded that the Ministry of Transportation did not have effective evidence-based driver examination programs to evaluate and test novice drivers thoroughly and consistently. The Ministry did not provide effective oversight of novice driver training and driver examination service providers to ensure desired service outcomes with due regard to economy. Ministry oversight of driving schools and instructors was limited. It does not regulate driver training services outside of the optional Beginner Driver Education program, curbing its ability to identify and/or deter substandard training practices within the industry. In addition, the Ministry's monitoring programs were not designed to proactively identify drivers with repeat suspensions or high-risk medical conditions, impeding the effectiveness of these programs to maximize road safety in Ontario. (Source Page 4:

https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR drivertrain ing en23.pdf);

- In March 2024, CBC Marketplace broke an investigative story "Driving schools selling shortcuts to insurance discounts and faster road tests" where schools submit false information to government saying drivers completed 40 hours of training, consistent with concerning findings in the AG Report (Source: https://www.cbc.ca/news/business/marketplace-driving-schools-education-fee-1.7134557); and
- The provincial government has not provided a substantial update on any action taken regarding the recommendations in the AG Report to improve driver training and examination for safer drivers and improve safety on our roads.

Therefore be it resolved that:

- The City Brampton endorse the Auditor General Value-for-Money Audit Driver
 Training and Examination Report (AG Report) its findings and 18
 recommendations to ensure that we have safe and qualified drivers on our roads;
 and
- 2. The City of Brampton share this motion and endorsement with the Premier, Minister of Transportation, all local MPPs, and the leaders of the official opposition and third party; and

- The City of Brampton request a formal update from the provincial government and meeting with the Minister of Transportation regarding any action taken to date based on the recommendations described in the AG Report, particularly those that prioritize improved driver training and examination for safer drivers on our roads; and
- 4. The City of Brampton forward this motion and attachment to any cities or towns listed in the AG Report and the top dangerous cities in Ontario, encouraging them to pass a similar motion; and CC them in the follow-up correspondence to the province; and
- The City of Brampton forward this motion, attachment, and follow-up correspondence to the Region of Peel, Peel Police, the Association of Municipalities of Ontario (AMO), Driving Instructors Association, and Young Drivers of Canada.
- 6. Staff report back with data to identify road safety hotspots with the intention to use the data strategically with Peel Police to improve Brampton's status as a safe city to drive.
- 7. Staff report back on bylaw enforcement tactics regarding driving instructors as referenced on page 22 of the AG Report: "In some municipalities, such as Brampton, municipal bylaw officers patrolled test routes and issued fines to driving instructors who lingered around exam routes".

A summary of recommendations in the Auditor General Value-for-Money Audit Driver Training and Examination Report is attached.

By copy of this correspondence to Robert Higgs, Director, Enforcement and By-law Services, Legislative Services, and Shane Loftus, Director, Road Maintenance and Operations, Public Works and Engineering, they are requested to carry out the directions outlined in clauses 6 and 7. Item **RM 5/2025** has been added to the Referred Matters List for the report requested.

Yours truly,

Sonya Pacheco

Sonya Pacheco Legislative Coordinator, City Clerk's Office Tel: 905-874-2178 sonya.pacheco@brampton.ca

(CW - 7.2)

Distribution List

City of Brampton:

Mayor and Members of Council

Marlon Kallideen, CAO

Laura Johnston, Commissioner, Legislative Services

Peter Pilateris, Commissioner, Public Works and Engineering

Robert Higgs, Director, Enforcement and By-law Services, Legislative Services

Shane Loftus, Director, Road Maintenance, Operations and Fleet, Public Works and Engineering

Christopher Ethier, Director, Municipal Transition and Integration, Office of the CAO Melissa Qi, Director, Strategic Services and Initiatives, Office of the CAO

Andrzej Hoffmann, Manager, Government Relations and Public Liaison, Office of the CAO

Rupinder Birk, Advisor, Municipal Transition and Integration, Office of the CAO Genevieve Scharback, City Clerk, Legislative Services

Provincial Government:

The Honourable Doug Ford Premier of Ontario Premier@ontario.ca

The Honourable Prabmeet Sarkaria, MPP - Brampton South Minister of Transportation minister.mto@ontario.ca / Prabmeet.Sarkaria@pc.ola.org

The Honourable Charmaine Williams, MPP – Brampton Centre Associate Minister of Women's Social and Economic Opportunity Charmaine.Williams@pc.ola.org

Graham McGregor, MPP – Brampton North Graham.McGregor@pc.ola.org

Hardeep Grewal, MPP – Brampton East Hardeep.Grewal@pc.ola.org

Amarjot Sandhu, MPP – Brampton West Amarjot.Sandhu@pc.ola.org

Marit Stiles, MPP Leader, Official Opposition New Democratic Party of Ontario MStiles-QP@ndp.on.ca

Bonnie Crombie Leader, Ontario Liberal Party bonnie@ontarioliberal.ca Mike Schreiner Leader, Green Party of Ontario leader@gpo.ca

