



Alliance for Healthier Communities
Alliance pour des communautés en santé

ALLIANCE FOR HEALTHIER COMMUNITIES
ANNUAL GENERAL MEETING

Tuesday, June 11 2019, 6:00pm – 8:30 pm
Ottawa Conference Centre

Minutes

Members Centres in Attendance

1. Access Alliance Multicultural Health and Community Services
2. Algoma NPLC
3. Belleville and Quinte West CHC
4. Black Creek CHC
5. Brock CHC
6. Carea CHC
7. Carlington CHC
8. CSC CHIGAMIK CHC
9. CSC de Kapuskasing et région
10. CSC de l'Estrie
11. CSC du Grand Sudbury
12. CSC du Témiskaming
13. Centre Francophone de Toronto
14. Centretown CHC
15. Chatham Kent CHC
16. City Centre Health Care CHC
17. Community Care City of Kawartha Lakes
18. Community Health Centres of Northumberland
19. Compass Community Health
20. Country Roads
21. De dwa da dehs nye>s AHAC
22. East End CHC
23. Équipe de santé familiale communautaire de l'Est d'Ottawa
24. Flemingdon Health Centre
25. Gateway CHC
26. Grand Bend Area CHC
27. Grand River CHC
28. Guelph Community Health Centre
29. Hamilton Urban Core CHC
30. Huronia NPLC
31. Kawartha North FHT
32. Kingston CHCs
33. Kitchener Downtown CHC
34. Lakeshore Area Multi-Service Project (LAMP)
35. Lanark Renfrew Health & Community Services
36. Langs
37. London InterCHC
38. Maamwesying North Shore CHS
39. Mamaway Wiidokdaadwin PHC Team (BANAC)
40. Noojmowin Teg HC
41. North Channel NPLC
42. North Hamilton CHC
43. North Lambton CHC
44. NorWest CHCs
45. Parkdale Queen West CHC
46. Pinecrest-Queensway CHC
47. Planned Parenthood Toronto
48. Quest CHC
49. Regent Park CHC
50. Sandy Hill CHC
51. Seaway Valley CHC
52. Somerset West CHC
53. South East Grey CHC
54. South-East Ottawa CHC
55. South Georgian Bay CHC
56. South Riverdale CHC
57. Southwest Ontario AHAC
58. TAIBU CHC
59. The Four Villages CHC
60. WellFort CHS
61. West Elgin CHC
62. Windsor Essex CHC
63. Women's Health in Women's Hands CHC
64. Woolwich CHC

Board Members Present

Incoming Board

1. Claudia den Boer *Chair*
2. Liben Gebremikael *Vice Chair*
3. Constance McKnight *Treasurer*
4. Clinton Cowan *Secretary*
5. Cate Melito
6. Cliff Ledwos
7. Dale McMurchy
8. François Séguin
9. Mariette Sutherland
10. Martha Lowrie
11. Marc Bisson

Outgoing/Former Board

1. Marina Hodson *Chair*
2. Allan Madden (term end Dec, 2018)
3. Cam McLeod (term end Dec 2018)
4. Cheryl Prescod
5. Mary Anne Beith (term end Dec 2018)
6. Richard Gerson
7. Sarah Hobbs Blyth (term end Dec 2018)

Call to Order

With quorum attained, Marina Hodson, Alliance Board Chair, called the meeting to order at 6:10pm and welcomed everyone to the 37th Annual General Meeting and the second as the Alliance for Healthier Communities.

1.0 Welcome / Opening Remarks

The Board Chair, Marina Hodson, welcomed all in attendance.

M. Hodson noted that the group collectively represents the voices of 100+ members including 72 Community Health Centres, 12 Aboriginal Health Access Centres, 8 Community Family Health Teams and 13 Nurse Practitioner-Led Clinics.

It was acknowledged, the gathering was being held on the land of the traditional territory of the unceded territory of the Omamiwiniwak (Algonquin Anishnaabeg), Huron-Wendat, Mohawk, Anishinabewaki, and St. Lawrence Iroquoian peoples. Today it is home to many Indigenous people, including Inuit people and the leadership of many Indigenous organizations from across this land. M. Hodson noted the importance of the release last week of 231 recommendations from the final report of the Missing and Murdered Indigenous Women and Girls Inquiry, as well as recognized our work as allies with indigenous members & partners, fully committed to Indigenous Health in Indigenous Hands, while doing our part to confront ongoing effects of colonialism and genocide against Indigenous women and girls.

M. Hodson spoke of the Alliance's refreshed vision and mission, renewed membership criteria, a brand promise to advance health equity through comprehensive primary health care, a new name and last year, a change in board elections and composition.

