



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

October 29, 2021

	Pages
1. Correspondence	2 - 2
Letter from resident regarding townhouses	
2. Algoma Public Health	3 - 102
• Agenda Package – October 27, 2021	
• Meeting Minutes – June 23, 2021	
3. Resolutions	103 - 104
• City of Sarnia resolution regarding Renovictions	
• City of Port Colborne supporting resolution regarding Renovictions	

Sept 24, 2021

City Council
City of Sault Ste Marie
City Hall
99 Foster Drive Box 588
Sault Ste Marie Ont

What is this nonsense
of allowing Russo Contracting
to build a series of joined
town houses. Looks like
you are trying to make
the Fire Dept. to work
and have the Funeral
Homes busy.

This is absolutely stupid
to have a group of houses
with common walls on both
sides — housing in SSM
is easy to find without
trying to have a pandemic

S Cole



Algoma
PUBLIC HEALTH
Santé publique Algoma

October 27, 2021

BOARD OF HEALTH MEETING

Algoma Community Room

www.algomapublichealth.com

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

1. Call to Order

- a. Declaration of Conflict of Interest

2. Adoption of Agenda

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

3. Delegation/Presentations

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

4. Adoption of Minutes

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

5. Business Arising

6. Reports to Board

- a. Medical Officer of Health and Chief Executive Officer Report
 - i. Report of MOH CEO - October 2021 37
 - 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

7. New Business

- a. AOHT Board to Board Information Session and Discussion 86
- b. alPHa Fall Symposium 87

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.

9. Items for Information

10. Addendum

11. In-Camera

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

- a. Next Meeting Dates

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

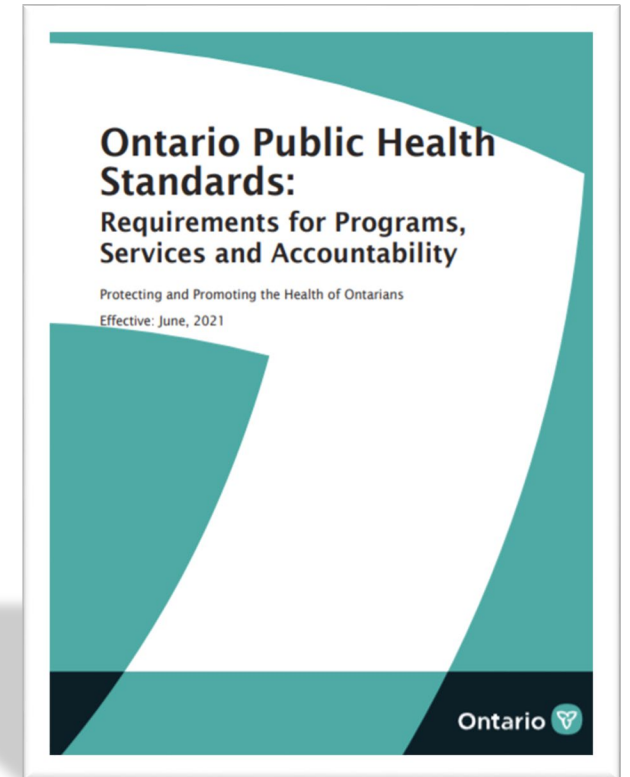


Ontario Public Health Standards

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.

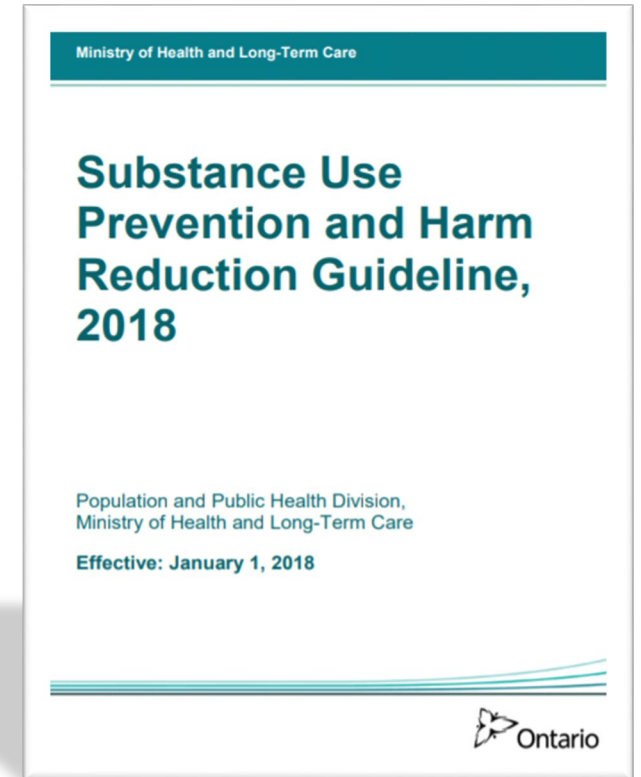


Ontario Public Health Standards

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

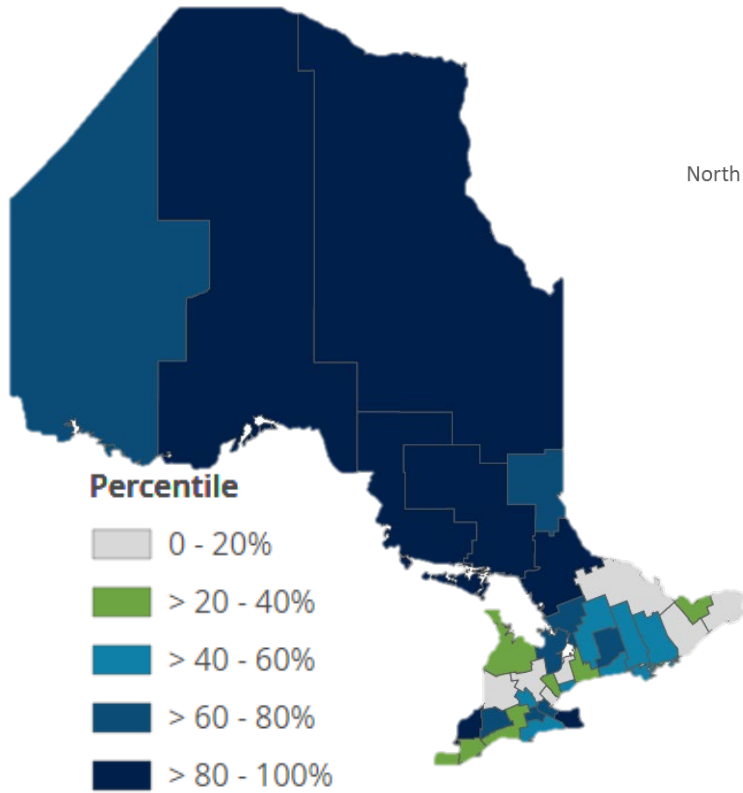
**Rates of opioid-related emergency department visits, hospitalizations, and deaths, 2019-2020:
Regional comparison**