Aretha Adams, Regional Clerk Regional Municipality of Peel regional.clerk@peelregion.ca

Chief Nishan Duraiappah
Peel Regional Police
c/o Janet Burke (janet.burke@peelpolice.ca)

Association of Municipalities of Ontario (AMO) amo@amo.on.ca

Association of Professional Driving Instructors of Ontario (APDIO) apdioassociation@gmail.com

Young Drivers of Canada
Brampton@yd.com / info@yd.com

Municipalities referenced in Clause 4 of Recommendation CW009-2025 above:

Michael Schulthess, City Clerk City of London cityclerk@london.ca

Amanda Fusco, Director, Legislated Services/City Clerk City of Kitchener amanda.fusco@kitchener.ca

John D. Elvidge City of Toronto clerk@toronto.ca

Diana Rusnov, Director, Legislative Services and City Clerk City of Mississauga diana.rusnov@mississauga.ca

Kevin Klingenberg, Director, Corporate Services, and Town Clerk Town of Caledon Kevin.Klingenberg@caledon.ca

Todd Coles, City Clerk City of Vaughan (Woodbridge) clerks@vaughan.ca John Kennedy
City of Peterborough
clerk@peterborough.ca

Dylan McMahon, Acting General Manager/City Clerk City of Guelph clerks@guelph.ca

Matthew Trennum, City Clerk City of Hamilton clerk@hamilton.ca

Chris Gauthier, Clerk/Director, Clerk's Services City of Brantford clerks@brantford.ca

Steve Vlachodimos, City Clerk City of Windsor clerks@citywindsor.ca

Caitlin Salter MacDonald, City Clerk City of Ottawa caitlin.salter-macdonald@ottawa.ca

Janet Jaynes, City Clerk City of Kingston cityclerk@cityofkingston.ca

Samantha Yew, City Clerk City of Burlington clerks@burlington.ca

Amber Wannamaker, Clerk Town of Bancroft clerk@bancroft.ca

Doug Irwin, City Clerk
City of Belleville
communications@belleville.ca

Sheena Earl, City Clerk City of Brockville clerk@brockville.com

Manon Levesque City of Cornwall clerk@cornwall.ca Tara Lajevardi, Director, Legislative Services/Municipal Clerk Town of East Gwillimbury Clerks@eastgwillimbury.ca

Sonia Girard, Town Clerk Town of Hawkesbury sgirard@hawkesbury.ca

Cathie Ritchie, City Clerk
City of Kawartha Lakes (Lindsay)
clerks@kawarthalakes.ca

Kimberley Kitteringham, City Clerk and Director, Legislative Services City of Markham clerks@markham.ca

Lisa Lyons, Director, Legislative Services/Town Clerk Town of Newmarket clerks@newmarket.ca

Raylene Martell, Town Clerk
Town of Orangeville
clerksdept@orangeville.ca

Mary Medeiros, Director, Legislative Services/City Clerk City of Oshawa clerks@oshawa.ca

Victoria Charbonneau, Municipal Clerk City of Pembroke Victoria.charbonneau@pembroke.ca

Carolynn Errett, Town Clerk
Town of Renfrew
cerrett@renfrew.ca

Kerry Costello, Clerk Town of Smith Falls kcostello@smithsfalls.ca

Nancy Johnston, Director, Corporate Services/Clerk Township of North Dundas (Winchester) njohnston@northdundas.com

Wendy Cooke, City Clerk/Director, Legislative and Court Services City of Barrie CityClerks@barrie.ca

Rachel Anstett, Clerk
Municipality of Central Huron (Clinton)
clerk@centralhuron.com

Allyson Euler, Clerk City of Dryden aeuler@dryden.ca

Joseph Burke, CAO/Clerk Town of Espanola town@espanola.ca

Chelsea Greig, Municipal Clerk Town of Fort Frances cgreig@fortfrances.ca

Tanya Calleja, Clerk Town of Huntsville clerk@huntsville.ca

Chantal Guillemette, Clerk
Town of Kapuskasing
chantal.guillemette@kapuskasing.ca

Heather Pihulak, Director, Corporate Services/City Clerk City of Kenora hpihulak@kenora.ca

Jennifer Montreuil, Municipal Clerk Town of Kirkland Lake clerk@tkl.ca

Logan Belanger, Municipal Clerk City of Temiskaming Shores (New Liskeard) clerk@temiskamingshores.ca

Karen McIsaac, City Clerk City of North Bay karen.mcisaac@northbay.ca

Dan Kirby, Director, Council Services/City Clerk/Assistant City Solicitor City of Orillia clerks@orillia.ca

Briana Bloomfield, City Clerk Owen Sound bbloomfield@owensound.ca

Rachel Tyczinski, City Clerk City of Sault Ste. Marie cityclerk@cityssm.on.ca

Tatiana Dafoe, City Clerk City of Stratford clerks@stratford.ca

Eric Labelle, City Solicitor and Clerk City of Greater Sudbury clerks@greatersudbury.ca