M. Hodson spoke to the powerful statement that is our new name and shared vision - a vision of strong and connected communities where everyone has access to the comprehensive primary health care services they need, where everyone is valued and where everyone belongs; how it embraces the Model of Health and Wellbeing and the Model of Wholistic Health and Wellbeing in their entirety; and how in combination with our tagline – Advancing Health Equity in Ontario – it reaffirms our commitment to eliminating the disparities that leave 22 per cent of people in our province at risk of poor health.

M. Hodson provided an overview of the agenda which includes a panel on “Going Beyond Harm Reduction: The Case for Decriminalization of Drug Use” as well several important By-law and policy resolutions.

Voting delegates were reminded to have their voting card ready.

2.0 Approval of Agenda

MOTION: **BE IT RESOLVED** that the Agenda of the 37th Annual General Meeting of the Alliance for Healthier Communities be approved.

Mover: Cheryl Prescod, Alliance Board (outgoing)
Second: Martha Lowrie, Alliance Board

Discussion: There was no discussion or amendments.

Unanimous

MOTION CARRIED

3.0 Approval of Minutes

3.1 Review and Approval of June 2018 AGM Minutes

MOTION: **BE IT RESOLVED** that the Minutes of the 36th Annual General Meeting of the Alliance for Healthier Communities be approved.

Mover: Sarah Hobbs Blyth, Planned Parenthood Toronto
Second: Cate Melito, Alliance Board

Discussion: There was no discussion or amendments

Unanimous

MOTION CARRIED

3.2 Review and Approval of the January 31 2019 Special Membership Meeting Minutes

MOTION: **BE IT RESOLVED** that the Minutes of the Special Membership meeting January 31 2019 of the Alliance for Healthier Communities be approved.

Mover: Allan Madden, South East Grey Community Health Centre

Seconder: Marc Bisson, Alliance Board

Discussion: There was no discussion or amendments

Unanimous

MOTION CARRIED

4.0 Financial Report

4.1 Adoption of Audited Financial Statements

Constance McKnight, Treasurer, presented highlights from the Alliance audited statements for the year that ended March 31st 2019 and concluded that the Alliance had a successful year.

- Alliance had a strong year with total revenues of \$7.9M; including \$2.9M contribution to core operations including advocacy, policy, communications and resource support for members. This revenue was earned from membership fees, meeting registrations, learning events, including the annual conference, and funding for special projects such as the social prescribing, public health training project, both funded by the MOHLTC.
- Additional revenue of \$5M contributes to Information Management and Performance Management Programs. This revenue was earned from PM/IM participation fees, training events, and from eHealth Ontario funding to support Francophone centres transition to bilingual electronic medical record.
- At the end of the fiscal year, Alliance's reserve totaled \$60,460 and surplus was allocated to its reserve for a total of just over \$315,710.
- Alliance received a clean audit from Grant Thornton for the 2018/2019 Fiscal Year.

MOTION: **BE IT RESOLVED THAT** the membership adopt the Audited Financial Statements for the year that ended March 31st, 2018 as presented to the Annual General Meeting.

Mover: Allan Madden, South East Grey Community Health Centre

Seconder: Mary Anne Beith, North Channel NPLC

Discussion: There was no discussion or amendments.

Unanimous

MOTION CARRIED

4.2 Appointment of Auditor

Grant Thornton LLP has completed the 3rd year of their audit. They are currently on a 5 year term with the Alliance for Healthier Communities.

MOTION: **BE IT RESOLVED THAT** Grant Thornton LLP be reappointed as the Auditors for the Alliance for Healthier Communities for the fiscal year 2019-20 and that the Board shall set the rate for the fiscal year 2019-20.

Mover: Liben Gebremikael, Alliance Board

Second: Richard Gerson, Alliance Board (outgoing)

Discussion: There was no discussion or amendments.

Unanimous

MOTION CARRIED

C. McKnight noted that Alliance operates on the principle of fiscal transparency through the leadership of its members and is grateful for the participation and trust of its members.

M. Hodson thanked C. McKnight and Audit Committee of the Alliance Board.

5.0 Highlights of Four Years (2015-2019)

Adrianna Tetley, Alliance CEO, noted that the Alliance Board decided to extend the Strategic Plan for at least another year, but have closed current operating plan and have developed a more relevant plan to today's political environment. The full details of Alliance's accomplishments from the last 4 years are in the Annual Report.

A. Tetley noted that over the past four years, the Alliance has emerged as the leading voice for health equity and population needs based planning in Ontario's health care system.

