



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

November 5, 2021

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

October 27, 2021

## BOARD OF HEALTH MEETING

Algoma Community Room

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

## Meeting Book - October 27, 2021, Board of Health Meeting

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### 1. Call to Order

- a. Declaration of Conflict of Interest

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### 2. Adoption of Agenda

- a. October 27, 2021 Board of Health Meeting Agenda 3

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### 3. Delegation/Presentations

- a. COVID-19 and the Opioid Crisis in Algoma 6

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### 4. Adoption of Minutes

- a. September 22, 2021, Board of Health Meeting Minutes 32

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### 5. Business Arising

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### 6. Reports to Board

- a. Medical Officer of Health and Chief Executive Officer Report

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- ii. Request for Increase in Provincial Base Funding for Local Public Health 46

- b. Finance and Audit

- i. Finance and Audit Committee Chair's Report for October 13, 2021 48

- ii. APH Unaudited Financial Statements ending August 31, 2021 49

- iii. IPAC Hub Funding Letters 57

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### 7. New Business

- a. AOHT Board to Board Information Session and Discussion 86

- b. aPHa Fall Symposium 87

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### 8. Correspondence

- a. Letter to the Ministry of Health, from Simcoe Muskoka District Health Unit regarding COVID-19 Funding dated October 21, 2021. 91

- b. Letter to the Ministry of Health, from Grey Bruce Health Unit regarding Support for a Local Board of 93

Health dated October 13, 2021.

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**9. Items for Information**

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**10. Addendum**

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**11. In-Camera**

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**12. Open Meeting**

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**13. Resolutions Resulting From In-Camera**

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**14. Announcements**

- a. Next Meeting Dates

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**15. Adjournment**



**Board of Health Meeting  
AGENDA**

**October 27, 2021 at 5:00 pm**

**Video/Teleconference | Algoma Community Room**

**BOARD MEMBERS**

Sally Hagman - Board Chair  
Ed Pearce - 1st Vice Chair  
Deborah Graystone - 2nd Vice Chair  
Lee Mason  
Micheline Hatfield  
Musa Onyuna  
Brent Rankin  
Matthew Scott  
Louise Caicco Tett

**APH EXECUTIVE**

Dr. Jennifer Loo - Acting Medical Officer of Health & CEO  
Dr. John Tuinema - Acting Associate Medical Officer of Health  
Antionette Tomie - Director of Corporate Services  
Laurie Zeppa - Director of Health Promotion & Prevention  
Leslie Dunseath - Financial Analyst  
Tania Caputo - Board Secretary  
Tanya Storozuk - Executive Assistant

**GUESTS:** Kristy Harper - Manager of Community Wellness & School Health, Amanda Perri - Epidemiologist, Allison McFarlane - Public Health Nurse, Liliana Bressan - Research Policy Advisor

*\* Proceedings are being recorded and will be available upon request*

**1.0 Meeting Called to Order**

*S. Hagman*

- a. Land Acknowledgement
- b. Declaration of Conflict of Interest

**2.0 Adoption of Agenda**

*S. Hagman*

**RESOLUTION**

THAT the Board of Health agenda dated October 27, 2021 be approved as presented.

**3.0 Delegations / Presentations**

COVID-19 and the Opioid Crisis in Algoma presentation

*K. Harper, A. Perri,  
A. McFarlane*

**4.0 Adoption of Minutes of Previous Meeting**

*S. Hagman*

**RESOLUTION**

THAT the Board of Health meeting minutes dated September 22, 2021 be approved as presented.

**5.0 Business Arising from Minutes**

*S. Hagman*

**6.0 Reports to the Board**

**a. Medical Officer of Health and Chief Executive Officer Reports**

*J. Loo*

- i. MOH Report - October 27, 2021

**RESOLUTION**

THAT the report of the Medical Officer of Health/CEO for October 2021 be accepted as presented.

**ii. Request for Increase in Provincial Base Funding for Local Public Health**

*J. Loo*

**RESOLUTION**

**Whereas** Algoma Public Health (APH), since the start of the COVID-19 pandemic in 2019, has provided a robust pandemic response to prevent and mitigate the spread of COVID-19; and

**Whereas** APH has coordinated, implemented, and supported COVID-19 vaccination clinics across the district to deliver 176,794 doses of COVID-19 vaccine to eligible persons in Algoma; and

**Whereas** to resource urgent pandemic response and immunization programming needs, APH has diverted resources from pre-existing public health services to ensure timely response to COVID-19 and maintenance of highest risk programming; and

**Whereas** the diversion of resources has resulted in the scale down or suspension of moderate to low risk public health programs and services, similar to other areas of the health sector; and

**Whereas** the scale down or suspension of public health programming has resulted in significant service backlogs and new public health priorities that, unless addressed in the short-term and resourced appropriately, will continue to grow and result in negative community health impacts; and

**Whereas** to date, for 2022, the Ontario Ministry of Health has committed to continue both one-time reimbursement to local public health units for extraordinary COVID-19 expenses, as well as one-time mitigation funding to offset the impacts of the cost-sharing formula change to municipalities; and

**Whereas** local public health agencies have received only one increase to provincial base funding in the past five years, despite the introduction of several new programs within the Ontario Public Health Standards and inflation resulting in wage, benefit, and operating cost increases; and

**Whereas** the recruitment and retention of skilled public health professionals in northern Ontario has faced significant and longstanding challenges, similar to the health human resource challenges of the health care sector in the north; and

**Whereas** one-time funding is inadequate to sustainably recruit, hire, and retain skilled public health professionals to provide a robust pandemic response, and simultaneously fulfil a provincial mandate of providing core public health programs and services; and

**Whereas** communities in Algoma now require enhanced program and service delivery to respond the threat of newly emerging infectious diseases and public health issues, and to recover from the collateral harms that have resulted from prioritization of the pandemic response (e.g., opioid overdose death increases, mental health complications, etc.).

**Therefore Be It Resolved That** the Board of Health of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government commit to increased base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north, such that public health units are able to both continue a robust pandemic response, and restore the delivery of mandated public health services to Ontario citizens.

**b. Finance and Audit**

**i. Finance & Audit Committee Chair Report - October 13, 2021**

*E. Pearce*

**RESOLUTION**

THAT the Board of Health approves the Finance & Audit Committee Chair Report for the period ending October 13, 2021, as presented.

**ii. Unaudited Financial Statements for the period ending August 31, 2021.**

*E. Pearce*

**RESOLUTION**

*L. Dunseath*

THAT the Board of Health approves the Unaudited Financial Statements for the period ending August 31, 2021, as presented.

**iii. IPAC Hub Funding Letters**

*J. Loo*

**7.0 New Business/General Business**

**a. Chair of Boards of Health Meeting**

*S. Hagman*

**b. Algoma Vaccination Council Update**

*L. Caicco Tett*

**c. AOHT Board-to-Board Information Session and Discussion**

*S. Hagman*

**d. alPHa Fall Symposium**

*S. Hagman*

- 8.0 Correspondence** *S.Hagman*
- a. Letter to the Ministry of Health, from Simcoe Muskoka District Health Unit regarding **COVID-19 Funding** dated October 21, 2021.
  - b. Letter to the Ministry of Health, from Grey Bruce Health Unit regarding **Support for a Local Board of Health** dated October 13, 2021.

**9.0 Items for Information** *S. Hagman*

**10.0 Addendum** *S. Hagman*

**11.0 In-Camera** *S. Hagman*

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

**RESOLUTION**

THAT the Board of Health go in-camera.

**12.0 Open Meeting** *S. Hagman*

Resolutions resulting from in camera meeting.

**13.0 Announcements / Next Committee Meetings:** *S. Hagman*

**Finance & Audit Committee**

Wednesday, November 10, 2021 @ 5:00 pm  
Video Conference | SSM Algoma Community Room

**Governance Committee Meeting**

Tuesday, November 16, 2021 @ 5:00 pm Video  
Conference | SSM Algoma Community Room

**Board of Health Meeting**

Wednesday, November 24, 2021 @ 5:00 pm  
Video Conference | SSM Algoma Community Room

**14.0 Evaluation** *S. Hagman*

**15.0 Adjournment** *S. Hagman*

**RESOLUTION**

THAT the Board of Health meeting adjourns.

# The Perfect Storm: COVID-19 and the Opioid Crisis

Allison McFarlane, *Public Health Nurse*

Amanda Perri, *Epidemiologist*

Kristy Harper, *Manager of Community Wellness and Chief Nursing Officer*

October 27, 2021

# Overview

- Core Functions of Public Health
- Ontario Public Health Standards
- Situation in Algoma: A Look at Regional and Local Data
- Connections between Substance Use and the COVID-19 Pandemic
- Public Health in Action
- Next Steps

*“You have to have a sense of humility in this field – we are all pretty privileged and you have to be able to look beyond that and see what others do not have.”*

- Outreach Worker

# Core Functions of Public Health

- Health Protection
- Health Surveillance
- Disease and Injury Prevention
- Population Health Assessment
- Health Promotion
- Emergency Preparedness

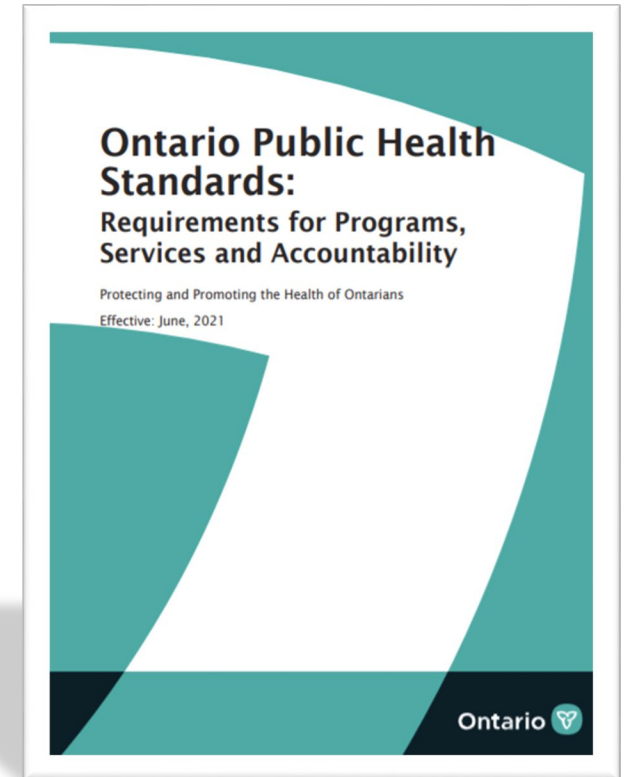


# Ontario Public Health Standards

## *Program Standard: Substance Use and Injury Prevention*

**Goal: Reduce the burden of preventable injuries and substance use.**

- Increase public awareness of the benefits of and access to harm reduction programs and services.
- Increase public awareness of the impact of risk and protective factors associated with substance use.
- Meaningfully engage with community partners (including priority populations) to plan, implement, develop, and evaluate programs and services.

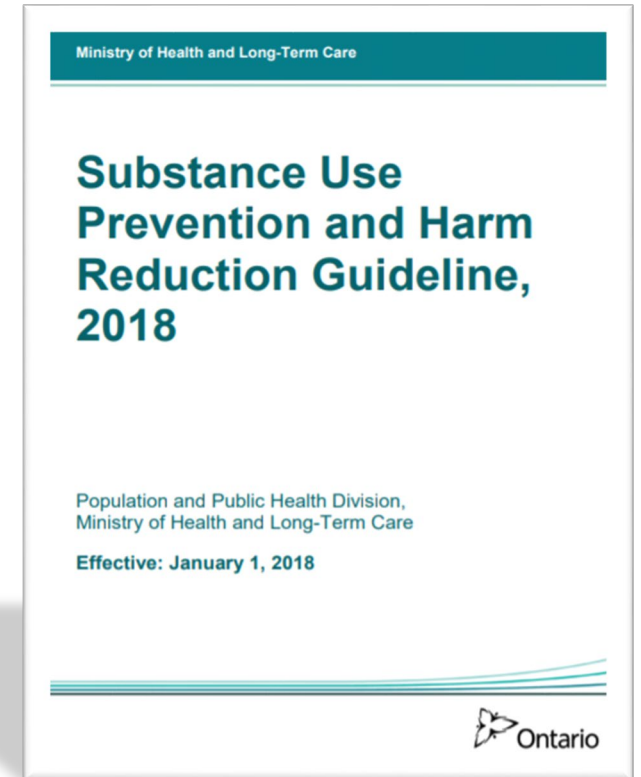


# Ontario Public Health Standards

## *Substance Use Prevention and Harm Reduction Guideline*

The board of health shall collaborate with local partners in health and other sectors to develop programs and services that address varying substance use patterns in order to reduce the burdens associated with substance use, including:

- Preventing or delaying substance use;
- Preventing problematic substance use;
- Reducing harms associated with substance use;
- Re-orienting health services to meet population needs; and/or
- Contributing to the planning of and referral to treatment and other services to meet population needs.





# Understanding Epidemiology

## Public Health Epidemiology

- Distribution and determinants.
- Disease outbreaks - patterns of disease in populations.
- Risks and people most affected.
- Communicating findings with the public.



## Opioid Portfolio

- **Data:** Collection, analysis, and interpretation of opioid-related harms for Algoma and northern Ontario.
- **Ongoing surveillance:** Weekly reports and monthly stakeholder bulletins.
- **Collaboration:** Northern Public Health Epi's and the Coroners Office Epi.
- **Knowledge translation:** Communicating trends with the public and increasing rates of opioid-related harms.

# Opioid-Related Harms

## *Highlighting Northern Inequities*

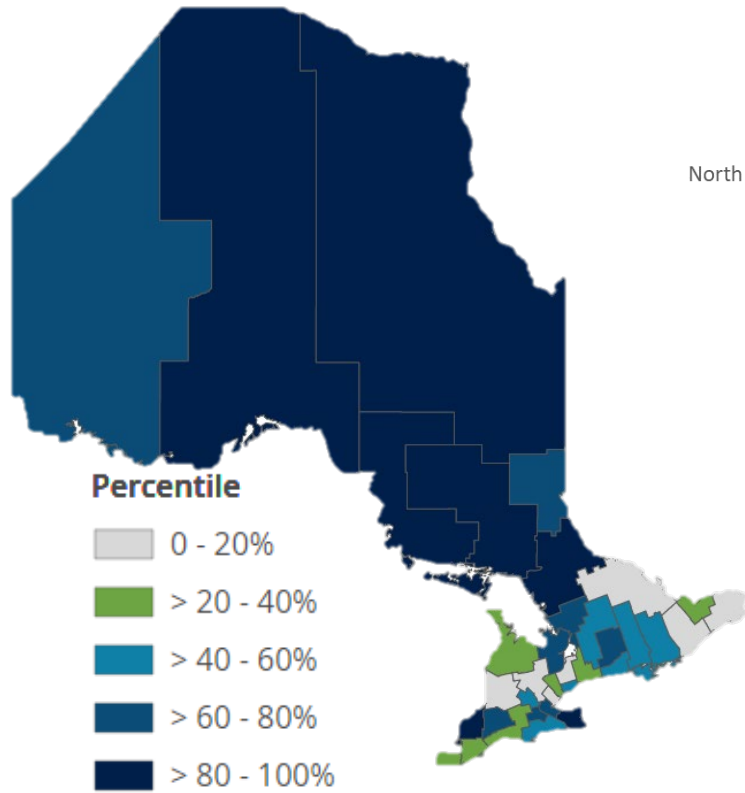
Rates of opioid-related emergency department visits, hospitalizations, and deaths, 2019-2020:  
Regional comparison

	ED Visits		Hospitalizations		Deaths	
	2019	2020	2019	2020	2019	2020
Algoma	112.8	172.8	21.0	35.1	14.9	44.7
NE LHIN	135.3	206.7	25.4	32.3	21.1	45.2
Northern PHU's	114.1	179.0	22.5	27.8	19.1	38.2
Ontario	71.6	84.5	13.6	13.7	10.3	16.3