	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

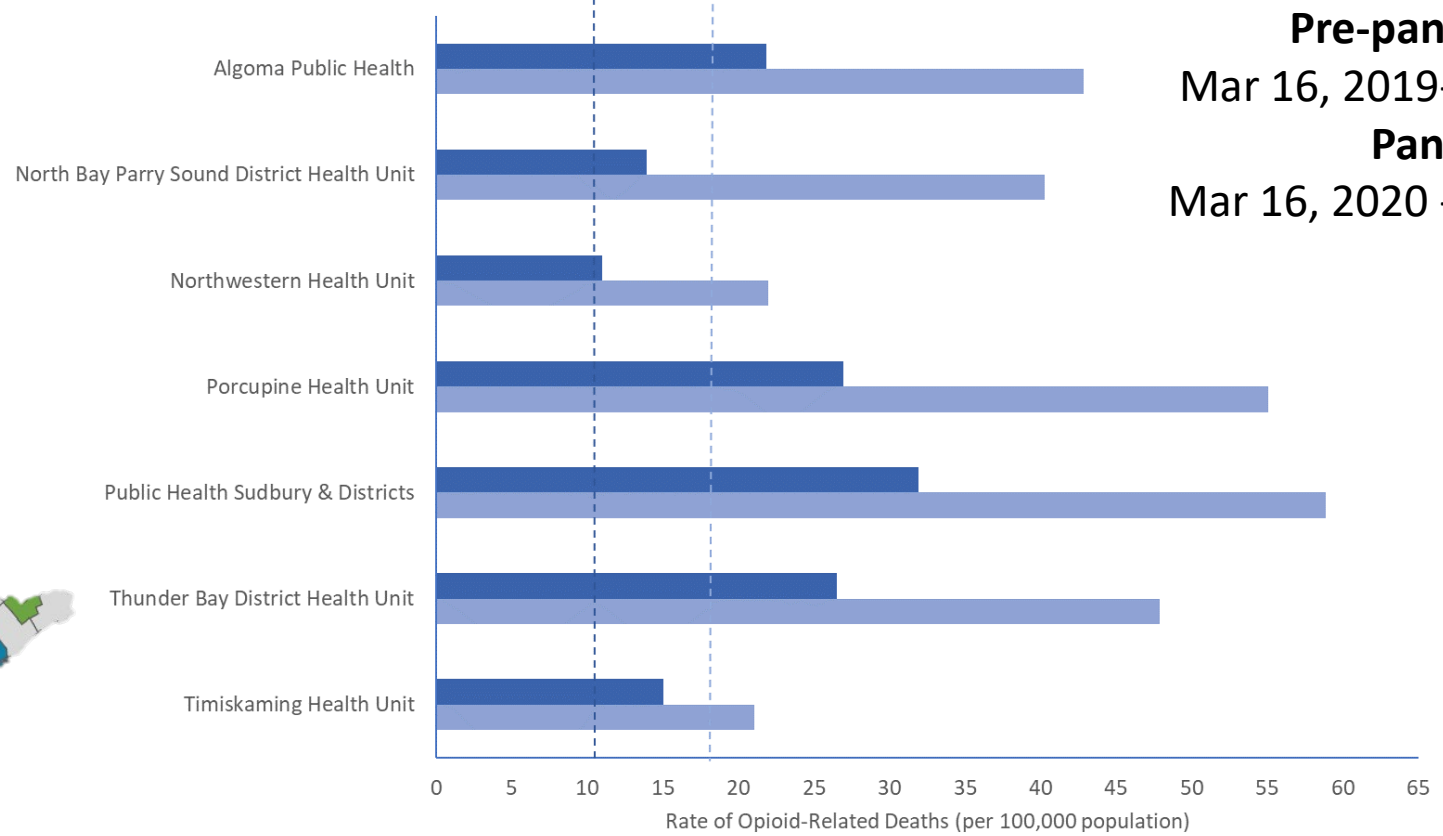
**Crude rates are per 100,000 people.*

Rates of Opioid-Related Deaths

A Comparison of the Northern Health Units



Ontario Rates
 Pre-pandemic rate 10.5
 Pandemic rate: 18.2

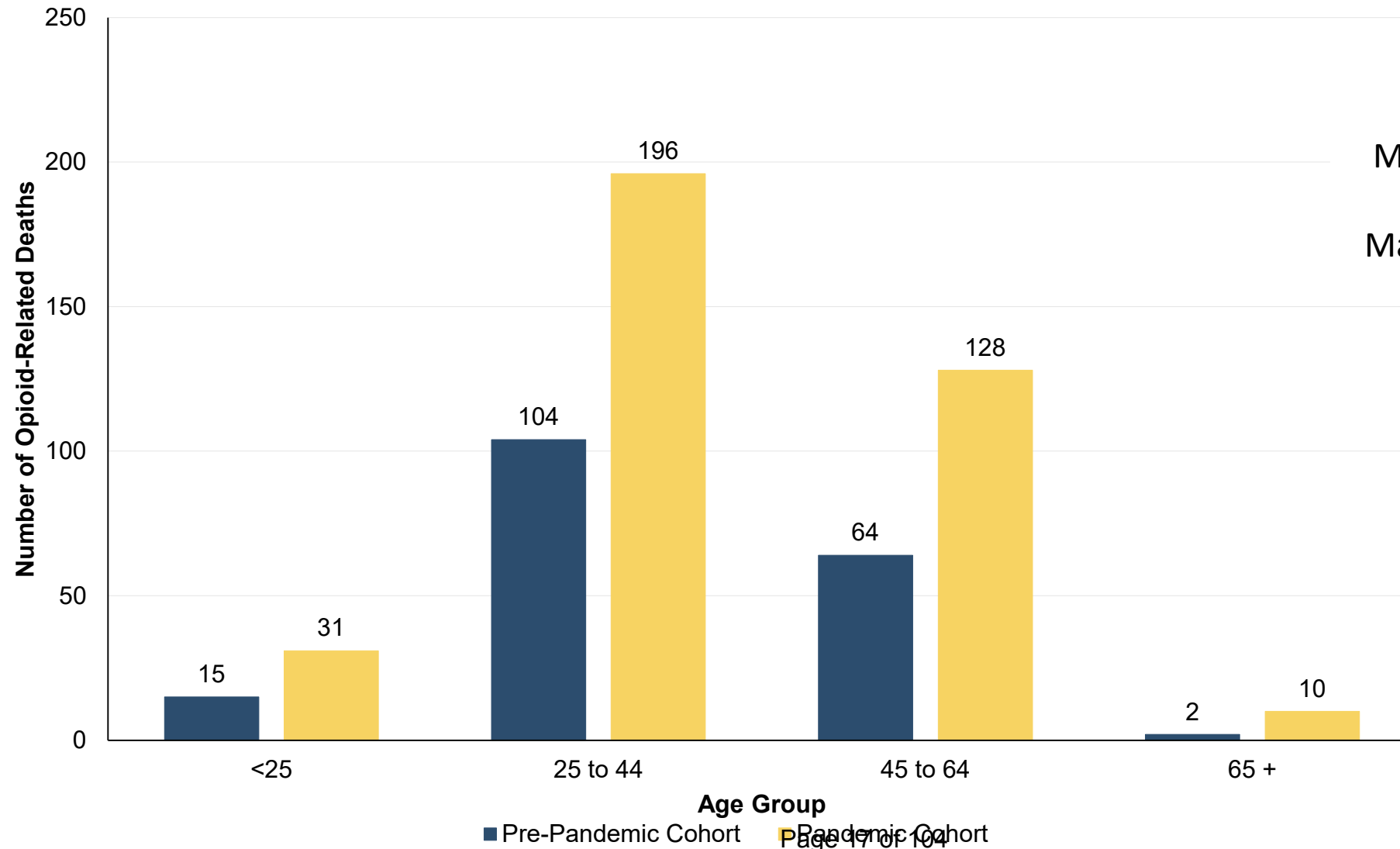


Pre-pandemic Cohort:
 Mar 16, 2019- Mar 15, 2020
Pandemic Cohort:
 Mar 16, 2020 - Mar 15, 2021



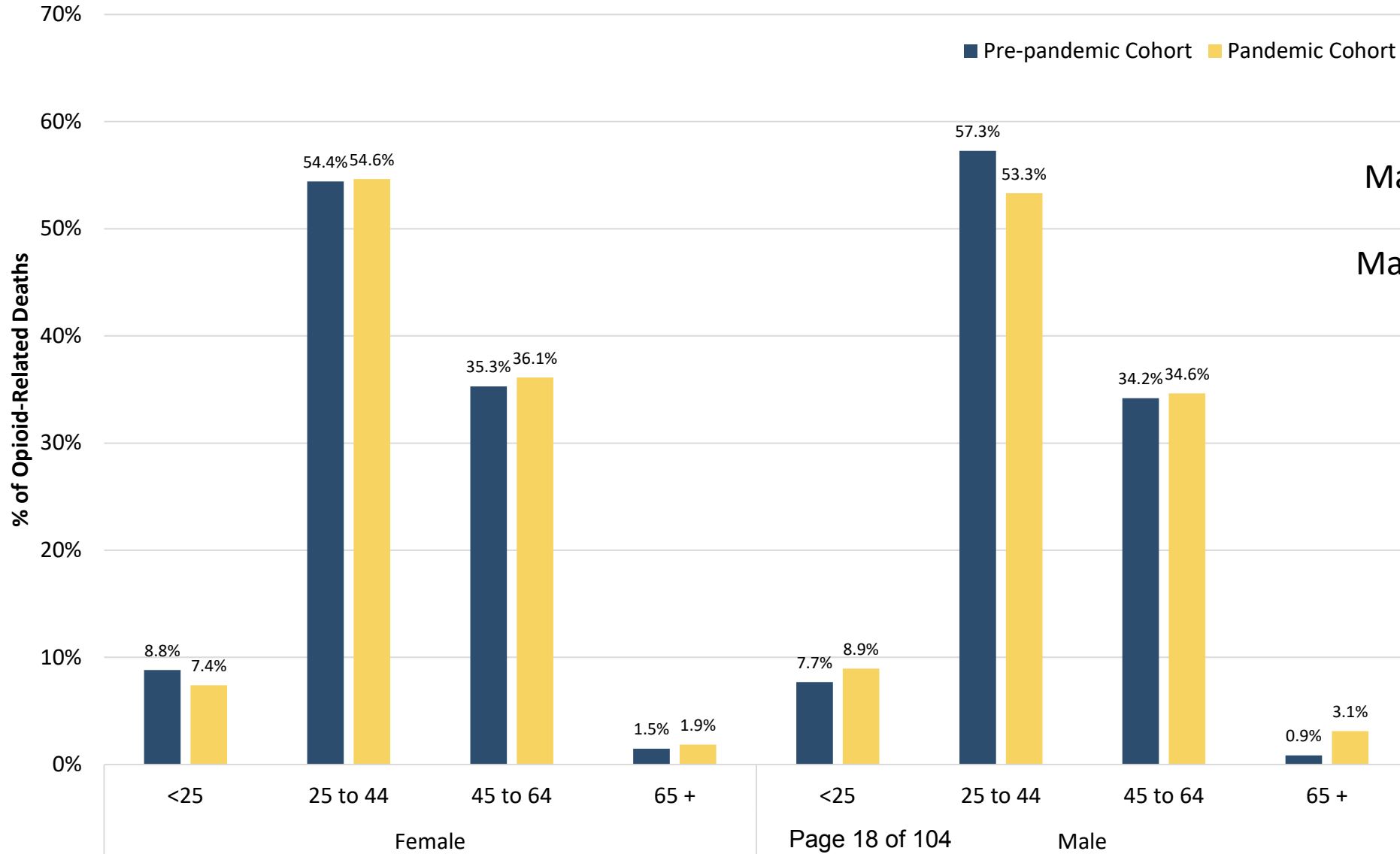
Resource: Public Health Ontario. [Interactive opioid tool: Opioid-related morbidity and mortality in Ontario.](#)

Northern Ontario: Distribution of Opioid-Related Deaths by Age



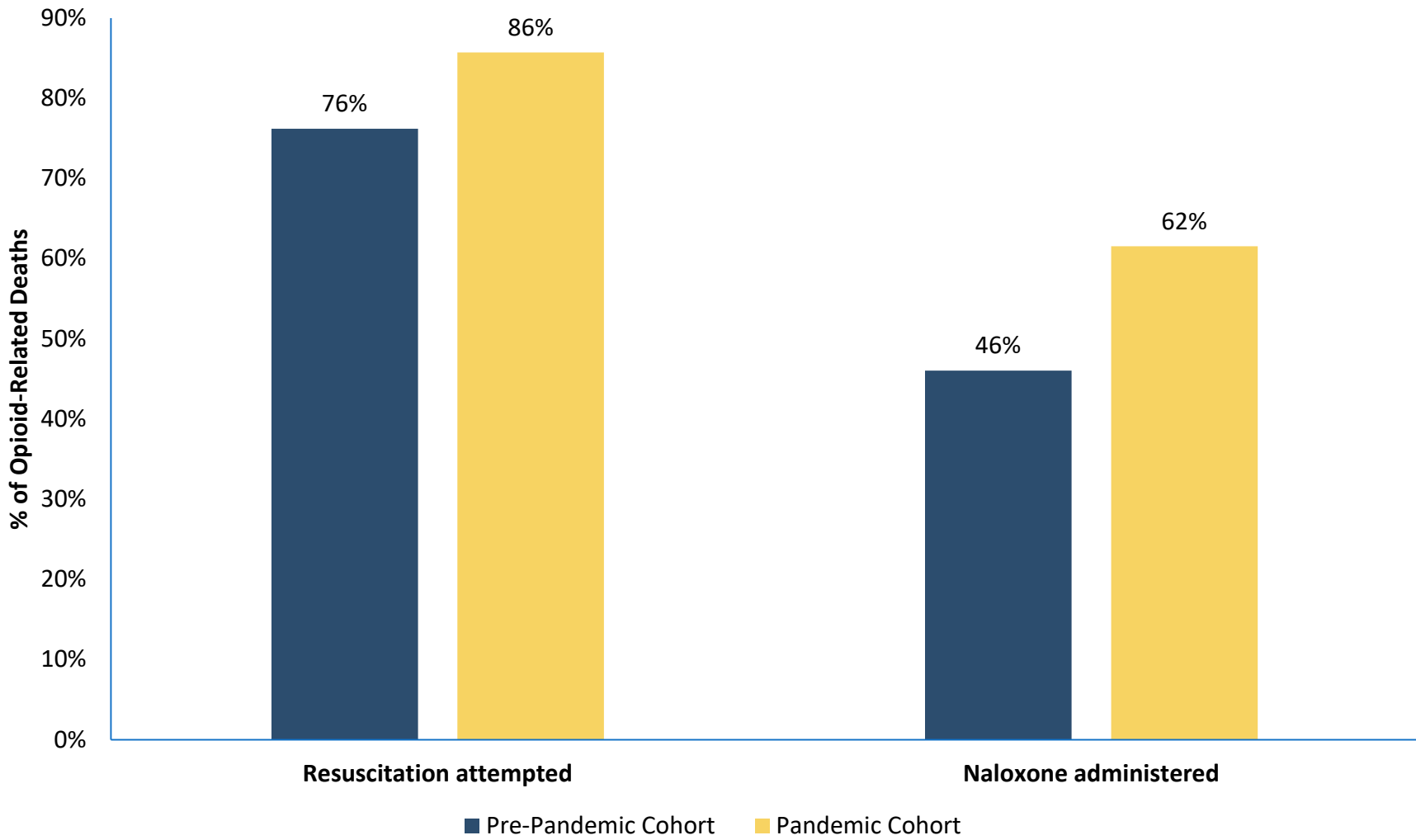
Pre-pandemic Cohort:
Mar 16, 2019- Mar 15, 2020
Pandemic Cohort:
Mar 16, 2020 - Mar 15, 2021

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.

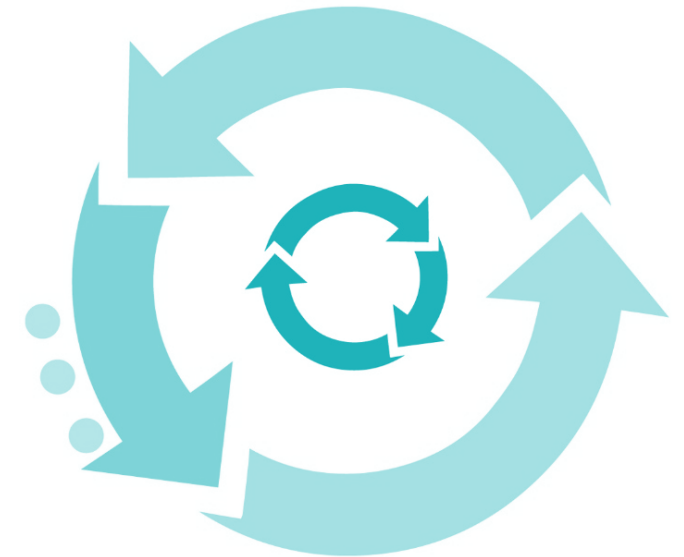
Resources:

- 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.