Key Accomplishments since 2015 include:

- The inclusion of "equitable health outcomes" as a foundation of the health system in the preamble of the new health legislation. The MOHLTC publicly acknowledges the role of the Alliance for getting that inclusion.
- Shifting the public conversation to health and wellbeing. Researchers, health planners, social media, government leaders are now talking about prevention, sense of belonging, social isolation and going upstream.
- The Auditor General recognized the Model of Health and Wellbeing (MHWB) in its CHC Program review and an article was published in a widely circulated peer-reviewed publication
- Rapidly-scaling innovations such as Advancing Access to Team-Based Care that connects socially and medically complex clients of non-team physicians with interprofessional teams and social prescribing that connects socially complex and isolated clients with health promotion and community development the Alliance is

- creating strong partnerships focused on patient transitions and upstream intervention.
- Alliance members are recognized as the preferred Consumption and Treatment Service Sites and locations for expanded public dental care for low-income seniors (CHCs and AHACs explicitly stated in the 2019 Budget).
 - Growth in the Alliance's ability to generate and share data and research evidence that support a role for primary care as the foundation of the health system.
 - Significant contribution to the shifting in the policy conversation such that primary care is considered a necessary key partner in all Ontario Health Teams.

A. Tetley noted the influence of the diligent performance management and research programs of member organizations to become increasingly data-driven, and decision-makers to seek Alliance data related to health outcomes and experiences. The resulting high quality data is foundational to advancing the MHWB and equitable health outcomes through opportunities such as TeamCare, Social Prescribing and Ontario Health Teams.

The Alliance's work in the areas of funding for capital, operations and technology resulted in:

- five years of compensation increases,
- funding for new inter-professional teams, including indigenous primary health care centres
- new multi-sector service accountability agreements, and,
- the rollout of a common bilingual electronic medical record.

A. Tetley noted that the Alliance is as at "our peak of influence" by reconnecting relationships with the new Minister of Health, her staff and the key players in the Ministry through strong connections with all political and bureaucratic levels. The Alliance is also a driver in Community Health Ontario, the Ontario Primary Care Council and are recognized as key player to be consulted by the Ministry in addition to the Alliance's role as members of the Primary Care working group of the Premier's Council to End Hallway Healthcare.

The Alliance is consulted on many files that impact the 22% and wellbeing. In 2018-19 that can be best represented by the consultation on the new Consumption Treatment Services, Ontario Health Teams, Accessing Team Based Care and social prescribing.

The Alliance actively participates in various national and provincial Quality, Performance, Information and Technology tables. These include collaborations with the Canadian Institute for Health Information, Canada Health Infoway, Digital Health Canada, Health Quality Ontario, eHealth Ontario, OntarioMD, Cancer Care Ontario, and the CHC MSA Steering Committee and Indicator Working Group among others.

Due to the Alliance's willingness to say "yes" – decision makers and support from all three parties is reflected in the value for the work of our members to improve health outcomes and towards health system sustainability. Our members are always the early adopters where it

improves the care and services provided to their communities. Alliance members have said “yes: in response to opioid crisis, to introduce harm reduction programs and implement consumption treatment services; and in integrating mental health and primary care services. They say “when” and “how many”, when considering integrating care coordination and care coordinators into your teams.

In the next three years, keep in mind three important questions:

- Are we advancing integrated coordinated access to comprehensive PHC for the 22% of people in Ontario who need it most?
- Are we strengthening partnerships to integrate our services?
- Are we sustaining community governance?

If we answer yes to these three questions – then “Bring it on”.

In many ways – now is our time – we need to change the direction of the health system before it re - roots and it again is immovable.

6.0 Leading Through Change: The Road Forward to 2022

M. Hodson emphasizes how over the past year with the ongoing changes to the healthcare landscape, the Alliance continues to be well positioned to serve the 3.5 million people who are at risk of poor health due to systemic barriers. Over the next three years the Alliance will continue to be called on as leaders to help the government turnaround the one way stream into hospitals and long-term care facilities – resulting in Hallway healthcare and ALC pressures. With interprofessional teams focused on the whole person – Alliance members are part of the solution for keeping people well, remaining with their families and staying in their communities.

The strategic directions set out in 2015 are still solid to guide us in these changing times. However, it was clear that the external landscape had changed so significantly, the operating plan was closed after 4 years and a refreshed 3-year operational plan.

Four Key Themes and Goals for the 2019-2022 plan:

1. Leading through change - That the Alliance is seen as a leader in system transformation and in change management by our members, partners and decision makers. Additionally, we want to continue to be invited to key tables and public forums as leaders to speak on issues including health equity, social prescribing, team based care, the Model of Health and Wellbeing and the Model of Wholistic Health and Wellbeing as well as digital health.
2. The Voice of the 22% - The Alliance is recognized as leaders in health equity, especially for those facing barriers to equitable health and wellbeing. We will continue to advocate for the 22% with a focus on Indigenous (as an ally), Francophones, the black communities and

the rainbow communities.