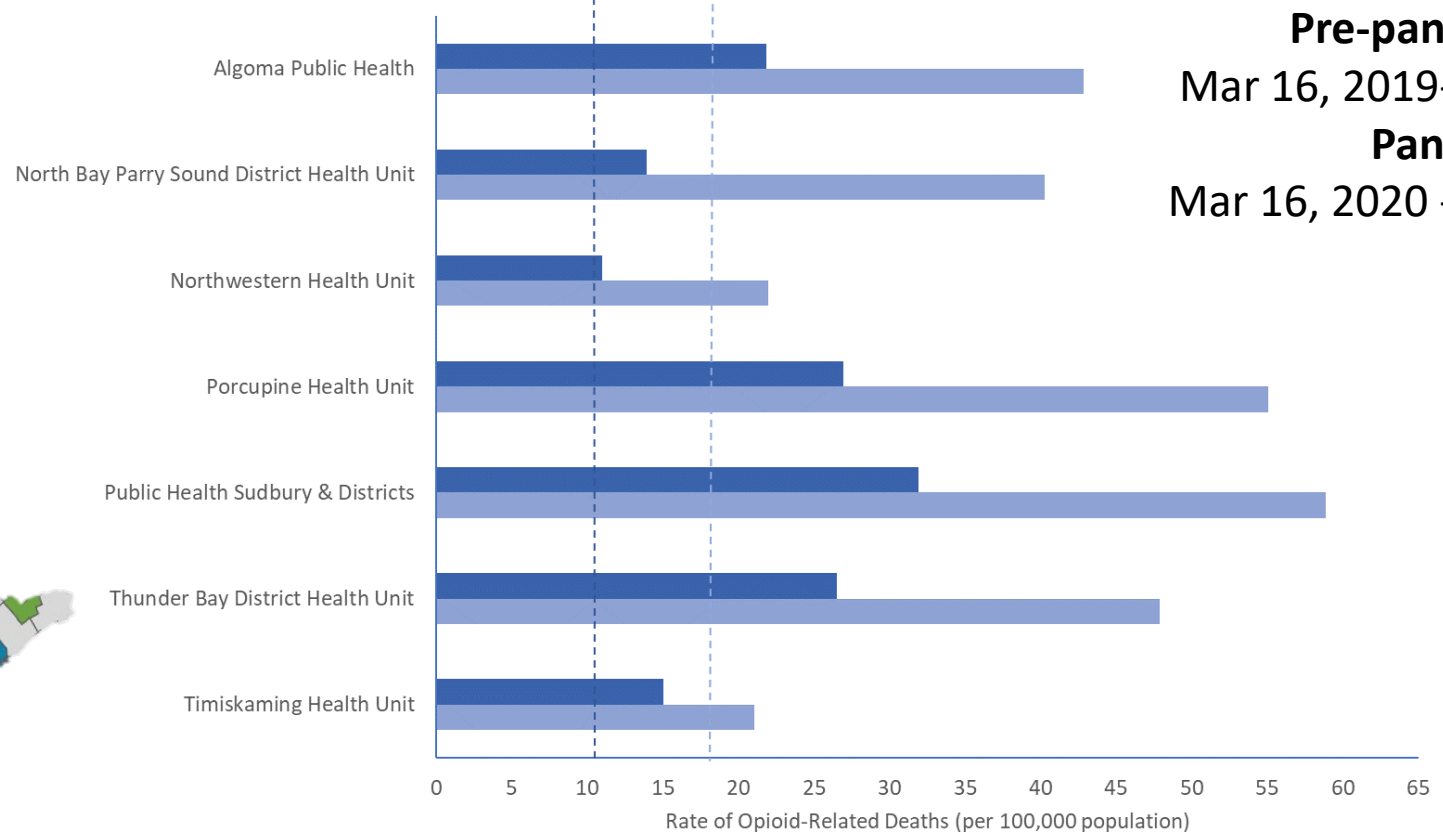
*\*Crude rates are per 100,000 people.*

# Rates of Opioid-Related Deaths

## *A Comparison of the Northern Health Units*



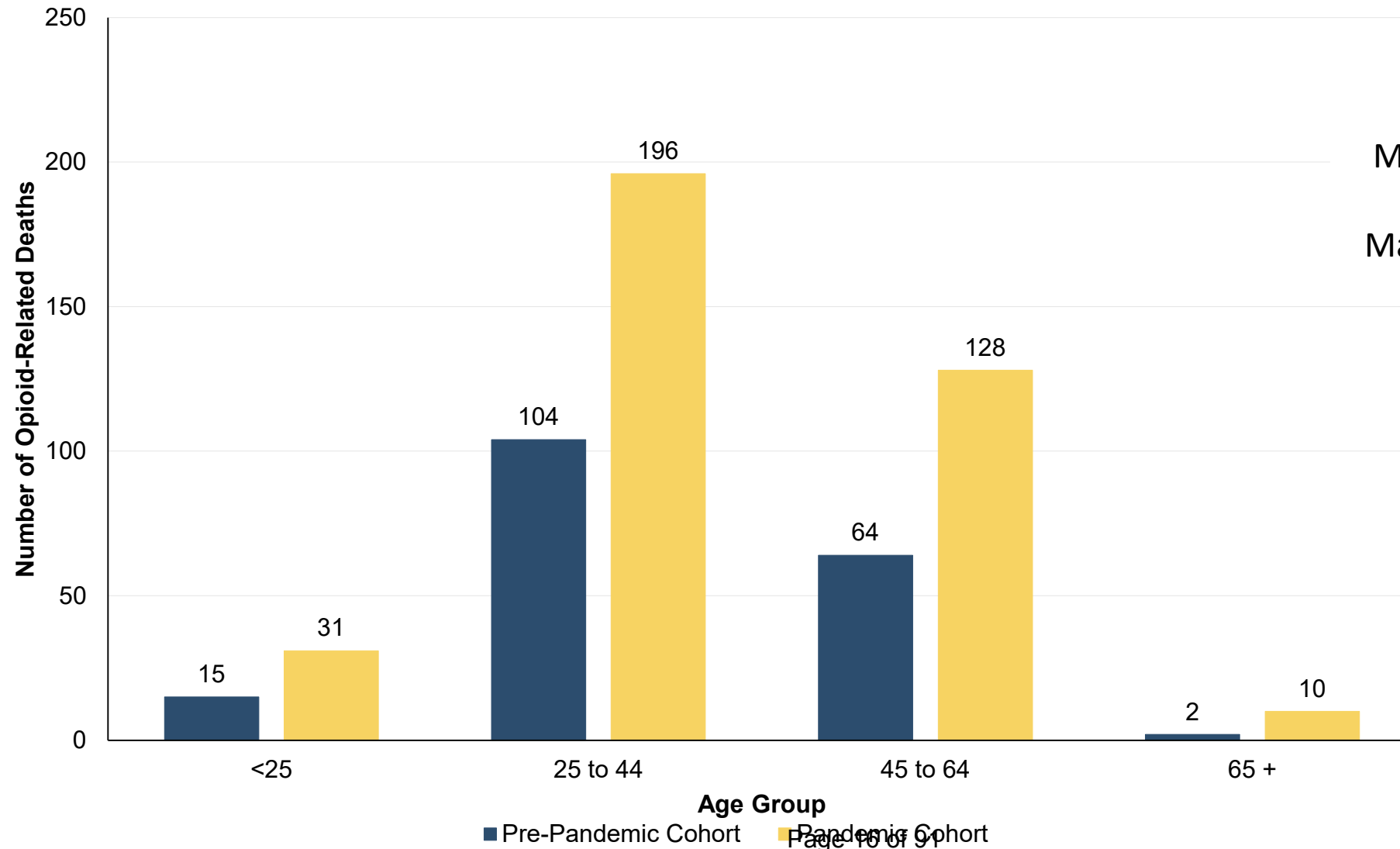
**Ontario Rates**  
 Pre-pandemic rate 10.5  
 Pandemic rate: 18.2



**Pre-pandemic Cohort:**  
 Mar 16, 2019- Mar 15, 2020  
**Pandemic Cohort:**  
 Mar 16, 2020 - Mar 15, 2021

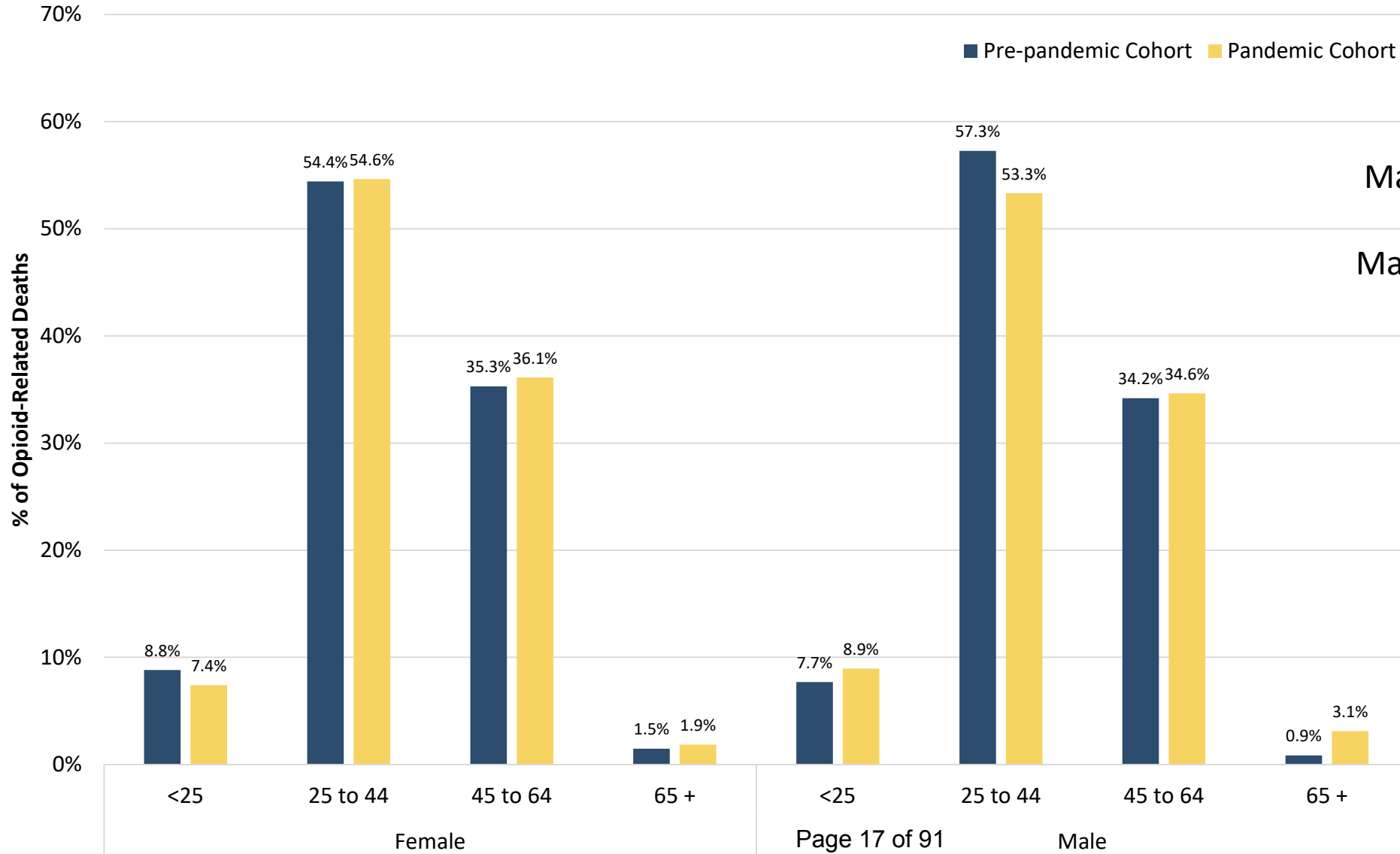


# Northern Ontario: Distribution of Opioid-Related Deaths by Age



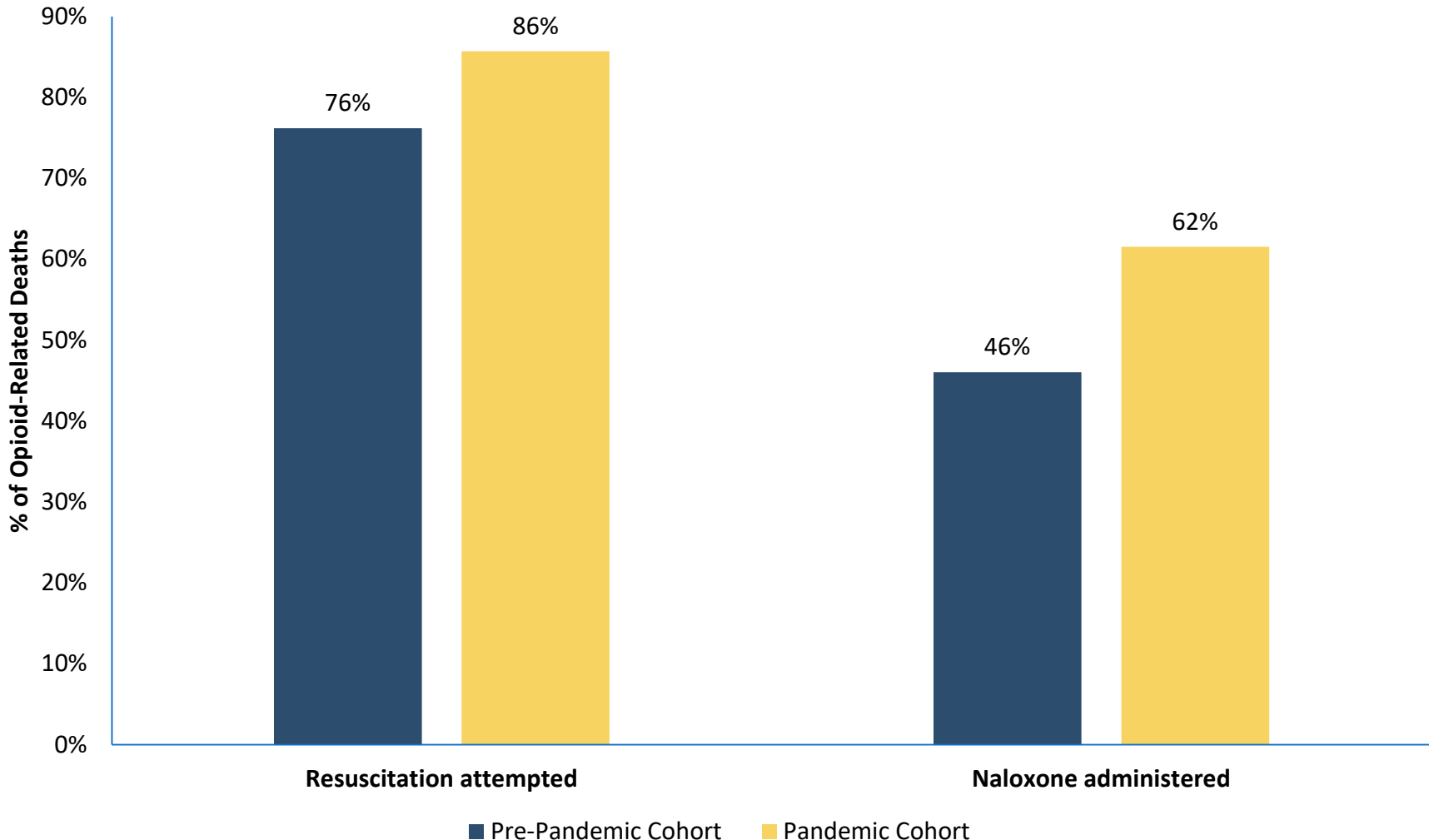
**Pre-pandemic Cohort:**  
Mar 16, 2019- Mar 15, 2020  
**Pandemic Cohort:**  
Mar 16, 2020 - Mar 15, 2021

# Northern Ontario: Opioid-Related Deaths by Sex and Age



**Pre-pandemic Cohort:**  
Mar 16, 2019- Mar 15, 2020  
**Pandemic Cohort:**  
Mar 16, 2020 - Mar 15, 2021

# Northern Ontario: Patterns of Resuscitation Attempts and Naloxone Administration



**Pre-pandemic Cohort:**  
Mar 16, 2019- Mar 15, 2020  
**Pandemic Cohort:**  
Mar 16, 2020 - Mar 15, 2021

\* *When someone was present at the scene who could intervene.*



# Local Snapshot: Algoma

- From April 2020 to March 2021, there was a **96% increase in opioid-related deaths** compared to the previous year.
- From January 2021 to August 2021, a total of **56 suspected drug-related deaths** were reported (compared to 53 from January 2020 to August 2020).
- In Algoma, Fentanyl was found in 87% opioid-related deaths in 2020 (ON 86%).
- From January to August 2021, the number of naloxone kits dispensed from pharmacies, APH, and community agencies increased and **surpassed** the total amount distributed in 2020.

# Connections Between the COVID-19 Pandemic and the Opioid Crisis

- The effects of the COVID-19 pandemic, and the measures taken to contain it, have impacted every aspect of society, **magnifying existing inequalities** among marginalized populations.
- The COVID-19 pandemic has **overshadowed and simultaneously exacerbated** the opioid crisis.
- The associated disruptions in services were compounded by **pre-existing barriers** already experienced by marginalized populations.





# Exploring Some of the Connections...

## Physical Distancing and Isolation

- Stay at home orders increased stress, anxiety, and depression.
- Literature shows increased drug and alcohol use related to social isolation and stay at home orders.

## Border and Travel Restrictions

- Border closures disrupted drug supply chains.
- Disruptions in supply resulted in turning to unknown sources, increasing the risk for opioid-related harms, including death.

## Changes to Employment and/or Income

- Disrupted routine and schedules increased stress and anxiety.
- Poor coping skills led to increased substance use or re-use for some in recovery.

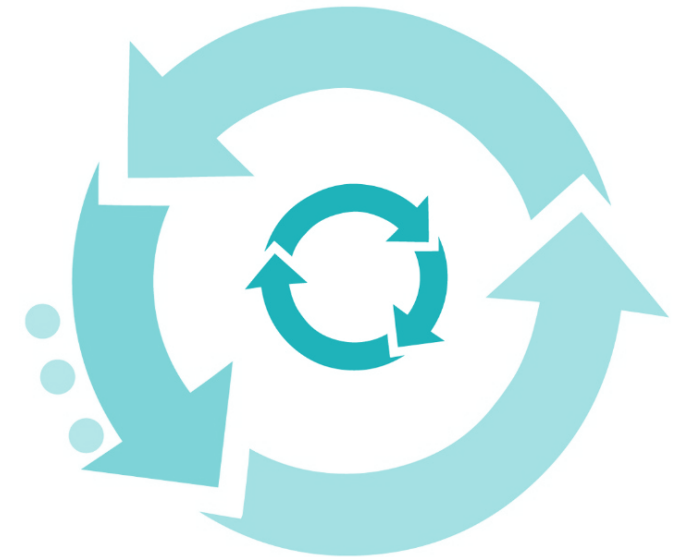
### Resources:

- Picchio, C. A. et al. (2020). [The impact of the COVID-19 pandemic on harm reduction services in Spain](#). *Harm Reduction Journal*, 17(87), 1-11.
- Friesen, E. L. et al. (2021). [The impact of the COVID-19 pandemic on opioid-related harm in Ontario](#). *Science Briefs of the Ontario COVID-19 Science Advisory Table*, 2(42).
- Concept map adapted from Zolopa, C. et al. (2021). [A rapid review of the impacts of "big events" on risks, harms, and service delivery among people who use drugs: Implications for responding to covid-19](#). *International Journal of Drug Policy*, 92.



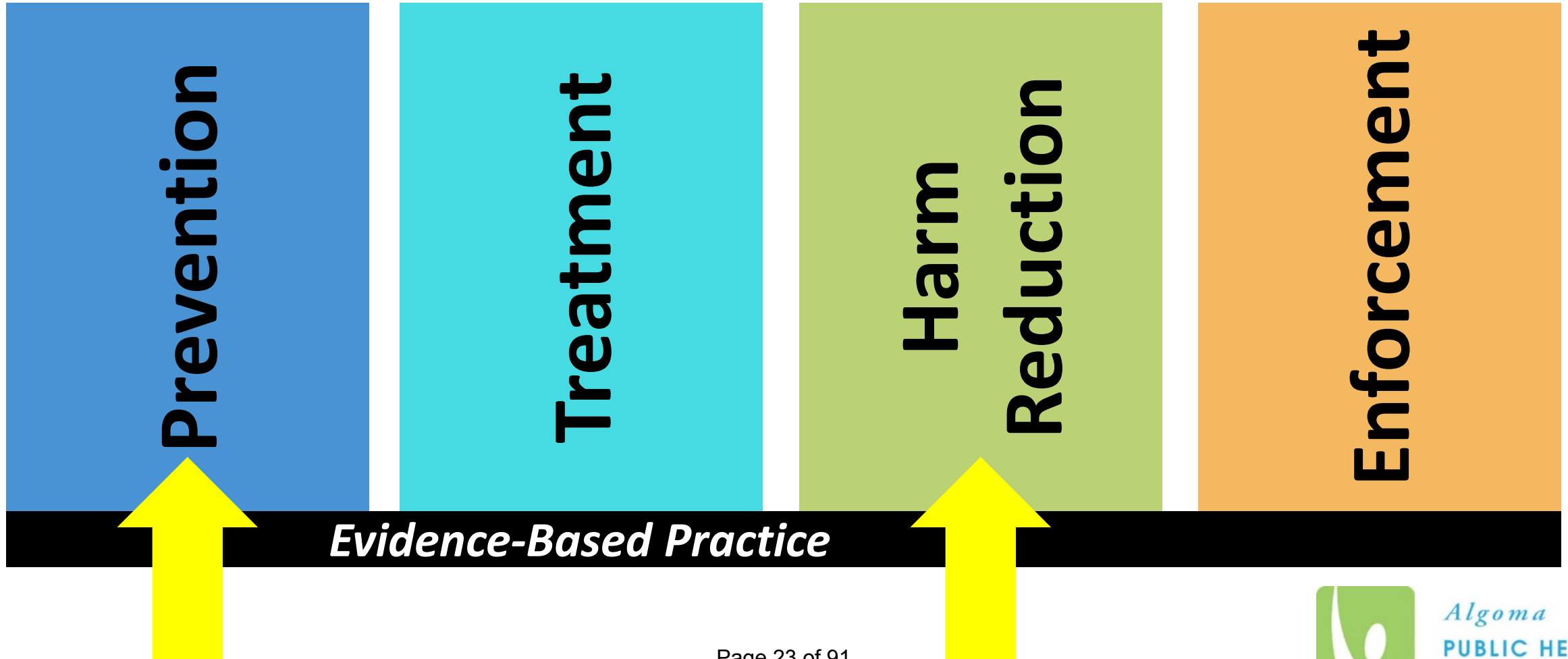
# Commitment to Maintaining Service Delivery During the COVID-19 Pandemic

- Continuity of operations (COOP) plan gave high priority to the programs that work to **decrease health inequities** for those who have been most affected by COVID-19.
- APH remained focused on maintaining programming that worked to **prevent death and other harms related to substance use.**
- Program delivery has been maintained, although modified, to accommodate COVID-19 pandemic measures.