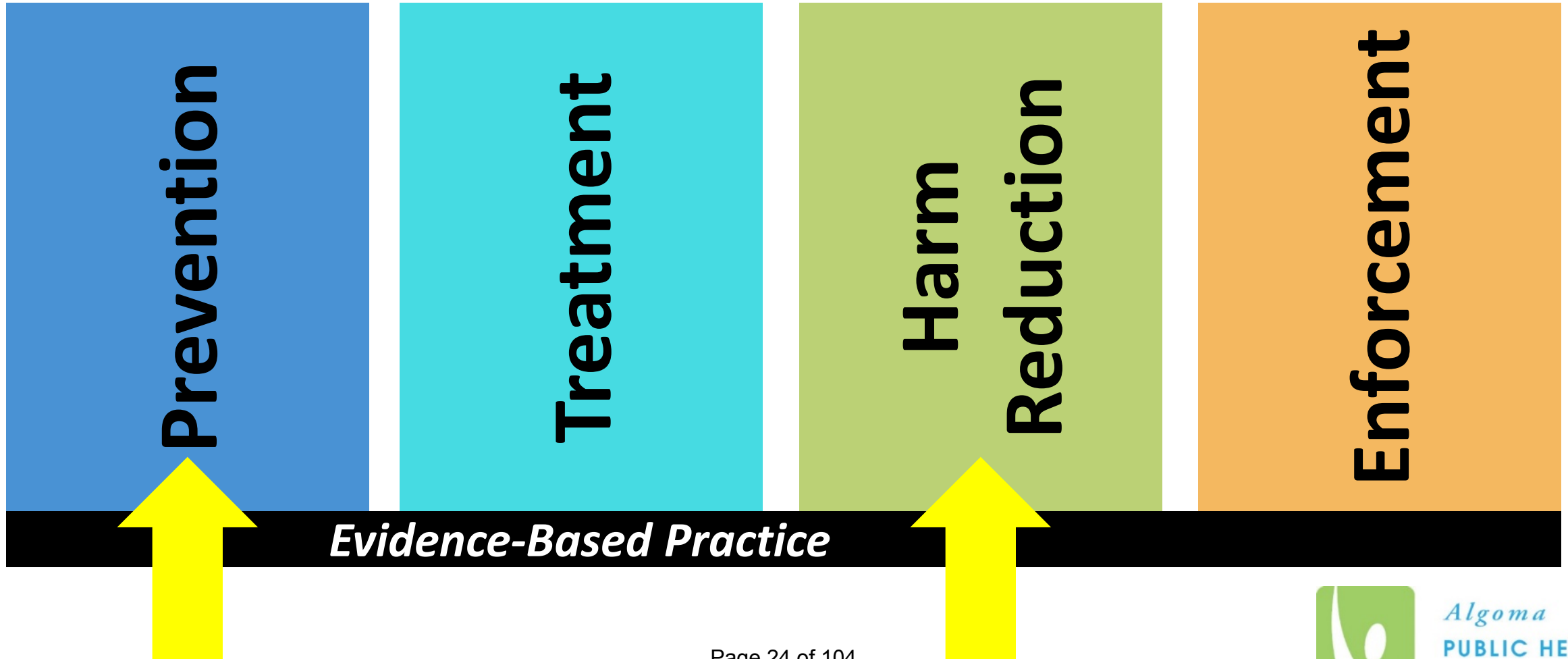
Commitment to Maintaining Service Delivery During the COVID-19 Pandemic

- 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

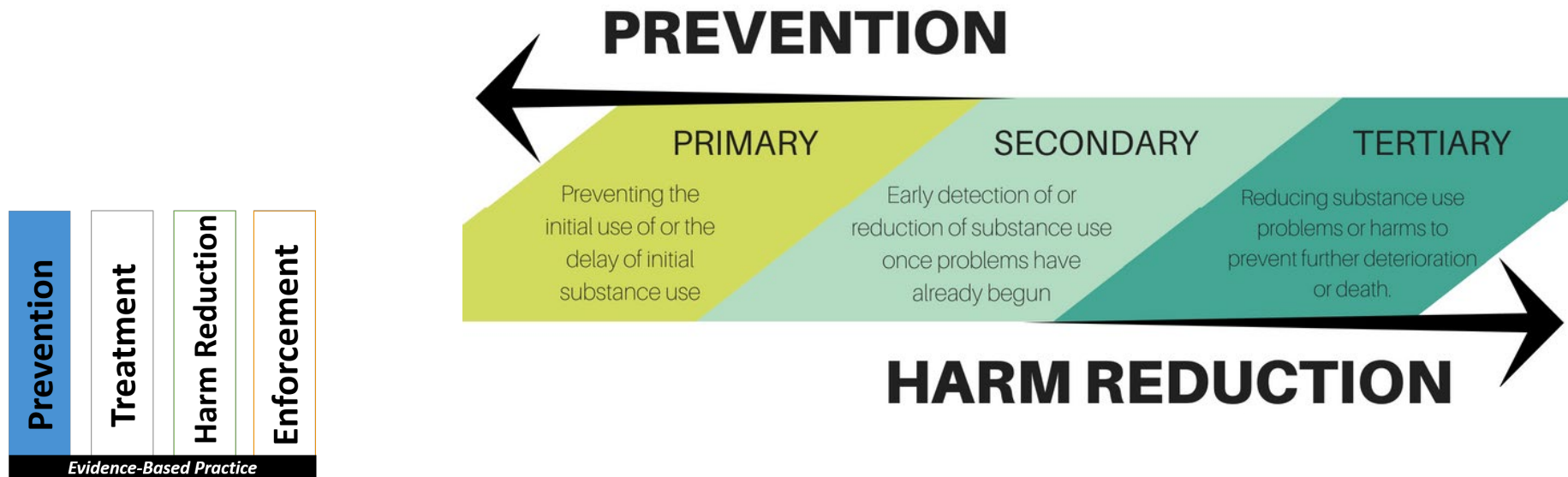
Canadian Drugs and Substance Use Strategy: 4 Pillars



Public Health in Action: Prevention

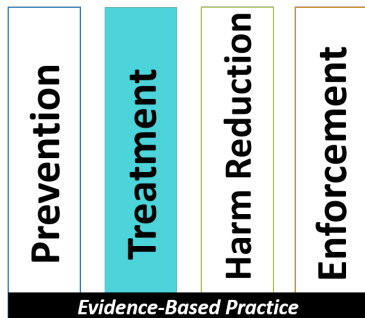
Goal: Prevent initiation of substance use or prevent problematic substance use.

- 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.

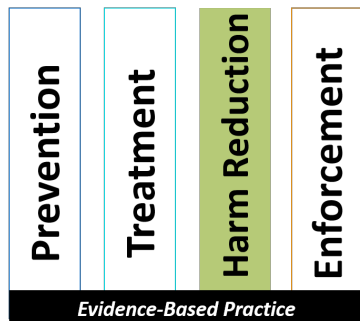


In 2019, the Board of Health supported Sault Area Hospital's proposal for an enhanced withdrawal management facility.

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.

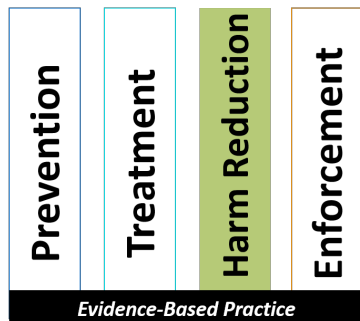
- The Ontario Naloxone Program (ONP)
- Needle Exchange Program (NEP)
- Increased Collaboration with Community Partners
- Surveillance
- Stigma Reduction



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.



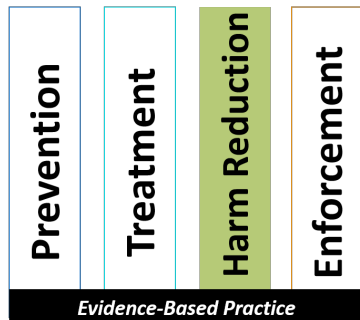
ONP Partners:

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)

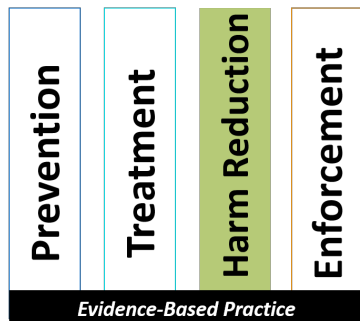
- Offer NEP services in multiple locations throughout Algoma.
- Have 6 sharps disposal kiosks in SSM, 1 in Blind River, and 1 in Elliot Lake.
- During the pandemic cohort (March 16, 2020 – March 15, 2021), there was an increase in clients accessing NEP services and increase the number of supplies distributed.



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.

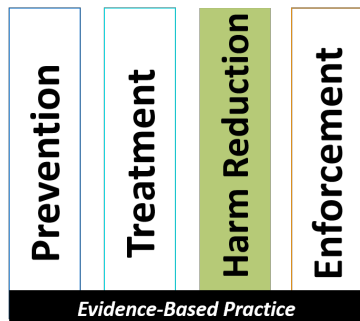


Harm Reduction Partners:
Outreach Programs, Treatment Programs, Community Mental Health Providers,
and Community Health Centers

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

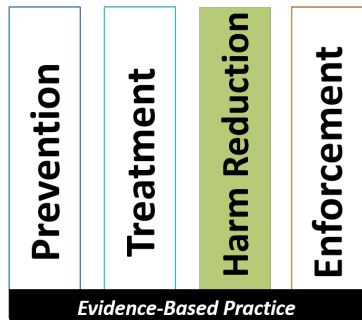
Increase in opioid-related harms in the Algoma region

Mon, Jul 19, 2021

Public Health in Action: Harm Reduction

Reducing Stigma

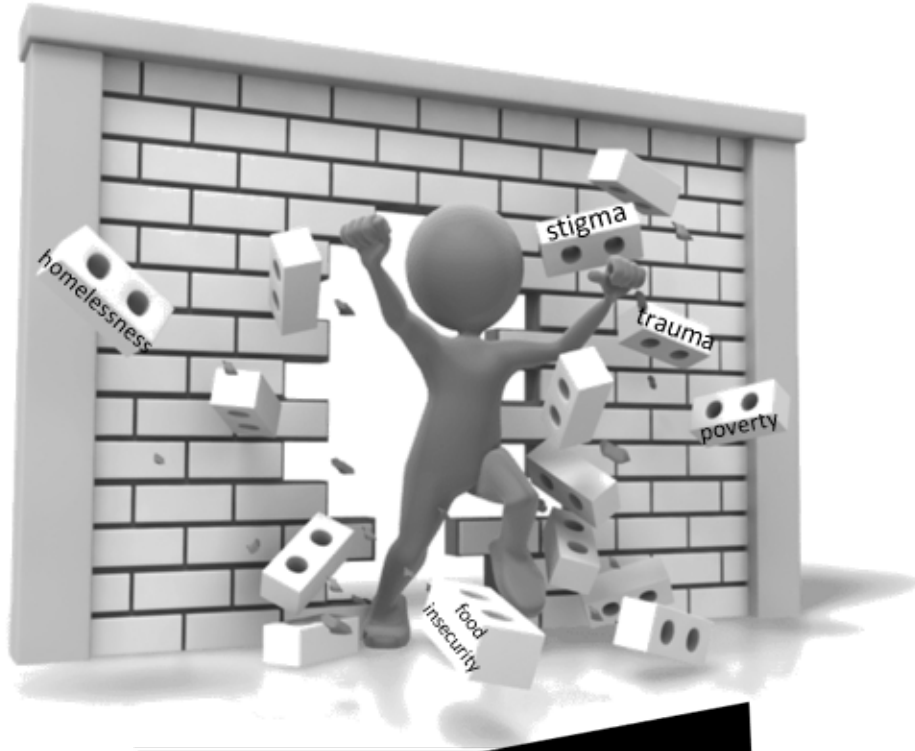
- Stigma is a significant barrier to wellness and good health.
- **Goal:** To shift language to more accurately reflect that substance use disorder is a health condition and not a moral failing.
- Continue promotion of anti-stigma messaging on all social media platforms.