3. We have the data. We have the research, It is time to tell the story – The Alliance has improved data quality with a focus on the Vital 8 (including the collection of race based and socio demographic data) and Count Everyone; a controlled data set at IC/ES that allows for linking data to other administrative data bases and for researchers to complete evaluations; as well as a broad-based research advisory council. It's time to tell our story - in many forums – in many formats – over and over again.
4. Collaborative Leadership is the predominant model for Ontario Health Teams - To protect community governance, collaborative leadership must become the predominant model for OHTs. To achieve this, the Alliance is partnering with Community Health Ontario, an alliance of six provincial associations and with the Tamarack Institute, a recognized leader in this area, to make this happen.

Ambitious Key Outcomes for 2019-2022:

- SCOPE Team Care & Social Prescribing
 - expanding team based care to 100% of physicians for 20% of their clients; including specialists and social prescribing link workers;
 - LHIN Care Coordinators transitioned to primary care with appropriate supports;
 - Social Prescribing expanded to more members and within SCOPE team based care.
- Ontario Health Teams
 - ensure members are appropriately engaged and when appropriate, leading locally.
 - webinar series on Collaborative Governance with CHO
- Investment in mental health and addictions
 - ensure that members are recognized as providers that serve people with Mental Health and Addictions; and that members have access to services for their clients, including access to psychologists, MH&A trained Social workers and psychotherapists either through direct service or through partnerships
- Harm Reduction and CTS
 - 9 of our members are leading 11 of the 15 approved consumption treatment services. We hope that at least 5 more CTS will open in 2019-20 to ensure that we meet the minimum number of 21 that the Government has committed to.
- Public Health
 - ensure the services provided by Public health in partnership with our members are maintained or transferred to ensure clients continue to receive the services in light of changes in PH funding.
- Commitment to Health Equity
 - renewed focus for non-insured clients to ensure needs are met in OHT environment;
 - roll out of Dental program for low income seniors
 - work with the Rainbow Advisory Committee, the Francophone Advisory Committee and the Black Health Committee to ensure the health disparities of

these communities are understood and addressed as part of the Ontario Health Teams.

- continue to work as an ally with the Indigenous Primary Health Care Council.
- Advocate for mandatory collection of socio demographic and race based data by all OHTs.

We look forward to telling our story using evidence based research and reports that will be published and by working on the publication of a text book on the community health movement in Canada with a focus on the Model of Health and Wellbeing; edited by Drs. Kate Mulligan and Jennifer Rayner which includes contributions from Alliance members.

Finally, the Alliance continues to move forward with the Performance and Information Management Strategy and being seen as leaders in digital health.

- Be at the forefront of any developments of the digital strategy as it relates to OHTs
- Over the next three years, all members will be transitioned to TELUS PSS EMR.
- Refreshed BIRT roadmap
- Indigenous PM/IM strategy
- Develop CFTH and NPLC PM/IM strategies

M. Hodson thanked A. Tetley for her forward thinking and ongoing commitment to the vision, which continue to position the Alliance as a leader in Ontario's healthcare landscape.

M. Hodson also thanked the members for their work towards the shared vision of the best possible health and wellbeing for everyone living in Ontario.

With an Alliance that is rooted in our past but looking boldly into the future and with a strong, inspiring membership, we are prepared to embrace opportunities and face the changing landscape in the years to come.

7.0 Keynote Speakers: Panel Presentation

“Going Beyond Harm Reduction: The Case for Decriminalization of Drug Use”

The overdose crisis has led to renewed public calls to decriminalize drug use in Canada. A panel of experts discussed the benefits of this approach.

Moderator

- Rob Boyd, Oasis Program Director, Sandy Hill Community Health Centre;

Speakers

- Leila Attar, Person with Lived Experience; Overdose Prevention Ottawa;
- Nicolas Oliver, Ph.D. Candidate, University of Ottawa, Dept. of Criminology;
- Wendy Muckle, RN, MHA; Executive Director of Ottawa Inner City Health

8.0 Resolutions

Marina Hodson welcomed Dale McMurchy, Chair of Resolutions Committee to lead the Resolutions portion of the meeting, along with Parliamentarian, Alliance Board member, Clinton Cowan. 5 By-law resolutions and 6 policy resolutions will be voted on.

By-Law Resolution #1: Election of Canadian Centre for Accreditation Designated Director

MOTION: BE IT RESOLVED that Clause 12.0 be amended to be consistent with the CCA By-law by amending as follows:

12.0 Alliance Representatives to the Canadian Centre for Accreditation Board of Directors

The Alliance shall appoint one representative ~~and one member-at-large nominee~~ for a three (3) year terms on the Board of Directors of the Canadian Centre for Accreditation. The appointment and nomination shall be presented to the membership for ratification.

Mover: Alliance Board
Secunder: Alliance Board

Discussion: There was no discussion or amendments.