# Public Health in Action

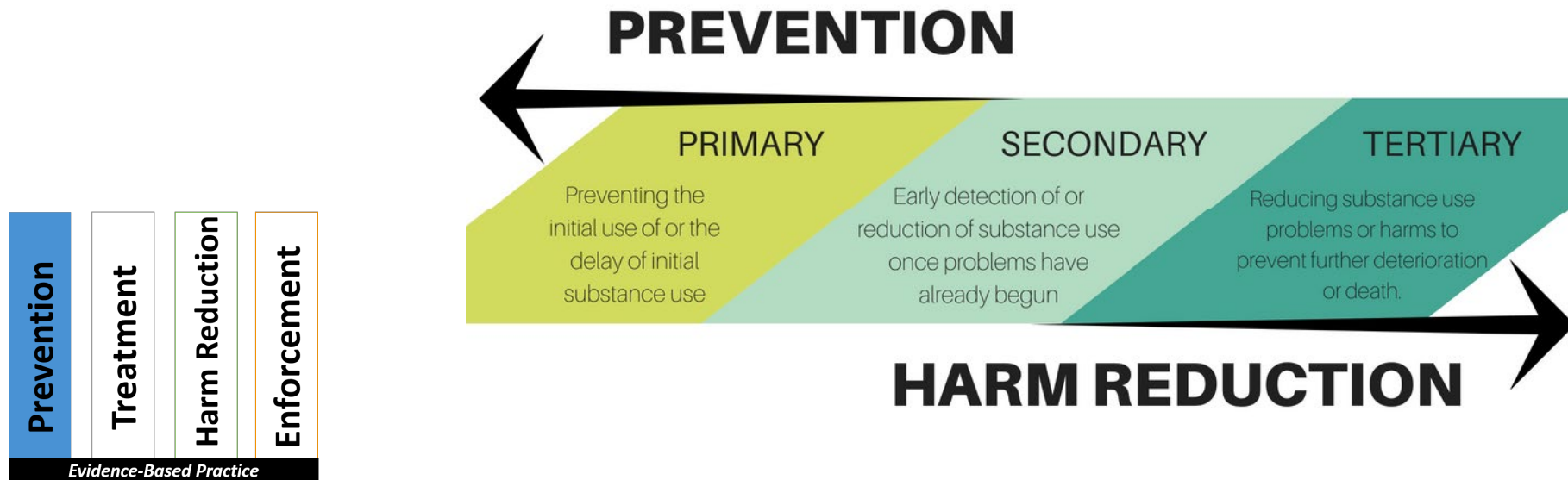
*Canadian Drugs and Substance Use Strategy: 4 Pillars*



# Public Health in Action: Prevention

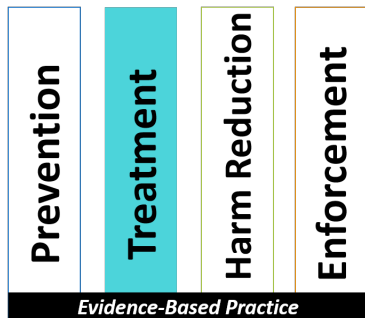
**Goal:** Prevent initiation of substance use or prevent problematic substance use.

- Work with community partners to highlight the importance of prevention, especially among children, youth, and young adults.
- Promote healthy coping strategies, increase resiliency, and increase awareness of the harms associated with substance use.



# Public Health in Action: Treatment

- Participate in ongoing work with community partners to identify needs and gaps in services, and advocate for related policies, programs, and services.
- Inform and support the re-orienting of health services to meet population needs.
- Contribute to the planning of and referral to treatment and other services to meet population needs.
- Advocate for increased treatment services in Algoma.

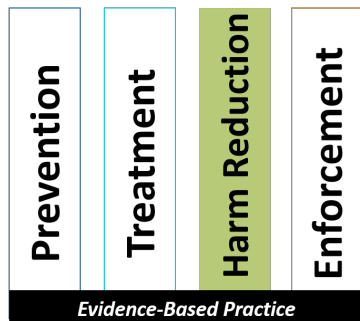


*In 2019, the Board of Health supported Sault Area Hospital's proposal for an enhanced withdrawal management facility.*

# Public Health in Action: Harm Reduction

Harm reduction is a vital part of a **comprehensive, compassionate** and **collaborative** public health approach to substance use. Harm reduction is proven to reduce risks, improve health, and connect people with other key health and social services.

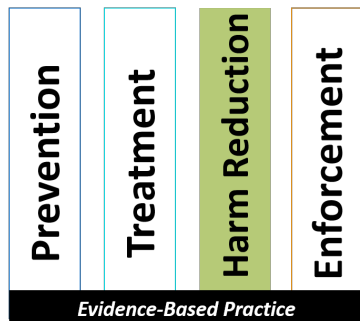
- The Ontario Naloxone Program (ONP)
- Needle Exchange Program (NEP)
- Increased Collaboration with Community Partners
- Surveillance
- Stigma Reduction



# Public Health in Action: Harm Reduction

## *The Ontario Naloxone Program (ONP)*

- Work with 16 agencies/programs to improve access to naloxone across Algoma.
  - Signed agreements with 3 additional community partners over the last year.
- Offer consultations for agencies/organizations who do not meet eligibility requirements to dispense naloxone through the ONP.
- Over the last year, there has been an increase in naloxone kits distributed by pharmacies, APH, and community partners.



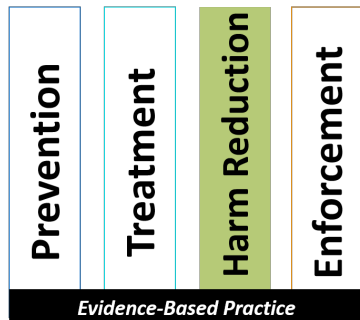
### **ONP Partners:**

Hospitals, Outreach Programs, Treatment Programs, Community Health Centers, Aboriginal Health Access Centers, and Local and District Emergency Services

# Public Health in Action: Harm Reduction

## *Needle Exchange Program (NEP)*

- Offer NEP services in multiple locations throughout Algoma.
- Have 6 sharps disposal kiosks in SSM, 1 in Blind River, and 1 in Elliot Lake.
- During the pandemic cohort (March 16, 2020 – March 15, 2021), there was an increase in clients accessing NEP services and increase the number of supplies distributed.

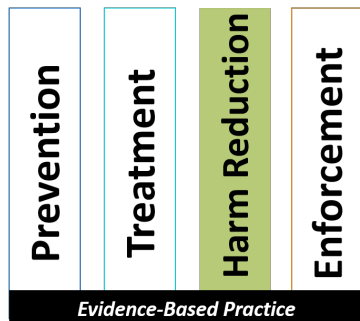




# Public Health in Action: Harm Reduction

## *Community Collaboration*

- Collaborate with our community partners (particularly with those who provide outreach services).
- Provide harm reduction supplies to 6 agencies/programs to increase access to safer drug use supplies and naloxone.
- Work with several community partners to ensure that services and programs for people who use drugs remain a priority, both during and post-pandemic.



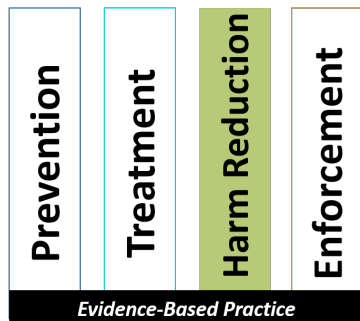
### **Harm Reduction Partners:**

Outreach Programs, Treatment Programs, Community Mental Health Providers,  
and Community Health Centers

# Public Health in Action: Harm Reduction

## *Surveillance*

- Monitor health data and trends to describe the local situation and help inform development of policies, programs, and services.
- Collect, analyze, and interpret data relating to opioid-related harms.
- Provide a monthly Opioid Surveillance Bulletin to community partners.
- Provide media releases to notify the community of alarming drug trends and/or increasing rates of opioid-related harms (often in collaboration with community partners).



Drug Warning: white fentanyl found circulating in Sault Ste. Marie

Tue, Mar 30, 2021

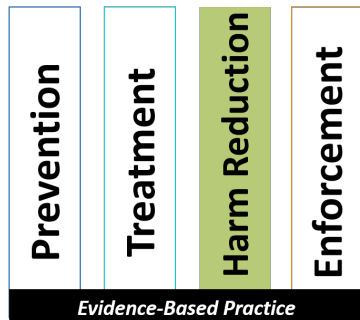
Increase in opioid-related harms in the Algoma region

Mon, Jul 19, 2021

# Public Health in Action: Harm Reduction

## *Reducing Stigma*

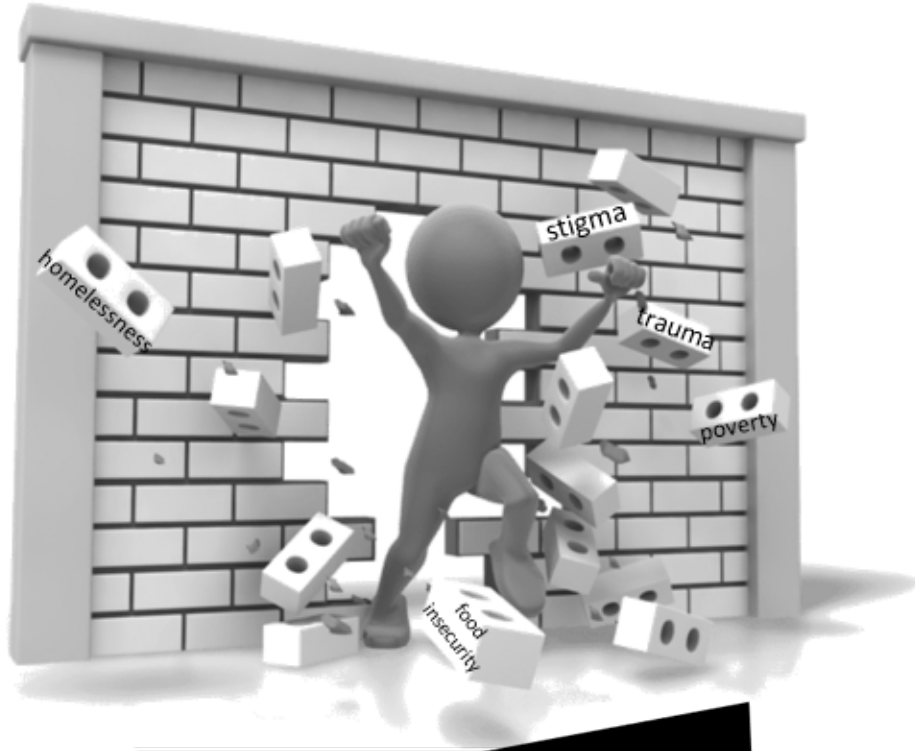
- Stigma is a significant barrier to wellness and good health.
- **Goal:** To shift language to more accurately reflect that substance use disorder is a health condition and not a moral failing.
- Continue promotion of anti-stigma messaging on all social media platforms.



Consider  
your  
language  
choices:

<b><u>AVOID</u></b> Addict Drug User Junkie	<b><u>AVOID</u></b> Calling someone 'clean' or 'dirty'	<b><u>AVOID</u></b> Drug abuse Drug misuse
<b><u>CHOOSE</u></b> Person who uses drugs	<b><u>CHOOSE</u></b> Person in recovery	<b><u>CHOOSE</u></b> Drug use, substance use disorder

# Moving Forward



It means a lot to someone  
when you care about them  
with no strings attached.

- Counsellor

- **Restore** and **rebuild** authentic community relationships.
- Conduct ongoing population health assessment and surveillance, and facilitate information sharing.
- Leverage opportunities with community partners to assess inequities and system-level challenges, and provide recommendations for positive change.
- Continue to collaborate with the Northern Health Units to explore innovative approaches and share collective knowledge to address opioid-related harms in northern Ontario.

# Thank You. Questions?

Contact: [communications@algotmapublichealth.com](mailto:communications@algotmapublichealth.com)

*"If we had community consensus that addiction is a health problem – it would go along way to help clients access the help they need."*

– Service Provider

*"Seeing the same people over and over again... I try to find optimism in this. What can I change this time around to better help them?"*

***You have another chance to make a difference."***

– Health Care Provider

*"The burnout doesn't come from the people [the clients]. It comes from the system."*

- Service Provider



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

October 27, 2021

Report of the

# Medical Officer of Health / CEO

Prepared by:  
Dr. Jennifer Loo and the  
Leadership Team

Presented to:  
Algoma Public Health Board of Health

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## APH AT-A-GLANCE

### COVID-19 Pandemic Response in Algoma

During the fall of 2021, widespread immunization against COVID-19 and the maintenance of strong preventive measures have kept COVID-19 activity relatively low and stable in Algoma. Notably, the introduction of province-wide proof of immunization requirements in a number of sectors has enabled settings such as restaurants, theatres, and sporting facilities to remain open safely.

To further increase protection for users of indoor sporting facilities, and establish a consistent approach to vaccine requirements in organized sport in northern Ontario, the northern medical officers of health have also [issued letters of instruction](#) requiring those aged 12 or older who coach, officiate, or volunteer in organized sports to show proof of immunization.

Throughout the first three weeks of October, weekly incidence of COVID-19 in Algoma has remained below 10 cases per 100,000 people. During the week of Oct 12 to 18, Algoma's weekly incidence was 5.2 cases per 100,000 people, with a percent positivity of 0.5%. Between July 1, 2021 and October 20, 2021, there were 86 COVID-19 cases reported in Algoma, of which 22.1% were in fully immunized individuals and 77.9% were in unimmunized or partially immunized individuals. One additional COVID-19-related death was reported in an Algoma resident in October, with the total number of COVID-19-related deaths at eight since the beginning of the pandemic.

### COVID-19 Immunization Update

As of October 20, 2021, 177,758 total doses of COVID-19 vaccine have been administered to Algoma residents. Of all eligible Algoma residents born in 2009 or later, just over 88% have received at least one dose of a COVID-19 vaccine, and over 84% have received two doses. This means that, 75% of the total population in Algoma, or about 85,000 residents, are fully immunized. Just under 24,000 Algoma residents remain unimmunized with any dose of COVID-19 vaccine, of which about 11,000 are currently eligible for immunization based on age.

In late September and October, APH and immunization partners have also begun to provide third dose booster doses to seniors living in congregate settings, in accordance with updated recommendations from the National Advisory Committee on Immunization and as per provincial direction. At the time of writing, all eligible residents of Algoma's long term care homes and elder care lodges have been offered a third dose of vaccine, and immunization efforts are under way for residents of Algoma's retirement homes and other congregate living settings for seniors.

With recent confirmation that Pfizer has submitted their vaccine to Health Canada for regulatory approval for use in children aged 5 to 11, APH is also actively planning with partners across the district to be able to administer vaccine to this age group, and to be able to provide opportunities for children and parents to access clear, up-to-date information on COVID-19 vaccines for children.

Internally, APH has also implemented a workplace vaccine policy, in alignment with provincial direction. At the time of writing, 99% of active APH staff are fully immunized.



## PROGRAM HIGHLIGHTS

**Topic:** School Health COVID-19 Support Team – Supporting Schools during the COVID-19 Pandemic

**From:** Kristy Harper, Manager of Community Wellness & School Health Program, Chief Nursing Officer

**School Health Goal<sup>1</sup>:** To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

**School Health Program Standard Requirements<sup>1</sup> addressed in this report:**

- 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. The program of public health interventions shall be informed by consultation and collaboration with school boards, principals, educators, parent groups, student leaders, and students.
- 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 and considering, but not limited to: immunization and infectious disease prevention.
- The board of health shall work with school boards and schools to identify opportunities to improve public knowledge and confidence in immunization for school-aged children.

**Key Messages**

- Schools provide important protective factors for the well-being of students and families.
- The Ontario *School Focused Nursing Initiative* launched in July 2020 provided one-time funding to local public health units to maintain dedicated public health nurses for COVID-19 response in the schools.
- APH created a *School Health COVID-19 Support* team dedicated to helping schools operate safely, minimize exposure to COVID-19, reduce transmission of COVID-19, and stay open for in-person learning.
- School health nurses have been a key point of contact for school boards, schools and school communities, and integral to supporting the safe re-opening of schools in Algoma.
- Recovery from the COVID-19 pandemic will need to consider the significant impact of the pandemic on school-aged children’s health and wellbeing and will require ongoing partnership with school boards, schools, and school communities to address rising public health issues among children.

**Importance and Routine Work of Public Health in the Schools**

School environments represent one of the most important protective factors for the wellbeing of students and their families.<sup>2</sup> Schools help promote the healthy growth and development of children, while also helping parents and guardians connect to community resources and supports.<sup>3</sup> For children and youth, schools can foster a sense of belonging and provide a safe space where students learn and

grow, develop confidence in their ability to succeed, strengthen their resilience, build healthy relationships, and experience positive social and emotional learning.<sup>2-4</sup>

As outlined by the World Health Organization:

*“Health is inextricably linked to educational achievements, quality of life, and economic productivity. By acquiring health-related knowledge, values, skills and practices, children can be empowered to pursue a healthy life and to work as agents of change for the health of their communities.”*<sup>5, p.7</sup>

The link between health and education makes schools an ideal setting for children to learn and develop healthy habits, while healthier students are in turn better prepared to learn while at school.<sup>5</sup>

Algoma Public Health’s (APH) School Health Program (SHP) collaborates with four school boards, representing 69 schools and 15, 379 students aged 4 to 17 years in Algoma<sup>6</sup>, to provide resources and supports to achieve optimal health of school-aged children and youth.<sup>1</sup>

In addition to the *Ontario Public Health Standards*<sup>1</sup> and *School Health Guideline*<sup>7</sup> that mandate the work of public health in the schools, there are five **Foundations for a Healthy School**<sup>8</sup> that the SHP aims to address, including:

- **Curriculum, teaching and learning**, for students to learn, practice, and promote positive and healthy behaviors to lead healthy, active lives.
- **School and classroom leadership**, to create a positive environment by identifying shared goals and priorities that respond to the needs of the school community.
- **Student engagement**, to foster a sense of belonging at school where students feel empowered to participate and lead activities.
- **Social and physical environments**, to create environments supportive of learning and positive cognitive, emotional, social, and physical development.
- **Home, school and community partnerships**, to enhance and promote opportunities for learning and wellbeing within and outside of the classroom.

Prior to the COVID-19 pandemic, the SHP delivered programs in partnership with school boards using a **comprehensive health promotion approach**<sup>9</sup>. Program work included:

- Collaborating with students, parents, educators, and community partners to promote the health and well-being of school-aged children and youth.
- Providing health education support and resources.
- Supporting the implementation of healthy school policies.
- Promoting student leadership and engagement, while empowering students to develop coping skills and healthy habits.

Since the start of the COVID-19 pandemic, the SHP has redeployed school health nurses from routine program work to focus on the delivery COVID-19 response initiatives in partnership with school boards, schools, families, and students.