Krista Power, Director, Legislative Services and City Clerk City of Thunder Bay cityclerk@thunderbay.ca

Steph Palmateer, City Clerk City of Timmins clerks@timmins.ca

Judy Smith, Clerk Municipality of Chatham-Kent ckclerk@chatham-kent.ca

Bill Matson, City Clerk City of Niagara Falls clerk@niagarafalls.ca

Vicki Tytaneck, Town Clerk Town of Oakville townclerk@oakville.ca

Amy Burkhart, City Clerk City of Sarnia clerks@sarnia.ca

Jonathan Magill, County Clerk County of Simcoe clerks@simcoe.ca

Kristen Sullivan, City Clerk City of St. Catherines clerks@stcatharines.ca Tanya Daniels, Director, Corporate Services/Clerk Town of Tilsonburg clerks@tillsonburg.ca

Fiona Hamilton, Director, Legislative and Legal Services (Clerk) Municipality of Brockton (Walkerton) fhamilton@brockton.ca

Amelia Humphries, Deputy Chief Administrative Officer/City Clerk City of Woodstock ahumphries@cityofwoodstock.ca

Chris Harris, Director, Legislative Services and Town Clerk Town of Whitby clerk@whitby.ca

Stephen Huycke, Director, Legislative Services/City Clerk City of Richmond Hill clerks@richmondhill.ca

Danielle Manton, City Clerk City of Cambridge clerks@cambridge.ca

Jaclyn Grossi, Municipal Clerk Town of Ajax clerks@ajax.ca

Susan Cassel, City Clerk City of Pickering clerks@pickering.ca Moved by: Santos

ATTACHMENT: Summary of recommendations published by the Auditor General Value – "Value-for-Money Audit: Driver Training and Examination" December 2023

NOTE: The following list of recommendations have been copied directly from the report.

Issue and Recommendations (Pg16-38)

https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_drivertraining_en23.pdf):

4.1 Driver Examinations

- 4.1.1 Novice Drivers from Urban Areas Who Took Road Tests at Rural or Suburban Drive Test Centres Were Involved in More Collisions
- 1. So that driver examinations effectively assess whether novice drivers are sufficiently prepared to drive safely on Ontario's roads, we recommend that the Ministry of Transportation:
 - assess the impact on road safety of novice drivers from urban areas taking their road tests at rural and suburban DriveTest Centres; and
 - based on that assessment, identify and put in place reasonable restrictions that prohibit urban novice drivers from taking their road test at a DriveTest Centre outside of where they live, work or study.
- 4.1.2 Ministry Reduced the Requirements for the G (Highway) Road Test Without a Full Review and Formal Evaluation of Road Safety Impacts
- 2. To understand the full impact of the reduced G (highway) road test and make evidence-based decisions about the reduced test, we recommend that the Ministry of Transportation:
 - conduct a thorough policy analysis of the impact of the reduced G (highway) road test, including the impact related to drivers from countries with no reciprocal driver's licence exchange agreement with Ontario;
 - track and compare the collision rates of drivers who pass the reduced G (highway) road test to those who passed the full G (highway) road test over a sufficient period of time to determine if it increases road safety risk; and
 - based on these analyses, determine whether it is appropriate to continue to use the reduced G (highway) road test.
- 4.1.3 Novice Drivers Can Repeat the Knowledge Test as Many Times as Necessary in One Sitting to Pass
- 3. To encourage novice drivers to study the rules of the road more effectively prior to attempting the G1 knowledge test, we recommend that the Ministry of Transportation review best practices in other jurisdictions, such as Quebec and British Columbia, and determine whether it should introduce a wait period before an individual can retake the test or limit the number of tests that can be taken in a single day.

4.2 Driver Training

- 4.2.1 Drivers Allowed to Shorten Their G1 Supervised Driving Period Were Involved in More Collisions
- 4. So that novice drivers are better prepared to drive safely on Ontario's roads, we recommend that the Ministry of Transportation:
 - review and identify opportunities to enhance the effectiveness of the Beginner Driver Education program (program) for novice drivers, including the sufficiency of the existing minimum number of driving practice hours;
 - based on leading practices in other jurisdictions, reassess the time discount provision that allows novice drivers to shorten the supervised driving period after the completion of the program;

Continued 4 of 7

MOTION: SAFER DRIVERS = SAFER ROADS, a call for the Provincial Government to act

Moved by: Santos

 based on its review of these areas, implement necessary changes to improve the program; and subsequent to making changes to the program, determine whether all novice drivers should be required to complete the program.

