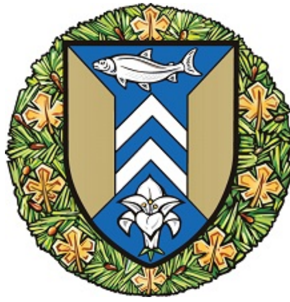

The Corporation of the City of Sault Ste. Marie
Council Correspondence

November 2, 2022

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   - Township of McGarry regarding Office of the Integrity Commissioner Recommendation
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September SSMRCA Board Meeting

Sault Ste. Marie Region Conservation Authority
Sep 27, 2022 at 4:45 PM EDT to 6:45 PM EDT
1100 Fifth Line East/Zoom Meeting

Agenda

I. Call to Order

II. Declaration of Conflict of Interest

III. Adoption of Agenda

IV. Finance & Administration

- **A. Adoption of Regular Board Meeting Minutes of July 19, 2022**
- **B. Health & Safety Meeting Minutes**
- **C. Accounts Payable**
- **D. 2023 Fee Schedule**
- **E. 2023 Preliminary Budget**

V. Water & Related Land Management

- **A. Application Approvals: Section 28, Ontario Regulation 176/06, Development, Interference with Wetlands and Alterations to Shorelines & Watercourses**
- **B. Operations Update**

VI. New Business / Other

- **A. Flying Pole Presentation by Kyle Megginson, Universal Pole Dance & Fitness**
- **B. General Manager's Report**
- **C. Client Service Standards Policy**
- **D. Records and Information Management Policy**
- **E. Protection of Privacy Policy**
- **F. PT Section 16, Tarentorus (MNRF) - North Region - 5th Lease Extension & Amending Agreement**

VII. Closed Session

To discuss advice subject to solicitor-client privilege

VIII. Adjournment

For members of the public interested in attending this meeting, please contact the General Manager, Corrina Barrett, at cbarrett@ssmrca.ca to make arrangements. Thank you in advance for your cooperation.

October 13, 2022

NOTICE

Public Comment Opportunity
Proposed 2023 Fee Policy and Schedules

Background
The Sault Ste. Marie Region Conservation Authority (SSMRCA) charges fees to assist with the cost of delivering programs and services that are not adequately covered or may be ineligible for provincial grant funding, and that assist in the reduction of the general levy. The fees are an estimation of staff time, travel, and materials costs to provide a service. It is essential for the SSMRCA to charge a fee reflective of the full costs associated with the service provided.

On January 1, 2023, the *Conservation Authorities Act* will be amended by repealing 21 (1) (m.1) which related to the power of Conservation Authorities to chare fees for services approved by the Minister of Natural Resources and Forestry and enacting section 21.2 (1)-(12) “Fees for Programs and Services”. Subsection (1) enables the Minister of the Environment, Conservation and Parks to determine the classes of programs and services in respect of which a Conservation Authority may charge a fee and (2) requires the minister to publish a List in a policy document. The Minister published the list through the Policy: Minister’s list of classes of programs and services in respect of which conservation authorities may charge a fee (“Minister’s List) on April 11, 2022. Conservation Authorities may only charge a fee for a program or service that it provides if it is included in this List.

Section 21.2 of the *Conservation Authorities Act* sets out that every Conservation Authority shall prepare and adopt both a written **fee policy** and **fee schedules** with respect to the fees that it charges for the programs and services it provides. Upon enactment of the new Section 21.2, on January 1, 2023, all Conservation Authorities will be required to have a fee policy and fee schedules approved by their Board.

The Fee Policy as discussed, must include the following:

- The Conservation Authority’s Fee Schedule;
- The frequency within which the fee policy will be revied by the Authority;
- The process for carrying out a review of the Policy, including rules for giving not of the review and of any changes as a result of the review; and,
- The circumstances in which a person may request that the Authority reconsider a fee that was charged to the person and the procedures applicable to the reconsideration.

PROPOSED CHANGES TO POLICY

- Revised to reflect the new provincial regulatory requirements.

PROPOSED CHANGES TO FEE SCHEDULES:

Schedule 1 – Regulation and Permitting Fees

- Some of the regulation fees were increased by 3% while other fees remained unchanged.
- Larger fee increases as indicated in the schedule were reviewed with the intent of covering staff time and expenses.

Schedule 2 – General Service Fees

- Staff charge out rates have generally increased to cover the costs of increases in salary and benefits and associated expenses.
- Conservation Lands charges are for services such as building or property rentals and are considered nonmandatory.
- Fee increases are considerate of staff time expended for the services

DEADLINE FOR COMMENTS:

Comments must be submitted in writing to the attention of Corrina Barrett at cbarrett@ssmrca.ca or by mail no later than **Monday November 14th, 2022** to:

Attention: Corrina Barrett, General Manager
Sault Ste. Marie Region Conservation Authority
1100 Fifth Line East
Sault Ste. Marie, ON P6A 6J8

Fee Policy and Schedules

For Consultation

This manual outlines SSMRCA's policies for setting and charging fees

Approved by SSMRCA's Board of Directors – xxx x, 2022

Effective Date: January 1, 2023

Sault Ste. Marie Region Conservation Authority
Administration Office
1100 Fifth Line East
Sault Ste. Marie, ON
P6A 6J8
Tel: 705-946-8530
Fax: 705-946-8533
Web: https://ssmrca.ca/

Section	Fee Policy and Schedule
Title	Corporate Services
Resolution #	
Approval Date	
Revisions	

Revision Version #	Date	Description of Changes	Adopted by Full Authority Resolution #
1.1	2022/10/04	Original Issue: For consultation	

1.0 Purpose

The purpose of the Fee Policy and Schedules is to inform the public and our municipal partners of the fees charged for programs and services delivered by the Sault Ste. Marie Region Conservation Authority (SSMRCA).

2.0 Legislative Framework

The *Conservation Authorities Act (CAA)* Section 21.2 allows for conservation authorities to charge fees for services.

The *CAA* Section 21.1 Mandatory programs and services and Ontario Regulation (O. Reg.) 686/21 Mandatory Programs and Services outline mandatory (Category 1) programs that may be funded by municipal apportionment, provincial grants, or self-generated revenue with the user pay principal as appropriate.

Section 21.1.1 of the *CAA* outlines Category 2 Municipal programs and services, "An authority may provide, within its area of jurisdiction, municipal programs and services that it agrees to provide on behalf of a municipality situated in whole or in part within its area of jurisdiction under a memorandum of understanding, or such other agreement as may be entered into with the municipality, in respect of the programs and services".

Section 21.1.2 of the *CAA* defines Category 3 Other programs and services, "In addition to programs and services described in sections 21.1 and 21.1.1, an authority may provide, within its area of jurisdiction, any other programs and services that it determines are advisable to further the purposes of this Act."

Category 1 Mandatory Programs and Services include:

- Administration of *Conservation Authorities Act* (CAA) Section 28 and 28.1 including technical advice and studies;
- Response to legal, real estate and public inquiries regarding a CAA Section 28 and 28.1 and natural hazard inquiries under the *Planning Act;*
- Activities requiring a permit made pursuant to section 29 of the CAA;

- Review and commenting on applications under other legislation noted under the Mandatory Programs and Services Regulation (O. Reg. 686/21) and associated inquiries.
- Access to authority owned or controlled land for recreational activities not requiring direct authority or other staff involvement.

Category 2 Municipal programs and services include but are not limited to:

- Commenting on Planning Act applications for technical and policy matters other than for consistency with natural hazard policies, such as related to natural heritage, storm water management, or other matters requested by a municipality, county, corporation or individual.

Category 3 Other programs and services include but are not limited to:

- Extension Services (e.g. technical advice/implementation of erosion control measures, forest management/tree planting, wildlife/fisheries habitat management, management of forests/recreational land owned by others, technical studies)
- Recreational activities that are provided on land that is owned or controlled by the authority with the direct support or supervision of staff employed by the authority or by another person or body, or with facilities or other amenities maintained by the authority, including equipment rentals and renting facilities for special events.
- Community relations to help establish, maintain, or improve relationships between the authority and community members.
- Public education services to improve awareness of issues relating to the conservation, restoration, development, and management of natural resources in watersheds in Ontario.
- The provision of information to the public.
- The sale of products by the authority.