Abstentions: 1

MOTION CARRIED

By-Law Resolution #2: Election of Member-at-Large and Constituency Directors

MOTION: BE IT RESOLVED that Clauses 10.2 and 11.6 By-law be amended to delete references to Members-at-large and constituency elections as follows:

10.2 Annual General Meeting

The annual Meeting of Members shall be held within four (4) months of the end of the fiscal year of the Corporation. The Members shall receive an audited financial statement of the Corporation for the last ended fiscal year and the report of the directors. The Members shall appoint auditors for the next year, elect the ~~Members-at-Large directors~~ and conduct any other business as may come before it.

11.6 Term of Office

Each director shall be elected to hold office for a three (3) year term. The Directors' term of office (subject to the provisions, if any, of the Letters Patent and the By-laws) shall be from the date of the annual meeting following the ~~constituency~~ elections by which the ~~constituency~~ director is elected or from the date of the meeting at which such director is elected or appointed until the

annual meeting at which such director's term of office expires, or until such director's successor is elected or appointed or the director resigns.

Mover: Alliance Board
Secunder: Alliance Board

Discussion: There was no discussion or amendments.

Unanimous

MOTION CARRIED

By-Law Resolution #3: Qualification of Directors

MOTION: **BE IT RESOLVED** that Clause 11.4 be amended as follows to ensure consistency for both an employee and board member of member centres; and

BE IT FURTHER RESOLVED that Clause 11.4 be amended as follows to require the Directors to be on a Board of Directors of members to be eligible.

11.4 Qualifications of Directors

The Directors shall:

11.4.1 be eighteen (18) years or more of age;

11.4.2 be committed to the Mission, Vision and Values of the Corporation;

11.4.3 not be an undischarged bankrupt for the duration of their term of office;

11.4.4 not be an employee of the Corporation; and

11.4.5 at the time of their election, be **an employee** ~~a member of the staff,~~ or **a Director of a** board of directors of a Member in good standing.

11.4.6 Directors who are elected to the Alliance Board as a Board representative ~~or Board committee member,~~ and who prior to the end of the term of office, cease to be a Director ~~or member of a Board committee~~ **or employee** of a Member, may complete their Alliance term of office on the condition that the Member affirm that the said Director continues to be in good standing with the Member. Under such circumstances, the Alliance Director may complete their term but will not be eligible to be nominated for a second term of office on the

Alliance Board.

Written affirmation must be received within 30 days from the time the Director becomes aware of the situation or within 30 days prior to the next regular meeting of the Alliance Board, whichever is less. If the letter is not received within the specified time frame, the Director will be deemed no longer qualified to hold office on the Alliance Board, and the position will be declared vacant and subject to Section 11.0 hereof.

~~This clause is applicable only to Directors who are elected to the Alliance Board as a board representative or Board committee member, but not to Directors elected as staff representatives.~~

Mover: Alliance Board
Secunder: Alliance Board

Discussion: There was no discussion or amendments.

Unanimous

MOTION CARRIED

By-Law Resolution #4: Replace LGBTQ with rainbow communities

MOTION: **BE IT RESOLVED** that the By-laws be amended by adding the definition of “rainbow communities” and “LGBTQ” in clause 11.3.1.6 be replaced with “rainbow communities”.

Add a definition:

1.13

“Rainbow communities means inclusive of people from various sexual diversities and gender identities.

Election of Directors:

11.3.1 The Alliance board shall be inclusive and reflective of the corporation’s members and moral owners with input from appropriate equity seeking groups, including a gender mix and:

11.3.1.6 shall include a minimum of two (2) directors self-identifying as ~~LGBTQ~~ **being from the rainbow communities**; and

Mover: Alliance Board
Secunder: Alliance Board

Discussion:

- Cliff Ledwos, Alliance Board member, and Chair of the Alliance Rainbow Advisory, Committee provided background to how the Alliance Board arrived to this Motion:
 - The Board inquired how, when, and under what condition they would add or remove a letter when referring to the LGBTQ community. What would be the impact of the inclusion or exclusion of a letter (representing a group)?
 - There is a risk of choosing – including or excluding – some group or person will be excluded and others won't.
 - Risk due to lack of meaningful name that can unify the community
 - Risk of constant back and forth of power within the community and how the intersectionality plays out.
 - The lettering leads to a forced choice between commonality and uniqueness.
 - There doesn't need to be a choice. A community can be united and diverse at the same time.
 - Instead of choosing who to include or not to include, but rather to choose a name that chose a symbol that speaks to a range of gender identities and while being both unifying and diverse.
 - There is a space to move forward to better clarify, understand and support uniqueness in the people who are members in these communities.
 - This leaves space for a policy document - Closets are for Clothes, Not People
 - Barrier Free Supports for clients in member agencies
 - Clean up data and bolster data for rainbow communities
- Mike Bulthuis, Board member, Centretown CHC spoke from the floor:
 - Concerned that 'rainbow' masks identities.
 - Important to name the various groups.
 - Proposed definition could be inclusive of straight and cisgender folks
 - Mindful that the By-laws might not be the place for a constantly evolving name.
- Sarah Hobbs Blyth, Executive Director, Planned Parenthood Toronto has similar concerns around the definition
 - Proposed amendment by Centretown CHC and supported by Planned Parenthood Toronto CHC:

Whereas the visibility and representation of specific identities, narratives and communities continues to be important, and

Whereas our understanding of diversity, and of the issues determining health equity and the well-being of individuals and communities within rainbow communities evolve over time, and

Whereas interest in and action on these diversities remains a priority,

BE IT FURTHER RESOLVED that definition of ‘rainbow communities’ in 1.13 be extended to “Rainbow communities means inclusive of people from various sexual diversities and gender identities **and expressions**, as outlined within a living definition articulated within Alliance policy.”

- o Carlington CHC adds “and expressions”

Amendments accepted.

Abstentions: 1

AMENDMENT ACCEPTED

Opposed: 1

Abstentions: 1

MOTION CARRIED

By-Law Resolution #5: Replace equity seeking groups with priority groups

MOTION: **BE IT RESOLVED** that the By-laws be amended in clause 11.3.1 to change “equity seeking” groups to “priority” groups.

11.3 Election of Directors

The Board shall consist of 12 directors elected by the Members.

11.3.1 The Alliance board shall be inclusive and reflective of the corporation’s members and moral owners with input from appropriate ~~equity seeking~~ **priority** groups, including a gender mix and;

Mover: Alliance Board

Secunder: Alliance Board

Discussion: There was no discussion or amendments.

Opposed: 1

MOTION CARRIED

POLICY RESOLUTION #1: Declaration of Astana on Primary Health Care

MOTION: **BE IT RESOLVED** that the Alliance for Healthier Communities endorse the Declaration of Astana on Primary Health Care and encourage our members to submit statements of commitment via an online Commitments Tracker at <http://apps.who.int/primary-health/commitments>

Mover: Alliance Board
Secunder: Alliance Board

Discussion: There was no discussion or amendments.

Opposed: 1

MOTION CARRIED

POLICY RESOLUTION #2: Serious Problems with Ontario's Long-Term Care

MOTION: **BE IT RESOLVED** that the Alliance for Healthier Communities immediately call on the Government of Ontario to:

1. Increase training capacity for new long-term care staff, both Nurses and PSWs;
2. Promote and support the new PSW Registry so that it does not fail;
3. Increase care-to-resident staffing ratios to a level that will assure care and safety needs are met;
4. Increase the number of long-term care beds in the system, ensure they are built where they are most needed and maintain or increase the proportion of nonprofit beds, and plan to meet the increasing future need for long-term care beds; and
5. Increase funding to achieve the above.

Mover: Lanark Renfrew Health and Community Services
Secunder: Country Roads Community Health Centre

Discussion: There was no discussion or amendments.

Opposed: 1

MOTION CARRIED

POLICY RESOLUTION #3: Ontario ID Card

MOTION: **BE IT RESOLVED** that the Alliance for Healthier Communities calls on the Government of Ontario to offer the Ontario Photo Card at no cost for those Ontarians who are

receiving Ontario Works, Temporary Care Assistance, the Ontario Disability Support Program or Assistance for Children with Severe Disabilities or those who are government-assisted refugees, privately sponsored refugees or blended visa office-referred refugees.

Mover: Sandy Hill CHC

Seconder: Centretown CHC

Discussion

- Aynsley Morris, Board Member, Sandy Hill CHC, spoke from the floor:
 - Securing access to services outside the healthcare system is difficult without ID. The seemingly nominal fee of \$35 is cost prohibitive to our clients so they can fully participate in society.

Unanimous

MOTION CARRIED

POLICY RESOLUTION #4: Extension of Healthy Smiles Ontario Program

MOTION: **BE IT RESOLVED** that the Alliance call on the Ontario government to increase the income cut off for the seniors program to the Low Income Measure of \$22,133 for singles and implement the dental care program for low income seniors; and

BE IT FURTHER RESOLVED that the Alliance call on the Ontario government to extend the Healthy Smiles Ontario program (or its equivalent) to cover all low income adults, including working poor adults and people receiving Ontario Works, Temporary Care Assistance, the Ontario Disability Support Program or Assistance for Children with Severe Disabilities and people who are government-assisted refugees, privately sponsored refugees or blended visa office-referred refugees.