Consider
your
language
choices:

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

“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

**Board of Health Meeting
September 22, 2021 MINUTES**

Video/Teleconference | Algoma Community Room

BOARD MEMBERS

PRESENT: Sally Hagman - Board Chair
Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Lee Mason
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
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Health Promotion & Prevention
Joel Merrylees - Controller
Tania Caputo - Board Secretary
Tanya Storozuk - Executive Assistant

REGRETS: Micheline Hatfield

GUESTS: Hilary Cutler, Manager of Child and Family Services - presenting
Corina Artuso, Youth Advisor, Public Health Programs, currently assigned to Indigenous Liaison

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

1.0 Meeting Called to Order

a. Land Acknowledgement

Delivered by S. Hagman.

b. Declaration of Conflict of Interest

No conflicts were declared.

2.0 Adoption of Agenda

**RESOLUTION
2021-73**

Moved: E. Pearce
Seconded: L. Mason

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

CARRIED

3.0 Delegations / Presentations

Senior's Oral Health Presentation

H. Cutler delivered the presentation on Ontario Seniors Dental Care Program at APH , outlining the role of public health in reducing inequity in senior's oral health. She provided an overview of the program over the past year and the plans going forward. There was discussion about program pressures and additional resources for the future. She answered questions about the process for local dental health providers and prioritizing of clients. Once more data is collected on the program, it will be shared with the Board at a future meeting.

4.0 Adoption of Minutes of Previous Meeting

**RESOLUTION
2021-74**

Moved: L. Mason
Seconded: L. Caicco Tett

THAT the Board of Health meeting minutes dated June 23, 2021 and August 30, 2021 be approved as presented.

CARRIED

5.0 Business Arising from Minutes

a. Land Acknowledgement Briefing Note

C. Artuso provided a recap of the direction given at the June 2021 Board of Health meeting to create an updated Land Acknowledgement through consultation with First Nation and Métis Communities in Algoma. She explained the considerations for the revised Land Acknowledgement and how it supports relationship building between Indigenous partners and public health. In addition to feedback on the Land Acknowledgement content and value, partners indicated that it was critical for APH to follow-up to ensure meaningful actions are taken towards the shared goal of Reconciliation. One of such recommendations included the potential for Indigenous representation on the Board of Health.

**RESOLUTION
2021-75**

Moved: B. Rankin
Seconded: L. Mason

Whereas the Truth and Reconciliation Commission (TRC) of Canada released a report documenting the voices of survivors of Indian Residential Schools; and

Whereas the Ontario Public Health Standards recognize the requirement for boards of health to engage with Indigenous communities in ways that are meaningful for them; and

Whereas the research project titled Talking Together To Improve Health identified four principles of Indigenous engagement, including respect, trust, self-determination, and commitment; and

Whereas the literature indicates that saying a Land Acknowledgement, when appropriate, can be a small but important step in continuing to build and sustain meaningful relationships with Indigenous communities and people;

Be it resolved that APH acknowledge the harm that colonization and the residential school system caused and continues to cause to Indigenous people in Canada;

Be it further resolved that the Algoma district-wide Land Acknowledgement will be used at every Board of Health Meeting and is approved for use by the Board of Health and staff, when saying the Land Acknowledgement is deemed meaningful to do so.

CARRIED

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report -September 2021

J. Loo provided an update on work taking place over the summer and going forward into the fall. She spoke about the 4th wave of COVID-19 driven by the Delta variant in Ontario. The vaccination of our total population in Algoma stands at just over 70 % that are fully immunized. J. Loo noted that district wide partnerships with hospitals, family health teams, pharmacies, congregate care settings and members of the business community who have been supportive and contributed to this success. She talked about healthy public policy and the rollout of vaccination policies in workplaces. APH has put together a workplace vaccine policy toolkit and has made recommendations to all workplaces to implement a vaccine policy. APH has developed its vaccine policy that the Board Secretary will provide to members.

J. Loo talked about recovery in public health programming as there are many programs that had been disrupted through the pandemic and there will be a description of backlogs coming to the November Board report.

**RESOLUTION
2021-76**

Moved: L. Mason
Seconded: L. Caicco Tett

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

CARRIED

b. Finance and Audit

i. Unaudited Financial Statements for the period ending July 31, 2021.

**RESOLUTION
2021-77**

Moved: E. Pearce
Seconded: D. Graystone

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

CARRIED

c. Governance Committee

i. Governance Committee Chair Report

**RESOLUTION
2021-78**

Moved: B. Rankin
Seconded: L. Caicco Tett

THAT the Governance Committee Chair Report for September 2021 be accepted as presented.

CARRIED

ii. 02-05-025 Board Member Remuneration

**RESOLUTION
2021-79**

Moved: L. Caicco Tett
Seconded: D. Graystone

THAT the Board of Health has reviewed and approves policy **02-05-025 Board Member Remuneration**, as presented.

CARRIED

iii. 02-05-055 Board of Health Self-Evaluation

**RESOLUTION
2021-80**

Moved: D. Graystone
Seconded: L. Mason

THAT the Board of Health has reviewed and approves policy **02-05-055 Board of Health Self-Evaluation**, as amended.

CARRIED

iv. 06-01 Sewage System Part 8 of Ontario Building Code Act

**RESOLUTION
2021-81**

Moved: B. Rankin
Seconded: M. Onyuna

THAT the Board of Health has reviewed and approves policy **06-01 Sewage System Part 8 of Ontario Building Code Act** as presented.

CARRIED

v. 95-1 To Regulate Proceedings of the Board

**RESOLUTION
2021-82**

Moved: L. Mason
Seconded: E. Pearce

THAT the Board of Health has reviewed and approves policy **95-1 To Regulate Proceedings of the Board** as presented.

CARRIED

7.0 New Business/General Business

- a. **Chair of Boards of Health Meeting** - S. Hagman reported no new updates for this month.
- b. **Algoma Vaccination Council Update** - L. Caicco Tett reported the meetings have moved from bi-weekly to monthly as the clinics at GFL wind down. The focus has turned to business vaccine policies and note that the APH resource was a welcome addition. She noted that the businesses attending the council meetings feel very supported and appreciate the presence of APH at the table providing information and updates.

8.0 Correspondence

- a. Letter to the Minister of Health, and the Long-Term Care, from The City of Hamilton regarding Support for a Local Board of Health dated September 15, 2021.
- b. Letter to the Deputy Premier and Minister of Health, from Haliburton, Kawartha, Pine Ridge District Health Unit regarding Public Health Funding dated September 16, 2021.
- c. Letter to the Deputy Premier and Minister of Health, from Northwestern Health Unit regarding Public Health Mitigation Funding dated August 27, 2021.
- d. Letter to the Deputy Premier and Minister of Health, from Northwestern Health Unit regarding IPAC Hub Funding dated August 27, 2021.

9.0 Items for Information

- a. August 2021 Issue of alPHa's Information Break

10.0 Addendum

a. Briefing Note - Purchase ERP System

**RESOLUTION
2021-83**

Moved: E. Pearce
Seconded: L. Mason

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee to select Centrilogic as the successful vendor to implement Oracle NetSuite as APH’s ERP system and sign an agreement with them for support and annual license fees.

CARRIED

b. Briefing note - Purchase Production Servers

**RESOLUTION
2021-84**

Moved: B. Rankin
Seconded: L. Mason

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee that staff will prepare an RFQ for new production servers. A list of hardware required to build the servers would be provided to APH by its contracted IT Manager. An RFQ will be sent to APH’s current roster of IT vendors and upon approval from the Board of Directors APH will purchase the required hardware from the successful vendor in 2021.

CARRIED

11.0 In-Camera

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
2021-85**

Moved: E. Pearce
Seconded: D. Graystone

THAT the Board of Health go in-camera.

CARRIED

12.0 Open Meeting
There were no resolutions resulting from in camera meeting.

13.0 Announcements / Next Committee Meetings:

Finance & Audit Committee

Wednesday, October 13, 2021 @ 5:00 pm
Video Conference | SSM Algoma Community Room

Board of Health Meeting

Wednesday, October 27, 2021 @ 5:00 pm
Video Conference | SSM Algoma Community Room

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

14.0 Evaluation - S. Hagman reminded all board members to complete the evaluation survey.

15.0 Adjournment

**RESOLUTION
2021-88**

Moved: D. Graystone
Seconded: L. Mason

THAT the Board of Health meeting adjourns.

CARRIED

S. Hagman, Chair

Tania Caputo, Secretary

Date

Date



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

TABLE OF CONTENTS	
APH At-a-Glance	Page 2
Program Highlights	Pages 3 - 8

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 Goal¹: To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

School Health Program Standard Requirements¹ 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.² Schools help promote the healthy growth and development of children, while also helping parents and guardians connect to community resources and supports.³ 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.²⁻⁴

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.”^{5, p.7}

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.⁵

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 Algoma⁶, to provide resources and supports to achieve optimal health of school-aged children and youth.¹

In addition to the *Ontario Public Health Standards*¹ and *School Health Guideline*⁷ that mandate the work of public health in the schools, there are five **Foundations for a Healthy School**⁸ 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**⁹. 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.⁴

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.^{10,11} This funding was subsequently increased by the federal government to facilitate the hiring of an additional 125 nurses, bringing the total to 625.¹¹ 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.¹¹

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.¹¹

As of August 2020, APH has received one-time funding to support 7 FTE temporary PHN positions as part of the SFNI¹², 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*⁷, **infectious disease prevention was the topic most frequently addressed**, followed by immunizations and mental health promotion.¹³

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 2021.¹

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.).¹⁴

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.¹⁵

References

1. Ministry of Health and Long-Term Care. (2021). *Ontario public health standards: Requirements for programs, services, and accountability*. Retrieved from https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf
2. Ottawa Child & Youth Initiative: Growing up great. (n.d.). Schools are a protective factor for our children and families. Retrieved from <https://www.growingupgreat.ca/english/covid-19-resources/schools-are-a-protective-factor-for-our-children-and-families/>
3. Children's Bureau. (2020, March). Protective factors: Approaches in child welfare. Retrieved from

*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.