### **School-Focused Nursing Initiative: Funding and Algoma Public Health's Approach**

School closures in 2020 raised concern for children's mental and physical health and wellbeing, and exacerbated inequities by removing access to important in-school supports (e.g. nutrition programs and sports and clubs unaffordable outside the school), reinforcing the need to prioritize the resumption of safe in-person learning for school-aged children.<sup>4</sup>

In July 2020, the Ontario government announced the **School-Focused Nurses Initiative (SFNI)**, an investment of \$50 million to hire 500 school-focused nurses to join public health units across the province to keep staff and students safe as part of the 2020-2021 Safe Reopening of Schools plan.<sup>10,11</sup> This funding was subsequently increased by the federal government to facilitate the hiring of an additional 125 nurses, bringing the total to 625.<sup>11</sup> Allocation of school-focused PHNs to local public health units was based on the number of schools and enrollment data provided by the Ministry of Education.<sup>11</sup>

The SFNI was intended to hire or allocate Public Health Nurses (PHNs) for increased COVID-19 rapid-response support to schools. School health nurses would facilitate public health and preventative measures, including screening, testing, case and contact tracing, and risk mitigation strategies, in addition to broader school health support to help re-open and keep schools open safely.<sup>11</sup>

As of August 2020, APH has received one-time funding to support 7 FTE temporary PHN positions as part of the SFNI<sup>12</sup>, allowing the SHP to maintain its nursing capacity to provide direct supports to school boards and individual schools in Algoma, as opposed to deploying all SHP nurses to general COVID-19 response.

To prepare for the 2020/21 school year, APH created a **School Health COVID-19 Support (SHCS)** team, under the SHP, dedicated to helping schools operate safely, minimize exposure to COVID-19, reduce transmission of COVID-19, and stay open for in-person learning.

### **Role of the School Health COVID-19 Support Team**

Throughout the COVID-19 pandemic, the SHCS team has worked closely with Algoma school boards, public schools, private schools, principals, staff, families, and students to maintain and improve COVID-19 prevention and protection measures.

In alignment with SFNI COVID-19 rapid-response priorities, the SHCS team continues to:

- Provide credible information on COVID-19 vaccines and facilitate access to COVID-19 vaccination for school community members on school property or in nearby neighbourhoods.
- Provide school board consultation for daily screening implementation and updating, while working to increase engagement of staff, students, and families to perform daily screening.
- Provide education and resources to schools to improve and maintain infection prevention and control (IPAC) measures (e.g., masking, distancing, hand hygiene, and respiratory etiquette).
- Provide IPAC assessments and risk mitigation strategies for the school environment.
- Support case and contact management, by identifying students and staff who test positive for COVID-19 and their close contacts, which includes assessing exposure and vaccination status of close contacts, to reduce the risk of transmission, limit school absences, and enable staff and

students to remain in school safely.

- Support outbreak management, by identifying potential outbreaks, confirming epidemiological links, and dismissing classrooms, cohorts, or schools, as appropriate, to prevent further spread.

In addition, the SHCS team routinely responds to COVID-19 related inquiries and disseminates updated guidance to schools. The SHCS team acts as a main point of contact for school boards, schools and school communities to access and receive public health support.

Coordination and consultative activities conducted by the SHCS team have included:

- Alignment of a school health nurse to each school in the Algoma district. School staff have the ability to contact their designated school health nurse at any time to discuss matters of health and COVID-19 safety within the school.
- Development of a dedicated school health phone line and email group to provide rapid-response to real-time COVID-19 related inquiries.
- Coordination of bi-weekly meetings with senior officials from all four school boards to support the development and/or implementation of COVID-19 health, safety, and operational guidance.
- Participation in meetings with school staff and community groups (e.g. parent council).
- Collaboration with boards to produce joint communications to address changes in guidance or reminders related to risk mitigation and COVID-19 school safety (e.g. communications related to daily screening, testing, physical distancing, staying home when sick, participating in sports safely, staying safe during holidays or school breaks, the importance of vaccination, etc.).
- Coordination and participation in weekly internal SHP incident management system action planning meetings and semi-weekly school health nurse meetings.
- Attendance at provincial working group meetings for special populations (e.g., children and youth) and provincial and northern school health-focused meetings.

To provide a snapshot of the consultative support provided by the SHCS team from January 1, 2021 to August 31, 2021, the team captured the number of COVID-19 related interactions with school boards and schools. COVID-19 related interactions consisted of, but were not limited to, education and awareness, testing, immunizations, IPAC assessments, and case contact and outbreak management.

Prior to the start of the 2021-2022 school year:

- **87% of all tracked school focused nurses' interactions were COVID-19 related;**
- 152 interactions occurred through the SHCS phone line and e-mail;
- 527 interactions occurred through individual school health nurse phones and e-mail addresses;
- In COVID-19 related interactions, the school health nurses most frequently worked with Principals and Board/School Administrators;
- From the topics outlined in the *School Health Guideline*<sup>7</sup>, **infectious disease prevention was the topic most frequently addressed**, followed by immunizations and mental health promotion.<sup>13</sup>

While continuing to provide COVID-19 response support throughout the fall months, the SHCS team is also preparing to work with the school-aged population and their families to support credible

information sharing and vaccination clinic access upon Health Canada approval of a COVID-19 vaccine for children ages 5-11 years, which is anticipated in late 2021.<sup>1</sup>

To date, school support for COVID-19 prevention and protection, through response activities and regular consultation with school boards, has been effective in limiting the number of cases and outbreaks in the school setting in Algoma. In addition, as of October 18th, **73% of eligible youth in Algoma have received two doses of a COVID-19 vaccine** and are fully vaccinated.\*

A collaborative approach both internally between public health programs and externally with school boards and schools has truly been the driver of success in mitigating the risk for COVID-19 in the schools and boosting vaccine uptake among eligible youth in Algoma. More specifically, internal collaboration between the SHP and Environmental Health, Infectious Diseases, Immunization, and Communications teams has been instrumental in ensuring public health meets the unique needs of the school setting.

### **Next Steps: Fall 2021 and beyond**

As the SHCS team navigates the 2021-2022 school year with the resumption of in-person learning, the team continues to provide robust COVID-19 response support in school communities. However, with the intensity of the demands related to the COVID-19 response continuing, it has been a challenge for school health nurses to engage in comprehensive school health work to address other highest risk priorities identified by schools (e.g. mental health and well-being, nutrition, physical activity, etc.).<sup>14</sup>

In the coming year, the SHP will work to routinize COVID-19 response support for schools and begin pandemic recovery planning with school boards. School pandemic recovery planning will require the re-assessment of priorities among the school-age population and school communities to identify shared goals as part of a renewed comprehensive school health program in Algoma.

Recognizing that school-age children were deeply impacted by community-based public health measures (e.g. school disruptions, absence of extra-curricular activities and sports, reduced contact with peers, etc.), **collaboration between public health and school boards will remain instrumental** to developing programs that support students, families, and communities in addressing the impacts of the COVID-19 pandemic in the years to come.<sup>15</sup>

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\*Includes youth eligible for COVID-19 vaccination in Algoma (12-17 years). Also includes 11 year olds born in 2009. Coverage is based on the 2020 projected population of 7,034.

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# Board of Health Resolution

**To: The Board of Health**  
**From: Dr. Jennifer Loo, Medical Officer of Health / CEO**  
**Date: October 27, 2021**  
**Re: Resolution: Request for Increase in Provincial Base Funding for Local Public Health**

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For Information

For Discussion

For a Decision

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**Whereas** Algoma Public Health (APH), since the start of the COVID-19 pandemic in 2019, has provided a robust pandemic response to prevent and mitigate the spread of COVID-19; and

**Whereas** APH has coordinated, implemented, and supported COVID-19 vaccination clinics across the district to deliver 176,794 doses of COVID-19 vaccine to eligible persons in Algoma; and

**Whereas** to resource urgent pandemic response and immunization programming needs, APH has diverted resources from pre-existing public health services to ensure timely response to COVID-19 and maintenance of highest risk programming; and

**Whereas** the diversion of resources has resulted in the scale down or suspension of moderate to low risk public health programs and services, similar to other areas of the health sector; and

**Whereas** the scale down or suspension of public health programming has resulted in significant service backlogs and new public health priorities that, unless addressed in the short-term and resourced appropriately, will continue to grow and result in negative community health impacts; and

**Whereas** to date, for 2022, the Ontario Ministry of Health has committed to continue both one-time reimbursement to local public health units for extraordinary COVID-19 expenses, as well as one-time mitigation funding to offset the impacts of the cost-sharing formula change to municipalities; and

**Whereas** local public health agencies have received only one increase to provincial base funding in the past five years, despite the introduction of several new programs within the Ontario Public Health Standards and inflation resulting in wage, benefit, and operating cost increases; and

**Whereas** the recruitment and retention of skilled public health professionals in northern Ontario has faced significant and longstanding challenges, similar to the health human resource challenges of the health care sector in the north; and

**Whereas** one-time funding is inadequate to sustainably recruit, hire, and retain skilled public health professionals to provide a robust pandemic response, and simultaneously fulfil a provincial mandate of providing core public health programs and services; and

**Whereas** communities in Algoma now require enhanced program and service delivery to respond the threat of newly emerging infectious diseases and public health issues, and to recover from the collateral harms that have resulted from prioritization of the pandemic response (e.g., opioid overdose death increases, mental health complications, etc.).

**Therefore Be It Resolved That** the Board of Health of Algoma Public Health write to the Ontario Minister of Health to request that the **provincial government commit to increased base funding to local public health units**, with particular attention to addressing longstanding public health human resource challenges in the north, such that public health units are able to both continue a robust pandemic response, and restore the delivery of mandated public health services to Ontario citizens.



## **Finance and Audit Committee**

### **Chair's Report**

1. At the October 13, 2021 Finance and Audit Committee meeting the committee reviewed the unaudited Financial Statements for August ending August 31 and recommends their approval to the Board.
  - a. Key points from the statements are;
    - i. APH received the 2021 Amending Agreement from the province identifying the approved funding from the province for 2021.
    - ii. The ministry has approved one-time funding to support 50% of estimated Covid extraordinary costs.
    - iii. Public Health Calendar Budget is \$2.1 million.
    - iv. As of August 31, calendar programs are reporting a negative balance of \$199 thousand.
    - v. Total Revenues indicate a \$90 thousand positive variance.
    - vi. Ontario Seniors' Dental Program is \$107 over budget due to higher than anticipated demand.

It is recommended that the Board approve the unaudited financial statements as of August 31 and I so move.

2. The Committee also reviewed a draft of the proposed 2022 Operating Budget and gave direction to staff for specific changes which will be reviewed at the next committee meeting in November before presenting to the board.

**Algoma Public Health  
(Unaudited) Financial Statements      August 31, 2021**

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**Algoma Public Health  
Statement of Operations  
August 2021**

(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Act. to Bgt. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ YTD Budget 2021
<b>Public Health Programs (Calendar)</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 2,856,284	\$ 2,856,284	\$ 0	\$ 3,808,378	0%	100%
Provincial Grants - Cost Shared Funding	5,805,408	5,805,408	(0)	8,708,100	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	3,157,824	3,118,251	39,573	3,650,186	1%	101%
Provincial Grants - Mitigation Funding	691,870	691,872	(2)	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	310,637	260,316	50,321	418,330	19%	119%
<b>Total Public Health Revenue</b>	<b>\$ 12,822,023</b>	<b>\$ 12,732,131</b>	<b>\$ 89,892</b>	<b>\$ 17,622,794</b>	<b>1%</b>	<b>101%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 10,772,343	\$ 10,606,869	\$ (165,473)	\$ 16,027,008	2%	102%
Public Health 100% Prov. Funded Programs	1,098,122	1,064,381	(33,740)	1,595,786	3%	103%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 11,870,464</b>	<b>\$ 11,671,251</b>	<b>\$ (199,214)</b>	<b>\$ 17,622,794</b>	<b>2%</b>	<b>102%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ 951,559</b>	<b>\$ 1,060,881</b>	<b>\$ (109,322)</b>	<b>\$ 1</b>		

**Healthy Babies Healthy Children (Fiscal)**

Provincial Grants and Recoveries	\$ 445,011	445,011	-	1,068,011	0%	100%
Expenditures	401,540	444,088	(42,548)	1,068,011	-10%	90%
<b>Excess of Rev. over Exp.</b>	<b>43,471</b>	<b>923</b>	<b>42,548</b>	<b>-</b>		

**Public Health Programs (Fiscal)**

Provincial Grants and Recoveries	\$ 401,161	401,160	(1)	693,000		
Expenditures	298,159	344,861	(46,702)	693,000		
<b>Excess of Rev. over Fiscal Funded</b>	<b>103,002</b>	<b>56,299</b>	<b>46,703</b>	<b>-</b>		

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

and variances of 10% and \$10,000 occurring in the final 6 months

## Community Health Programs (Non Public Health)

### Calendar Programs

#### Revenue

Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	71,858	71,858	-	71,858	0%	100%
<b>Total Community Health Revenue</b>	<b>\$ 71,858</b>	<b>\$ 71,858</b>	<b>\$ -</b>	<b>\$ 71,858</b>	<b>0%</b>	<b>100%</b>

#### Expenditures

Child Benefits Ontario Works	0	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	71,858	71,858	-	71,858	0%	100%
<b>Total Calendar Community Health Programs</b>	<b>\$ 71,858</b>	<b>\$ 71,858</b>	<b>\$ -</b>	<b>\$ 71,858</b>	<b>0%</b>	<b>100%</b>

**Total Rev. over Exp. Calendar Community Health**

**\$ - \$ - \$ - \$ -**

### Fiscal Programs

#### Revenue

Provincial Grants - Community Health	\$ 874,660	\$ 841,562	\$ 33,098	\$ 2,059,744	4%	104%
Municipal, Federal, and Other Funding	47,687	47,686	1	114,447	0%	100%
Other Bill for Service Programs	0	0	-	-		
<b>Total Community Health Revenue</b>	<b>\$ 922,347</b>	<b>\$ 889,248</b>	<b>\$ 33,099</b>	<b>\$ 2,174,191</b>	<b>4%</b>	<b>104%</b>

#### Expenditures

Brighter Futures for Children	49,618	47,686	(1,932)	114,447	4%	104%
Infant Development	263,557	267,591	4,034	644,317	-2%	98%
Preschool Speech and Languages	243,759	271,847	28,088	733,971	-10%	90%
Nurse Practitioner	66,634	66,730	96	162,153	0%	100%
Stay on Your Feet	38,250	41,667	3,417	100,000	-8%	92%
Rent Supplements CMH	140,500	174,709	34,209	419,303	-20%	80%
Bill for Service Programs	8,473	0	(8,473)	(0)		
Misc Fiscal	-	-	-	-	#DIV/0!	#DIV/0!
<b>Total Fiscal Community Health Programs</b>	<b>\$ 810,791</b>	<b>\$ 870,230</b>	<b>\$ 59,439</b>	<b>\$ 2,174,191</b>	<b>-7%</b>	<b>93%</b>

**Total Rev. over Exp. Fiscal Community Health**

**\$ 111,556 \$ 19,018 \$ 92,538 \$ -**

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

and variances of 10% and \$10,000 occurring in the final 6 months

**Algoma Public Health**

**Revenue Statement**

For Eight Months Ending August 31, 2021

(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Bgt. to Act. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ Annual Budget 2021	Comparison Prior Year:		
							YTD Actual 2020	YTD BGT 2020	Variance 2020
Levies Sault Ste Marie	2,012,541	2,012,541	0	2,683,388	0%	75%	2,002,033	2,002,033	0
Levies District	843,744	843,744	0	1,124,992	0%	75%	839,340	839,340	0
<b>Total Levies</b>	<b>2,856,285</b>	<b>2,856,285</b>	<b>0</b>	<b>3,808,380</b>	<b>0%</b>	<b>75%</b>	<b>2,841,373</b>	<b>2,841,373</b>	<b>0</b>
MOH Public Health Funding	5,805,408	5,805,408	0	8,708,100	0%	67%	4,970,895	4,178,375	792,520
MOH Funding Needle Exchange	0	0	0	0	0%	0%	43,135	43,133	2
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	16,400	16,400	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	513,265	513,267	(2)
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	208,505	120,320	88,185
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	30,375	81,008	(50,633)
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	10,335	10,333	2
MOH Funding Infection Control	0	0	0	0	0%	0%	170,730	208,272	(37,542)
MOH Funding Diabetes	0	0	0	0	0%	0%	100,000	100,000	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	289,070	289,067	3
MOH Funding Harm Reduction	0	0	0	0	0%	0%	100,000	100,000	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	27,175	72,464	(45,289)
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	17,400	46,400	(29,000)
<b>Total Public Health Cost Shared Funding</b>	<b>5,805,408</b>	<b>5,805,408</b>	<b>0</b>	<b>8,708,100</b>	<b>0%</b>	<b>67%</b>	<b>6,497,285</b>	<b>5,779,039</b>	<b>718,246</b>
MOH Funding - MOH / AMOH Top Up	147,913	101,390	46,523	152,086	46%	97%	104,521	101,391	3,131
MOH Funding Northern Ontario Fruits & Veg.	78,270	78,267	3	117,400	0%	67%	78,270	78,267	3
MOH Funding Unorganized	353,600	353,600	0	530,400	0%	67%	353,600	353,600	0
MOH Senior Dental	465,265	465,267	(2)	697,900	0%	67%	438,885	465,267	0
MOH Funding Indigenous Communities	65,330	65,328	2	98,000	0%	67%	0	0	0
One Time Funding (Pandemic Pay)							143,600	143,600	
OTF COVID-19 extraordinary costs mass imm	2,054,400	2,054,400	0	2,054,400	0%	100%	0	0	
<b>Total Public Health 100% Prov. Funded</b>	<b>3,164,778</b>	<b>3,118,251</b>	<b>46,527</b>	<b>3,650,186</b>	<b>1%</b>	<b>87%</b>	<b>1,118,876</b>	<b>1,142,124</b>	<b>3,134</b>
<b>Total Public Health Mitigation Funding</b>	<b>691,870</b>	<b>691,872</b>	<b>(2)</b>	<b>1,037,800</b>	<b>0%</b>	<b>67%</b>	<b>0</b>	<b>539,023</b>	<b>0</b>
Recoveries from Programs	24,539	24,170	369	28,010	2%	88%	24,663	18,353	6,310
Program Fees	79,640	84,618	(4,978)	105,320	-6%	76%	124,863	134,189	(9,327)
Land Control Fees	187,565	95,000	92,565	160,000	97%	117%	116,622	95,000	21,622
Program Fees Immunization	3,167	33,328	(30,161)	45,000	-90%	7%	30,012	76,667	(46,655)
HPV Vaccine Program	0	0	0	12,500	0%	0%	0	3,000	(3,000)
Influenza Program	0	0	0	25,000	0%	0%	0	1,500	(1,500)
Meningococcal C Program	0	0	0	7,500	0%	0%	0	625	(625)
Interest Revenue	8,770	13,200	(4,430)	20,000	-34%	44%	15,939	26,667	(10,727)
Other Revenues	0	10,000	(10,000)	15,000	0%	0%	2,391	24,500	(22,109)
<b>Total Fees and Recoveries</b>	<b>303,681</b>	<b>260,316</b>	<b>43,365</b>	<b>418,330</b>	<b>17%</b>	<b>73%</b>	<b>314,490</b>	<b>380,501</b>	<b>(66,011)</b>
<b>Total Public Health Revenue Annual</b>	<b>12,822,022</b>	<b>12,732,133</b>	<b>89,890</b>	<b>17,622,796</b>	<b>1%</b>	<b>73%</b>	<b>10,772,024</b>	<b>10,682,059</b>	<b>655,369</b>
<b>Public Health Fiscal April 2021 - March 2022</b>									
Vaccine Refrigerators	3,086	3,086	0	7,400	0%	42%			
Infection Prevention and Control Hub	97,000	97,000	0	320,000	0%	30%			
Practicum	8,333	8,333	0	20,000	0%	42%			
School Nurses Initiative	289,626	289,625	1	700,000	0%	41%			
Sr Dental Capital Upgrades	3,116	3,116	0	95,841	0%	3%			
<b>Total Provincial Grants Fiscal</b>	<b>401,161</b>	<b>401,160</b>	<b>1</b>	<b>1,143,241</b>	<b>0%</b>	<b>35%</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Algoma Public Health**  
**Expense Statement- Public Health**  
For Eight Months Ending August 31, 2021  
(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Act. to Bgt. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ Budget 2021	Comparison Prior Year:		
							YTD Actual 2020	YTD BGT 2020	Variance 2020
Salaries & Wages	\$ 6,847,770	\$ 6,960,663	\$ 112,893	\$ 10,756,870	-2%	64%	\$ 6,225,242	\$ 6,316,107	\$ 90,865
Benefits	1,678,282	1,590,246	( 88,036 )	2,366,268	6%	71%	1,527,408	1,522,231	(5,177)
Travel	95,094	115,273	20,178	172,909	-18%	55%	78,383	127,333	48,950
Program	970,331	798,039	( 172,292 )	1,112,190	22%	87%	430,110	450,042	19,932
Office	39,288	38,027	( 1,261 )	57,040	3%	69%	33,688	45,833	12,145
Computer Services	559,702	632,284	72,582	929,676	-11%	60%	555,453	543,177	(12,276)
Telecommunications	254,829	247,467	( 7,362 )	371,200	3%	69%	207,987	174,411	(33,576)
Program Promotion	48,348	55,182	6,834	83,035	-12%	58%	26,975	62,115	35,140
Professional Development	16,493	50,333	33,840	75,500	-67%	22%	8,571	90,333	81,763
Facilities Expenses	857,803	697,577	( 160,226 )	1,046,365	23%	82%	575,762	516,278	(59,484)
Fees & Insurance	267,047	245,200	( 21,847 )	290,300	9%	92%	228,674	200,920	(27,754)
Debt Management	308,091	307,267	( 824 )	460,900	0%	67%	307,266	307,267	1
Recoveries	(72,613)	(66,306)	6,307	(99,459)	10%	73%	(66,115)	(54,895)	11,220
	<b>\$ 11,870,464</b>	<b>\$ 11,671,251</b>	<b>\$ ( 199,213 )</b>	<b>\$ 17,622,794</b>	<b>2%</b>	<b>67%</b>	<b>\$ 10,139,404</b>	<b>\$ 10,301,152</b>	<b>\$ 161,748</b>

## **Notes to Financial Statements – August 2021**

### **Reporting Period**

The August 2021 financial reports include eight-months of financial results for Public Health. All other non-funded public health programs are reporting five-month results from operations year ending March 31, 2022.