Mover: Sandy Hill CHC

Seconder: Somerset West CHC

Discussion

- Jen Hartell, Board Vice-Chairperson, Somerset West CHC, spoke from the floor.
 - Most of the seniors we see at Somerset West are low-income, which needs to be redefined to be more inclusive.

Unanimous

MOTION CARRIED

POLICY RESOLUTION #5: Indigenous Health in Indigenous Hands, April 2019

MOTION: **BE IT RESOLVED** that the Alliance for Healthier Communities supports the position that Indigenous health care be planned, designed, developed, delivered and evaluated

by Indigenous governed organizations, and urges member centres to work in a manner that honours and respects Indigenous voice, leadership and governance frameworks, and that exemplifies authentic allied relationships.

Mover: Alliance Board

Secunder: Alliance Board

Discussion

- Cate Melito, Board Member and Executive Director of Grand Bend Area CHC, spoke from the floor:
 - I stand in allyship with our Indigenous partners and acknowledging the publication of the following reports:
 - Truth and Reconciliation (2019)
 - MMIW&G Report (2019)

Unanimous

MOTION CARRIED

POLICY RESOLUTION #6: Decriminalization of illicit drug use and people who use drugs have access to a regulated, safe drug supply.

MOTION: **BE IT RESOLVED** that the Alliance for Healthier Communities recognizes the urgency to address the drug overdose crisis, understands the negative impact of criminalization, and commits to helping member centres and communities better understand more compassionate and effective responses to these issues.

BE IT FURTHER RESOLVED that the Alliance for Healthier Communities calls for the decriminalization of possession of illicit drugs for personal use, along with anti-stigma education, access to treatment and the distribution of a safe regulated drug supply, as essential to keeping people who use drugs alive, healthy and free from stigma, discrimination and incarceration – and to enabling their choice and autonomy to lead stable and meaningful lives.

Mover: South Riverdale CHC

Secunder: Parkdale Queen West CHC

Discussion

- Dean Bere, Board member, Parkdale Queen West CHC spoke from the floor.
 - As a resident of Parkdale, I have seen firsthand the way that drug users are being treated and how this negatively impacts them
- Lynne Raskin, CEO, South Riverdale CHC, spoke from the floor:
 - Spoke in memoriam of “Pops” and “Rafi”, both active in the harm reduction community.
 - Spoke about the fear of criminalization of those first volunteers in Moss Park

and the ongoing work that is being done by the tireless harm reduction workers.

- Drug users have accepted their death sentences due to the toxic drug supply.
- Being desensitized is not the way forward. We know prohibition does not work.

Amendment from Sandy Hill CHC, supported by Parkdale Queen West CHC.

BE IT FURTHER RESOLVED that the Alliance for Healthier Communities, representing organizations that are affected by and leading the response to the overdose crisis, position itself to be a reasoned source of information on the decriminalization of drugs, and play an active role in educating members, policy makers, policy influencers, the media and the public, on decriminalization and how it relates to the health and wellbeing of people who use drugs in Ontario and Canada."

- Aynsley Morris, Board Member, Sandy Hill CHC spoke from the floor:
 - We want to make sure that there is a direct link as a Health Equity issue and mitigate risk of sensationalization.
- Gary Dickson, Board Vice Chair, Country Roads CHC, spoke from the floor:
 - Enthusiastically support the decriminalization resolution
 - As a Board, we are currently focused on the health system transformation.
 - For Alliance to divert resources, it may diminish its primary focus to help membership in this endeavor.
- Marina Hodson, Alliance Board Chair responded:
 - Thank you for raising that.
 - It is a confirmation of the same work that is already being undertaken by the Alliance.
- Sarah Hobbs Blyth, ED, Planned Parenthood Toronto, spoke from the floor:
 - Clarification to the amendment that it is in addition and not to replace previous parts of the motion.
- Jane Mulkewich, Board Chair, Hamilton Urban Core CHC, spoke from the floor:
 - If our sector doesn't support this, then who?
 - When people are dying, we are not doing the best for our clients.
 - This means we are on the leading edge and not distracting resources.

Abstentions: 3

AMENDMENT CARRIED

MOTION to approve the resolution as amended

Discussion

- Ruth Martin, Board Chair, West Elgin CHC, spoke from the floor:
 - Strongly in favour of this resolution. Criminalization tears women away from their families, from their supports. Spoke about firsthand experience with women in corrections. Decriminalization is the way forward.

Opposed: 1

Abstentions: 4

MOTION CARRIED

9. Nominations Report

Cheryl Prescod, Chair of the Nominations Committee, presented the Nominations Report.

A two-year timeline to transition to the new board composition was approved at the June 2018 AGM. The board is happy to report that we have almost completed this transition in one year. There remains one significant gap (an NPLC Director) that we hope to address in the next year.