https://www.childwelfare.gov/pubPDFs/protective_factors.pdf

4. Ottawa Public Health. (2021, September). *Board of Health: Update on Ottawa Public Health work to support schools through COVID-19 and beyond*. Retrieved from <http://ottwatch.ca/meetings/OBOH/8193>
 5. World Health Organization. (1997). *WHO technical report series: Promoting health through schools*. Retrieved from <http://www.icsh-cces.ca/images/WHO%201997%20Promoting%20health%20through%20schools%20WHO%20Technical%20Report%20Series%20870%20GenevaCH.pdf>
 6. Ontario Ministry of Health and Long-Term Care. (2021). Population projections. *IntelliHEALTH Ontario* [Accessed: August 13, 2021].
 7. Ministry of Health and Long-Term Care. (2018). *School health guideline, 2018*. Retrieved from https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/School_Health_Guideline_2018.pdf
 8. Ministry of Education. (2014). *Foundations for a healthy school: Promoting well-being is part of Ontario's achieving excellence vision*. Retrieved from <http://www.edu.gov.on.ca/eng/healthyschools/resourcef4hs.pdf>
 9. Pan-Canadian Joint Consortium for School Health. (n.d.). Comprehensive school health program. Retrieved from <http://www.icsh-cces.ca/about-us/comprehensive-school-health-framework/>
 10. Ontario Government. (2020, July). Ontario releases plan for safe reopening of schools in September. *Ontario Newsroom*. Retrieved from <https://news.ontario.ca/en/release/57838/ontario-releases-plan-for-safe-reopening-of-schools-in-september>
 11. Registered Nurses Association of Ontario. (2020). COVID-19 blog: Public health nurses in schools. Retrieved from <https://doris-blog.rnao.ca/post/public-health-nurses-schools>
 12. Algoma Public Health. (2021). *New schedules to the public health funding and accountability agreement between the province and board of health for the District of Algoma Health Unit*. Internal document.
 13. Algoma Public Health. (2021, September 15). Internal program indicator data. Internal document.
 14. Algoma Public Health. (2020, November). *School situational assessment – COVID-19: Executive summary*. Internal document.
- Public Health Ontario. (2021). *Negative impacts of community-based public health measures on children, adolescents and families during the COVID-19 pandemic: Update*. Retrieved from <https://www.publichealthontario.ca/-/media/documents/ncov/he/2021/01/rapid-review-neg-impacts-children-youth-families.pdf?la=en>

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

For Information

For Discussion

For a Decision

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**

<u><i>Index</i></u>	<u><i>Page</i></u>
Statement of Operations	1-2
Statement of Revenues - Public Health	3
Statement of Expenses - Public Health	4
Notes to the Financial Statements	5-6
Statement of Financial Position	7

**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
Public Health Programs (Calendar)						
Revenue						
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%
Total Public Health Revenue	\$ 12,822,023	\$ 12,732,131	\$ 89,892	\$ 17,622,794	1%	101%
Expenditures						
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%
Total Public Health Programs Expenditures	\$ 11,870,464	\$ 11,671,251	\$ (199,214)	\$ 17,622,794	2%	102%
Total Rev. over Exp. Public Health	\$ 951,559	\$ 1,060,881	\$ (109,322)	\$ 1		

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%
Excess of Rev. over Exp.	43,471	923	42,548	-		

Public Health Programs (Fiscal)

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

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%
Total Community Health Revenue	\$ 71,858	\$ 71,858	\$ -	\$ 71,858	0%	100%

Expenditures

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

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	-	-		
Total Community Health Revenue	\$ 922,347	\$ 889,248	\$ 33,099	\$ 2,174,191	4%	104%

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!
Total Fiscal Community Health Programs	\$ 810,791	\$ 870,230	\$ 59,439	\$ 2,174,191	-7%	93%

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
Total Levies	2,856,285	2,856,285	0	3,808,380	0%	75%	2,841,373	2,841,373	0
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)
Total Public Health Cost Shared Funding	5,805,408	5,805,408	0	8,708,100	0%	67%	6,497,285	5,779,039	718,246
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	
Total Public Health 100% Prov. Funded	3,164,778	3,118,251	46,527	3,650,186	1%	87%	1,118,876	1,142,124	3,134
Total Public Health Mitigation Funding	691,870	691,872	(2)	1,037,800	0%	67%	0	539,023	0
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)
Total Fees and Recoveries	303,681	260,316	43,365	418,330	17%	73%	314,490	380,501	(66,011)
Total Public Health Revenue Annual	12,822,022	12,732,133	89,890	17,622,796	1%	73%	10,772,024	10,682,059	655,369
Public Health Fiscal April 2021 - March 2022									
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%			
Total Provincial Grants Fiscal	401,161	401,160	1	1,143,241	0%	35%	0	0	0

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
	\$ 11,870,464	\$ 11,671,251	\$ (199,213)	\$ 17,622,794	2%	67%	\$ 10,139,404	\$ 10,301,152	\$ 161,748

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)

Date: As of August 2021	August 2021	December 2020
Assets		
Current		
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>	6,189,890	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>	10,107,207	11,204,458
Net Debt	(3,917,317)	(6,291,975)
Non-Financial Assets:		
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>	18,530,764	18,530,764
Accumulated Surplus	14,613,447	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
Télé. : 416 325-8412

October 19th, 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.

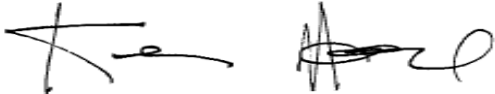
It is also essential that you manage costs within your approved budget.

.../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.

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, 5th 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^e 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

New Schedules to the Public Health Funding and Accountability Agreement

**BETWEEN THE PROVINCE AND THE BOARD OF HEALTH
(BOARD OF HEALTH FOR THE DISTRICT OF ALGOMA HEALTH UNIT)
EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2021**

**SCHEDULE "A"
GRANTS AND BUDGET**

Board of Health for the District of Algoma Health Unit

DETAILED BUDGET - MAXIMUM BASE FUNDS (FOR THE PERIOD OF JANUARY 1, 2021 TO DECEMBER 31, 2021, UNLESS OTHERWISE NOTED)	
Programs/Sources of Funding	2021 Approved Allocation (\$)
Mandatory Programs (70%)	8,708,100
Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative (100%) ⁽¹⁾	189,300
Ontario Seniors Dental Care Program (100%)	697,900
Unorganized Territories / Mandatory Programs (100%)	530,400
Unorganized Territories / Indigenous Communities (100%)	98,000
Unorganized Territories / Northern Fruit and Vegetable Program (100%)	117,400
Total Maximum Base Funds⁽²⁾	10,341,100

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2021 TO MARCH 31, 2022, UNLESS OTHERWISE NOTED)	
Projects / Initiatives	2021-22 Approved Allocation (\$)
Mitigation (100%) ⁽³⁾	1,037,800
Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)	7,400
Mandatory Programs: Public Health Inspector Practicum Program (100%)	20,000
COVID-19: Vaccine Program (100%) ⁽³⁾	2,054,400
Infection Prevention and Control Hub Program (100%)	740,000
Ontario Seniors Dental Care Program Capital: Dental Clinic Upgrades – Sault Ste. Marie (100%)	27,000
School-Focused Nurses Initiative (100%) ⁽⁴⁾	# of FTEs 7.0 700,000
Total Maximum One-Time Funds⁽²⁾	4,586,600

MAXIMUM TOTAL FUNDS	2021-22 Approved Allocation (\$)
Base and One-Time Funding	14,927,700

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2022 to MARCH 31, 2023, UNLESS OTHERWISE NOTED)	
Projects / Initiatives	2022-23 Approved Allocation (\$)
School-Focused Nurses Initiative (100%) ⁽⁵⁾	# of FTEs 7.0 231,000
Total Maximum One-Time Funds⁽²⁾	231,000

NOTES:

- (1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.
- (2) Maximum base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when the Province provides a new Schedule "A".
- (3) Approved one-time funding is for the period of January 1, 2021 to December 31, 2021.
- (4) Approved one-time funding is for the period of April 1, 2021 to March 31, 2022.
- (5) Approved one-time funding is for the period of April 1, 2022 to July 31, 2022.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	BASE FUNDING
-----------------	---------------------

Provincial base funding is provided to the Board of Health for the purposes of delivering public health programs and services in accordance with the Health Protection and Promotion Act (HPPA), Regulations under the HPPA, Ontario Public Health Standards, and the Agreement. Provincial base funding is also provided to the Board of Health for the purposes of delivering related public health programs and initiatives in accordance with Schedule B.

Mandatory Programs: Harm Reduction Program Enhancement

The scope of work for the Harm Reduction Program Enhancement is divided into three components:

1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response

Base funding must be used to build a sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e., decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:

- Conduct a population health/situational assessment, including the identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy). Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment. This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders – identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. This should include First Nations, Métis and Inuit communities where appropriate.
- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province.

Naloxone Kit Distribution and Training

The Board of Health (or their Designate) must be established as a naloxone distribution lead/hub for eligible community organizations, as specified by the Province, which will increase dissemination of kits to those most at risk of opioid overdose.

To achieve this, the Board of Health is expected to:

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

- Order naloxone kits as outlined by the Province; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory, including managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations, and ensuring community organizations distribute naloxone in accordance with eligibility criteria established by the Province.
- Comply with the quarterly reporting requirements established by the Province.
- With the exception of entities (organizations, individuals, etc.) as specified by the Province:
 - Train community organization staff on naloxone administration, including how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).
 - Train community organization staff on naloxone eligibility criteria, including providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
 - Support policy development at community organizations, including providing consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.
 - Promote naloxone availability and engage in community organization outreach, including encouraging eligible community organizations to acquire naloxone kits for distribution to their clients.

Use of naloxone (NARCAN® Nasal Spray and injectable naloxone formulations)

The Board of Health will be required to submit orders for naloxone to the Province in order to implement the Harm Reduction Program Enhancement. By receiving naloxone, the Board of Health acknowledges and agrees that:

- Its use of naloxone is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health, including Ontario Government Pharmaceutical and Medical Supply Service in connection with naloxone.
- The Province takes no responsibility for any unauthorized use of naloxone by the Board of Health or by its clients.
- The Board of Health also agrees to:
 - Not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the Province.
 - Comply with the terms and conditions as it relates to the use and administration of naloxone as specified in all applicable federal and provincial laws.
 - Provide training to persons who will be administering naloxone. The training shall consist of the following: opioid overdose prevention; signs and symptoms of an opioid overdose; and, the necessary steps to respond to an opioid overdose, including the proper and effective administration of naloxone.
 - Follow all provincial written instructions relating to the proper use, administration, training and/or distribution of naloxone.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

- Immediately return any naloxone in its custody or control at the written request of the Province at the Board of Health’s own cost or expense, and that the Province does not guarantee supply of naloxone, nor that naloxone will be provided to the Board of Health in a timely manner.

Opioid Overdose Early Warning and Surveillance

Base funding must be used to support the Board of Health in taking a leadership role in establishing systems to identify and track the risks posed by illicit synthetic opioids in their jurisdictions, including the sudden availability of illicit synthetic opioids and resulting opioid overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

- Surveillance systems should include a set of “real-time” qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community partners, including people who use drugs, about changes in the acute, local risk level, to inform action. They should also include reporting to the Province through a mechanism currently under development.

Mandatory Programs: Healthy Smiles Ontario Program

The Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that the following requirements are met:

- The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.
- The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.
- The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and “look and feel” across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the Ministry of Health’s Communications and Marketing Division to ensure use of the brand aligns with provincial standards.
- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., must be reported as income in financial reports as per Schedule C of the Agreement.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use the following provincial approved systems or mechanisms, or other as specified by the Province.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>BASE FUNDING</i>
-----------------	----------------------------

- Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
- Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.) delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.
- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented. Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

Mandatory Programs: Nursing Positions

Base funding may be utilized to support Chief Nursing Officer, Infection Prevention and Control, and Social Determinants of Health Nursing positions, as well as other nursing positions at the Board of Health.

The Board of Health shall only employ a Chief Nursing Officer with the following qualifications:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three years of designation;
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses’ Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

The Chief Nursing Officer role must be implemented at a management level within the Board of Health, reporting directly to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The Board of Health shall only employ an Infection Prevention and Control Nurse with the following qualifications:

- The position is required to have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
- Certification in Infection Control (CIC), or a commitment to obtaining CIC within three years of beginning of employment.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

The Board of Health shall only employ a Social Determinants of Health Nurse with the following qualifications:

- The position is required to be to be a Registered Nurse; and,
- The position is required to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the HPPA and section 6 of Ontario Regulation 566 under the HPPA.