3.0 Policy Principles

This Fee Policy and associated Schedules have been prepared in conformity with the *Conservation Authorities Act*. The Fee Schedules are based on the user-pay principle. The fees and revenues for planning and permitting services are designed to assist with recovering the costs associated with administering and delivering the services on a program basis. These fees do not exceed the cost of the service.

4.0 Process and Public Notification

The Fee Policy and Schedules has been established by the SSMRCA Board of Directors following consultation with local stakeholders and the public.

Consultation includes direct e-mail to key stakeholders (e.g., municipalities) and posting the notice for comment for review and/or revisions to the Fee Policy and Schedules on the SSMRCA website for a minimum of 30 days. Comments received will be presented to the Board of Directors prior to any approval.

5.0 Implementation

It is the objective of SSMRCA to provide an effective and efficient delivery of services. To achieve this objective:

- Land use proposals will be reviewed in a timely fashion.
- Comments on applications under the *Planning Act* will be provided in time for the legislated public meeting or hearing.
- Permit applications under the *CAA* generally will be processed within timelines outlined in Conservation Ontario's "Annual Reporting on Timelines Template for permissions under Section 28 of the Conservation Authorities Act". These timelines were developed by the Timely Review and Approvals Taskforce and received endorsement by the CO Council in December 2019.
- Fees will not exceed the costs to deliver the service.

Exemptions to the application of these fees include:

- Non-profit conservation groups contributing to the protection and restoration of the natural environment, such as Ducks Unlimited (DU), Nature Conservancy of Canada (NCC), Ontario Federation of Anglers and Hunters (OFAH) for permit applications, *Planning Act* applications, inquiries, and site assessments;
- SSMRCA municipalities forming part of the permit applications, inquiries, and site assessments (excluding exceptional circumstances where considerable staff time is required to conduct major technical reviews and enforcement matters).

6.0 Refunds

SSMRCA does not issue refunds for services or products once the application or order is submitted and the payment has been processed. Under exceptional circumstances, refund requests will be considered and may be approved by the General Manager. If a refund is approved, a 10% refund fee will apply.

7.0 Appeal

The fee appeal process will be based on the principles of fairness, opportunity, and notification. The only fees that would be considered for an appeal are those found under planning and permitting.

Consideration of appeals will be directed to the General Manager (GM). The appellant must submit in writing to the GM the reasons for the appeal request. The GM will review the request, consult with staff and the proponent. The appeal will be dismissed, upheld or the fee altered. If the appeal is dismissed, the proponent is required to pay the fee amount. If the appeal is upheld, the fee could be waived or varied from the original amount. The applicant will be notified of the GM's decision.

If the applicant is dissatisfied with the decision from the GM an appeal to the SSMRCA Board of Directors can be requested.

The appellant must submit in writing to the GM the reasons for the appeal request to the Board of Directors. The written request must identify a request to present the appeal before the Board of Directors. Once heard, the appeal will be dismissed, upheld or the fee altered. If the appeal is dismissed, the proponent is required to pay the fee amount. If the appeal is upheld, the fee could be

waived or varied from the original amount. Any appeal decision requires a resolution passed by the Board of Directors. The appellant will be notified of the Board's decision.

8.0 Date of Effect

The Fee Policy and Schedules becomes effective as of the date set by the SSMRCA Board of Directors.

9.0 Transition

The establishment of this Fee Policy and Schedules supersedes and replaces all previous fee policies and/or schedules. The Policy also applies to proposals not previously invoiced, such as draft approved plans of subdivision which predated any fee schedule.

9.0 Review Process

This Fee Policy and Schedules will be reviewed annually by SSMRCA staff to monitor effectiveness and any changes will be brought forward to the Board of Directors for consideration. Consultation is required if changes are applied to the Policy or Schedules (as noted under Process and Public Notification) prior to Board approval. Approval of the updated Fee Policy and Schedule will require passage of a resolution by the Board of Directors.

10.0 Administration

Review Schedule:	Annual	**Next Review Date:**	October 2023
Related Legislation, Regulations and Guidelines:	Conservation Authorities Act Section 21.1 Mandatory programs and services Ontario Regulation (O. Reg.) 686/21 Mandatory Programs and Services		
Related Policies and Policy Tools:	Schedule 1: SSMRCA Regulation and Permitting Fees Schedule 2: SSMRCA General Fees		

11.0 Fee Schedules

Schedule 1: SSMRCA Regulation and Permitting Fees
Schedule 2: SSMRCA General Fees

SCHEDULE 1 – Regulation and Permitting Fees

FEE TYPE	2022 Fees	PROPOSED 2023 Fee	NOTES
Permit Fees			
Small Works	$ 256.00	$ 256.00	No change
Standard Works	$ 385.00	$ 385.00	No change
Large Works	$ 635.00	$ 635.00	No change
Major Works	$ 890.00	$ 1024.00	15% increase
Decks			
under 500 square feet (non-drilled / drilled)	$ 177 / 195	$ 182 / 201	3% increase
over 500 square feet (non-drilled / drilled)	$ 195 / 258	$ 201 / 256	3% increase up to $256
Other – activities not included under Small Works	$ 89	$ 92	3% increase
Development Reviews (Additional)			
Residential development applications involving a regulated activity which requires review of an engineering study/design, environmental study or other study	up to $1907/study + HST (based on time for review)	up to $1964/study + HST (based on time for review)	3% increase
Commercial/Industrial/Institutional developments where storm water management or engineering evaluations are required	up to $3,134/study + HST (based on time for review)	up to $3,228/study + HST (based on time for review)	3% increase
Subdivision Plan Review			
Initial Review Phase	$242 (plus $118/lot/phase)	$249 (plus $122/lot/phase)	3% increase
Development proposals involving multiple dwelling units (more than 4 lots) where storm water management or other engineering evaluations are required.	up to $1308/study (based on time for review)	up to $1347/study (based on time for review)	3% increase
Other Fees			
Informal Inquiry	No Charge	No Charge	No change
Formal Inquiry	$ 84.00 + HST	$ 87.00 + HST	3% increase
Consultation On-Site	Combined below	Combined below	
Preliminary Development Technical Assessment or On Site Consultation	$ 118 minimum + HST ($70/hr after one hour on site)	$ 122 minimum + HST ($75/hr after one hour on site)	3% increase + update of hourly rate
Permit Revisions	50% surcharge	50% surcharge	No change
Permit Extensions	25% surcharge	25% surcharge	No change
Violations	100% surcharge	100% surcharge	No change

Note: No fees apply to applications for submissions from levying municipalities on municipal initiatives (excluding major technical reviews and enforcement matters).

SCHEDULE 2 – General Service Fees			
FEE TYPE	**2022 Fees**	**PROPOSED 2023 Fees**	**NOTES**
Staff Charge-Out Rates *Note: staff hourly rates are in place for developing costs for proposals and for occasional requests for information or work that is beyond our regular services.*			
Management / Project Management	$ 80/hour + HST	$ 85/hour + HST	Increases reflective of administrative costs
Engineer	$ 70/hour + HST	$ 75/hour + HST	Increases reflective of administrative costs
Specialists: GIS / Comms / Operations / RMI	$ 54/hour + HST	$ 55/hour + HST	Increases reflective of administrative costs
Administration	$ 45/hour + HST	$ 50/hour + HST	Increases reflective of administrative costs
Conservation Lands			
Sugar Shack Event Space Rental*	$ 115 + HST	$ 118.50 + HST	3% increase
Conservation Area Event Agreement	$ 230 + HST	$ 237.00 + HST	3% increase
Unique uses requiring additional considerations (e.g., photography, filming, training)	Staff charge out rate for consultation / site visits. Additional fees for services on case-by-case basis.	Staff charge out rate for consultation / site visits. Additional fees for services on case-by-case basis.	No change
** Note: Reduced fees may be applied for use of the SSMRCA's Event Space by youth groups, at the discretion of the General Manager.*			
Administrative Services			
NSF Cheque	$ 50 + HST	$ 50 + HST	No change
Map Printing Services			
A – Letter size (8.5x11) in colour	$ 11.04 + HST	$ 11.59 + HST	5% increase
B – Tabloid (11x17) in colour	$ 13.81 + HST	$ 14.50 + HST	5% increase
Photocopying in black & white	$ 0.39 + HST	$ 0.43 + HST	10% increase
Custom, photo paper and digital images	The cost will be negotiated based on the above schedule plus the requested layers and the cost of a CD. The map will be provided in a PDF format.	The cost will be negotiated based on the above schedule plus the requested layers and the cost of a CD. The map will be provided in a PDF format.	No change
* Map products A and B do not include the orthophotography.			