C. Prescod acknowledged former and outgoing Board members. In December 2018, 4 directors completed their 6 months extended terms on the Alliance Board and are not eligible to run for another term:

- Allan Madden, South West Constituency rep
- Cameron MacLeod, Eastern Constituency rep
- Mary Anne Beith, Member-at-Large rep
- Sarah Hobbs Blyth, Central Constituency rep

In June 2019, 4 directors complete their 2 three year terms and are not eligible to run for another term.

- Cheryl Prescod , Member-at-Large rep
- Denis Constantineau, Northern Constituency rep
- Marina Hodson, CFHT Constituency rep
- Richard Gerson South Central Constituency rep

The Board extends its thanks to Al, Cam, Mary Anne, Sarah, Cheryl, Denis, Marina, Richard, along with past South Central Constituency director Jeanne Schmidt for their contribution to the Alliance.

C. Prescod introduced the new Board. In the fall 2018, the Alliance Board put together a transition plan for the new Board composition that was approved at the June 2018 AGM. The Board is pleased to announce that at the January 31st 2019 Special Membership Meeting, the membership overwhelmingly voted the following 8 directors to the Alliance Board, including one existing director who was elected for her second term:

- Cate Melito
- Cliff Ledwos
- Dale McMurchy
- François Séguin
- Liben Gebremikael
- Claudia den Boer, 2nd Term
- Mariette Sutherland
- Taposhi Batabyal (absent)

In addition, to fill one director vacancy, a 2nd Call for Nominations was issued in December. The Board thanks Christopher Yendt and Tom Gleason for putting their names forward for nomination.

The Alliance Board is pleased to recommend Marc Bisson, ED at CSC de l'Estrie as the 12th Director for a three year term. Marc fills the available second Francophone position, increases rural representation and maintains board/staff balance.

Director Elections:

MOTION: **BE IT RESOLVED** that the membership confirms the election of Marc Bisson to the Alliance Board for a three year term until June 2022.

Mover: Alliance Board
Second: Alliance Board

Discussion: There was no discussion or amendments.

Unanimous

MOTION CARRIED

10. a) Thank You Alliance Staff

CEO A. Tetley thanked the Alliance staff by teams.

b) Introduction of Alliance Board for 2019/20

Prior to the presentation of the 2019-20 Board, Marina Hodson, Outgoing Chair, and Claudia den Boer, Incoming Chair, presented tokens of appreciation to the following outgoing Board members for their years of service.

- 1) Allan Madden
Served 3.5 years as South West Constituency Director (Term ended Dec 2018)
Served on Audit Committee

- 2) Cameron McLeod
Served 3.5 years as Eastern Constituency Director (Term ended Dec 2018)
Served on Audit and Member Engagement Committees.
Past chair of Resolutions Committee

- 3) Cheryl Prescod
Served 6 years as Member-at-Large Director
Served on Member Engagement, and Strategic Planning Committees
Served as chair of Governance and Nominations Committees, and the Alliance Board

- 4) Denis Constantineau (*absent*)
Served 7 years as Northern Constituency Director
Served on the Nominations, Governance and Strategic Planning Committees
Completing term as Board Secretary
- 5) Mary Anne Beith
Served 1.5 years as Member-at-Large Director (Term ended Dec 2018)
Served on Nominations Committee
- 6) Richard Gerson
Served 7 years as South Central Constituency Director
Served on Member Engagement, Branding, Strategic Planning Committees
- 7) Sarah Hobbs Blyth
Served 7 years as Central Constituency Director (Term ended Dec 2018)
Served on Nominations Committee
Served as chair of Governance, Branding, and Strategic Planning Committees; as well as vice-chair and chair of the Alliance Board
- 8) Marina Hodson
Served 7 years, initially as Central East Constituency Director, then as CFHT Constituency Director
Served on Branding, Strategic Planning, and IMS Program Review Committees
Served as chair of Governance, and Resolutions Committees; as well as vice-chair and chair of the Alliance Board.

Marina Hodson introduced the 2019-20 Alliance Board of Directors:

1. Claudia den Boer **Chair**
2. Liben Gebremikael **Vice Chair**
3. Constance McKnight **Treasurer**
4. Clinton Cowan **Secretary**
5. Cate Melito
6. Cliff Ledwos
7. Dale McMurchy
8. François Séguin
9. Mariette Sutherland
10. Martha Lowrie
11. Marc Bisson
12. Taposhi Batabyal (*absent*)

11. Other Business:

No new business was introduced.

12. ADJOURNMENT

MOTION: To adjourn the 37th Annual General Meeting of the Alliance for Healthier Communities

Mover: Sarah Hobbs Blyth

Adjourned at 8:34PM.

Recorder: Meghan Perrin

Signed by Alliance Board Chair

Claudia den Boer: _____

Date: _____