Mandatory Programs: Smoke-Free Ontario

Smoke-Free Ontario is a comprehensive approach that combines programs, policies, social marketing, and legislation to reduce the use of tobacco and vapour products and lower health risks by protecting Ontarians from second-hand smoke and vapour, and to keep harmful products out of the hands of children and youth.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that it complies with any written directions provided by the Province on the interpretation and enforcement of the *Smoke-Free Ontario Act, 2017*.

Medical Officer of Health / Associate Medical Officer of Health Compensation Initiative (100%)

The Province provides the Board of Health with 100% of the additional base funding required to fund eligible Medical Officer of Health (MOH) and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits.

The maximum base funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation, including requirements related to minimum salaries.

Ontario Seniors Dental Care Program (100%)

The Ontario Seniors Dental Care Program (OSDCP) provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors. The program is being implemented through a phased approach.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

<i>BASE FUNDING</i>

The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services were available for eligible seniors through Boards of Health, participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and provided to eligible low-income seniors through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure.

The second stage of the program, which began in winter 2020, expanded the program by investing in new dental clinics to provide care to more seniors in need. This included new dental services in underserved areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2021, with consideration being given to the ongoing implementation challenges presented by the COVID-19 response.

Program Enrolment

Program enrolment is managed centrally and is not a requirement of the Board of Health. The Board of Health is responsible for local oversight of dental service delivery to eligible clients under the program within the Public Health Unit area.

In cases where eligible seniors present with acute pain and urgent need, and are not already enrolled in the program, OSDCP providers, at the clinical discretion of the attending dental care provider, may support timely access to emergency dental treatment by providing immediate services following the seniors' signing of an emergency need and eligibility attestation. This attestation and enrollment process is to be administered at the local level. Following the delivery of emergency treatment, all seniors will need to submit an OSDCP application, be determined eligible, and be enrolled to receive any further non-emergency dental care through the OSDCP.

Program Delivery

The OSDCP is delivered through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.

With respect to Board of Health service delivery under the OSDCP, the Board of Health may enter into partnership contracts with other entities/organizations or providers/specialists as needed (e.g., to address potential access issues) to provide services to enrolled clients in accordance with the OSDCP Schedules of Services for Dentist and Non-Dentist Providers on behalf of the Public Health Unit.

Base funding for the OSDCP must be used in accordance with the OSDCP-related requirements of the *Oral Health Protocol, 2018* (or as current), including specified requirements for service delivery, oral health navigation, and data collection and analysis. The Board of Health can allocate base funding for this Program across the program expense categories, with every effort made to maximize clinical service delivery and minimize administrative costs.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>BASE FUNDING</i>
-----------------	----------------------------

Planning for delivery of the OSDCP began when the program was announced in April 2019 with clinical service delivery beginning with the program launch in November 2019.

As part of implementation, eligible expense categories under this Program also include:

- *Clinical service delivery costs*, which are comprised of:
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which provide clinical dental services for the Program.
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which undertake ancillary/support activities for the Program, including: management of the clinic(s); financial and programmatic data collection and reporting for the clinic(s); and, general administration (e.g., reception services) at the clinic(s).
 - Overhead costs associated with the Program’s clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.
- *Oral health navigation costs*, which are comprised of:
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff engaged in: client enrolment assistance for the Program’s clients (i.e., assisting clients with enrolment forms); program outreach (i.e., local-level efforts for identifying potential clients); and, oral health education and promotion to the Program’s clients.
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
 - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation and ancillary/support staff, if applicable; office equipment, communication, and information and information technology costs associated with oral health navigation.
 - Client transportation costs in order to address accessibility issues and support effective program delivery based on local need, such as where the enrolled OSDCP client would otherwise not be able to access dental services. Boards of Health will be asked to provide information on client transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

Operational expenses that are **not** eligible under this Program include:

- Staff recruitment incentives;
- Billing incentives; and,
- Costs associated with any activities required under the Ontario Public Health Standards, including the *Oral Health Protocol, 2018* (or as current), which are not related to the OSDCP.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

Other Requirements

Marketing

- When promoting the OSDCP locally, the Board of Health is requested to align local promotional products with the provincial Program brand and messaging. The Board of Health is required to liaise with the Province to ensure use of the brand aligns with provincial standards.

Revenue

- The Board of Health is required to bill-back relevant programs for services provided to non-OSDCP clients using resources under this Program. All revenues collected under the OSDCP, including revenues collected for the provision of services to non-Program clients such as Ontario Works adults, Ontario Disability Support Program adults, Non-Insured Benefits clients, municipal clients, HSO clients, etc., with resources under this Program must be reported as an offset revenue to the Province. Priority must always be given to clients eligible under this Program. The Board of Health is required to closely monitor and track revenue from bill-back for reporting purposes to the Province.
- A client co-payment is required on new denture services. Co-payment amounts are specified by the Province in Appendix A of the OSDCP Denture Services Factsheet for Providers (Factsheet), which applies to both dentists and denturists. It is the Board of Health's responsibility to collect the client co-payment for the codes outlined in Appendix A of the Factsheet. The Board of Health may determine the best mechanism for collecting co-payments, using existing payment and administration processes at the local level, in collaboration with OSDCP service delivery partners (e.g., Community Health Centre, Aboriginal Health Access Centre), as needed. The remaining cost of the service, after co-payment, is to be absorbed by the Board of Health through its operating base funding for the OSDCP. The revenue received from client co-payments for OSDCP service(s) is to be used to offset OSDCP program expenditures. Co-payment revenues are to be reported as part of the financial reporting requirements to the Province.

Community Partners

- The Board of Health must enter into discussions with all Community Health Centres and Aboriginal Health Access Centres in their catchment area to ascertain the feasibility of a partnership for the purpose of delivering this Program.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centres, Aboriginal Health Access Centres) delivering services under this Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.
- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

Unorganized Territories / Mandatory Programs (100%)

Base funding must be used for the delivery of public health programs and services in unorganized territories (areas without municipal organization).

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

Unorganized Territories / Indigenous Communities (100%)

Base funding must be used to support costs associated with the provision of public health programs and services to Indigenous Communities, including the development and implementation of an Indigenous organization strategy to build relationships and enhance engagement with Indigenous communities and organizations.

This includes costs to support an Indigenous Engagement Specialist position at the Board of Health in order to address the emerging Indigenous engagement evidence and practices, support program planning, and influence effective public health interventions, including staying apprised of key local, regional and provincial Indigenous engagement initiatives and opportunities needed to effectively network with Indigenous partners and stakeholders. Eligible costs include salary and benefits, travel, and equipment (e.g., computer and mobile device).

Unorganized Territories / Northern Fruit and Vegetable Program (100%)

The program objective for the Northern Fruit and Vegetable Program is to ensure a coordinated approach to increasing consumption and awareness of fresh fruits and vegetables in combination with healthy eating and physical activity education to school-aged children and their families, on and off reserve, in Northern Ontario.

The deliverables of the Program are to increase awareness and consumption of fruits and vegetables for elementary and intermediate school-aged children and educate elementary and intermediate school-aged children and their families about the importance of eating fruit and vegetables, and the associated benefits of healthy eating and physical activity to overall health.

The proposed outcomes are to increase the number of school-aged children consuming fresh fruits and vegetables; increase access of fresh fruits and vegetables to impact likeability, awareness, and consumption; and, increase knowledge on the benefits of healthy eating and active living.

Program activities include a 20-week program running from January to June that provides no cost, primarily Ontario grown, fresh fruits and vegetables twice weekly in the school in combination with healthy eating and physical activity education to elementary and intermediate school-aged children in northern and remote communities.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

Mitigation (100%)

One-time mitigation funding must be used to offset the increased costs of municipalities as a result of the 70% (provincial) / 30% (municipal) cost-sharing change for mandatory programs.

Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)

One-time funding must be used for the purchase of one (1) 29.2 cu. ft new purpose-built vaccine refrigerator(s) used to store publicly funded vaccines. The purpose-built refrigerators must meet the following specifications:

a. Interior

- Fully adjustable, full extension stainless steel roll-out drawers;
- Optional fixed stainless-steel shelving;
- Resistant to cleaning solutions;
- Ongoing positive forced fan air circulation to ensure temperature uniformity at all shelf levels;
- Fan is either encased or removed from the chamber. Fan auto shut-off when door is opened; and,
- Walls are smooth, scratch and corrosion resistant painted interior and exterior surfaces.

b. Refrigeration System

- Heavy duty, hermetically sealed compressors;
- Refrigerant material should be R400 or equivalent;
- Advanced defrost sensor(s) to manage the defrost cycle and minimize trace amounts of frost build-up; and,
- Evaporator operates at +2°C, preventing vaccine from freezing.

c. Doors

- Full view non-condensing, glass door(s), at least double pane construction;
- Spring-loaded closures include $\geq 90^\circ$ stay open feature and $< 90^\circ$ self-closing feature;
- Door locking provision;
- Option of left-hand or right-hand opening; and,
- Interior cabinet lights with door activated on/off switch, as well as, an independent external on/off.

d. Tamper Resistant Thermostat

- The thermostat should be set at the factory to +5°C with a control range between +2°C to +8°C but this could be done at the time of delivery/installation at no additional cost.

e. Thermometer

- An automatic temperature recording and monitoring device with battery backup;
- An external built-in visual digital display thermometer independent of the temperature recording and monitoring device which has a digital temperature display in Celsius and temperature increment readings of 0.1°C;

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

<i>ONE-TIME FUNDING</i>

- The external built-in digital thermometer must also be able to record and display the maximum, minimum and current temperatures and allow the user to easily check and reset these recordings as required; and,
 - The automatic temperature recording and monitoring device and digital display thermometer must be calibrated/accurate within +/- 0.5°C or better.
- f. Alarm Condition Indicator
- Audible and visual warnings for over-temperature, under-temperature and power failure;
 - Remote alarm contacts;
 - Door ajar enunciator; and,
 - Alarm testing system.
- g. Top or Bottom Mounted Compressors/Condensers
- Compressor mounted at top or bottom but not in rear.
- h. Noise Levels
- The noise produced by the operation of the refrigerator shall not exceed 85 decibels at one metre. Specifications of the refrigerator must include the noise level measured in decibels of sound at one metre from the refrigerator.
- i. Locking Plug
- Power supply must have a locking plug.
- j. Castors
- Heavy duty locking castors either installed at the factory or upon delivery.
- k. Voltage Safeguard
- Voltage safeguard device capable of protecting against power surges related to the resumption of power to the refrigerator.
- l. Warranty
- The warranty should include, from date of acceptance, a five-year comprehensive parts and labour warranty with the stipulation that a qualified service representative shall be on-site no later than 12 hours after the service call was made. Software upgrades provided free of charge during the warranty period.
- m. Electrical Equipment
- All electrically operated equipment must be UL, CSA and/or Electrical Safety Authority approved and bear a corresponding label. The equipment should specify the electrical plug type, voltage and wattage rating, and the recommended breaker size for the circuit connection.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

Mandatory Programs: Public Health Inspector Practicum Program (100%)

One-time funding must be used to hire the approved Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.

The Board of Health must comply with the requirements of the Canadian Institute of Public Health Inspectors Board of Certification for field training for a 12-week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student’s term.