Algoma PUBLIC HEALTH Santé publique Algoma

Board of Health Meeting
MINUTES
May 25, 2022 at 5:00 pm
Video/Teleconference

PRESENT:

BOARD MEMBERS
Sally Hagman - Chair
Lee Mason - 1st Vice-Chair
Deborah Graystone - 2nd Vice-Chair
Louise Caicco Tett
Ed Pearce
Brent Rankin
Matthew Scott

APH MEMBERS
Dr. John Tuinema - Acting Medical Officer of Health & CEO
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Health Promotion & Prevention
Leo Vecchio - Manager of Communications
Leslie Dunseath - Manager of Accounting Services
Tania Caputo - Board Secretary

REGRETS: Musa Onyuna, Micheline Hatfield, Chris Spooney - Acting Director of Health Protection, Tanya Storozuk - Executive Assistant, Dr. Emil Prikryl - Public Health and Preventive Medicine Resident, Liliana Bressan - Manager of Effective Public Health Practice.

1.0 Meeting Called to Order

a. **Land Acknowledgment** - Read by S. Hagman

b. **Declaration of Conflict of Interest** - No conflicts declared

2.0 Adoption of Agenda

RESOLUTION 2022-53
Moved: L. Mason
Seconded: D. Graystone

THAT the Board of Health agenda dated May 25, 2022 be approved as presented.

CARRIED

3.0 Delegations / Presentations

Not Applicable

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION 2022-54
Moved: L. Caicco Tett
Seconded: B. Rankin

THAT the Board of Health minutes dated April 27, 2022 be approved as presented.

CARRIED

5.0 Business Arising from Minutes

Not applicable.

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report - May 2022

J. Tuinema summarized the report, highlighting the improved COVID-19 outcomes with the lowest number of high-risk cases since the beginning of the omicron wave. He explained the new case and contact management approach focused on high-risk outbreaks and reported on vaccination rates and treatments for COVID-19 infection. The Pandemic Recovery Action Plan is being developed with input from staff and stakeholders to routinize our COVID response further and restore and rebuild core public health programs and services.

From the presentation shared with the Board of Health in February 2022, an abstract titled **"Walking Together: How four guiding principles underpinned meaningful collaboration between local public health and Indigenous partners during COVID-19**" was written and submitted in partnership with Maamweysing North Shore Community Services to the Canadian Public Health Association.

The APH annual reports for 2019, 2020 and 2021 are included in this meeting package and available on the APH website.

RESOLUTION 2022-55	**Moved:**	E. Pearce
	Seconded:	L. Mason

THAT the report of the Medical Officer of Health and CEO for May 2022 be accepted as presented.

CARRIED

b. Finance and Audit

i. Unaudited Financial Statements for the period ending March 31, 2022.

A summary of the Financial Statements was provided by L. Dunseath.

RESOLUTION 2021-56	**Moved:**	L. Mason
	Seconded:	E. Pearce

THAT the Board of Health approves the Unaudited Financial Statements for the period ending March 31, 2022, as presented.

CARRIED

c. Governance

i. Governance Committee Chair Report

D. Graystone provided a summary of the May 11, 2022, Governance Committee Meeting with discussion about an Annual General Meeting for the purpose of reviewing bylaws. Further research will take place over the summer and follow-up discussion at the September Governance Committee Meeting before returning to the BOH agenda.

RESOLUTION 2022-57	**Moved:**	D. Graystone
	Seconded:	L. Caicco Tett

THAT the Governance Committee Chair Report for May 2022 be accepted as presented.

CARRIED

ii. Policy #02-05-060 Meetings and Access to Information

RESOLUTION 2022-57	**Moved:**	D. Graystone
	Seconded:	B. Rankin

THAT the Board of Health has reviewed and approves **Policy #02-05-060 Meetings and Access to Information**, as presented.

CARRIED

iii. Policy #02-05-075 - Election of Chair, Vice-Chair or Committee Members

RESOLUTION 2022-58	Moved:	L. Caicco Tett
	Seconded:	M. Scott

THAT the Board of Health has reviewed and approves **Policy #02-05-075 - Election of Chair, Vice-Chair or Committee Members**, as presented.

CARRIED

7.0 New Business/General Business

a. Algoma Vaccination Council Update

L. Caicco Tett provided a summary report of the work done by the council throughout the pandemic. Clinic sites supported were GFL, IFC, East Blind River, Richards Landing, Thessalon and the First Nations of Garden River, Batchewana and Thessalon and indirectly Serpent River, Wawa and Elliott Lake. The committee coordinated the delivery of over 7500 meals and snacks to the clinics involving 35 local restaurants. Over $80,000 in cash and direct sponsor purchase and in-kind contributions was generated and absorbed into the local economy through these efforts.

As of May 2022, more than 97,000 Rapid tests have been delivered to 530 local and area small businesses and more than 50,000 to larger employers.

b. Indigenous Engagement Training

D. Graystone has proposed 15 minute training modules to be implemented at BOH meetings starting in September.

c. Transitional housing

E. Pearce requested that the BOH consider a presentation by a transitional housing organization. This has been deferred for further discussion amongst Board Executive.

8.0 Correspondence

a. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Simcoe Muskoka District Health Unit regarding **Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide** dated March 16, 2022.

b. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Windsor-Essex County Health Unit regarding **Letter of Support – Ontario Regulation 116/20, Work Deployment Measures for Boards of Health** dated March 30, 2022.

c. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Grey Bruce Public Health regarding **Mental Health and the Opioid Crisis** dated April 29, 2022.

d. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Peterborough Public Health regarding **Extension of Ontario Regulation 116/20, Work Deployment Measures of Boards of Health** dated May 2, 2022.

e. Letter to the Minister of Health and Deputy Premier, Ministry of Health from Peterborough Public Health regarding **Provincial Opioid Crisis Response** dated May 2, 2022.

9.0 Items for Information

a. alPHa Information Break / Annual General Meeting

S. Hagman will attend the alPHa AGM and will return with a report from the June meeting. J. Tuinema will also attend.

10.0 Addendum

An updated meeting agenda was in the addendum.

11.0 In-Camera - 5:51 pm

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 2022-59	**Moved:**	D. Graystone
	Seconded:	L. Mason

THAT the Board of Health go in-camera.

CARRIED

12.0 Open Meeting - 5:53 pm

There are no resolutions resulting from the in-camera meeting.

13.0 Announcements / Next Committee Meetings:

Finance & Audit Committee
Wednesday, June 8, 2022 @ 5:00 pm
Video Conference

Board of Health Meeting
Wednesday, June 22, 2022 @ 5:00 pm
Video Conference/In-person (in-person meeting to be confirmed)

In person meetings may resume in September 2022

14.0 Evaluation

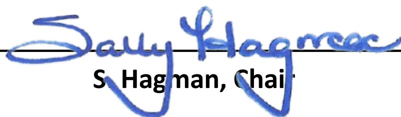
S. Hagman reminded Board members to complete their meeting evaluation.

15.0 Adjournment - 5:55 pm

RESOLUTION 2022-63	**Moved:**	D. Graystone
	Seconded:	M. Scott

THAT the Board of Health meeting adjourns.