4.2.2 Ministry Provided Limited Guidance Regarding Necessary Driving Practices for New Drivers Compared to Other Jurisdictions

- 5. So that novice drivers are well prepared to drive safely on Ontario roads, and to protect the integrity of the Ministry's driver examination process, we recommend that the Ministry of Transportation:
 - review the types of driver training services available in the marketplace (including the practice of route training) and assess their impact on novice drivers and on the integrity of the driver examination process;
 - based on that assessment, propose regulatory changes to prohibit driver training services that compromise the Ministry's ability to assess the driving skills of novice drivers through the Ministry examination process; and
 - implement monitoring and enforcement tools to deter prohibited driver training services.

4.2.3 Unregulated Driver Training Services May Undermine the Integrity of Driver Examinations 4.2.4 Weak Oversight of Beginner Driver Education Driving Schools

- 6. To strengthen the oversight of driving schools, we recommend that the Ministry of Transportation:
 - develop and implement a formal policy to require timely on-site follow-ups at driving schools where audits identified either serious or a high number of compliance violations to assess if the violations have been resolved;
 - develop and implement a strategy for routinely conducting cost-effective mystery shops on driving schools that it identifies as high-risk; and
 - regularly document and assess progress reported through follow-ups with driving schools to direct the Ministry's future oversight and enforcement actions.

4.3 Graduated Licensing System May Not Adequately Prepare Less-Experienced Drivers from Other Countries to Drive in Ontario

- 7. To better prepare novice drivers from other countries for driving in Ontario, we recommend that the Ministry of Transportation:
 - research whether drivers from other countries have unique challenges that may contribute to their involvement in a higher proportion of collisions;
 - reassess the impact of waiving the 12-month wait period between the G1 (knowledge) and G2 (city) road test; and
 - based on the results of Ministry research and reassessment, make necessary changes to the training and examination programs.

4.4 Monitoring High-Risk Licensed Drivers

- 4.4.1 Ministry Rarely Requires Drivers with Repeat Driving Suspensions to Take Retraining Courses
- 8. To encourage road safety and provide early remedial measures for drivers with a history of repeat driving offences and suspensions, we recommend that the Ministry of Transportation:
 - routinely identify drivers with a record of repeat driving offences and suspensions who Ministry data indicates are at increased likelihood to cause a collision; and
 - expand the criteria for requiring drivers to complete remediation and retraining to include these drivers.

Continued 5 of 7

MOTION: SAFER DRIVERS = SAFER ROADS, a call for the Provincial Government to act

Moved by: Santos

- 4.4.2 Elderly Drivers' Ability to Drive Safely Not Effectively Assessed
- 9. To enhance road safety for the growing number of elderly drivers, we recommend the Ministry of Transportation review and adopt best practices from other jurisdictions, such as:
 - re-examining elderly drivers' driving skills; and
 - requiring regular medical assessments for all Drivers 80 and older.
- 4.4.3 Reporting of Drivers Who May Be Medically Unfit to Drive Could Be Improved
- 10. For more complete and timely identification, assessment and suspension of drivers with high medical risks, we recommend that the Ministry of Transportation periodically conduct educational and outreach initiatives to increase awareness among doctors, nurses and optometrists to report patients for medical assessment.
- 4.4.4 Supporting Evidence for Ministry's Medical Suspension Decisions Not Always Complete
- 11. To help ensure that decisions to suspend driver's licences are based on all medically relevant information, and that the suspension decisions are consistent and adequately supported, we recommend that the Ministry of Transportation:
 - redesign the forms doctors use to provide condition-specific medical information to the Ministry to include all necessary information, such as test or treatment results;
 - require medical assessors to consistently document their rationale for decisions related to complex driving suspensions and reinstatements; and
 - implement a quality-assurance process to routinely review the completeness and appropriateness of medical assessments.

4.5 Driver Examination Services Contract Management and Oversight

- 4.5.1 Ministry's Contract Administration Was Ineffective, and Failed to Improve Driver Examination Services for Ontarians
- 12. To better motivate the service provider to improve service rather than incur penalties, and to hold the service provider accountable for contract deliverables, we recommend that the Ministry of Transportation:
 - design and implement performance measures that incorporate effective penalties for performance failures, including delays in contract deliverables;
 - · collect an upfront contingency deposit for performance penalties based on historical records; and
 - design and implement incentives (in addition to penalties) to promote compliance and appropriate responses from the service provider.
- 13. To promote effective contract management and relations between the Ministry of Transportation and its service provider, and to avoid undermining the contractual position of the Ministry, we recommend that the Ministry ensure that communications with contractors use appropriate contract channels.
- 4.5.2 Ministry's Compliance Audits of Driver Examination Services Were Inconsistent and Incomplete
- 14. To better monitor and report on the driver examination service provider's compliance and performance, we recommend that the Ministry of Transportation strengthen its audit function by implementing a program of risk-based audits to examine all key operational processes of driver examination services, including road tests.