COVID-19: Vaccine Program (100%)

One-time funding must be used to offset extraordinary costs associated with organizing and overseeing the COVID-19 immunization campaign within local communities, including the development of local COVID-19 vaccination campaign plans. Extraordinary costs refer to the costs incurred over and above the Board of Health’s existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:

- Staffing – salaries and benefits, inclusive of overtime, for existing staff or redeployed Board of Health staff (including management staff directly engaged in COVID-19 activities); staff redeployed from associated regional governments; new temporary or casual staff; and, salaries and benefits associated with overtime worked by indirect staff (e.g., finance, HR, legal, communications, etc.) and management staff (where local board of health policies permit such arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities. Activities include providing assistance with meeting provincial and local requirements for COVID-19 surveillance and monitoring (including vaccine safety surveillance, adverse events and number of people vaccinated), administering the COVID-19 vaccine, managing COVID-19 Vaccine Program reporting requirements, and planning and deployment of immunization/ vaccine clinics.
- Travel and Accommodation – for staff delivering COVID-19 Vaccine Program services away from their home office location, including transporting vaccines, and transportation/accommodation for staff of mobile vaccine units.
- Supplies and Equipment – supplies and equipment associated with the storage and handling of the COVID-19 vaccines (including vaccine refrigerators, freezers, coolers, etc.), small equipment and consumable supplies (including personal protective equipment) not already provided by the Province, supplies necessary to administer the COVID-19 vaccine (including needles/syringes and disposal, sterile gauze, alcohol, bandages, etc.) not already provided by the Province, information and information technology upgrades related to tracking COVID-19 immunization not already approved by the ministry.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services (e.g., courier services, transporting clients to vaccination clinics), data entry or information technology services for reporting COVID-19 data related to the Vaccine Program to the Province from centres in the community that are not

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

operated by the Board of Health or increased services required to meet pandemic reporting demands, outside legal services, and additional premises leased or rented by the Board of Health.

- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19 immunization outreach.
- Other Operating – recruitment activities, staff training.

Other requirements of this one-time funding include:

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a public health unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at “arm’s length” (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

The following are examples of non-admissible expenditures:

- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost.
- Any COVID-19 costs directly incurred by other organizations and/or third parties (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.

The Board of Health is required to retain records of COVID-19 spending.

Infection Prevention and Control Hub Program (100%)

One-time funding must be used for costs associated with developing local networks (using a Hub model) of Infection Prevention and Control (IPAC) to enhance IPAC practices in community based, congregate living settings/ sites in the Board of Health’s catchment area. Congregate living settings/ sites include but are not limited to long-term care homes, retirement homes, hospices, residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, supportive and residential housing funded by the Province. Where additional organizations request service that could be considered a congregate setting (e.g., shared eating areas), the Board of Health should review the service request with its Ontario Health program lead.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

The Board of Health (Hub) will be required to provide IPAC services to congregate living settings in its catchment. The type, amount and scheduling of services provided by the IPAC Hub to congregate living settings will be based on the acuity of need(s) identified. This assessment will determine the allocation and priority of services. These services include provision of the following IPAC services either directly or through partnership with Hub Partners (other local service providers with expertise in IPAC):

- Education and training;
- Community/ies of practice to support information sharing, learning and networking among IPAC leaders within congregate living settings;
- Development of IPAC programs, policy and procedures within sites;
- Assessments and audits of IPAC programs and practice;
- Recommendations to strengthen IPAC programs and practices;
- Mentoring of IPAC service delivery within homes;
- Support the development and implementation of outbreak management plans (in conjunction with public health partners and congregate living settings; and,
- Support to congregate living setting to implement IPAC recommendations.

At all times, the congregate living organization will retain responsibility and accountability for their organization's IPAC program unless otherwise stated through a supplemental agreement with another partner. Supplemental agreements may be made with an organization implementing an IPAC Hub.

Eligible one-time funding must be used for the provision of IPAC expertise, education, and support to congregate care settings and be subject to review by the Province. Allocation of funding must be used at the discretion of the Board of Health (the Hub), in conjunction with direction from the Province, Ontario Health Region North, and support from Public Health Ontario in service delivery. As appropriate to the jurisdiction, other health partners may also be engaged such as Ontario Health Teams or primary care providers.

In addition, Boards of Health (Hub) will be required to:

- Provide status reports, per the requirements in Schedule C.
- Receive direction from Ontario Health in the oversight and implementation of the program.

Ontario Seniors Dental Care Program Capital: Dental Clinic Upgrades – Sault Ste. Marie (100%)

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used to upgrade the dental clinic in Sault Ste. Marie. Eligible costs include the installation of lead walls and equipment costs (e.g., x-ray units, imaging software, computers, autoclave upgrade, portable chair and hand instruments).

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

School-Focused Nurses Initiative (100%)

The School-Focused Nurses Initiative was created for the 2020-21 school year to support additional nursing FTE capacity in every board of health to provide rapid-response support to school boards and schools in facilitating public health and preventative measures related to the COVID-19 pandemic. One-time funding for this initiative is being renewed for the 2021-22 school year.

The school-focused nurses contribute to the following activities in support of school boards and schools:

- Providing support in the development and implementation of COVID-19 health and safety plans;
- Providing sector specific support for infection prevention; surveillance, screening and testing; outbreak management; case and contact management; and COVID-19 vaccinations; and,
- Supporting communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus is on the COVID-19 response, the additional nurses may also support the fulfilment of board of health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related guidelines and protocols under the Ontario Public Health Standards. The additional FTEs may also support childcare centres, home childcare premises and other priority settings relating to the health of school-aged children and youth.

The initiative is being implemented with the following considerations:

- Recruitment of Registered Nurses to the extent possible;
- French language and Indigenous (First Nation, Métis, Inuit) service needs;
- Capacity for both in-person and virtual delivery;
- Consistency with existing collective agreements; and,
- Leveraging the Chief Nursing Officer role as applicable in implementing this initiative, as well as coordinating with existing school health, nursing, and related programs and structures within the Board of Health (e.g., School Health Teams, Social Determinants of Health Nurses, Infection Prevention and Control Nurses, and school-based programs such as immunization, oral and vision screening, reproductive health, etc.).

Qualifications required for these positions are:

- Current registration with the College of Nurses of Ontario (i.e., Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class).

One-time funding must be used to continue the new temporary FTEs for school-focused nurses as specified in Schedule A of the Agreement. Funding is for nursing salaries, wages, and benefits only and

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>ONE-TIME FUNDING</i>
-----------------	--------------------------------

cannot be used to support other operating costs. Additional costs incurred by the Board of Health to support school re-opening initiatives that cannot be managed within the existing budget of the Board of Health, are admissible through the COVID-19 extraordinary costs process.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

OTHER

Infectious Diseases Programs Reimbursement

Funding for Infectious Diseases Programs will be provided on a case-by-case basis through direct reimbursement. These funds are provided to offset the costs of treatment medications not made available through the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS).

To be reimbursed, original receipts and client identification information needs to be submitted to the Infectious Diseases Section of the Health Protection and Surveillance Policy and Programs Branch (Office of Chief Medical Officer of Health, Public Health). Clients will not be directly reimbursed.

Questions about the reimbursement process and expense eligibility can be submitted to the following email: IDPP@ontario.ca.

Leprosy

The Board of Health may submit claims on a case-by-case basis for medication costs related to the treatment of Leprosy. As per Chapter A: Leprosy, of the *Infectious Diseases Protocol, 2018* (or as current), treatment should be under the direction of an infectious disease specialist and should refer to World Health Organization (WHO) treatment recommendations.

Tuberculosis

The Board of Health may submit claims on a case-by-case basis for second-line and select adjunct medications related to the treatment of active tuberculosis and latent tuberculosis infection. For more information on the reimbursement process, see section 9 of the *Tuberculosis Program Guideline, 2018* (or as current).

Vaccine Programs Reimbursement

Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the Standards Activity Reports or other reports as requested by the Province, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted on the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

Influenza

- The Province will continue to pay \$5.00/dose for the administration of the influenza vaccine.
- All doses administered by the Board of Health to individuals aged 6 months or older who live, work or attend school in Ontario.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>OTHER</i>
-----------------	--------------

Meningococcal

- The Province will continue to pay \$8.50/dose for the administration of the meningococcal vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
 - Men-C-C doses if given in substitution of Men-C-ACYW135 for routine doses.

Note: Doses administered through the high-risk program are not eligible for reimbursement.

Human Papillomavirus (HPV)

- The Province will continue to pay \$8.50/dose for the administration of the HPV vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12, with an extension for students aging out up to August 31, 2022 as a result of missed doses due to COVID-19 pandemic response.
- High-risk program: MSM <26 years of age.

**SCHEDULE “C”
REPORTING REQUIREMENTS**

The reports mentioned in this Schedule are provided for every Board of Health Funding Year unless specified otherwise by the Province.

The Board of Health is required to provide the following reports/information in accordance with direction provided in writing by the Province (and according to templates provided by the Province):

Name of Report	Reporting Period	Due Date
1. Annual Service Plan and Budget Submission	For the entire Board of Health Funding Year	April 1 of the current Board of Health Funding Year
2. Quarterly Standards Activity Reports		
Q2 Standards Activity Report	For Q1 and Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
3. Annual Report and Attestation	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
4. Annual Reconciliation Report	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
5. Infection Prevention and Control Hub Program Reports	For the period of April 1, 2021 to March 31, 2022	As directed by the Province
6. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province
7. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:

“**Q1**” means the period commencing on January 1st and ending on the following March 31st.

“**Q2**” means the period commencing on April 1st and ending on the following June 30th.

“**Q3**” means the period commencing on July 1st and ending on the following September 30th.

“**Q4**” means the period commencing on October 1st and ending on the following December 31st.

Report Details

Annual Service Plan and Budget Submission

- The Annual Service Plan and Budget Submission Template sets the context for reporting required of the Board of Health to demonstrate its accountability to the Province.
- When completed by the Board of Health, it will: describe the complete picture of programs and services the Boards of Health will be delivering within the context of the Ontario Public Health Standards; demonstrate that Board of Health programs and services align with the priorities of its communities, as identified in its population health assessment; demonstrate accountability for planning – ensure the Board of Health is planning to meet all program requirements in accordance with the Ontario Public Health Standards, and ensure there is a link between demonstrated needs and local priorities for program delivery; demonstrate the use of funding per program and service.

Quarterly Standards Activity Reports

- The Quarterly Standards Activity Reports will provide financial forecasts and interim information on program achievements for all programs governed under the Agreement.
- Through these Standards Activity Reports, the Board of Health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.
- The Quarterly Standards Activity Reports shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events.
- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report for

funding provided for public health programs governed under the Accountability Agreement.

- The Annual Reconciliation Report must contain: Audited Financial Statements; and, Auditor's Attestation Report in the Province's prescribed format.
- The Annual Reconciliation Report shall be signed on behalf of the Board of Health by an authorized signing officer.
- Specific to Temporary Pandemic Pay Initiative, the Board of Health shall provide the following as part of the Annual Reconciliation Report:
 - Accounting for the reporting of both the revenue and expenditures for the Temporary Pandemic Pay Initiative should appear as separate and distinct items within the Annual Reconciliation Report.
 - The Audited Financial Statement must include appropriate disclosure regarding the Board of Health's revenue and expenditures related to the Temporary Pandemic Pay Initiative.

Infection Prevention and Control Hub Program Reports

- The Board of Health shall provide to the Province status reports for one-time funding provided for the Infection Prevention and Control (IPAC) Hub Program in addition to identifying concerns and emerging issues to Ontario Health North in a timely way and contribute to shared problem solving. Reports will include:
 - Operational targets and progress;
 - Degree of coordination and communication activities among Hub partners and service user organizations;
 - Types and amount of services provided or identified as part of the IPAC Hub to congregate living settings/ sites; and,
 - Identify concerns and emerging issues.

Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative Application

- The Board of Health shall complete and submit an annual application in order to participate in this Initiative and be considered for funding.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

SCHEDULE "D"

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e., delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

1. Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.