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

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

APH received the 2021 Amending Agreement from the province identifying the approved funding from the province for 2021 for public health. The Ministry of Health has approved one-time funding to support approximately 50% of estimated eligible COVID-19 extraordinary costs at this time, and will work with APH to monitor and track more detailed and accurate requirements and spending for COVID-19 through in-year financial reports and make any adjustments to funding, as required, throughout the 2021 funding year. Management took the conservative approach and adjusted the 2021 budget to reflect the change in approved funding. This has resulted in a reduction to the 2021 public health calendar budget of \$2.1M.

As of August 31, 2021, Public Health calendar program expenditures are reporting a \$199k negative variance.

Total Public Health Revenues are indicating a \$90k positive variance.

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

Overall, Public Health calendar funding revenues are reporting a \$90k positive variance budget. Land Control Fees are reporting a \$93k surplus.

Mitigation funding from the province will continue for 2021 and 2022.

The COVID-19: School-Focused Nurses Initiative has been extended to July 2022.

### **Public Health Expenses (see page 4)**

#### ***Salary & Wages***

There is a \$113k positive variance associated with Salary & Wages.

#### ***Benefits***

There is a \$88k negative variance associated with Benefits. This is due to higher than budgeted non-statutory benefits.

#### ***Travel***

There is a \$20k positive variance associated with Travel expenses. This is a result of APH employees working virtually as opposed to travelling throughout the district or attending meetings outside of the district.

Notes Continued...

***Programs***

There is a \$172k negative variance associated with Programs. This is due to the high demand for professional services through the Ontario Sr. Dental Program, \$107k over budget and COVID 19 Mass Immunization Supplies and third party professional services, \$139k over budget. This is offset by the reduction in vaccine purchases, \$37k under budget, for chargeable vaccines.

***Professional Development***

There is a \$34k positive variance for Professional Development. At this time there has been limited spending for professional development, as staff availability is extremely tight and limited opportunities for professional development due to COVID-19.

***Facilities Expenses***

There is a \$160k negative variance for Facilities Expenses. This is primarily due to the more than expected costs related to COVID 19 Response and Mass Immunization for janitorial services and security.

**COVID-19 Expenses**

***COVID-19 Response***

This program includes case and contact management as well as supporting the information phone lines. August YTD expenses were \$3.2M. The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances would be working in their assigned public health programs.

***COVID-19 Mass Immunization***

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. August YTD expenses were \$2.7M.

**Financial Position - Balance Sheet (see page 7)**

APH's liquidity position continues to be stable and the bank has been reconciled as of August 31 2021. Cash includes \$1.40M in short-term investments. APH received a lump sum payment of \$2,054,400 from the province for COVID extraordinary costs. Further funding for extraordinary costs will be determined based on Q2 and Q3 forecasted submissions to the province.

Long-term debt of \$4.47 million is held by TD Bank @ 1.95% for a 60-month term (amortization period of 180 months) and matures on September 1, 2021. \$265k 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)

<b>Date: As of August 2021</b>	<b>August 2021</b>	December 2020
<b>Assets</b>		
<b>Current</b>		
Cash & Investments	\$ 5,146,012	\$ 3,906,995
Accounts Receivable	456,478	935,870
Receivable from Municipalities	587,400	69,618
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	<b>6,189,890</b>	4,912,483
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,940,011	1,660,232
Payable to Gov't of Ont/Municipalities	9,622	1,673,441
Deferred Revenue	573,207	286,418
Employee Future Benefit Obligations	3,117,450	3,117,450
Term Loan	4,466,918	4,466,918
<i>Subtotal Current Liabilities</i>	<b>10,107,207</b>	11,204,458
<b>Net Debt</b>	<b>(3,917,317)</b>	(6,291,975)
<b>Non-Financial Assets:</b>		
Building	22,867,230	22,867,230
Furniture & Fixtures	1,998,117	1,998,117
Leasehold Improvements	1,572,807	1,572,807
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	(11,199,609)	(11,199,609)
<i>Subtotal Non-Financial Assets</i>	<b>18,530,764</b>	18,530,764
<b>Accumulated Surplus</b>	<b>14,613,447</b>	12,238,789

**Ministry of Health**

Office of Chief Medical Officer of Health, Public Health  
Box 12,  
Toronto, ON M7A 1N3

Tel.: 416 212-3831  
Fax: 416 325-8412

**Ministère de la Santé**

Bureau du médecin hygiéniste en chef, santé publique  
Boîte à lettres 12  
Toronto, ON M7A 1N3

Tél. : 416 212-3831  
Télééc. : 416 325-8412

October 19<sup>th</sup>, 2021

eApprove-72-2021-272

Dr. Jennifer Loo  
Medical Officer of Health (A)  
District of Algoma Health Unit  
294 Willow Avenue  
Sault Ste. Marie ON P6B 0A9

Dear Dr. Loo:

**Re: Ministry of Health Public Health Funding and Accountability Agreement with the Board of Health for the District of Algoma Health Unit (the “Board of Health”) dated January 1, 2014, as amended (the “Agreement”)**

This letter is further to the recent letter from the Honourable Christine Elliott, Deputy Premier and Minister of Health, in which she informed your organization that the Ministry of Health will provide the Board of Health with up to \$740,000 in one-time funding for the 2021-22 funding year to support continued implementation and operations of the Infection Prevention and Control (IPAC) Hub Program.

This will bring the total maximum funding available under the Agreement for the 2021-22 funding year to up to \$14,927,700 (\$10,341,100 in base funding and \$4,586,600 in one-time funding). Please find attached to this letter a new Schedule A (Grants and Budget), Schedule B (Related Program Policies and Guidelines), Schedule C (Reporting Requirements), and Schedule D (Board of Health Financial Controls) that, pursuant to section 3.4 of the Agreement, shall replace the existing schedules. All terms and conditions contained in the Agreement remain in full force and effect.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted to match actual services provided.

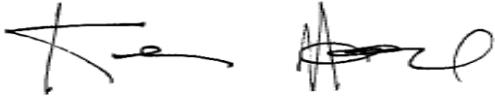
It is also essential that you manage costs within your approved budget.

.../2

Dr. Jennifer Loo

Please review the new Schedules carefully. Should you require any further information and/or clarification, please contact Elizabeth Walker, Director, Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Public Health, at 416-212-6359 or by email at [Elizabeth.Walker@ontario.ca](mailto:Elizabeth.Walker@ontario.ca).

Yours truly,



Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC FCAHS  
Chief Medical Officer of Health

Attachments

- c: Sally Hagman, Chair, Board of Health, District of Algoma Health Unit
- Joel Merrylees, Controller, District of Algoma Health Unit
- Antoniette Tomie, Director of Corporate Services, District of Algoma Health Unit
- Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery, MOH
- Jim Yuill, Director, Financial Management Branch, MOH
- Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, MOH
- Justine Hartley, Director, Health System Emergency Management Branch, MOH
- Elizabeth Walker, Director, Accountability and Liaison Branch, MOH
- Brent Feeney, Manager, Accountability and Liaison Branch, MOH

**Ministry of Health**

Office of the Deputy Premier  
and Minister of Health

777 Bay Street, 5<sup>th</sup> Floor  
Toronto ON M7A 1N3  
Telephone: 416 327-4300  
Facsimile: 416 326-1571  
www.ontario.ca/health

**Ministère de la Santé**

Bureau du vice-premier ministre  
et du ministre de la Santé

777, rue Bay, 5<sup>e</sup> étage  
Toronto ON M7A 1N3  
Téléphone: 416 327-4300  
Télécopieur: 416 326-1571  
www.ontario.ca/sante



eApprove-72-2021-272

October 19, 2021

Ms. Sally Hagman  
Chair, Board of Health  
District of Algoma Health Unit  
294 Willow Avenue  
Sault Ste. Marie ON P6B 0A9

Dear Ms. Hagman:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the District of Algoma Health Unit up to \$740,000 in one-time funding for the 2021-22 funding year to support continued implementation and operations of the Infection Prevention and Control Hub Program.

Dr. Kieran Moore, Chief Medical Officer of Health, will write to the District of Algoma Health Unit shortly concerning the terms and conditions governing the funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in cursive script that reads "Christine Elliott".

Christine Elliott  
Deputy Premier and Minister of Health

c: Dr. Jennifer Loo, Medical Officer of Health (A), District of Algoma Health Unit  
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery  
Dr. Kieran Moore, Chief Medical Officer of Health

**From:** OHT - Cassandra Lepore <[cassandra.lepore@algomaht.ca](mailto:cassandra.lepore@algomaht.ca)> **On Behalf Of** OHT - AlgomaOHT Info  
**Sent:** Wednesday, October 20, 2021 11:27 AM  
**To:** OHT - AlgomaOHT Info <[algomahtinfo@sah.on.ca](mailto:algomahtinfo@sah.on.ca)>  
**Subject:** \*Action Required\* You're Invited: AOHT Board-to-Board Information Session and Discussion

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

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Dear Leadership Council,

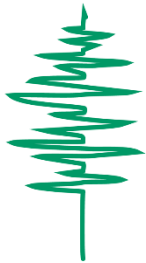
As discussed, please find attached a formal invitation to our 1<sup>st</sup> virtual **AOHT Board-to-Board Information Session and Discussion** on **Tuesday, December 7<sup>th</sup>, 2021 from 5:00 – 7:00 pm.**

As members of Leadership Council, you have just received a calendar invitation to the session. Attached you find the calendar invitation that was sent to you. **Please feel free to forward this formal invitation and the calendar invite to your respective boards.** We have invited Brian Kytor (Chief Regional Officer, Ontario Health North) and Dr. Sacha Bhatia (Population Health and Value Based Care Executive, Ontario Health) to provide some remarks and will be working with Paula Blackstein Hirsch to develop the session

If you have any questions, please send them to [info@algomaht.ca](mailto:info@algomaht.ca).

Sincerely,

Algoma OHT



**Algoma OHT**  
Équipe Santé Algoma Ontario Health Team

[info@algomaht.ca](mailto:info@algomaht.ca)  
[www.algomaht.ca](http://www.algomaht.ca)

Clean your hands - Stay apart – Stay safe – Strong together

**From:** allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** Loretta Ryan  
**Sent:** Thursday, October 21, 2021 9:32 AM  
**To:** All Health Units <AllHealthUnits@lists.alphaweb.org>  
**Cc:** board@lists.alphaweb.org  
**Subject:** [allhealthunits] alPHa Information Break - October 2021 - Featuring alPHa Fall Symposium & Section Meetings

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**October 21, 2021**

*This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence, and events. Visit us at [alphaweb.org](http://alphaweb.org).*

**Fall Symposium and Section Meetings**  
**Ontario's Public Health System: Response & Recovery - Friday, November 19<sup>th</sup>, 2021**  
**Registration & Draft Program**

alPHa is pleased to announce that registration is now open for the alPHa 2021 Fall Symposium: **Ontario's Public Health System: Response & Recovery** and the Section Meetings that are taking place on Friday, November 19<sup>th</sup>, 2021!

We have an exciting line-up of speakers including the **Hon. Christine Elliott** (Deputy Premier and Minister of Health), **Graydon Smith** (President, AMO), **Allan O'Dette** (CEO, OMA), **Steini Brown** (Dean, DLSPH), **Dr. Kieran Moore** (Chief Medical Officer of Health), **Colleen Geiger** (President and CEO (acting), Public Health Ontario), **Dr. Jessica Hopkins** (Chief Health Protection and Emergency Preparedness Officer, Public Health Ontario), **Dr. Samir Patel** (Chief, Microbiology and Laboratory Science (acting), Public Health Ontario), **Dr. Brian Schwartz** (Vice President, Public Health Ontario), **Matthew Anderson** (President and CEO, Ontario Health), **Dr. Christopher Simpson** (Executive Vice-President, Medical, Ontario Health), **Dr. Kwame McKenzie** (Chief Executive Officer, Wellesley Institute), and the **Hon. Steven Lecce** (Minister of Education).

The draft program can be accessed by clicking on the [Symposium Banner](#) on the homepage or directly via this [webpage](#) on the alPHa website. Members of the Boards of Health Section can find the draft program for their meeting [here](#). (Members of COMOH will receive their meeting package at a later date.)

Registration is \$149 plus HST and information on how to register can be found [here](#). The closing date to register is Wednesday, November 17<sup>th</sup>. Please note that you must be an alPHa member to participate in the Symposium or Section meetings.

alPHA would like to thank the University of Toronto's Dalla Lana School of Public Health for their generous support and the People Corporation for their sponsorship.

We hope to see you online on Friday, November 19<sup>th</sup>!

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### COVID-19 Update

As part of the response to COVID-19, alPHA continues to represent the public health system and work with key stakeholders. To keep members up-to-date, alPHA shares Ministry of Health Situation Reports and COVID-19-related news. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alPHA.

[Visit the Ministry of Health's page on guidance for the health sector](#)

[View the Ministry's website on the status of COVID-19 cases](#)

[Go to Public Health Ontario's COVID-19 website](#)

[Visit the Public Health Agency of Canada's COVID-19 website](#)

[alPHA's recent COVID-19 related submissions can be found here](#)

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### alPHA Correspondence

Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Correspondence since the last Newsletter:

<a href="#">COMOH Response - Input on Mandatory HCW Vaccines</a>	2021-10-19
<a href="#">Premier Request - Input on Mandatory HCW Vaccines</a>	2021-10-19
<a href="#">MLTSD Response - Paid Sick Leave</a>	2021-09-22

A complete online library is available [here](#).

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

- [Orientation Manual for Boards of Health](#)
- [Review of Board of Health Liability, 2018](#)
- [Legal Matters: Updates for Boards of Health](#)
- [Ontario Boards of Health by Region](#)
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [List of Health Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System \(2021\) \*\*New!\*\*](#)

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## RRFSS Update

There has never been a greater need for Health Units to collect RRFSS data in 2022!

- ✓ **RRFSS provides local COVID-19 data** – RRFSS has over 100 COVID-19 related questions such as *Precautions (Distancing and Face coverings), Employment, Financial Impacts, Food Security* and *Vaccine Readiness*. Read an example of how one Health Unit has been able to utilize COVID-19 RRFSS data [here](#).
- ✓ **RRFSS provides timely data** – data is available to HUs approximately 8 weeks after data collection – giving current local data which is essential for HUs particularly given the delay of the CCHS data. Letters of Intent to join RRFSS in 2022 are due in November and cost options are now available. So now is the perfect time to plan on joining RRFSS.
- ✓ **RRFSS provides data for post pandemic planning** - HUs will be undertaking pandemic recovery planning and will need to have data for this purpose including data on the success of the vaccination roll-out, concerns about the vaccine and improving uptake. In addition, data will be necessary on other health conditions that were de-prioritised during the pandemic as the direct and indirect effects of COVID-19 on the population's longer-term health become apparent.

So don't delay and contact the RRFSS Coordinator, [Lynne Russell](#) to find out how your Health Unit can collect local data by joining RRFSS.

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## PHO Resources

PHO has released [At a Glance: Summary of Infection Prevention and Control Key Principles and Best Practices for Clinical Office Practice](#). This document provides important infection prevention and control (IPAC) best practices and resources for clinical office settings as they increase/resume in-person care, which may include vaccination as well as assessments and testing for acute respiratory illnesses such as influenza and COVID-19.

The information in this document is complementary to:

- Provincial Infectious Diseases Advisory Committee's [Infection Prevention and Control for Clinical Office Practice](#)
- [IPAC Checklist for Clinical Office Practice Core Elements](#)
- [Checklist for Infection Prevention and Control Assessment for Primary Care, Specialty and Walk-in Clinics during COVID-19](#)
- 

Directives and relevant guidance from the Government of Ontario for providers in primary care and other community settings should continue to be followed. For more information visit Ministry of Health's website: [COVID-19: Guidance for the Health Sector](#).

For more information, contact your [Regional IPAC Support Team](#) or email [ipac@oahpp.ca](mailto:ipac@oahpp.ca).

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## Upcoming PHO Events

Interested in PHO's upcoming events? Check out their [Events](#) page to stay up-to-date with all PHO events. Missed an event? Check out their [Presentations](#) page for full recordings of events.

- [Webinar: Path to Success: Becoming an Infection Prevention and Control Rock Star with Your Program Review](#) 22 Oct 2021 Webinar
- [PHO Rounds: Novel Disease Surveillance Tools for the Next Pandemic](#)
- 26 Oct 2021 Webinar



- [Learning Exchange: Supports for workers responding to overdoses in Ontario](#)
- 29 Oct 2021 Webinar

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### Upcoming DLSPH Events, Courses and Webinars

The Dalla Lana School of Public Health hosts many public-health related events, from regular seminar series, featured guest speakers, and professional development opportunities. View all events by day, month, or type of event [here](#). You can explore all past webinars [here](#).