CARRIED



S. Hagman, Chair

June 22, 2022

Date

Tania Caputo, Secretary

June 22, 2022

Date

Algoma
PUBLIC HEALTH
Santé publique Algoma

September 28, 2022

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

Meeting Book - September 28, 2022, Board of Health Meeting

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14. Announcements

a. Next Meeting Dates

15. Adjournment

Algoma PUBLIC HEALTH Santé publique Algoma

Board of Health Meeting
AGENDA
September 28, 2022 at 5:00 pm
Video/Teleconference

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

APH MEMBERS
Dr. John Tuinema - Acting Medical Officer of Health & CEO
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Programs
Leo Vecchio - Manager of Communications
Leslie Dunseath - Manager of Accounting Services
Liliana Bressan - Manager of Effective Public Health Practice
Kimberly Aslett - Research Policy Advisor
Emma Pillsworth - Public Health and Preventive Medicine Resident Physician (3rd year), currently on a Health Promotion Rotation with APH
Tania Caputo - Board Secretary
Tanya Storozuk - Executive Assistant

GUESTS
Mennonite Community Leadership - Isaak Doerksen - Bishop, Amos Weber - Deacon, Betsy Weber
Melinda Freer - Public Health Nurse, Algoma Public Health (Mennonite/Amish Community Liaison)
Carol-Ann Agnihotri - Nurse Practitioner, North Shore Health Network
Mary Ellen Luukonnen - Interim VP of Clinical Services & Chief Nursing Executive, North Shore Health Network & Co-Chair for East Algoma Ontario Health Team
Dr. Nicholas Jeeves, Physician and Chief of Staff, North Shore Health Network

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1.0 Meeting Called to Order — *S. Hagman*

- **a. Land Acknowledgment**
- **b. Declaration of Conflict of Interest**

2.0 Adoption of Agenda — *S. Hagman*

RESOLUTION
THAT the Board of Health agenda dated September 28, 2022 be approved as presented.

3.0 Delegations / Presentations

- **a. Planting seeds for collaboration: Relationship building with the Mennonite Community in Algoma** — *L. Bressan & Reflections by M. Freer, CA Agnihotri & Mennonite Leadership*

4.0 Adoption of Minutes of Previous Meeting — *S. Hagman*

RESOLUTION
THAT the Board of Health minutes dated June 22, 2022 be approved as presented.

5.0 Business Arising from Minutes

6.0 Reports to the Board

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

i. MOH Report - September 2022

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for September 2022 be accepted as presented.

ii. Comprehensive Public Health Approach for Substance Use Prevention and Harm Reduction

RESOLUTION

Whereas, the opioid poisoning crisis is a complex public health issue that has worsened throughout the course of the COVID-19 pandemic;

Whereas, data from the Office of the Chief Coroner shows that Algoma Public Health had the third highest rate in the province for opioid-related deaths between April 2021-March 2022;

Whereas, northern Ontario experiences higher rates of poverty and poor health, elevated rates of many health-harming behaviours, and inadequate access to high-quality health care and social services, compared to southern Ontario;

Whereas, Algoma's health system is under-resourced to respond to the escalating burden of opioid-related morbidity and mortality, due to persistent challenges with recruitment and retention, training, and inadequate funding across health and social services;

Whereas, 8 out of 10 Canadians with a substance use disorder say they experience barriers to recovery, including stigma;

Whereas, long-term solutions to the opioid poisoning crisis must prioritize a comprehensive, multi-sectoral approach and coordinated action to address the social determinants of health, facilitate prevention and education, and deliver harm reduction, treatment and recovery, and enforcement interventions;

Whereas, Consumption and Treatment Services (CTS) are important harm reduction interventions; preventing overdose-related deaths and connecting people to primary care, treatment, rehabilitation, as well as other health and social services to address their needs (e.g., mental health support, food, housing);

Whereas, health and social service agencies across Algoma have identified that addressing the housing and homelessness crisis is a top priority in order to decrease harms associated with substance use;

Whereas, several public health agencies and organizations have called to decriminalize personal use and possession of substances, including but not limited to, Toronto Public Health, the Association of Local Public Health Agencies , and the Canadian Public Health Association;

Whereas, the Sault Ste. Marie and Area Drug Strategy includes several partners who are committed to responding to the opioid poisoning crisis, however sustained funding for a dedicated, fulltime coordinator to oversee the planning and implementation of a comprehensive strategy is lacking.

Therefore be it resolved, that the Board of Health for Algoma Public Health endorse the recommended actions (#1-7) from the letter from Simcoe-Muskoka District Health Unit to the Ontario Minister of Health (Appendix) , and write a letter to the Ontario Minister of Health urging for commitment to a more fulsome, comprehensive public health approach for substance use prevention and harm reduction in Ontario;

And further be it resolved, that the Board of Health for Algoma Public Health advocate to the Ontario Minister of Health the need for fulltime, sustained funding to support a Coordinator for the Sault Ste. Marie and Area Drug Strategy.

iii. Appendix - Opioid Crisis Advocacy Letter

iv. **Strategic Plan and Agency Priorities**

b. Finance and Audit *L. Dunseath*

i. **Unaudited Financial Statements for the period ending July 31, 2022.**

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending July 31, 2022, as presented.

c. Governance *D. Graystone*

i. **Governance Committee Meeting Chair Report - September 2022**

RESOLUTION

THAT the Board of Health accepts the Governance Committee Meeting Chair Report for September 2022.

ii. **Briefing Note: Annual General Meeting**

iii. **Policy 02-05-001 Composition and Accountability of the Board of Directors**

RESOLUTION 2022-57 **Seconded:** B. Rankin

THAT the Board of Health has reviewed and approves **Policy 02-05-001 Composition and Accountability of the Board of Directors**, as presented.

iv. **02-05-015 Conflict of Interest**

RESOLUTION

THAT the Board of Health has reviewed and approves **02-05-015 Conflict of Interest**, as presented.

v. **02-05-025 Board Member Remuneration**

RESOLUTION

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

vi. **02-05-035 Continuing Education for Board Members**

RESOLUTION

THAT the Board of Health has reviewed and approves **02-05-035 Continuing Education for Board Members**, as presented.

vii. **02-05-060 Meetings and Access to Information**

RESOLUTION

THAT the Board of Health has reviewed and approves **02-05-060 Meetings and Access to Information**, as presented.

viii **Briefing Note - BOH By-Law 06-02 Assignment of CBO**

ix. **By-Law 06-02 Ontario Building Code Appointments**

RESOLUTION

THAT the Board of Health has reviewed and approves **By-Law 06-02 Ontario Building Code Appointments**, as presented.

7.0 New Business/General Business *S. Hagman*

i. Letter of Support - Healthy Babies Healthy Children Funding

RESOLUTION

THAT, the Board of Health endorse the correspondence from Sudbury & Districts Public Health regarding Healthy Babies Healthy Children Funding.

8.0 Correspondence *S. Hagman*

a. Letter to the Minister of Intergovernmental Affairs, Infrastructure and Communities from the Niagara Region Board of Health regarding **Indoor Air Quality Improvement** dated July 5, 2022.

b. Letter to the Deputy Premier and Minister of Health, Ministry of Health and Long-Term Care from Niagara Region Board of Health regarding **Paid Sick Leave in Ontario** dated July 19, 2022.

c. Letter of Congratulations to the Deputy Premier and Minister of Health, Ministry of Health and Long-Term Care from Algoma Public Health July 28, 2022.

d. Letter to the Deputy Premier and Minister of Health, Ministry of Health and Long-Term Care from Niagara Region Board of Health regarding **Paid Sick Leave** dated September 7, 2022.

e. Letter to the Premier of Ontario from Sudbury and District Public Health regarding **Saving Lives Through Lifejacket and Personal Flotation Device Legislation** dated September 22, 2022.

9.0 Items for Information *S. Hagman*

a. alPHa - Message from Board of Health Chair dated July 6, 2022

b. Ontario Newsroom - Ontarians Aged 18+ Second Booster Shot dated July 13, 2022

c. alPHa Information Break dated July 19, 2022

d. Ontario Newsroom - Vaccine Bookings to Open to Children dated July 21, 2022

e. Ontario Newsroom - Ontario Introduces Plan to Stay Open

f. alPHa Information Break dated August 19, 2022

g. alPHa Information Break dated September 16, 2022

h. Federal Dental Care Program - Northern Perspectives

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.

12.0 Open Meeting *S. Hagman*

Resolutions resulting from the in-camera meeting.