Continued 6 of 7

MOTION: SAFER DRIVERS = SAFER ROADS, a call for the Provincial Government to act

Moved by: Santos

- 4.5.3 Ministry Paid Additional Funds to Maintain Service Levels That Were the Responsibility of the Service Provider
- 15. To provide for better accountability of funds provided to third parties for driver examination services to Ontarians, we recommend that the Ministry of Transportation:
 - administer contracts such that risks and costs are allocated between the parties in accordance with contractual terms; and
 - conduct thorough reviews on all relief, subsidization or reimbursement requests from service providers and render decisions that are consistent with the Ministry's contractual obligations.
- 4.5.4 Ministry Awarded New Contract to the Service Provider Despite Poor Performance and Issues of Concern
- 16. To provide for more effective oversight of driver examination service providers, and to provide Ontarians with better quality of service, we recommend that the Ministry of Transportation:
 - ensure adequate lead time to comply with government policies on procurement when contracting with a service provider;
 - consider past performance in negotiating future contracts;
 - compare its experience relative to other Canadian provinces to identify best practices in structuring driver examination services; and
 - use independent research to immediately evaluate the costs and benefits of various options for an examination service delivery partnership.

4.6 Ministry Overrode Its Own Proof of Identification Requirements When Issuing Driver's Licences

- 17. To better prevent fraud and identify theft, we recommend that the Ministry of Transportation:
 - develop internal guidelines and formal procedures to evaluate and document the extenuating circumstances for ID escalations;
 - educate Serco and ServiceOntario staff on these guidelines and procedures; and
 - put in place a process to monitor that these guidelines and procedures are followed.

4.7 Ministry Did Not Incorporate Key Safety Data When Determining the Effectiveness of Its Road Safety Programs

- 18. To measure the effectiveness of its driver training and examination programs on a timely basis, we recommend that the Ministry of Transportation:
 - expand the use of business intelligence tools to conduct additional analytics that leverage data from related information systems, linking driver information to the driver examination, collisions and driver medical databases;
 - establish a comprehensive set of road safety indicators, including those related to collision rates, based on the objectives of its driver training and examination programs; and
 - monitor its driver training and examination programs using these indicators, and report on the results annually.



TOWNSHIP OF BRUDENELL, LYNDOCH AND RAGLAN

42 Burnt Bridge Road, PO Box 40
Palmer Rapids, Ontario K0J 2E0
TEL: (613) 758-2061 · FAX: (613) 758-2235

February 5, 2025

The Honourable Sylvia Jones, Minister of Health 5th Floor, 777 Bay St. Toronto, ON M7A 2J3

RE: Paid-Plasma-Free Zone

Dear Hon. Sylvia Jones,

Please be advised that at the Regular Council Meeting on February 5th, 2025, Council for the Corporation of the Township of Brudenell, Lyndoch and Raglan passed the following resolution, supporting the resolution from the City of Toronto.

Resolution No: 2025-02-05-08

Moved by: Councillor Quade
Seconded by: Councillor Banks

"Be it resolved that the Council for the Corporation of the Township of Brudenell, Lyndoch and Raglan support the City of Toronto's resolution Declaring Toronto a Paid-Plasma-Free Zone.

And further that this resolution be forwarded to Canadian Blood Services, Minister of Health, MPP John Yakabuski, and all Municipalities in Ontario."

Carried.

Sincerely,

Tammy Thompson

Sammy Thempsen

Deputy Clerk

Township of Brudenell, Lyndoch and Raglan



City Clerk's Office

John D. Elvidge City Clerk

Secretariat
Sylwia Przezdziecki
Council Secretariat Support
City Hall, 12th Hoor, West
100 Queen StreetWest
Toronto, Ontario M5H 2N2

Tel: 416-392-7032
Fax: 416-392-2980
e-meil:
Sylwia.Przezdziecki@toronto.ca
web: www.toronto.ca
In reply please quote:

Ref.: 24-MM23.1

(Sent by Email)

December 20, 2024

ALL ONTARIO MUNICIPALITIES:

Subject: Member Motion Item 23.1

Declaring Toronto a Paid-Piasma-Free Zone - by Councilior Chris Moise,

seconded by Councillor Alejandra Bravo (Ward All)

City Council on November 13 and 14, 2024, adopted tem MM23.1 and in doing so, has forward this item to Canadian Blood Services, federal, provincial and territorial Ministers of Health, Grifols Pharmaceuticals, and all Ontario Municipalities and requested that they support only voluntary blood and plasma collection, where donors do not receive payment for their blood or plasma.

Yours sincerely,

Niko Markakis tor

for City Clerk

S. Przezdziecki/mp

Attachment

Sent to: All Ontario Municipalities

Chief Executive Officer, Canadian Blood Services

Chief Executive Officer, Grifols Canada

c. City Manager



City Council

Member Motions - Meeting 23

MM23.1	ACTION	Adopted		Ward: All
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Declaring Toronto a Paid-Plasma-Free Zone - by Councillor Chris Moise, seconded by Councillor Alejandra Bravo

City Council Decision

City Council on November 13 and 14, 2024, adopted the following:

- 1. City Council express its opposition to the operation of private for-profit blood collection companies in the City.
- 2. City Council forward this item to Canadian Blood Services, federal, provincial and territorial Ministers of Health, Grifols Pharmaceuticals, and all Ontario Municipalities and request that they support only voluntary blood and plasma collection, where donors do not receive payment for their blood or plasma.