Examples of potential controls to support this objective include, but are not limited to:

- Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
- Define approval limits to authorize appropriate individuals to perform appropriate activities.
- Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
- An authorized chart of accounts.
- All accounts reconciled on a regular and timely basis.
- Access to accounts is appropriately restricted.
- Regular comparison of budgeted versus actual dollar spending and variance analysis.
- Exception reports and the timeliness to clear transactions.
- Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.

- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.

Examples of potential controls to support this objective include, but are not limited to:

- Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
- Separate accounts receivable function from the cash receipts function.
- Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Original source documents are maintained and secured to support all receipts and expenditures.

3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.

Examples of potential controls to support this objective include, but are not limited to:

- Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
- Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
- Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
- Separate roles for setting up a vendor, approving payment, and receiving goods.
- Separate roles for approving purchases and approving payment for purchases.
- Processes in place to take advantage of offered discounts.
- Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
- Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
- Original source documents are maintained and secured to support all receipts and expenditures.
- Regular monitoring to ensure compliance with applicable directives.
- Establish controls to prevent and detect duplicate payments.
- Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
- All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
- Separate payroll preparation, disbursement and distribution functions.

4. Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.

Examples of potential controls include, but are not limited to:

- Policy in place to define dollar limit for paying cash versus cheque.
- Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
- All cancelled or void cheques are accounted for along with explanation for cancellation.
- Process is in place for accruing liabilities.
- Stale-dated cheques are followed up on and cleared on a timely basis.
- Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
- Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

From: OHT - Cassandra Lepore <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>
Subject: *Action Required* You're Invited: AOHT Board-to-Board Information Session and Discussion

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.

Dear Leadership Council,

As discussed, please find attached a formal invitation to our 1st virtual **AOHT Board-to-Board Information Session and Discussion** on **Tuesday, December 7th, 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.

Sincerely,

Algoma OHT



Algoma OHT
Équipe Santé Algoma Ontario Health Team

info@algomaht.ca
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

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.



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.

Fall Symposium and Section Meetings
Ontario's Public Health System: Response & Recovery - Friday, November 19th, 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 19th, 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 17th. 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 19th!

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](#)

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:

COMOH Response - Input on Mandatory HCW Vaccines	2021-10-19
Premier Request - Input on Mandatory HCW Vaccines	2021-10-19
MLTSD Response - Paid Sick Leave	2021-09-22

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

Boards of Health: Shared Resources

A resource [page](#) is available on alPHA's website for Board of Health members to facilitate the sharing of and access to 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 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!**](#)

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.

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.

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

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)

News Releases

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

Association of Local Public Health Agencies

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2
416-595-0006 | www.alphaweb.org | info@alphaweb.org



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
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,

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Plineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

Midland:
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

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
10th 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 17th Street East, Owen Sound, Ontario N4K 0A5

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

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

.

PROTECTION · PROMOTION · PREVENTION

HEAD OFFICE
200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · 1-866-888-4577
Fax · 905-885-9551

HALIBURTON OFFICE
Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336

LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

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

Board of Health Meeting
MINUTES

June 23, 2021 at 5:00 pm

Video/Teleconference | Algoma Community Room

** Meeting held during the provincially declared emergency*

BOARD MEMBERS

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

APH EXECUTIVE

Dr. Jennifer Loo - Acting Medical Officer of Health / CEO
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Programs
Joel Merrylees - Controller
Tania Caputo - Board Secretary

GUESTS : Corina Artuso - Youth Advisor, Public Health Programs, currently serving as Indigenous Liaison - Presenting
REGRETS : Matthew Scott

** Proceedings are being recorded via Webex and will be available for public viewing.*

1.0 Meeting Called to Order

a. Land Acknowledgment

Welcome to board members and guests

b. Declaration of Conflict of Interest

No conflicts were declared.

2.0 Adoption of Agenda

**RESOLUTION
2021-59**

Moved: B. Rankin
Seconded: D. Graystone

THAT the Board of Health agenda dated June 23, 2021, be approved as presented.

CARRIED

3.0 Delegations / Presentations

No presentation at this meeting.

4.0 Adoption of Minutes of Previous Meeting

**RESOLUTION
2021-60**

Moved: M. Hatfield
Seconded: L. Mason

THAT the Board of Health meeting minutes dated May 26, 2021, be approved as presented.

CARRIED

5.0 Business Arising from Minutes

a. BOH Skills Matrix Evaluation

Review of the evaluation completed by the current Board members to assess capabilities and areas to develop with future board appointments.

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report - June 2021

J. Loo provided an update on the COVID-19 Response and immunization. Algoma is now at .9 cases per 100,000, well within acceptable limits. At this time, 77% of adult residents have received at least one dose of the vaccine, and we have exceeded the 20% threshold of adults fully immunized with two doses. We expect to receive shipments in the weeks to come of the interchangeable Pfizer and Moderna vaccines. Currently, anyone who received a first dose on or before May 9 may book their second dose. Beginning next week, the Province will accelerate further by offering second dose to anyone 18 plus within the 21-28 day interval. APH continues to work with partners at Mass Immunization clinics, Primary Care providers are giving vaccines to patients, and 25 pharmacies in the district are immunizing.

L. Zeppa provided an update on the programs APH have provided through our Continuity of Operations Planning (COOP). The program itself is built with the Health Equity goal in mind, ensuring it is at the forefront of planning for the COVID response, mass immunizations, and delivery of our programs. COOP created the framework for setting priorities; however, we kept the programs that met the needs of those who are more marginalized and vulnerable even while staff were deployed to the COVID response. The Health Equity approach will also guide us as we plan for restoration and recovery over the summer. Human resources will be at the forefront of our planning as we bring resources back to programs and lessons learned during COVID.

J. Loo responded to questions about the opioid crisis in Algoma, where we are among the top 4 public health units in the Province for opioid-related mortality during the pandemic. We increased harm reduction services during the pandemic, such as giving out naloxone kits and partners brought on board providing clean needle services. The mental health and addiction treatment and preventive services required are challenging on their own with limited resources but a much more significant challenge during COVID. The northern Medical Officers of Health routinely collaborate on several topics and are reviewing mortality reports to see the unique drivers in the north. This will allow us to define root causes and work with partners to advocate for further resources. Given our current twin crisis, we cannot fully respond to both in a meaningful way. A fall Board of Health presentation has been set aside for this topic. In response to a question about Naloxone usage, the data will be compiled for the Board of Health meeting in September.

C. Artuso provided a background summary on the original APH land acknowledgement and shared proposed changes to the next steps in our evolving learning process as we move towards reconciliation. The briefing note is included in the board package outlining the recommended changes, including the adoption of a comprehensive district-wide acknowledgement to be inclusive of all areas of Algoma District where we are living and working. Treaty 9 for Missanabie-Cree will be included and a more fulsome acknowledgment of Metis communities in Algoma.

Discussion continued with input from Board Members and a decision to bring this forward to the September Board meeting to ensure that any additional language changes are included. In the future, the Land Acknowledgement will be read at the beginning of each meeting.

**RESOLUTION
2021-61**

Moved: M. Hatfield
Seconded: L. Mason

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

CARRIED

b. Finance and Audit

i. Finance and Audit Committee Chair Report

**RESOLUTION
2021-62**

Moved: L. Mason
Seconded: D. Graystone

THAT the Finance and Audit Committee Chair Report for June 2021 be accepted as presented.

CARRIED

ii. Unaudited Financial Statements for the period ending April 30, 2021.

**RESOLUTION
2021-63**

Moved: B. Rankin
Seconded: L. Mason

THAT the Board of Health approves the Unaudited Financial Statements for the period ending April 30, 2021, as presented.

CARRIED

c. Briefing Note - Options for Surplus

**RESOLUTION
2021-64**

Moved: E. Pearce
Seconded: L. Mason

That the Board of Health accepts the recommendation of the Finance and Audit Committee and directs staff to transfer \$250,000 from APH's operating account into the Reserve Fund due to the 2020 surplus.

CARRIED

d. Briefing Note - Capital Reserve Fund

**RESOLUTION
2021-65**

Moved: E. Pearce
Seconded: L. Caicco Tett

That the Board of Health accepts the recommendation of the Finance and Audit Committee and will not establish a separate capital reserve fund.

CARRIED

7.0 New Business/General Business

a. Algoma Vaccination Council Update: Moving to every two weeks with - as a committee

L. Caicco Tett provided an update on the council's activities, including supporting GFL, Richards Landing, Blind River, Thessalon and First Nation Communities of Batchewana, Garden River and Thessalon by providing lunches that, in turn, helps local eateries and local business. Vaccination and testing support for business places and providing information and advocating for vaccination in Algoma.

b. alpha Conference Meeting Report

D. Graystone, M. Onyuna and S. Hagman provided reports and feedback on the virtual conference.

8.0 Correspondence

Not Applicable

9.0 Items for Information

- a. MOH Minister's OPHS Memo - for information only
- b. Report for Council on Algoma Public Health - for information only

10.0 Addendum

Not Applicable

11.0 In-Camera

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

2021-66

Moved: L. Mason

Seconded: E. Pearce

THAT the Board of Health go in-camera.

CARRIED

12.0 Open Meeting

No resolutions resulting from the in-camera meeting.

13.0 Announcements / Next Committee Meetings:

Governance Committee Meeting

Wednesday, September 8, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

Board of Health

Meeting

Wednesday, September 22, 2021 @ 5:0

Video Conference | SSM Algoma Community Room

Finance & Audit Committee

Wednesday, October 13, 2021 @ 5:00 pm

Video Conference | SSM Algoma Community Room

14.0 Evaluation

The monthly and yearly evaluations will be sent to Board members.

15.0 Adjournment

RESOLUTION

2021-69

Moved: D. Graystone

Seconded: L. Caicco Tett

THAT the Board of Health meeting adjourns.

CARRIED



Sally Hagman, Chair

September 22, 2021

Date



Tania Caputo, Secretary

September 22, 2021

Date



**THE CORPORATION OF THE CITY OF SARNIA
City Clerk's Department**

255 Christina Street N. PO Box 3018
Sarnia ON Canada N7T 7N2
519-332-0330 (phone) 519-332-3995 (fax)
519-332-2664 (TTY)
www.sarnia.ca clerks@sarnia.ca

September 17, 2021

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

Dear Premier,

RE: Renovictions

At its meeting held on September 13, 2021, Sarnia City Council adopted the following resolution with respect to "Renovictions":

That Sarnia City Council request that the Government of Ontario take additional and meaningful steps to address the ever increasing problem of "Renovictions" in The Province of Ontario. Citizens and communities are hurt by these unscrupulous practices which can and does directly impact the affordable housing crisis, as well as inflict damage (both financially and mentally) particularly on our most vulnerable citizens; and

That this correspondence also be sent to other Municipalities in Ontario for their consideration and possible endorsement.

Your consideration of this matter is respectfully requested.

Yours sincerely,

Amy Burkhart
City Clerk

Cc: The Honourable Doug Downey, Attorney General
Bob Bailey, MPP
All Ontario Municipalities



PORT COLBORNE

Corporate Services Department
Clerk's Division

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

T 905.835.2900 ext 106 F 905.834.5746
E amber.lapointe@portcolborne.ca

October 19, 2021

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

Sent via E-mail: premier@ontario.ca

Dear Premier Ford:

Re: Support City of Sarnia - Renovictions

Please be advised that, at its meeting of October 12, 2021, the Council of The Corporation of the City of Port Colborne resolved as follows:

That correspondence from the City of Sarnia regarding Renovictions, be supported.

A copy of the above noted resolution is enclosed for your reference. Your favourable consideration of this request is respectfully requested.

Sincerely,

Amber LaPointe
City Clerk

ec: Doug Downey, Attorney General
Jeff Burch, MPP
Sam Oosterhoff, MPP
Jennifer Stevens, MPP
Wayne Gates, MPP
Ontario Municipalities