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

Finance & Audit Committee
Wednesday, October 12, 2022 @ 5:00 pm
Video Conference │SSM Algoma Community Room

BOH Reconciliation Training
Wednesday, October 26, 2022 @ 4:30 pm
Video Conference |SSM Algoma Community Room

Board of Health Meeting
Wednesday, October 26, 2022 @ 5:00 pm
Video Conference |SSM Algoma Community Room

14.0 Monthly Evaluation *S. Hagman*

15.0 Adjournment *S. Hagman*

RESOLUTION

THAT the Board of Health meeting adjourns.

Planting Seeds for Collaboration:

Relationship Building with the Mennonite Community in Algoma

Liliana Bressan, Manager of Effective Public Health Practice

Melinda Freer, Public Health Nurse

Carol-Ann Agnihotri, Nurse Practitioner, North Shore Health Network

Mennonite Leadership & Community Members

September 28, 2022

North Shore Health Network

Réseau Santé Rive Nord

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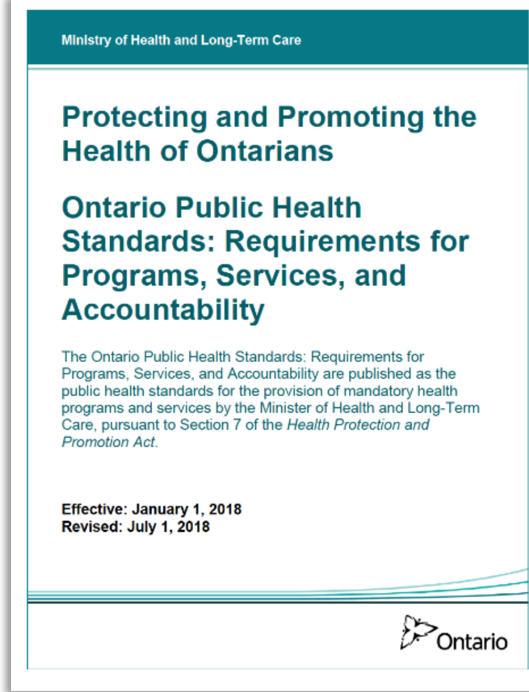
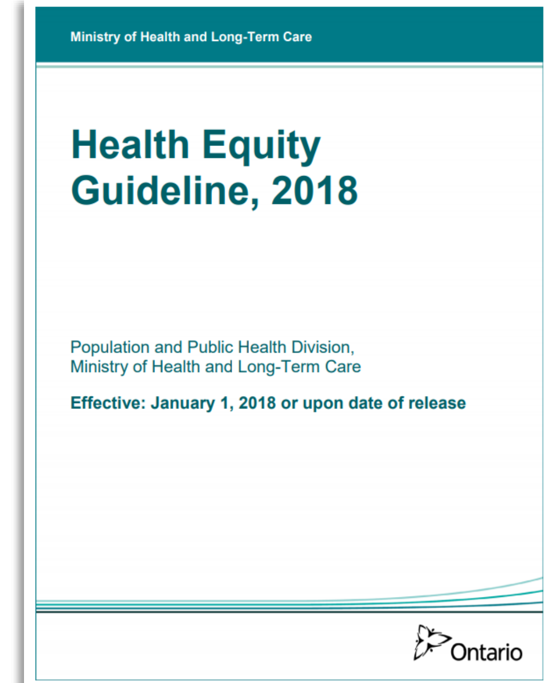
- Photo: Minardi, S. (2021). The Mennonites of Algoma. *Northern Ontario Travel*.

Overview

- Ontario public health standards
- **Our partners:** Mennonite community in Algoma and health partners
- **Our work together:** Knowledge exchange, home visits, and community clinics
- **Our approach:** Shared values and aligned actions
- Next steps

Ontario Public Health Standards





"Opening the doors doesn't mean equity. It's so much more." – NSHN Partner

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- Ministry of Health and Long-Term Care. (2018). Health Equity Guideline, 2018.
- Ministry of Health and Long-Term Care. (2018). Ontario public health standards: Requirements for programs, services, and accountability.

Mennonite Community in Algoma

- Anabaptist community
- Orthodox Mennonites
- Approximately 500+ Mennonites in Algoma
- Many young families with children
- Relocated from southern to northern Ontario in early 2000s
- Community lives from Laird to Bruce Mines in Central Algoma
- Parochial schools – 4 community schools and 1 school within a home

175,000 self-identified Mennonites in Canada.
59,000 self-identified Mennonites in Ontario.

[2011 National Household Survey]

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- University of Waterloo. (n.d.). Who are the Mennonites?

Unique Influences to Health Service Access

- Dispersion of community (rural)
- Transportation
- Minimal use of technology
- Lack of primary care providers in Central Algoma
- Do not subscribe to OHIP coverage, by choice

- Community pays taxes.
- High **community cohesion**, and value placed on **being a good neighbour**.
- Natural upstream way of thinking and doing with a desire to stay healthy.
- Preference to access support within the community.
- Strong desire to learn, **work together**, and support the greater good of the community.

Pandemic Goals and Needs

COVID-19 Pandemic Goals:

- Minimize serious illness and death related to COVID-19.
- Minimize societal disruption and preserve health care services.

There was a need to….

- Minimize illness and death through risk communication and strategies for health protection, in a culturally appropriate way.
- Reduce preventable visits to acute care, by providing access to health promotion, protection and primary care in the community, with minimal use of health system resources.
- Bring health system partners together and think outside the box.

Who: Health Partners Breaking Down Silos

- Algoma Public Health

- North Shore Health Network (NSHN)
  - Assessment Centre, Oximetry Program, Local Hospitals

- Local Physician Offices
- Midwives of Algoma Practice Group
- Algoma EMS: Paramedics
- Public Health Agency of Canada (PHAC)
- Canadian Border Services Agency (CBSA)
- Provincial PHN Workgroup: Working together to serve
- Provincial Private Schools Workgroup

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MISSION

To work with our various partners in providing safe, high-quality, compassionate health care while building healthy communities.

What: Our Work Together During COVID-19

March 2020: COVID-19 was declared a global pandemic.

April 2020:

PHN & PHI visited 1-2 days/week with Mennonites for information sharing.

December 2020: Partners started discussions and plans for how to support the community.

January 2021: Cases across Central & East Algoma and a COVID-19 death sparked the development of partnerships for information sharing, testing, and support.

January – May 2021: Travel testing and case follow-up identified public health and primary care needs that could be addressed on the spot, and protect hospital capacity.

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What: Our Work Together During COVID-19

March 2021:

Mobile pulse oximetry program by NSHN and paramedics begins.

June 2021:

Travelling **home visits** start with APH and NSHN.

August 2021:

Mennonite leadership, NSHN, and APH meet to discuss opportunities, including **2 community-led clinic sites** driven by community needs**.**

Fall 2021 - Now:

Community clinics started with APH and NSHN. Home visits continue 1 day/week by APH.

Communication

- Timely communication in a respectful and culturally appropriate way
- Address misinformation or gaps in information

- Face-to-face visits
- Written letters
- The pony express – local news print
- Focus groups and tailored communications materials
    - Pertussis
    - Breastfeeding
    - Prenatal Nutrition
    - After Birth

Home Visits

- Started “on the road” in early 2020, with 1-2 visits/week
- Knowledge exchange with Mennonite leadership, community members, and business owners
- Home visits (door-to-door) with community members by request and priority
- Length of visit is based on needs identified

Some challenges:

- Winter weather during outdoor visits
- Lack of privacy
- Excess travel time reducing efficiency

From December 2020 – August 2022, **116 visits** were had with Mennonites.