Summary

In the City of Toronto, we uphold the principle of voluntary blood and plasma donation, acknowledging its vital importance as a public good. Our commitment derives from the lessons of Canada's tainted blood crisis, which tragically claimed approximately 8,000 lives. The subsequent Royal Krever Commission urged a fully voluntary, non-payment oriented blood and plasma donation system.

Within our Ontario healthcare system, we perceive blood donations as a priceless public resource, underscoring the need to safeguard the integrity of the public, voluntary donor system.

The Voluntary Blood Donations Act of Ontario strengthens this stance, legislating against the payment of donors and prohibiting donors from receiving financial compensation for their blood or plasma.

Canada Blood Services plans to open five paid plasma clinics, including one in Toronto, by 2025. This issue needs immediate attention and action. The public health community has raised concerns about Grifols Pharmaceuticals' plans to open a Toronto clinic. It's vital we protect vulnerable residents from exploitation by for-profit plasma collection companies offering cash for blood-plasma, a predatory practice.

In bringing this motion forward, we strive to reinforce the principles of voluntary, non-remunerated blood and plasma donation, protecting both the integrity of Canada's public blood system and the dignity of blood donors.

Background Information (City Council)

Member Motion MM23.1

(https://www.toronto.ca/legdocs/mmis/2024/mm/bgrd/backgroundfile-249600.pdf)
Attachment 1 - Resolution to Declare the City of Hamilton a "No Paid Plasma Zone"

(https://www.toronto.ca/legdocs/mmis/2024/mm/bgrd/backgroundfile-250144.pdf)

The Town of Goderich 57 West Street Goderich, Ontario N7A 2K5 519-524-8344 townhall@goderich.ca www.goderich.ca



Monday, January 20, 2025

The Honourable Doug Ford
Premier of Ontario
Premier's Office, Legislative Building, Room 281
Toronto, Ontario M7A 1A1
Premier@ontario.ca

Tho Honourable Prabmeet Sarkaria Minister of Transportation 5th Flr, 777 Bay St Toronto, ON M7A 1Z8 minister.mto@ontario.ca **SENT VIA EMAIL**

RE: Support for an Ontario-wide licencing framework for rideshare companies

Dear Premier Ford and Minister Sarkaria,

Please be advised of the following motion that was passed at the January 13, 2025, Goderich Town Council meeting:

Moved By: Councillor Kelly

Seconded By: Deputy Mayor Noel

Whereas Rideshare services are increasingly relied upon by seniors, students, visitors and tourists, and residents looking for safe, affordable, convenient, and reliable ways to travel; And Whereas, the standardization and consistency of regulations across municipalities, participially in Ontario, can improve the efficiency and effectiveness of the regulatory framework;

And Whereas, transferring the responsibility of ride-share regulations and licensing to the provincial level would contribute to a more streamlined and uniform governance structure, while eliminating associated red tape and unnecessary administrative costs;

Therefore, Be It Resolved that the Town of Goderich Council hereby expresses its support for the migration of ride-share regulations and licensing from the municipal level to the provincial level;

Be It Further Resolved that the Town of Goderich Council formally requests the Government of Ontario to initiate the transfer of responsibilities in the interest of creating a more coherent and standardized regulatory framework for ride-sharing services across the province; Be It Further Resolved that copies of this motion be distributed to the Honourable Doug Ford, Premier of Ontario; the Honourable Prabmeet Sarkaria, Minister of Transportation; the Honourable Paul Calandra, Minister of Municipal Affairs and Housing; the Honourable Lisa Thompson, Minister of Rural Affairs; the Association of Municipalities of Ontario (AMO); the Eastern Ontario Wardens Caucus, the County of Huron; and all six neighbouring Huron County lower-tier municipalities, and all Ontario municipalities.

The Town of Goderich 57 West Street Goderich, Ontario N7A 2K5 519-524-8344 townhall@goderich.ca www.goderich.ca



CARRIED

If you have any questions, please do not hesitate to contact me at 519-524-8344 ext. 210 or afisher@goderich.ca

Yours truly,

Andrea Fisher

Director of Legislative Services/Clerk

Uldrea This

/ab

Enclosed:

- 1. Policy Note Expanding Transportation Options in Ontario
- 2. Eastern Ontario Warden's Caucus Letter of Support

cc: Hon. Paul Calandra, Minister of Municipal Affairs and Housing minister.mah@ontario.ca
Hon. Lisa Thompson, Minister of Rural Affairs minister.mra@ontario.ca
The Association of Municipalities Ontario (AMO) amopresident@amo.on.ca
Rural Ontario Municipal Association (ROMA) roma@roma.on.ca
Meredith Staveley-Watson, Manager of Government Relations, EOWC info@eowc.org
The Eastern Ontario Wardens Caucus, info@eowc.org
The County of Huron and all neighbouring Huron County lower-tier municipalities and all