Upcoming events include:

- [Virtual Hereditary Cancer Series](#) (Jan. 15 - Nov. 19)
- [CSPHP Rounds | Dr. Steini Brown: Science Advice During a Time of Crisis](#) (Oct. 22)
- [Introduction to GitHub \(Health Data Working Group @ DLSPH\)](#) (Oct. 25)
- [Department of Family and Community Medicine: Graduate Studies Admissions Open House](#) (Oct. 26)
- [One Health, One World: From Antibiotics to Zoonoses](#) (Oct. 27)
- [3rd CQ Critical Pedagogies Symposium on Teaching & Learning Critical Qualitative Health Methods](#) (Nov. 5)

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### News Releases

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

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#### Association of Local Public Health Agencies

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2  
416-595-0006 | [www.alphaweb.org](http://www.alphaweb.org) | [info@alphaweb.org](mailto:info@alphaweb.org)



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Loretta Ryan, CAE, RPP  
Executive Director

#### Association of Local Public Health Agencies (alPHA)

480 University Avenue, Suite 300  
Toronto, ON M5G 1V2  
Tel: 416-595-0006 ext. 222  
Cell: 647-325-9594

[loretta@alphaweb.org](mailto:loretta@alphaweb.org)  
[www.alphaweb.org](http://www.alphaweb.org)



October 21, 2021

Honourable Christine Elliott  
Ministry of Health  
777 Bay Street, 5th Floor  
Toronto, ON M7A 2J3

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU), I commend the strong progress being made in bringing COVID-19 under control through the public health measures and the vaccination campaign directed by the provincial government of Ontario. We continue to work collectively to complete the “final mile” of vaccination of the population while simultaneously continuing all activities of COVID-19 surveillance and case management/contact tracing.

The COVID-19 work has required an unprecedented quantity of resources, particularly human resources. Accordingly, boards of health have had to significantly augment their staffing specifically for the Mass Immunization Clinics. Salaries and related expenses of this greatly enhanced workforce (including transportation, supplies and equipment) have only been partially managed by the funding received from the province on July 22, 2021. SMDHU only received 42% of its COVID-19 funding request and costs to date have far exceeded that funding. To add to 2021 cash flow pressures, SMDHU would require the hiring of nursing and administrative staff to implement the provincially mandated vaccine clinics for 5–11-year-olds in Simcoe County and the District of Muskoka as well as implement the “booster” clinics for specific populations. With no immediate COVID-19 funding, these pressures for the end of 2021 compound finance issues for SMDHU and will potentially impede our ability to finance the human resources required.

The SMDHU Board of Health via management staff have been in active communication with Ministry of Health staff specifically related to the one-time funding COVID-19 requests. Unfortunately, the Board of Health experienced cash flow issues in July due to the lack of COVID-19 funding from the Ministry of Health to the point, that the Board was forced to seek approval from its four obligated municipalities to borrow from a bank up to \$5M to cover salaries and expenses for COVID-19 activities. SMDHU also sought and received from the Ministry of Health an advance in funding for the Ministry portion of the cost-shared budget to ensure that payroll commitments and the payment of vaccination expenses could be met. On October 20, 2021, the Board of Health approved a motion requesting that boards of health immediately receive the *COVID-19 Extraordinary Costs* and COVID-19 Vaccine Extraordinary Costs funding as articulated in SMDHU’s Q2 financial statement and that the Ministry of Health commit in writing to:

- (1) extend COVID-19 funding in 2022;
- (2) establish funding in 2022 for public health recovery activities; and,

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Barrie, ON  
L4M 6K9  
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Collingwood, ON  
L9Y 4J5  
705-445-0804  
FAX: 705-445-6498

**Cookstown:**  
2-25 King Street S.  
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705-458-1103  
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**Huntsville:**  
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Midland, ON  
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**Orillia:**  
120-169 Front St. S.  
Orillia, ON  
L3V 4S8  
705-325-9565  
FAX: 705-325-2091

- (3) increase provincial funding for public health base budgets proportional to the municipal levy increase needed in 2022 to maintain capacity for public health program delivery.

The financial pressure from not having access to the required amount of COVID-19 funding from the province, with the simultaneous requirement to respond to the pandemic through surveillance, case and contact management, outbreak response, education and enforcement of the changing requirements of the *Reopening Ontario (A Flexible Response to COVID-19) Act*, and the vaccination of the population has placed the Board in a precarious financial situation. If there is not sufficient funding from the province, there is also a sizeable risk that SMDHU will have a large year-end deficit moving into 2022 based on 2021 COVID-19 expenses that may require a large municipal levy increase to eliminate the deficit and to address the response needs in 2022.

For these reasons the SMDHU Board of Health urges the provincial government to approve and immediately flow the amount required by each health unit of one-time *COVID-19 Extraordinary Costs* and *COVID-19 Vaccine Program Extraordinary Costs*.

Thank you for considering this urgent matter.

Sincerely,

**ORIGINAL Signed By:**

Anita Dubeau  
Chair, Board of Health

AD:CG:cm

cc: Ontario Boards of Health  
MPPs of Simcoe Muskoka  
City of Barrie Mayor and Council  
City of Orillia Mayor and Council  
The District Municipality of Muskoka District Chair and Council  
County of Simcoe Warden and Council  
Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies  
Graydon Smith, President, Association of Municipalities of Ontario

October 13, 2021



The Honourable Christine Elliott , Deputy Premier  
Ministry of Health and Long-Term Care  
10<sup>th</sup> Floor, 80 Grosvenor St  
Toronto, ON M7A 2C4  
Christine.Elliott@pc.ola.org

Dear Minister Elliott:

**Re: Support for a Local Board of Health**

On September 24, 2021 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Haliburton, Kawartha, Pine Ridge District Health Unit regarding support for a local Board of Health. The following motion was passed:

Motion No: 2021-80

**Moved by: Mitch Twolan**

**Seconded by: Brian Milne**

**“That the Board of Health endorse the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit Re: requesting ongoing provincial government financial support for local public health.”**

**Carried.**

Sincerely,

A handwritten signature in black ink that reads "Sue Paterson". The signature is fluid and cursive.

Sue Paterson  
Chair, Board of Health  
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
Dr. Charles Gardner, Chair, Council of Medical Officers of Health  
Association of Municipalities of Ontario  
Ontario Boards of Health  
Loretta Ryan, Association of Local Public Health Agencies

Encl.  
/mh

*A healthier future for all.*

101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5

[www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

519-376-9420

1-800-263-3456

Fax 519-376-0605

September 16, 2021

Honourable Christine Elliott, Deputy Premier  
Minister of Health, Ontario  
Hepburn Block 10th Floor 80 Grosvenor Street Toronto,  
ON M7A 1E9  
Sent via email: [christine.elliott@pc.ola.org](mailto:christine.elliott@pc.ola.org)

Dear Minister Elliot,

I want to begin by thanking you and your government for your leadership and financial support during the COVID-19 pandemic. On behalf of the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), I have appreciated the province's announcements to date which have included a commitment to fund 100% of the costs related to the COVID-19 response as well as the continuation of mitigation funding for the year 2022.

I am writing today to specifically request ongoing government financial support for the following items that have not been captured by previous funding announcements:

1. Allocations to support program "restarts", "catchup", and broader recovery
2. Increased base funding to reflect the following demands on health unit resources:
  - a. Endemicity of COVID-19 response activities
  - b. Increased wage, benefit, and operational costs due to inflation
  - c. Increased demand for health unit services to support population recovery from COVID-19 (e.g. mental wellness, harm reduction)

Since the start of the COVID-19 pandemic, HKPRDHU has responded to greater than 2,300 confirmed cases of COVID-19, 71 COVID-19 related outbreaks, responded to greater than 700 community complaints regarding infection prevention and control and enforcement for COVID-19 public health measures, and 6,930 COVID-19 related inquiries through our COVID-19 call centre. In addition, HKPRDHU has coordinated the implementation of COVID-19 vaccination across our jurisdiction with greater than 270,000 doses of vaccine administered.

Throughout the pandemic, resources at HKPRDHU have been diverted from pre-existing services to ensure a timely response to COVID-19 and prevent further spread of the virus throughout Ontario. Similar to other areas of the health sector, difficult decisions have been made about which programs to scale down (or stop) and which to continue. This has resulted in a backlog of services that includes the following:

- 2400 students that missed the school-based immunization program and an additional 1200 that have not been offered second doses to complete their full immunization series through the school program
- Greater than 70 small drinking water systems that require inspection in addition to the routine annual cohort for 2022
- 5300 children needing Oral health screening

.../2

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## PROTECTION · PROMOTION · PREVENTION

**HEAD OFFICE**  
200 Rose Glen Road  
Port Hope, Ontario L1A 3V6  
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Fax · 905-885-9551

**HALIBURTON OFFICE**  
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Fax · 705-457-1336

**LINDSAY OFFICE**  
108 Angeline Street South  
Lindsay, Ontario K9V 3L5  
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Minister Elliott  
September 16, 2021  
Page 2

We are reaching a point locally that if we don't start to catch up on these services the backlog will become too large of a hurdle to overcome. As such, we intend to build in capacity to begin addressing this issue but will require assurance from the Ministry that extraordinary costs associated with this will be covered.

It is now clear that COVID-19 will require dedicated attention for many years to come. Case and contact management, outbreak management, infection prevention and control, immunization, surveillance, communication, and enforcement activities will all see a baseline of increased work for the foreseeable future. To do this work well, we need to expand our public health workforce and provide opportunities for permanent positions.

Prior to COVID-19, local public health agencies had received only one increase to base funding in the past five years. Despite this, several new programs were introduced to the Ontario Public Health Standards, including Vision Screening and requirements to respond to Infection Prevention and Control Complaints and inspection of private swimming pools. Furthermore, due to inflation, wage, benefit, and operating costs continued to increase. This means that we were already under-resourced to respond to an infectious disease emergency as well as implement routine public health priorities prior to the pandemic.

Now, more than ever, our communities need a robust public health system to not only respond to the threat of newly emerging infectious diseases, but also help the population recover from the many collateral harms that have resulted throughout the pandemic response. Harms such as increased opioid overdose deaths and deterioration of children's mental health have been well documented over the last year. These are two key areas that local public health agencies have a clear mandate to address but will require the resources to do so.

For the above reasons, the Board of Health urges the provincial government to commit dedicated funding to support both catch-up and recovery of public health activities as well as the ongoing increased demands for health unit response to COVID-19. The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. As we look to the future, it is imperative that we support the recovery of public health in a comprehensive and sustainable way.

In writing this letter, we also call upon the Association of Local Public Health Agencies of Ontario to endorse/support this request.

Respectfully,

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,  
PINE RIDGE DISTRICT HEALTH UNIT  
**Original signed by Mr. Elmslie**

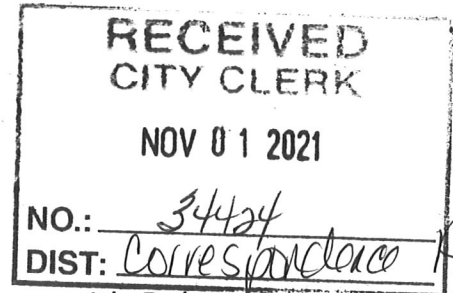
Doug Elmslie, Chair, Board of Health

DE/nb

Cc (via email): The Hon. Doug Ford, Premier  
The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock  
David Piccini, MPP Northumberland-Peterborough South  
Dr. Kieran Moore, Ontario Chief Medical Officer of Health  
Dr. Charles Gardner, Chair, Council of Medical Officers of Health  
Association of Municipalities of Ontario  
Ontario Boards of Health  
Loretta Ryan, Association of Local Public Health Agencies

[REDACTED]

Sault Ste Marie, ON  
October 26<sup>th</sup> 2021



Dear Members of City Council

I planned on being at the rally yesterday because I agree with Robert Peace that all the beautifying of the city will not take away from the fact that the Sault has many problems that are more more important than a new plaza on Spring Street.

Young people are dying everyday from drug overdose.

People are sleeping in the streets because they can't afford a place to stay and the shelters are full and over flowing.

Families are being torn apart for lack of support from agencies that are underfunded and overworked. Support workers are burning out and quitting because they have seen so much sadness and tragedy.

More and more thefts are occurring, perhaps because the *haves* have so much more than the *have-nots*. Not saying that it is right to steal.

If you can't afford food or new clothes what do you do? I have never been hungry, have you? I have never had to go to a food bank, have you? Life is not easy for those just trying to survive.

People are afraid to walk certain streets at night. We need to look at the underlying problems; more policing will not solve the problem; more support would be a step in the right direction. Better training! Less blaming and more supportive action!

We should be listening to the front line workers who have good ideas. Ideas like a tiny home community with lots of support so people have their own space a place to belong.

The Sault is a caring community; people care but that is not enough. It's time we stopped to help our most vulnerable. It's time we listened to people who can see solutions, people who work with and care about the homeless, those dealing with addicts and others who can't afford fancy bikes to ride the new bike trails.

Don't get me wrong, all the new improvements to the city are good but at what cost? Our neighbours are sleeping on the street. Young people are taking their own lives, young families are being broken apart and people dealing with mental illness have nowhere to turn.

But our downtown looks lovely.

It's time to rethink our priorities. Do we prioritize things over people? I choose people every time.

Just imagine if one more young person stops using drugs, one more family stays together and gets the support they need. What if no one had to sleep on our streets? Would this not be a more beautiful city?

In conclusion, I and many more people in the city am deeply concerned also with the increasing problems of our brothers and sisters in the street. As city leaders you need to start listening to the front line workers, they have workable solutions but they need the support of city council to make them happen.

Lets stop blaming different agencies and concentrate on making people more important than things.

Yours, one deeply concern taxpayer.

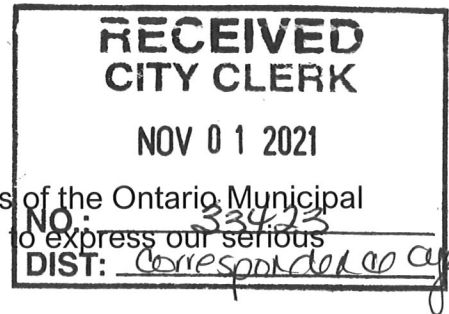


Vivian Hall





80 Commerce Valley Drive E, Suite 1  
Markham, ON L3T 0B2  
Phone: 905-739-9739 • Fax: 905-739-9740  
Web: cupe.on.ca E-mail: info@cupe.on.ca



Dear City of Sault Ste. Marie Council:

On behalf of CUPE Ontario's nearly 125,000 active members of the Ontario Municipal Employees Retirement System (OMERS), I am writing today to express our serious concerns with OMERS' investment performance.

In 2020, OMERS posted a net loss 2.7%, representing three billion dollars in losses. This was during a year that comparable defined benefit pension plans and funds in Canada posted substantial investment gains. CUPE Ontario investigated further and tracked investment returns at OMERS for ten years. We found that OMERS has underperformed relative to other large pension plans and funds, as well as relative to its own benchmarks. We also found that OMERS no longer shares this critical information in their annual reporting, making it difficult for plan members to hold their investment managers accountable.

Attached you will find a report detailing OMERS investment underperformance. Also attached, you will find the analysis of a third-party actuary (PBI Actuarial consultants) who confirmed that our reasoning and conclusions were sound.

CUPE Ontario believes plan members and employers have the right to know why OMERS' investments have, over a ten-year period, underperformed other large defined benefit pension plans and funds. If OMERS had performed in line with the average large Canadian public pension plan, it would have a substantial, multi-billion-dollar surplus, versus the deficit it currently faces.

Considering the significant impact such underperformance could have on plan members and on all sponsors who hold the liabilities of the plan, **we are calling on OMERS to cooperate fully with an independent and transparent third-party review of its investment performance** transparent and accountable to plan members, sponsors like CUPE Ontario, other unions, and employers like the City of Sault Ste. Marie.

We are hoping that the City of Sault Ste. Marie Council will join our call for an independent expert review of OMERS. **We are asking you, and other municipal councils across the province, to debate the following motion or to pass a similar motion calling for a third-party expert review of OMERS.** The terms of such a review would need to be agreed upon by sponsors and they could explore whether reasonable costs could be funded from the plan.

We simply cannot afford another decade of investment returns so far below other pension plans and funds. We know that ensuring strong investment returns is a goal shared by employers like the City of Sault Ste. Marie and by unions like CUPE.

CUPE Ontario staff person Liam Bedard is available to answer any questions you may have. He can be reached at [lbedard@cupe.on.ca](mailto:lbedard@cupe.on.ca).

All materials are available in French at [cupe.on.ca/francaisomers](http://cupe.on.ca/francaisomers).

It's time for all of us to work together to #FixOMERS.

Thank you,



Fred Hahn  
President of CUPE Ontario

## **Proposed Motion – Independent Review of OMERS’ Investment Performance**

1. The City of Sault Ste. Marie Council is calling for an immediate, comprehensive and independent third-party expert review of OMERS’ investment performance and practices over the past ten years, conducted by the OMERS Pension Plan’s sponsors and stakeholders.
2. Such a review would, at a minimum:
  - a. Compare OMERS plan-level, and asset class-level performance to other comparable defined benefit pension plans and funds, OMERS internal benchmarks, and market-based benchmarks.
  - b. Examine OMERS decision-making processes around the timing of various investment decisions.
  - c. Assess the risk management policies and protocols that were in place and determine if they were followed and/or if they were sufficient to protect the plan from undue risk.
  - d. Assess whether the disclosures provided to the OMERS Administrative and Sponsorship Boards were sufficient evidence to allow the Boards to respond appropriately and in a timely manner.
  - e. Examine executive compensation, investment fees and investment costs at OMERS in comparison to other major defined benefit pension plans and funds.
  - f. Examine other relevant issues identified by the third-party expert review.
  - g. Make recommendations for changes at OMERS to ensure stronger returns moving forward.
  - h. Issue their final report and recommendations in a timely manner.
  - i. Publicly release its full report and recommendations to ensure that it is available to OMERS sponsors, stakeholders, and plan members.
3. The City of Sault Ste. Marie Council further calls on the OMERS Administrative Corporation to:
  - a. Provide all requested data, documentation and information required of the review panel to fulfill its mandate.
  - b. Establish a step-by-step plan, with OMERS sponsors and stakeholders, to implement any recommendations set out in the review report.



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**PBI Actuarial Consultants Ltd.**  
Suite 1070, One Bentall Centre, 505 Burrard Street, Box 42, Vancouver, BC V7X 1M5  
pbi@pbiactuarial.ca T. 604-687-8056 F. 604-687-8074

April 27, 2021

To: Fred Hahn, President CUPE Ontario  
CUPE Ontario

From: Bradley Hough

Subject: **OMERS Performance Review**

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### **Scope of review**

CUPE has asked PBI to review “CUPE Ontario Concerns With OMERS Investment Returns”. PBI has reviewed the performance data, methods, and comparisons of OMERS with peer pension plans and funds in CUPE’s report.

The intention of our review is to determine:

- a) if comparisons made between the pension plans and funds and their respective benchmarks are reasonable; and
- b) if the analysis completed by CUPE supports the conclusions of their report.

We have reviewed the performance comparisons in CUPE’s report by reviewing public information provided by the plans and funds referenced. Statements of investment policies and procedures, actuarial valuation reports, annual reports and other governance documents were reviewed to add as much context around plan performance as possible with the public information available.

### **Summary**

We conclude that the comparisons made by CUPE are reasonable and show that there is a significant gap in performance between OMERS and other comparable public pension plans and funds. In our opinion, public information is unable to fully explain the performance gap. More information is required to truly understand why performance is so different between OMERS and comparable public pension plans and funds.

In our opinion, the comparisons and analysis in the report support CUPE’s request for further review of performance.

### **Review**

#### **Is the choice of peer universe reasonable?**

CUPE has chosen a universe of large public sector defined benefit plans (“plans”), or public sector investment managers managing assets (“funds”) including, but not exclusively, defined benefit pension plans. Scale gives public plans and funds a different opportunity set versus smaller private sector plans as a result of the size of assets and also investment opportunities. We therefore believe that CUPE’s approach of focusing on a limited universe of public sector peers rather than a broader pension plan universe is reasonable and fair.