Community Clinics

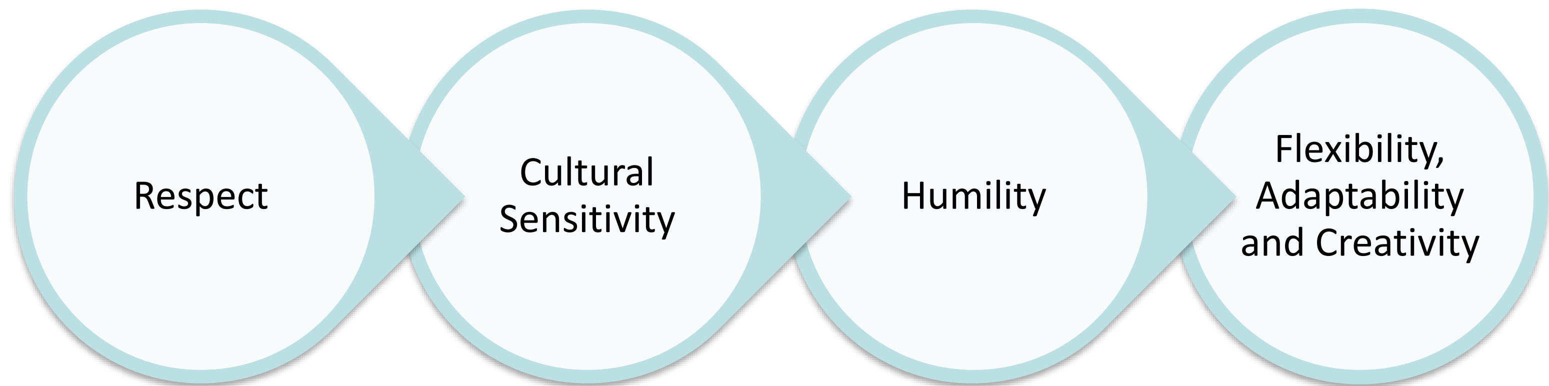
- Started in October 2021, monthly to bimonthly
- Two sites – east and west homes provided by community families
- Administrative support provided by families
- Private rooms (repurposed bedrooms) and separated spaces
- Up to 23 clients seen per clinic, with an average of 8-16 visits (individual and family visits)

Some Benefits:

- Not impacted by weather, increasing comfort
- Increased privacy
- Link to public health and NSHN at same time
- Reduced travel = more community connection

From December 2020 to August 2022, **31 clinics** were hosted.

How: Values Nurturing our Relationship



Note: *Words and themes were shared by Mennonite leadership and community members, as well as APH and NSHN project partners, during discussions about the partnership at a community clinic.*

Respect

- Shared decision-making
- Community beliefs, values and context were key to evidence-based practice
- Timely and transparent communication
- Actively listened and implemented community recommendations
- Worked to understand the community's world view and worked within it

Over time, respect has built a sense of trust.

- National Collaborating Centre for Methods and Tools. (n.d.). Evidence-informed decision making in public health.

Cultural Sensitivity

- Blended values and beliefs with best practices
- Integrated an understanding of community faith and way of life
- Remained calm and gentle natured
- Worked holistically – removed silos and provided access to public health and primary care in one place, in the community

Photos:
- Klassen, J. (2016). How the Algoma Mennonites plan to sell way more vegetables. *SooToday*.
- Minardi, S. (2021). The Mennonites of Algoma. *Northern Ontario Travel*.

Humility

- Health partners acknowledged gaps and biases – lack of an equitable approach
- Community identified needs and ways to contribute to health services (e.g. clinic jar)
- Were transparent in what we knew and did not know
- Willingly received feedback
- Used an approach that was constantly evolving
- Acknowledged expertise within the community (e.g. birth supports)
- Learned and created solutions **together**

LEARNING TOGETHER
LEADING TOGETHER

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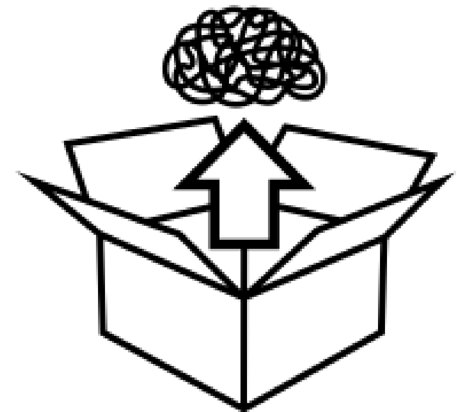
Flexibility, Adaptability and Creativity

- Met the community **where they were at**
- Used traditional methods
- Adapted resources to align with community context
- Accepted change and pressures
- Were willing to **find new ways**



The Fruits of Our Labour Together….

- Developed a collaborative, inter-professional partnership working with a culturally diverse and otherwise underserved community within Algoma.

- Exchanged health promotion and protection information and health care services on topics of interest **identified by** the community, and in ways **created with** the community.

- Used a proportionate universalism approach, that blended population health strategies with **targeted strategies**, and aligned resources accordingly using an equity lens.

"People are just so happy."
– Mennonite Community Member

The Fruits of Our Labour Together….

- Overcame gaps related to transportation and accessing services during COVID-19.
- Prevented and reduced unnecessary visits to the emergency department **– a pandemic goal**.
- Provided referral to community resources, programs and specialists – connecting people to services that they otherwise would not access **– a primary care goal**.
- Improved and protected the health and well-being of Mennonites in Algoma, and worked to reduce health inequities **– a public health goal**.
- Reduced inequities, as Mennonites had more opportunity for optimal health via access to health supports, without disadvantage due to social position or socially determined circumstances during the pandemic.

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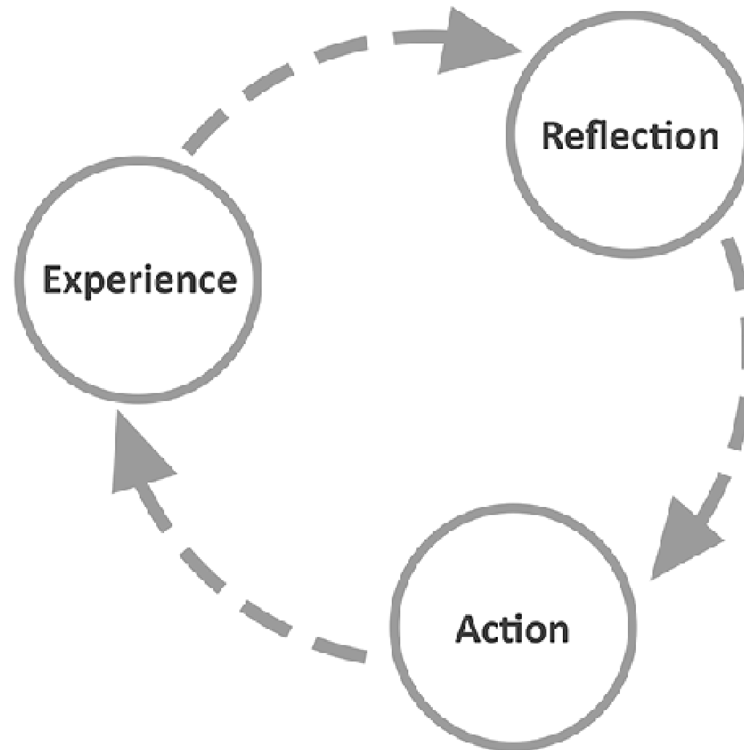
Sowing Seeds for Health Promotion and Protection

- Chronic Disease Prevention and Wellbeing
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Disease Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

Every public health program has been offered, in some way.

Reflections on our Partnership



Shared Next Steps

Three main priorities:

Strengthen relationships and partnerships.

Build capacity for working with Mennonite Communities.

Continue to develop effective and equitable approaches to practice.

Thank you. Questions?

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September 28, 2022

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. John Tuinema and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

COVID-19 Pandemic in Algoma: An Update

The COVID-19 pandemic continues, but fortunately, high-risk case counts, hospitalizations, and deaths remain low relative to past waves in Algoma. In addition, our wastewater signal is very low, and although it only measures one portion of Sault Ste. Marie, it has been a good indicator of COVID conditions throughout Algoma.

The much improved status of these indicators of COVID-19 in the community have reduced COVID-19 response demands on the agency, however, we are mindful of what the fall respiratory season may bring and what that may mean for our communities. We have developed a COVID-19 surge plan that is in its final stage of development and we remain ever vigilant towards emerging trends, new variants, and new opportunities to keep Algoma residents safe.