Office of the City Clerk
Woodstock City Hall
P.O. Box1539
500 Dundas Street
Woodstock, ON
N4S 0A7
Telephone 519-539-1291

February 25, 2025

The Honourable Doug Ford, Premier of Ontario 80 Wellington Street Ottawa, ON K1A 0A2

Via email: premier@ontario.ca

At the regular meeting of Woodstock City Council held on February 20, 2025, the following resolution was passed:

"Whereas speeding, distracted driving, and impaired driving are among the leading causes of driving related collisions, injuries, and fatalities in Ontario; and,

Whereas municipalities are called upon to modify driver behaviour through expensive infrastructure and even more expensive policing; and,

Whereas infrastructure and policing are inherently limited in their effectiveness at reducing speed and distracted driving, and entirely ineffective at reducing impaired driving;

Therefore be it resolved that the City of Woodstock calls on the Provincial and Federal governments to do everything in their power to limit speeding, distracted driving, and impaired driving, and thereby reduce collisions, injuries, and fatalities in our communities; and,

That the City of Woodstock specifically requests that the Government of Ontario take action to implement the rural road safety program that Good Roads has committed to lead, which will allow Ontario's rural municipalities to make the critical investments needed to reduce the number of people being killed and seriously injured on Ontario's rural roads; and,

That City of Woodstock Staff work with Oxford County and all Oxford municipalities on the feasibility of implementing a long term Vision Zero Policy and the Good Roads Rural Road Safety strategy across all of Oxford; and,

That a copy of this resolution be forwarded to the Ontario Premier, Ontario Minister of Transportation, Ontario Minister of Infrastructure, Ontario Minister of Agriculture, Ontario Minister of Rural Affairs, Ontario Associate Minister of Emergency Preparedness and Response, and Ontario Minister of Health; and,

FURTHER THAT this resolution be circulated to all Oxford police services boards, Safe

and Well Oxford, Good Roads, and all municipalities in Ontario requesting their support."

Yours Truly,

Jeff Bunn Manager, Legislative Services/ Deputy City Clerk City of Woodstock

Cc.

The Hon. Prabmeet Sakaria, Minister of Transportation - prabmeet.sarkaria@pc.ola.org
The Hon. Kinga Surma, Minister of Infrastructure - kinga.surmaco@pc.ola.org
The Hon. Rob Flack, Minister of Agriculture - minister.omafra@ontario.ca
Trevor Jones, Associate Minister of Emergency Preparedness and Response - trevor.jones3@ontario.ca

The Hon. Sylvia Jones, Minister of Health - sylvia.jones@ontario.ca
Woodstock Police Services - nnovacich@woodstockpolice.ca
Police Services Board - oapsb@oapsb.ca;
Safe and Well Oxford - safewelloxford@gmail.com

Good Roads - info@goodroads.ca

Association of Municipalities Ontario - amo@amo.on.ca

Rural Ontario Municipal Association (ROMA) - roma@roma.on.ca

And all municipalities in Ontario



CORPORATION OF THE TOWNSHIP OF ZORRA

163 Brock Street, PO Box 189 Thamesford, ON, N0M 2M0 Ph. 519-485-2490 • 1-888-699-3868 • Fax 519-485-2520

			Item 14(a)		
Date: February ′	<u>19, 2025</u>		29-02-2025		
Moved by Katie C					
Seconded by	rigial Finds				
		ng, and impaired driving are fatalities in Ontario; and,	among the leading causes of		
	cipalities are called u d even more expensiv	pon to modify driver behavions to modify driver behavions.	our through expensive		
		are inherently limited in the ffective at reducing impaired	ir effectiveness at reducing speed driving;		
governments to o	lo everything in their	AT Zorra Township calls on to power to limit speeding, dist injuries, and fatalities in our	racted driving , and impaired		
implement the ru Ontario's rural mu	ral road safety progra unicipalities to make t	am that Good Roads has cor	ment of Ontario take action to nmitted to lead, which will allow led to reduce the number of and		
	ementing a long term		Oxford municipalities on the Good Roads Rural Road Safety		
THAT a copy of this resolution be forwarded to the Ontario Premier, Ontario Minister of Transportation, Ontario Minister of Infrastructure, Ontario Minister of Agriculture, Ontario Minister of Rural Affairs, Ontario Associate Minister of Emergency Preparedness and Response, and Ontario Minister of Health, and Good Roads; and					
FURTHER THAT Oxford, Good Ro	this resolution be cir ads, and all municipa	rculated to all Oxford police salities in Ontario requesting t	services boards, Safe and Well heir support.		
Ĉ/Carried	□ Defeated	□ Recorded Vote	□ Deferred		

Recorded Vote:

	Yea	Nay
Mayor Ryan		
Councillor Stewart		
Councillor Grigg		
Councillor Mitchell		
Councillor Finch		