Of the universe supplied, HOOPP, OTHP, BCMPP and LAPP are easier to directly compare given they are pension plans rather than funds; however, the public sector investment managers referenced by CUPE are still useful



points of reference when looking at comparable performance. Performance of funds such as PSP, CDPQ, BCI and AIMCO suggests that client defined benefit plans are likely to have higher absolute returns than OMERS for 2020. LAPP and AIMCO have not published full performance information for 2020.

**Would conclusions change if the universe of plans was expanded?**

Defined benefit plans have different benefits, contributions, funding policies, and member demographics. Making comparisons across universes of defined benefit plans requires caution and it is difficult to draw firm conclusions. However, it is worth noting that OMERS performance is significantly below not only public peers, but wider universes of defined benefit plans.

RBC’s universe of pension plans shows a median return of 9.2% for 2020<sup>1</sup>. PBI has access to the Northern Trust universe of Canadian defined benefit pension plans<sup>2</sup> and note that the median return is similar to RBC (full year 2020 median return is 9.9%). The lowest return in the Northern Trust Universe is 5% for 2020. We are not aware of an absolute return for PBI clients below 5%.

**Could ‘context’ such as different asset mixes driven by Plan demographics or situation explain OMERS performance?**

**a. Asset Mix**

We compared asset mixes with HOOPP, BCMPP and OTPP. HOOPP has a liability driven investment strategy and has a higher fixed income allocation. BCMPP and OTPP are return focused like OMERS. OMERS has a higher proportion in real assets and credit than these plans and lower fixed income assets. OTPP has a specific inflation management strategy. However, at a high level, asset allocations between OMERS, BCMPP and OTPP make use of similar asset classes and are comparable.

Asset Class	OMERS	BCMPP	OTPP	HOOPP
Public Equity	31%	33%	19%	23%
Fixed Income	6%	21%	16%	86%
Private Equity	14%	10%	19%	13%
Real Assets	34%	27%	21%	15%
Credit/Mortgages	17%	6%	8%	0%
Inflation Sensitive	0%	0%	17%	0%
Innovation	0%	0%	2%	0%
Absolute Return Strategies	0%	0%	6%	0%
Money Market	-2%	2%	-8%	-37%

Source: annual reports as of December 31, 2020, except for BCMPP, which is as of December 31, 2019.

<sup>1</sup> The RBC pension plan universe is published by RBC Investor and Treasury Services. “All Plan Universe” currently tracks the performance and asset allocation of a cross-section of assets under management across Canadian defined benefit pension plans.

<sup>2</sup> The Northern Trust universe of defined benefit plans is provided to PBI by Northern Trust. It consists of 34 defined benefit plans ranging from \$16.4M to \$8.7B in size. Average plan assets are \$1.9B, median plan assets are \$627M as of December 31, 2020.



As the differences in performance are so large between OMERS and two plans with comparable asset mixes (albeit with some differences), more information on specific strategies within each asset class, such as style of equity manager, exposure to office, retail, and industrial real estate within real assets, use of leverage/overlay strategies and derivatives, currency hedging, and approach to liquidity management would be required to explain differences in performance.

We note that on page 43 of the OMERS 2020 Annual Report, losses were incurred on foreign currency hedging positions due to actions taken to protect liquidity. This contributed \$2.2B to the overall loss. Again, this indicates that a review, significantly beyond simple asset mix comparisons, is required to truly understand performance differentials.

Finally, understanding the role of the 'Total Portfolio Management' approach in determining asset allocations and strategies would be helpful to putting context around the asset mix choices and investment strategies.

#### **b. Membership Demographics**

We note that BCMPP and HOOPP have broadly similar membership demographics to OMERS. OTPP is more mature with a greater proportion of retirees. PBI does not believe plan demographics are different enough to render comparisons between the plans invalid.

#### **Comments on CUPE's five principal findings:**

- 1) **OMERS 10-year annualized performance was below peer group as of December 31, 2019.** PBI believes the comparisons made are reasonable and agree with the conclusion.
- 2) **OMERS performance in 2020 was significantly below peers.** PBI agrees with this conclusion and notes that expanding the peer group adds weight to this conclusion.
- 3) **OMERS does not report comparisons of its annualized long-term returns to its own benchmarks**  
Page 143 of the 2020 report has a comparison of calendar year returns vs benchmarks to 2011. We could not find a comparison of annualized long term performance vs benchmarks for OMERS.

We understand benchmarks are set annually by OMERS and approved by the Administration Corporation Board. From the information made public by OMERS, we would need more detail on the methodology used to derive the absolute return benchmark to interpret performance.

#### 4) **5 to 10-year returns versus 5 to 10-year benchmarks.**

PBI verified the calendar year returns shown by CUPE. We were unable independently to verify the 5 and 10-year performance versus the benchmark as this was provided verbally to CUPE by OMERS and is not published. The peer group of public plans and funds all take different approaches to benchmarking. Some use composites of public market indices/asset class benchmarks according to their target allocations. PSP uses a reference portfolio approach and HOOPP may use a liability focused benchmark. We note that comparisons of relative performance vs stated benchmarks across peer group plans are challenging because of the differences in methodology.

However, in our opinion the analysis is sufficient to show that OMERS is the only Plan underperforming their internal benchmark over a 10-year horizon. Understanding why requires a deeper understanding



of performance and benchmarking methodology beyond the information made public. In our opinion this adds weight to CUPE's request for a review of performance.

- 5) **OMERS 20-year return is not above its 20-year benchmark.** We were unable to independently verify this point as the performance versus the benchmark was provided verbally to CUPE by OMERS and is not publicly available.

### Conclusions

The comparisons made by CUPE are high level and broad by the nature of information made public. However, we believe the comparisons are reasonable and that CUPE has chosen similar public plans and funds as practically possible. Overall, we believe the analysis is sufficient to conclude that OMERS investment performance in 2020 and longer term is significantly lower than other comparable plans.

PBI would require considerably more information than made public on OMERS' total portfolio management approach, investment strategies, third party managers, asset mix policies, liquidity management approach and derivative positions to interpret performance.

In our opinion, the comparisons made demonstrate that the longer-term performance gap between comparable peers is significant and supports CUPE's request for a further, more detailed review of performance beyond the information made public.

A handwritten signature in black ink, appearing to read "Bradley Hough".

Bradley Hough, FIA, ACIA, CAIA

BH:jh

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# NOT JUST ONE "TOUGH YEAR": THE NEED FOR A REVIEW OF OMERS INVESTMENT PERFORMANCE

May 2021





# Executive Summary

CUPE Ontario represents nearly half of the 289,000 active members of the Ontario Municipal Employees Retirement System (OMERS) – the province’s Defined Benefit (DB) pension plan for municipal, school board and certain other public sector workers.

While most pension plans had strong returns in 2020, OMERS recently reported billions of dollars of losses over the year. This has prompted CUPE Ontario to examine how OMERS investments have performed compared to other large pension plans and funds. We have also looked at how OMERS has performed against its own internal benchmarks.

We find that OMERS underperformance is not a new or a short-term problem. Specifically, we find that:

- 1) OMERS longer-term performance has significantly lagged behind other large pension funds and plans, in periods both before and after 2020 results were in.
- 2) OMERS has now fallen behind even some of its own internal longer-term return benchmarks – a troubling fact that, contrary to industry standards, is not disclosed in OMERS Annual Report.

Since investment returns fund the vast majority of pensions paid from the plan, returns are incredibly important to DB plan members. Lower investment returns may lead to members being asked to pay more into the plan, or could result in additional pressure for more benefit cuts.

Despite requests, OMERS has not committed to an independent, transparent review of its investment decisions.

CUPE Ontario feels these issues are so serious that a fully transparent expert review of OMERS investment strategies, returns, and internal performance assessment is urgently needed. This review should be conducted by the plan sponsors and stakeholders themselves (the risk-bearing parties to OMERS) and should be fully independent of OMERS staff, who have a clear conflict of interest in conducting a review of their own performance. We invite the other sponsors of OMERS, including our employer counterparts and the broader community of the plan’s organizational stakeholders, to support this proposal and to work with us to conduct this review.

# Introduction

CUPE Ontario represents 125,000 plan members of the Ontario Municipal Employees Retirement System (OMERS). We are the largest sponsor in this defined benefit (DB) pension plan that is – at least in theory – jointly-controlled by plan sponsors like CUPE Ontario and other unions and employers.



**WE CONTINUE  
TO STRONGLY  
BELIEVE THAT  
DB PLANS ARE  
A MODEL WORTH  
NOT ONLY  
DEFENDING,  
BUT EXTENDING  
TO ALL WORKERS.**

CUPE Ontario strongly believes that DB pension plans are the best way to provide a decent and secure retirement for our hard-working members. Large public sector DB plans like OMERS allow for an efficient pooling and sharing of costs and risks between employers and plan members. DB plans allow members to know what their pensions will be in retirement. This security is incredibly important for plan members. However, it is not only retirees who benefit from good, secure pension benefits. DB pension plans have been shown to have positive macroeconomic effects on the economy as a whole.<sup>1</sup> The concerns we raise in this report are not concerns with the DB model itself; we continue to strongly believe that DB plans are a model worth not only defending, but extending to all workers.

For a number of years, we have been concerned with the lower level of OMERS pension fund investment returns in comparison to those of other similar plans. OMERS recently reported that the plan had a very bad year in 2020. This has led CUPE Ontario to perform a more in-depth examination of publicly-available annual reporting documents to determine how, in our view, OMERS is performing compared to the seven other large (\$50 billion+) pension plans and funds in Canada.<sup>2</sup> OMERS themselves refer to this club of large plans and funds as the “eight leading Canadian pension plan investment managers,” and occasionally takes coordinated activity with them.<sup>3</sup>

<sup>1</sup> Conference Board of Canada, “Economic Impact of British Columbia’s Public Sector Pension Plans,” October 2013; Boston Consulting Group, “Measuring Impact of Canadian Pension Funds,” October 2015; Ontario Teachers Pension Plan News Release, “New analysis confirms that defined benefit pensions provide significant benefits to Canadian economy,” October 22, 2013.

<sup>2</sup> Unless otherwise specified, the data in this document has been compiled from publicly-available annual reporting of the respective plans. With the exception of CDPO, returns are as reported in these documents, and are net. CDPO results were reported gross of some expenses, and have been reduced by 0.2% to best approximate a net return. Longer-term periods are annualized, and are as reported by the respective plans.

<sup>3</sup> OMERS News Release, “CEOs of Eight Leading Canadian Pension Plan Investment Managers Call on Companies and Investors to Help Drive Sustainable and Inclusive Economic Growth,” November 25, 2020.



**AS BAD AS  
OMERS  
PERFORMANCE  
WAS IN 2020,  
THIS IS NOT A  
NEW OR A SHORT-  
TERM PROBLEM**

Due to their scale, these large pension plans and funds are able to invest in asset classes that are typically not available to smaller investors or individuals. At the same time, we acknowledge that these eight plans are not completely similar: they have their own governance structures, asset mixes, risk appetites, and reporting periods, all of which are described in the public documents of the respective plans. However, we also acknowledge that many of these differences are the result of specific investment decisions made by the respective plans and funds. We therefore believe that there is value in comparing the performance of this small set of large funds, particularly over longer-term periods.

Acronym	Name	Assets Under Management (\$ Billion)	Funded Status in Most Recent Annual Report	Most Recent Annual Reporting Date
<b>CPPIB</b>	Canada Pension Plan Investment Board	410	N/A	March 31, 2020
<b>CDPQ</b>	Caisse de dépôt et placement du Québec	366	108% (RREGOP)	Dec 31, 2020
<b>OTPP</b>	Ontario Teachers Pension Plan	221	103%	Dec 31, 2020
<b>PSP</b>	Public Sector Pension Investment Board	170	111% (Public Service Plan)	March 31, 2020
<b>OMERS</b>	Ontario Municipal Employees Retirement System	105	97%	Dec 31, 2020
<b>HOOPP</b>	Healthcare of Ontario Pension Plan	104	119%	Dec 31, 2020
<b>BC MPP</b>	BC Municipal Pension Plan (investments managed by BCI, the BC Investment Management Corporation)	59 (MPP) 171 (BCI)	105%	Dec 31, 2019 (MPP) March 31, 2020 (BCI)
<b>LAPP</b>	Alberta Local Authorities Pension Plan (investments managed by Alberta Investment Management Corporation)	50 (LAPP) 119 (AIMCO)	119%	Dec 31, 2019

In some cases, the pension funds above manage the investments of several pension plans (CDPQ, PSP, BCI, AIMCO are all such cases). In those cases, we look most closely at the returns at an individual plan level for the respective client plan that most closely compares to OMERS.

We have also looked at how OMERS has performed against its own internal benchmarks.

This review has resulted in some very troubling findings which suggest that, as bad as OMERS performance was in 2020, this is not a new or a short-term problem. We found evidence that OMERS longer-term return performance has significantly lagged behind



HIGHER INVESTMENT RETURNS WOULD HAVE BEEN BETTER FOR OMERS PLAN MEMBERS, AND FOR OMERS EMPLOYERS.

other large pension funds and plans. We also found that OMERS has now fallen behind even some of its own internal longer-term return benchmarks – a troubling fact that, contrary to industry standards, is not disclosed in OMERS Annual Report.

Investment results are incredibly important to DB plan members because compounded returns typically fund the vast majority of the pensions that are eventually paid. OMERS indicates that investment returns are expected to fund approximately 70% of the pensions paid by the plan.<sup>4</sup> When investment returns are insufficient, it can put upward pressure on required contribution rates for both members and employers. Most other plans have now returned to pension surpluses since the global financial crisis more than a decade ago, but OMERS continues its long climb out of deficit. Contribution levels were a central talking point from OMERS when plan decision-makers removed guaranteed indexation in 2020. And we expect that, in the months to come, OMERS will once again be looking to plan members to bear the burden of plan funding issues that are, in part, a result of these investment returns. Meanwhile other pension plans, who have had better returns, are currently holding significant surpluses, many have lower contribution rates and some are even improving pension benefits.<sup>5</sup> Higher investment returns would have been better for OMERS plan members, and for OMERS employers.

Despite requests<sup>6</sup>, OMERS has not committed to an independent, transparent review of its investment decisions. Any reviews that have taken place have been behind closed doors at OMERS and have not been shared with sponsors or described in any detail. While OMERS has outlined several investment policy changes it plans to make, its overriding message remains: “the fundamentals of our long-term strategy remain sound, and we will continue to advance that strategy.”<sup>7</sup>



A FULLY TRANSPARENT EXPERT REVIEW OF OMERS INVESTMENT STRATEGIES, RETURNS, AND INTERNAL PERFORMANCE ASSESSMENT IS URGENTLY NEEDED.

**CUPE Ontario feels these issues are so serious that a fully transparent expert review of OMERS investment strategies, returns, and internal performance assessment is urgently needed. This review should be conducted by the plan sponsors and stakeholders themselves (the risk-bearing parties to OMERS) and should be fully independent of OMERS staff, who have a clear conflict of interest in conducting a review of their own performance. We invite the other sponsors of OMERS, including our employer counterparts and the broader community of the plan’s organizational stakeholders, to support this proposal and to work with us to conduct this review.**

<sup>4</sup> OMERS 2020 Annual Report, p. 2.

<sup>5</sup> HOOPP News Release, “HOOPP posts 11.42% return in 2020, surpasses \$100 billion in assets,” March 31, 2021.

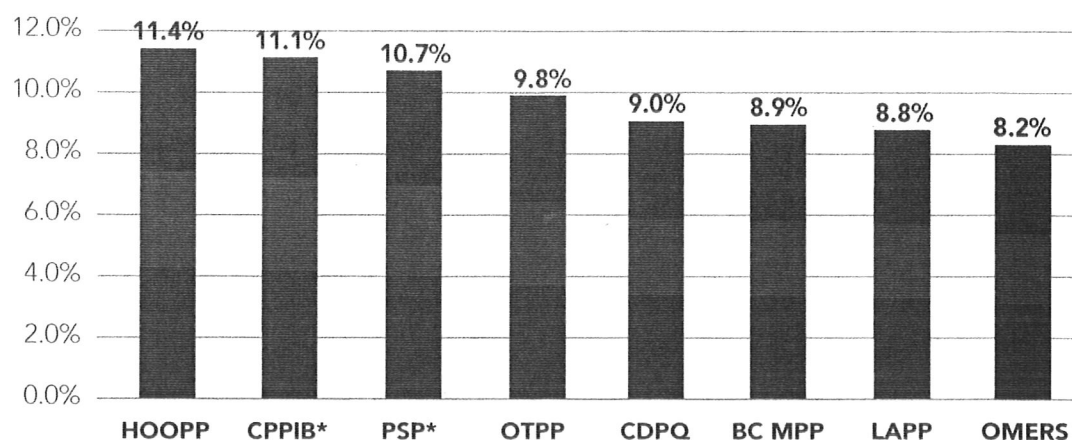
<sup>6</sup> CUPE Ontario Press Release, “We won’t pay for the mistakes of OMERS executives,” February 25, 2021.

<sup>7</sup> OMERS 2020 Annual Report, p. 23.

Our five principal findings are as follows:

- 1. CUPE Ontario's concerns go beyond one "difficult" year in 2020. OMERS 10-year annualized returns trailed those of the other major funds and plans before the COVID crisis hit.**

### 10-Year Annualized Returns at 2019



\*To March 31, 2019, otherwise to Dec 31, 2019

Source: Respective Annual Reports



**THIS WAS  
A HISTORIC  
ANNUAL  
UNDER-  
PERFORMANCE  
COMPARED TO  
BENCHMARKS.**

- 2. OMERS 2020 investment performance was especially poor**

OMERS 2020 annual return (-2.7%) fell far short of the plan's own benchmark for the year of +6.9%. This was a historic annual underperformance compared to benchmarks.

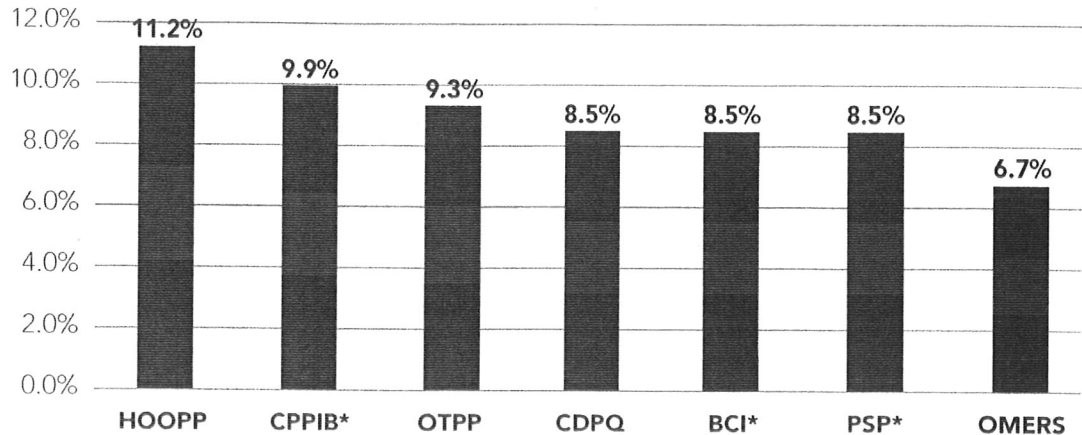
Other plans, however, have reported very strong annual returns for calendar year 2020:

2020 ANNUAL RETURNS	
HOOPP	+ 11.4%
RBC Pension Plan Universe <sup>8</sup>	+ 9.2%
OTPP	+ 8.6%
CDPQ	+ 7.5%
OMERS	- 2.7%

<sup>8</sup> RBC Investor & Treasury Services, "Canadian DB pensions post near-double-digit returns despite historic, turbulent year," January 29, 2021.