Immunization efforts also continue and have intensified with the arrival of a new bivalent vaccine and expanded eligibility for booster doses for those aged 18 and over, beginning with most at-risk populations, at a six month interval from last dose. We continue to work with community partners to ensure ample access to vaccination for children and adults across Algoma, in order to protect our communities. This is in addition to the demands of ensuring adequate influenza immunization and catching up with important routine vaccinations.

COVID-19 Pandemic Recovery

Recovery work has progressed considerably over the summer. The Recovery Taskforce has continued to meet regularly to plan for recovery through the use of a Recovery Action Plan to routinize COVID-19 response, restore core programs, and rebuild public health, all centered in the revitalization of our public health teams. This plan, that continues to develop, has been aligned to the strategic plan.

As part of restoring core public health programs, most employees have returned to their core work, with few remaining deployed to COVID-19 response efforts. Planning at the program level involves re-orienting staff, assessing the backlog of programs and services, and planning for priority work with a health equity lens. Priority work includes connecting with community partners to bring focus to the social determinants of health, which continue to impact the health and wellbeing of our communities. COVID-19 has exacerbated mental health and addictions challenges, among other social, economic, and health conditions that are key considerations in the work of public health. Programs are planning to work with community partners to influence policies and programs that support health across the lifespan, and are in the early stages of revisiting, planning, or restoring evidence-informed initiatives that improve community wellbeing as we recover from the pandemic. We are also currently in the process of re-examining our public health priorities, which will surface as we work towards updating our Community Health Profile.

Return to the Workplace

After significant planning and logistics, all APH employees are now working in-person for at least 50% of their time, and APH leadership has been in-person full-time since August.

In order to ensure the health and safety of our employees, we have instituted measures along each step of the hierarchy of controls. Masks are still required when employees work closely, and policies are in place to ensure proper screening is completed and that employees don't come to work sick. We have also reviewed our ventilation to ensure it meets standards and we have made upgrades, such as air filter purchases, where necessary.

We will continue to monitor pandemic conditions and adjust our approach to in-office and working remote as necessary, based on a set of criteria that prioritizes workplace safety. We will assess and modify as needed to optimize in-person work at all APH offices, while ensuring safety and operational effectiveness.

Budget

APH staff have been working diligently on preparing a new proposed budget for 2023. In previous years, the budget has been brought to the Finance and Audit Committee and then subsequently to the Board of Health in November. Changes to legislation mean that this year, the board's term will end in mid-November therefore we plan to bring the budget to the Board in October to have it in place prior to the new year.

Revisiting our Strategic Plan

Our progress in recovery has provided the opportunity to revisit our Strategic Plan for 2021-2025 that the Board of Health approved in February of 2020, just before the declaration of the pandemic in March 2020. The strategic plan is a key tool to support the rebuild of local public health and identification of agency priorities as we navigate our way forward.

We are currently in the process of re-invigorating the strategic plans and its three primary directions, which still hold relevance and align well to current recovery priorities, objectives, and activities, as well as program plans for the next year.

Board of Health
RESOLUTION

Date: September 28, 2022	Resolution No: 2022-
Moved:	Seconded:

Subject: Comprehensive Public Health Approach for Substance Use Prevention and Harm Reduction

Whereas, the opioid poisoning crisis is a complex public health issue that has worsened throughout the course of the COVID-19 pandemic;[1]

Whereas, data from the Office of the Chief Coroner shows that Algoma Public Health had the third highest rate in the province for opioid-related deaths between April 2021-March 2022;[2]

Whereas, northern Ontario experiences higher rates of poverty and poor health, elevated rates of many health-harming behaviours, and inadequate access to high-quality health care and social services, compared to southern Ontario;[3]

Whereas, Algoma's health system is under-resourced to respond to the escalating burden of opioid-related morbidity and mortality, due to persistent challenges with recruitment and retention, training, and inadequate funding across health and social services;[4,5]

Whereas, 8 out of 10 Canadians with a substance use disorder say they experience barriers to recovery, including stigma;[6]

Whereas, long-term solutions to the opioid poisoning crisis must prioritize a comprehensive, multi-sectoral approach and coordinated action to address the social determinants of health, facilitate prevention and education, and deliver harm reduction, treatment and recovery, and enforcement interventions;[1]

Whereas, Consumption and Treatment Services (CTS) are important harm reduction interventions; preventing overdose-related deaths and connecting people to primary care, treatment, rehabilitation, as well as other health and social services to address their needs (e.g., mental health support, food, housing);[7]

Whereas, health and social service agencies across Algoma have identified that addressing the housing and homelessness crisis is a top priority in order to decrease harms associated with substance use;[8]

Whereas, several public health agencies and organizations have called to decriminalize personal use and possession of substances, including but not limited to, Toronto Public Health, the Association of Local Public Health Agencies , and the Canadian Public Health Association;[1,9]

Whereas, the Sault Ste. Marie and Area Drug Strategy includes several partners who are committed to responding to the opioid poisoning crisis, however sustained funding for a dedicated, fulltime coordinator to oversee the planning and implementation of a comprehensive strategy is lacking.

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Therefore be it resolved, that the Board of Health for Algoma Public Health endorse the recommended actions (#1-7) from the letter from Simcoe-Muskoka District Health Unit to the Ontario Minister of Health (Appendix) , and write a letter to the Ontario Minister of Health urging for commitment to a more fulsome, comprehensive public health approach for substance use prevention and harm reduction in Ontario;

And further be it resolved, that the Board of Health for Algoma Public Health advocate to the Ontario Minister of Health the need for fulltime, sustained funding to support a Coordinator for the Sault Ste. Marie and Area Drug Strategy.

References

1 Association of Local Public Health Agencies. *alpha Resolution A22-4: Priorities for provincial action on the drug/opioid poisoning crisis in Ontario*. 2022. https://cdn.ymaws.com/www.alphaweb.org/resource/collection/9DD68D5D-CEFD-443B-B2B5-E76AE0CC6FCB/A22-4_Drug_Poisoning_Crisis.pdf

2 Office of Chief Coroner (OCC) - Data effective Jul 2022. This data includes both confirmed and probable opioid-related deaths, preliminary and subject to change. **For internal use only.**

3 Health Quality Ontario. *Northern Ontario health equity strategy*. 2018. https://www.hqontario.ca/Portals/0/documents/health-quality/health-equity-strategy-report-en.pdf

4 Northern Ontario Public Health Units. *Opioid Crisis in Northern Ontario*. [Internal document] July 2021.

5 Armstrong, Kenneth. Opioid crisis: Day treatment program could restart 'immediately' if funded. *SooToday* 2022 31 August. https://www.sootoday.com/local-news/opioid-crisis-day-treatment-program-could-restart-immediately-if-funded-5760784

6 Canadian Centre on Substance Use and Addiction. *Overcoming stigma through language: A primer*. 2019. https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf

7 Simcoe Muskoka District Health Unit. *Letter to Minister Elliott Re: Response to the opioid crisis in Muskoka and Ontario wide*. [Internal Board correspondence] 16 March 2022.

8 Algoma Public Health. *Stakeholder interviews re: local opioid response*. [Internal program data] 2019.

9 Canadian Public Health Association. *Decriminalization of personal use of psychoactive substances*. 2017. https://www.cpha.ca/decriminalization-personal-use-psychoactive-substances

CARRIED: Chair's Signature ______________________

- [ ] **Louise Caicco Tett**
- [ ] **Micheline Hatfield**
- [ ] **Musa Onyuna**
- [ ] **Brent Rankin**
- [ ] **Deborah Graystone**
- [ ] **Lee Mason**
- [ ] **Ed Pearce**
- [ ] **Matthew Scott**
- [ ] **Sally Hagman**

simcoe muskoka DISTRICT HEALTH UNIT

March 16, 2022

The Honourable Christine Elliott
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Elliott:

Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide

On March 16, 2022, the Simcoe Muskoka District Health Unit (SMDHU) Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Simcoe Muskoka and province-wide. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

In the 19 months of available data since the start of the pandemic (March 2020 to September 2021) there have been 245 opioid-related deaths in Simcoe Muskoka. This is nearly 70% higher than the 145 opioid-related deaths in the 19 months prior to the start of the pandemic (August 2018 to February 2020), when our communities were already struggling in the face of this crisis. The first nine months of 2021 saw an opioid-related death rate more than 33% higher than the first nine months of 2020, suggesting the situation has not yet stabilized.