SARNIA ONTARIO

THE CORPORATION OF THE CITY OF SARNIA

Office of the City Clerk

March 6, 2025

The Right Honourable Justin Trudeau, P.C., M.P. Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2
Justin.trudeau@parl.gc.ca

Re: Carbon Tax

Dear Prime Minister,

At the meeting of Sarnia City Council held on March 3, 2025, the following resolution was adopted:

That given the advent of the US tariffs and the economic impact on Canadians it is even more critical at this time to petition our own Federal liberal government to put a stop the 20 percent increase to the carbon tax scheduled to be implemented April 1, 2025. The vast majority of Canadians do not support the carbon tax, and the timing could not be worse for the impact to our citizens; and

That the resolution be forwarded to the Prime Minister, his Cabinet, Leaders of Opposition, our MP, and All Ontario Municipalities.

Your consideration of this matter is respectfully requested.

Yours sincerely,

Amy Burkhart City Clerk

Cc: Cabinet Ministers

The Honourable Pierre Poilievre, M.P. The Honourable Marilyn Gladu, M.P.

All Ontario Municipalities

Good day,

Please be advised that Council of the Township of South Stormont passed the following resolution on December 18, 2024:

Resolution No.: 254/2024

Moved By: Councillor Reid McIntyre

Seconded by: Councillor Jennifer MacIsaac

Whereas rural, northern, and remote municipalities are fiscally strained by maintaining extensive road networks on a smaller tax base;

And whereas preventing crashes reduces the burden on **Ontario's** already strained rural health care system;

And whereas roadway collisions and associated lawsuits are significant factors in runaway municipal insurance premiums; preventing car crashes can have a significant impact in improving municipal risk profiles;

Therefore, be it resolved that the Township of South Stormont requests that the Government of Ontario take action to implement the rural road safety program that Good Roads has committed to lead;

And further that this resolution be circulated to all municipalities in Ontario requesting their support, as well as the Premier of Ontario and the Minister of Transportation.

Result: CARRIED

Kind regards,





Deputy Clerk Marriage Officiant



2 Mille Roches Road, PO Box 84, Long Sault, ON KOC 1PO

https://www.southstormont.ca

Subject:

FW: AMO Policy Update - Communities Brace for Tariff Impact



AMO Policy Update – Communities Brace for Tariff Impact

US President Trump Makes Good on Tariff Threats

US tariffs became a reality as of 12:01 a.m. today, initiating a trade war between our countries.

The US imposed a 25 per cent levy on Canadian and Mexican goods, with a lower 10 per cent levy on energy and critical minerals. The Canadian government has responded with counter-tariffs on \$30 billion of US goods, which will rise to \$155 billion in 21 days. Ontario is advancing and considering its own retaliatory measures, including some that could significantly impact municipalities. These may include:

- Banning US companies from procurement contracts. It is unclear if any procurement restrictions would apply to municipalities
- Halting export of nickel and critical minerals, impacting local industry
- Implementing a 25 per cent tax on electricity exports when the legislature returns and potentially cutting off the flow entirely.
 Ontario's consumers and municipalities could see increased rates resulting from the revenue loss
- Cancelling its Starlink contract, which was going to provide highspeed internet access to rural and northern Ontarians starting this June.

These new tariff rates and additional US "reciprocal tariffs" said to be implemented in April could have substantial impacts on Ontario, especially in the most <u>trade-exposed communities</u> that produce automobiles and parts, steel, copper and other items.

AMO's Action

AMO continues to highlight to federal and provincial governments' Ontario municipalities' desire to take action. Yesterday, AMO President Robin Jones wrote to the Premier to highlight municipal procurement, economic development functions, and infrastructure investment as key tools to deploy in support of communities and the economy at this critical time.

To ensure municipalities receive the most relevant news on tariff and trade actions, AMO has launched a <u>new web page</u> to centralize our resources. Here, members can find:

- Tariff impacts on planned municipal infrastructure expenditures. With input from municipal staff across the province, Oxford
 Economics <u>estimates</u> that tariffs could increase infrastructure costs over \$1 billion on nearly \$50 billion in planned expenditures over the next two years. Municipalities can use the 2.1% municipal capital cost increase to help inform decisions on upcoming contracts.
- Updates on any "Buy Canadian" initiatives so that municipalities can
 comply with standing trade agreements while supporting their local,
 Ontario and Canadian economies. To date, AMO has not received a
 response to its February <u>letter to the Ontario Secretary of
 Cabinet</u> with respect to the importance of collaborating with
 municipalities around procurement policies and strategies.
- Upcoming tools to estimate the impacts of trade and tariff measures on municipal expenditures and revenues including property taxes to ensure municipalities understand the changing fiscal environment.

AMO will continue to work with our partners in the business community as well as residential and civil construction industries to make the case for investing in municipal services such as social housing and local infrastructure as a stimulus measure. Infrastructure investments pay dividends in both the short and long term, as employing workers contributes to GDP growth and productivity.