This negative result led OMERS 10-year annualized return to fall from 8.2% to 6.7%.

### 10-Year Annualized Returns at 2020



\*To March 31, 2020 otherwise to Dec 31, 2020

The chart above reports the most recent available return information for the respective funds and plans as disclosed in their annual reports. LAPP and BC MPP have yet to report their December 31, 2020 results. AIMCO has also not fully reported its 2020 results. However, BCI (the investment agent for BC MPP and other BC public sector plans) has reported its March 31, 2020 results and has been included here. The chart can be updated as more plans report their 2020 investment returns.



#### OMERS

DOES NOT REPORT CLEAR COMPARISONS OF THE PLAN'S LONG-TERM ANNUALIZED RETURNS TO ITS CORRESPONDING LONG-TERM BENCHMARKS.

### 3. OMERS does not report comparisons of its annualized long-term returns to its own benchmarks.

Benchmarking is a common practice where an investment *standard or goal* is set, against which *actual plan returns* are compared for ongoing assessment of investment performance. OMERS itself describes a benchmark as "a point of reference against which the performance of an investment is measured."<sup>9</sup> Comparisons of returns vs. benchmarks are typically done on a 1-year basis, but it is very common for long-term annualized comparisons to also be disclosed. Reporting these benchmarks is standard practice for pension plans and third-party investment managers. Even individual investment vehicles like mutual funds and ETFs typically provide details on how their performance compares to both annual and long-term benchmarks.

The OMERS Administration Corporation (AC) sets OMERS benchmarks each year, as described in the "Performance Management" section of the OMERS investment policy document.<sup>10</sup> OMERS Annual Reports describe how these benchmarks are constructed for each asset class. For many years, these reports stated that "Our goal is to earn stable returns that meet or exceed our benchmarks." OMERS Annual Reports compare OMERS single-year returns to the plan's single-year benchmarks. However, in sections describing investment performance, **OMERS does not report clear comparisons of the plan's long-term annualized returns to its corresponding long-term benchmarks.** While the Annual Report does compare performance to the plan's discount rate and a long-term return expectation set by the AC Board, it omits comparisons of the plan's long-term performance against their own long-term benchmarks.

<sup>9</sup> OMERS 2015 Annual Report, p. 131.

<sup>10</sup> OMERS "Statement of Investment Policies and Procedures – Primary Plan," January 1, 2021.





**IN THE ABSENCE OF LONGER-TERM COMPARATIVE DATA, STAKEHOLDERS FACE SERIOUS OBSTACLES IN EVALUATING PERFORMANCE**

OMERS believes that “paying pensions over decades means a long-term approach.”<sup>11</sup> But in the absence of longer-term comparative data, stakeholders face serious obstacles in evaluating performance. A review of historical Annual Reports shows that OMERS had a longstanding practice of reporting these long-term comparisons, but OMERS stopped this reporting, without explanation, in 2013. **This is dramatically out of step with other pension plans and is, in our view, a serious lack of transparency from OMERS.**

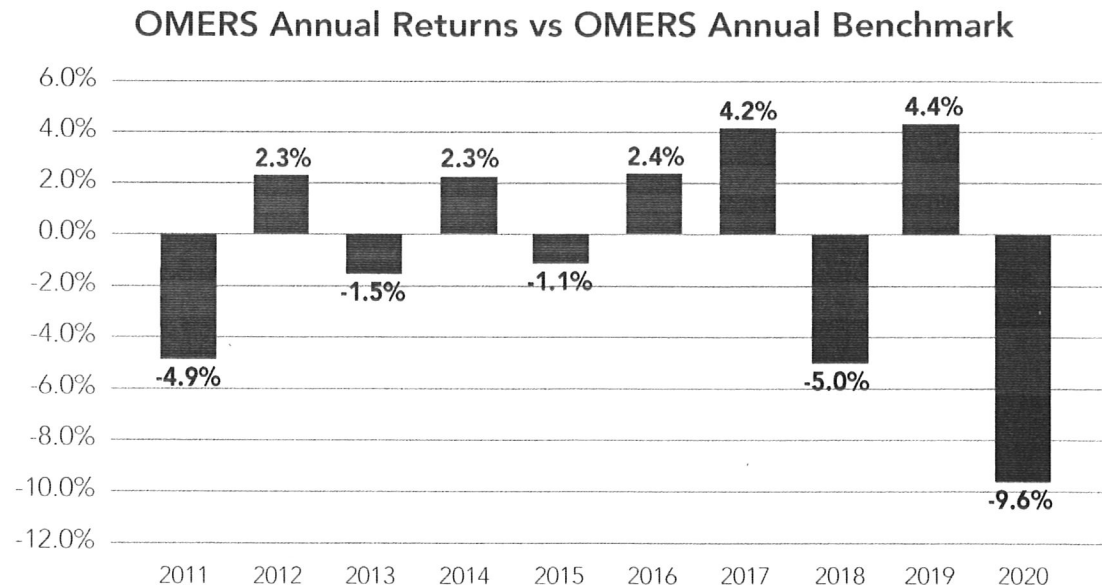
	HOOPP	CPPIB	PSP	OTPP	CDPQ	BC MPP	LAPP	OMERS
<b>Does annual report compare annualized longer-term returns to corresponding benchmarks?</b>	YES	YES	YES	YES	YES	YES	YES	NO



**THIS IS DRAMATICALLY OUT OF STEP WITH OTHER PENSION PLANS AND IS, IN OUR VIEW, A SERIOUS LACK OF TRANSPARENCY FROM OMERS.**

The OMERS Statement of Investment Policies and Procedures states that “performance reporting is consistent with industry recognized practices.”<sup>12</sup> The OMERS Statement of Investment Beliefs says that “articulating our investment goals and performance measures helps ensure clear accountability.”<sup>13</sup> We do not believe OMERS is meeting these standards of reporting and accountability on this point.

**4. OMERS 5 and 10-Year Returns are now below OMERS own benchmarks for these periods.**



Source: OMERS 2020 Annual Report, Ten-Year Financial Review, p. 142.

<sup>11</sup> OMERS News Release, “OMERS Reports 2020 Financial Results: paying pensions over decades means a long-term approach,” February 25, 2021.

<sup>12</sup> OMERS “Statement of Investment Policies and Procedures,” January 1, 2021. [www.omers.com/governance-manual-policies-and-guidelines](http://www.omers.com/governance-manual-policies-and-guidelines)

<sup>13</sup> OMERS “Statement of Investment Beliefs,” January 1, 2020. [www.omers.com/governance-manual-policies-and-guidelines](http://www.omers.com/governance-manual-policies-and-guidelines)

	OMERS Return	OMERS Benchmark	Difference
5-Year Annualized	6.5%	7.4%	-0.9%
10-Year Annualized	6.7%	7.3%	-0.6%

Source: Returns from OMERS 2020 Annual Report  
 Annualized Long-Term benchmarks not referenced in Annual Report and were reported verbally to CUPE by OMERS on our request.

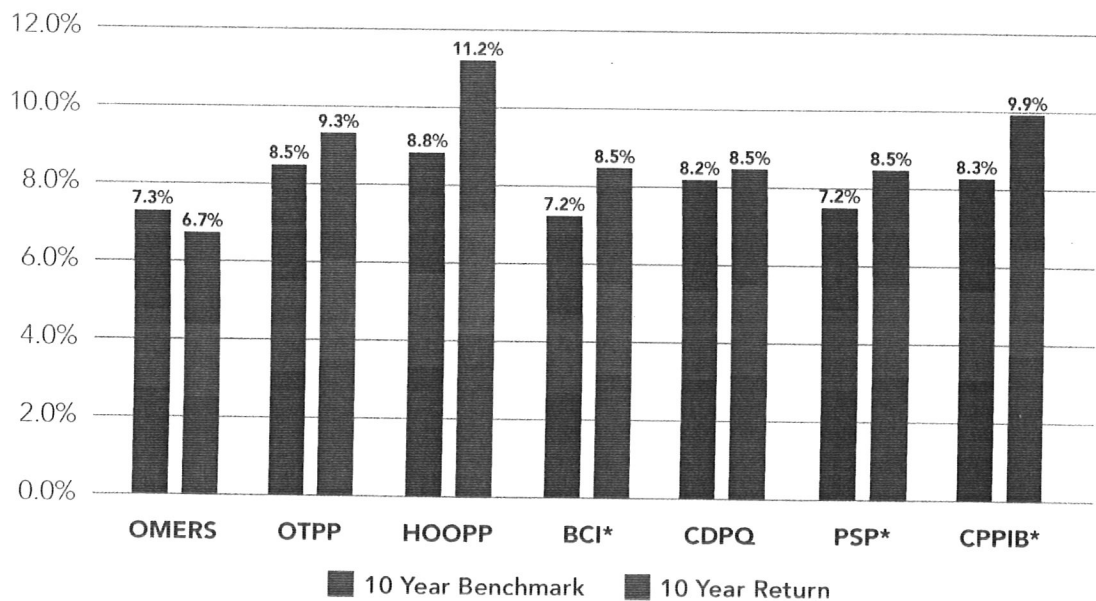
The 5 and 10-year annualized benchmark figures above were not disclosed in the OMERS 2020 Annual Report. OMERS provided these numbers verbally to CUPE Ontario upon our request. Previous OMERS Annual Reports normally included a statement that "Our goal is to earn stable returns that meet or exceed our benchmarks."<sup>14</sup> This statement appears to have been struck from the 2020 Annual Report.

We also note that, OMERS benchmarks are comparatively low over this period when examined alongside other plans. We believe this is due to a different benchmarking methodology for certain investments at OMERS compared to industry standards. The other major plans and funds that have reported 2020 results, however, are all ahead of their 10-year benchmarks as of their most recent annual reports.



THE OTHER MAJOR PLANS AND FUNDS THAT HAVE REPORTED 2020 RESULTS, HOWEVER, ARE ALL AHEAD OF THEIR 10-YEAR BENCHMARKS AS OF THEIR MOST RECENT ANNUAL REPORTS.

### 10-Year Returns vs 10 Year Benchmarks to 2020



\*To March 31, 2020 otherwise to Dec 31, 2020

<sup>14</sup> 2010 Annual Report p. 27; 2011 Annual Report p. 25; 2012 Annual Report p. 23; 2013 Annual Report p. 22; 2014 Annual Report p. 12; 2015 Annual Report p. 9; 2016 Annual Report p. 33; 2017 Annual Report p. 33; 2018 Annual Report p. 33; 2019 Annual Report p. 42; 2020 Annual Report N/A.





**HAD OMERS  
ACHIEVED  
THESE BETTER  
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THE PLAN  
WOULD NOW  
HOLD A VERY  
SUBSTANTIAL  
SURPLUS.**

The impact on OMERS of these longer-term below-benchmark returns has been significant. The difference of 0.6% between OMERS actual annualized 10-year investment returns of 6.7% and its benchmark of 7.3% has meant an absolute return outcome that would have been roughly 6% higher after these 10 years (all other factors being equal). Even achieving just this benchmark return on an annualized 10 year basis would have resulted in an asset base of roughly \$6 billion higher current plan assets.<sup>15</sup> This better result would have brought OMERS reported funding level into surplus.

This difference is even greater if we were to compare the impact of OMERS investment performance to that of any of these other large plans. For example, had OMERS achieved the actual 10-year annualized returns of the OTPP of 9.3% (just below the average of the other six plans listed above), the OMERS asset base would now be (all other factors being equal) approximately 27% higher than OMERS actual asset level. In dollar-value terms, this difference represents roughly \$28 billion more in assets after the 10-year period from 2011 to 2020. Had OMERS achieved these better results, the plan would now hold a very substantial surplus.

#### **5. OMERS 20-year return is not above its 20-year benchmark.**

Upon request from CUPE Ontario, OMERS also verbally disclosed that its 20-year return is equal to its 20-year benchmark of 6%. In our view, it is troubling that the plan has not outperformed its benchmark over this long period, and that this comparison is also not disclosed in OMERS annual reporting.

<sup>15</sup> The alternative scenarios for investment performance results outlined in this section are necessarily approximate as they are based on data that is made publicly available by OMERS, and were generated using the reported OMERS asset base as at December 31, 2010 of \$53.3 billion.

# Conclusion

CUPE Ontario has serious concerns with OMERS investment performance, and with what we believe is a troubling lack of transparency about these issues. In our view, these issues cannot be dismissed as a one-year problem.



**THESE ISSUES CANNOT BE DISMISSED AS A ONE-YEAR PROBLEM.**

We anticipate that these long-term, below-benchmark investment returns are very likely to lead directly to yet another round of proposals to reduce pension benefits payable to current actives and future retirees. OMERS has already eliminated the guarantee of indexation of pension benefits for service after 2022, and OMERS management has indicated it will be examining further changes in plan design. OMERS has recently stated in writing to CUPE that "the OMERS pension plan has been facing sustainability issues for some time now and the investment results of 2020 have amplified the need to address those issues." At the recent 2021 OMERS AGM, OMERS Sponsors Corporation CEO Michael Rolland stated that "There are no guarantees as to what decisions we will have to make based on our performance...it's a long term performance we need to look at...the results of 2020 did have an impact...and that's why we're taking a look at it."



**WE ANTICIPATE THAT THESE LONG-TERM, BELOW-BENCHMARK INVESTMENT RETURNS ARE VERY LIKELY TO LEAD DIRECTLY TO YET ANOTHER ROUND OF PROPOSALS TO REDUCE PENSION BENEFITS PAYABLE TO CURRENT ACTIVES AND FUTURE RETIREES.**

CUPE Ontario is the largest sponsor representing plan members in OMERS, with over 125,000 active members in the plan. It is true that CUPE Ontario appoints representatives to both the OMERS Administrative Corporation and the OMERS Sponsors Corporation. However, because of restrictive confidentiality rules at both boards, our representatives are unable to keep CUPE Ontario fully-informed about what is really happening at OMERS governing boards, and the decisions that are being made about our members' hard-earned retirement savings. We do not believe this is how well-governed jointly-sponsored pension plans are supposed to function. The result is that we feel that we are a plan sponsor in name only. Our members are not being well-served by a structure that effectively cuts them out of playing the oversight function they should over their pension plan.



WE ARE NOT  
CONFIDENT  
THAT **OMERS**  
MANAGEMENT  
ITSELF HAS TAKEN,  
OR IS PLANNING  
TO TAKE,  
SUFFICIENT STEPS  
TO CRITICALLY  
EXAMINE ITS OWN  
PERFORMANCE.

These barriers will not stop CUPE Ontario from doing everything we can to ensure these concerns about OMERS investment performance are addressed. Based on their public comments to date, we are not confident that OMERS management itself has taken, or is planning to take, sufficient steps to critically examine its own performance, nor are we confident that plan members or sponsors and organizational stakeholders will receive a transparent reporting of any such review.

**Therefore, CUPE Ontario is calling on other plan sponsors from both sides of the table to work with us to commission a fully transparent and independent expert review of the investment program at OMERS. This review should be conducted in the open by the sponsors and stakeholders themselves, and not behind closed doors at OMERS. Ensuring our pension returns are as strong as they can be is not a partisan issue, nor is it an issue that the member and employer side of the table should have a difference of opinion on. We want to work with other OMERS sponsors and stakeholders to address these issues for the good of all OMERS members.**



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MEMBERS.



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[christine.tarling@kitchener.ca](mailto:christine.tarling@kitchener.ca)  
TTY: 519-741-2385

November 1, 2021

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

Dear Premier Ford:

This is to advise that City Council, at a meeting held on October 18, 2021, passed the following resolution regarding "Renovictions":

"WHEREAS safe and adequate housing is recognized as a fundamental human right by the Federal Government, whose effect as a major social determinant of health and wellbeing goes well beyond a basic requirement for shelter; and,

WHEREAS Kitchener's housing situation has dramatically shifted since 2016, a Housing Needs Assessment demonstrating the average price for a house increased by 104% between 2009 to 2019, with the greatest increase since 2016, and rents increased by an average of 41%; and,

WHEREAS the City is experiencing a gap in the provision of housing, in particular the need for 450 units of supportive housing, over 5,000 units of community housing and 9,300 units of affordable rental housing to address the gaps in the existing supply; and,

WHEREAS the City of Kitchener has adopted "Housing for All – The City of Kitchener's Housing Strategy" demonstrating a commitment to realizing the right to housing locally and addressing the housing crisis within the municipality; and,

WHEREAS landlords and investors are adding to the strain on the housing supply through the unscrupulous act of "Renovictions" by claiming they are completing major renovations and evicting and displacing existing tenants, and subsequently raising rents which affects those generally identified as lower income earners and their ability to find safe, adequate and affordable housing; and,

WHEREAS citizens and communities are hurt by these practices which can and does directly impact the housing and homelessness crisis, as well as inflict damage and trauma (both financially and mentally) particularly on our most vulnerable citizens;

THEREFORE IT BE RESOLVED that the City of Kitchener lobby the Province of Ontario to take additional and meaningful steps to address the ever-increasing problem of “Renovictions”;

THEREFORE IT FURTHER BE RESOLVED that the City of Kitchener urge all levels of government to collaborate in data sharing and collection related to renovations, specifically the impacts of renovations on tenancy;

THAT IT FINALLY BE RESOLVED that a copy of this motion be sent to the Association of Municipalities of Ontario, the Premier of Ontario, the Ministry of Municipal Affairs and housing, the Region of Waterloo and other Municipalities in Ontario for their consideration and possible endorsement.”

Yours truly,



C. Tarling  
Director of Legislated Services  
& City Clerk

- c: Honourable Steve Clark, Minister of Municipal Affairs and Housing  
Monika Turner, Association of Municipalities of Ontario  
William Short, Regional Clerk, Region of Waterloo  
Ontario Municipalities



CHRISTINE TARLING  
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TTY: 519-741-2385

November 1, 2021

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

Dear Premier Ford:

This is to advise that City Council, at a meeting held on October 18, 2021, passed the following resolution regarding the vaccine passport program:

"WHEREAS the Covid-19 pandemic has been both a health crisis and an economic crisis; and,

WHEREAS lockdown and physical distancing measures have caused significant hardship to businesses, particularly those dependent on in-person delivery or experience (ex: retail, restaurant, hospitality, personal service, etc.); and,

WHEREAS vaccinations have proven to be an effective means of keeping Ontarians safe and can enable businesses to safely remain open without compromising the health of their customers and employees; and,

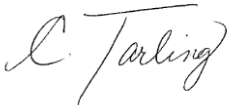
WHEREAS the Province of Ontario and the Regional Municipality of Waterloo are the primary authorities governing public health in the city of Kitchener;

WHEREAS the Economic Development Advisory Committee expressed concerns about financial supports for businesses and the City's ability to support, maintain and grow the economy;

THEREFORE BE IT RESOLVED that the City of Kitchener thank the Province of Ontario for developing the vaccine passport program, but urge the Province to provide financial supports for businesses to cover capital and human resource costs necessary to execute the program; and,

THEREFORE BE IT FINALLY RESOLVED that a copy of this resolution be forwarded to the Honourable Premier of Ontario, the Minister of Municipal Affairs and Housing, the Association of Municipalities of Ontario; and, all other Ontario municipalities."

Yours truly,

A handwritten signature in cursive script, appearing to read "C. Tarling".

C. Tarling  
Director of Legislated Services  
& City Clerk

c: Honourable Steve Clark, Minister of Municipal Affairs and Housing  
Monika Turner, Association of Municipalities of Ontario  
Ontario Municipalities