As such, the SMDHU Board of Health urges your government to take the following actions:

1. Create a multisectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives, that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.
8. Fund a fulltime position of a Drug Strategy Coordinator/Lead for the Simcoe Muskoka Opioid Strategy.

The SMDHU Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response. Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services, as our Board called for in 2018. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair
Simcoe Muskoka District Health Unit

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health
Ontario Boards of Health
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Mayors and Municipal Councils in Simcoe Muskoka

Algoma Public Health's Strategic Plan & Agency Priorities

Dr. John Tuinema, Acting Medical Officer of Health
September 28, 2022

Algoma
PUBLIC HEALTH
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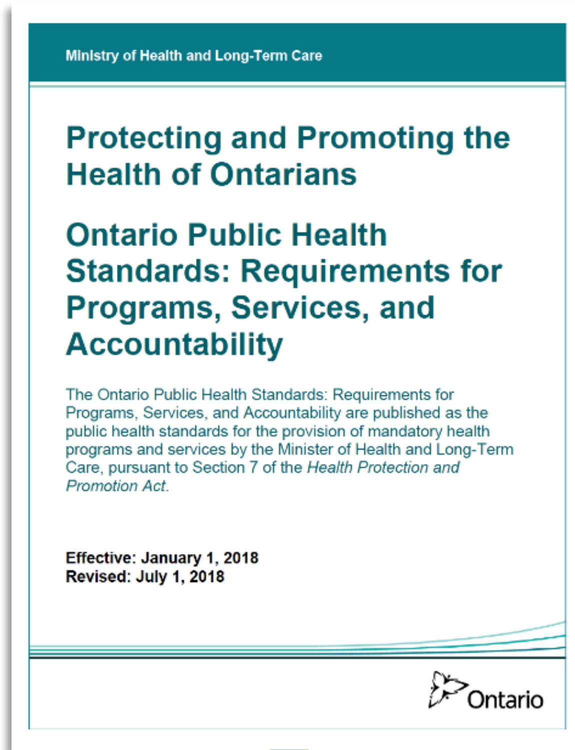
Ontario Public Health Standards



Ministry of Health and Long-Term Care

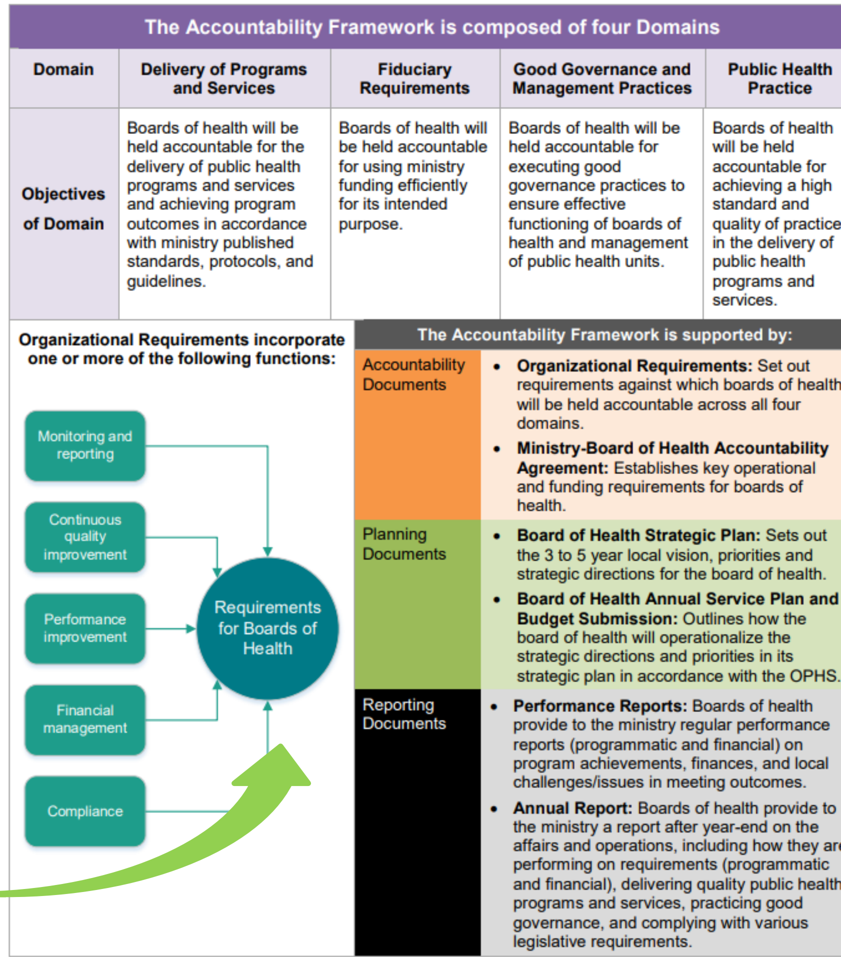
Protecting and Promoting the Health of Ontarians

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the *Health Protection and Promotion Act*.

Effective: January 1, 2018
Revised: July 1, 2018

Ontario



The Accountability Framework is composed of four Domains

Domain	Delivery of Programs and Services	Fiduciary Requirements	Good Governance and Management Practices	Public Health Practice
Objectives of Domain	Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.	Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.	Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.	Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

The Accountability Framework is supported by:

Accountability Documents	• **Organizational Requirements:** Set out requirements against which boards of health will be held accountable across all four domains. • **Ministry-Board of Health Accountability Agreement:** Establishes key operational and funding requirements for boards of health.
Planning Documents	• **Board of Health Strategic Plan:** Sets out the 3 to 5 year local vision, priorities and strategic directions for the board of health. • **Board of Health Annual Service Plan and Budget Submission:** Outlines how the board of health will operationalize the strategic directions and priorities in its strategic plan in accordance with the OPHS.
Reporting Documents	• **Performance Reports:** Boards of health provide to the ministry regular performance reports (programmatic and financial) on program achievements, finances, and local challenges/issues in meeting outcomes. • **Annual Report:** Boards of health provide to the ministry a report after year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), delivering quality public health programs and services, practicing good governance, and complying with various legislative requirements.

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- Ministry of Health and Long-Term Care. (2018). Ontario public health standards: Requirements for programs, services, and accountability.

Strategic Plan: Current Status

- The current strategic plan was approved by the BOH in early 2020
- COVID-19 put a lot of core public health program work on hold
- Launching and implementing the strategic plan took a backseat to pandemic response and immunization
- We need to revisit the strategic plan to provide direction as we recover and rebuild
- The timing and process need to be right

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- Gathered feedback from the leadership team
- The strategy directions remain strongly aligned with our work and agency goals in recovery

Strategic Plan

Vision

Health for all. Together.

Mission

We promote and protect community health and advance health equity in Algoma.

Strategic Direction #1: Advance the priority public health needs of Algoma's diverse communities.

a. Strengthen population health assessment to improve understanding of the distribution and determinants of health and disease, including local health disparities, and identify priority populations for public health and health equity action.
b. Work with partners to exchange knowledge and align our shared data to have more impact on population health.
c. Work with priority populations to develop a shared, holistic understanding of community health needs.

Strategic Direction #2: Improve the impact and effectiveness of APH programs.

a. Align programs to population health priorities and to the unique role of public health.
b. Use evidence and data to plan and evaluate for program effectiveness and impact.
c. Support agency-wide, integrated strategies for health.
d. Meaningfully engage clients, partners, and communities based on shared goals and accountabilities.

Strategic Direction #3: Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

a. Invest in our people and develop organizational capacity to use evidence and data and build effective partnerships.
b. Engage staff and external partners in the evolution of our public health role in Algoma communities.
c. Recognize and share the stories of our people and partners.

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Strategic Plan & Recovery

1.1: INTERNAL COMMUNICATIONS – LEADERSHIP AND STAFF

Leads	Strategic Plan Alignment	Activities	Planning Notes *(e.g. Action items, progress, outcomes, eval)*
Primary: John T, Leo V	*#3b: Engage staff and external partners in the evolution of our public health role in Algoma communities.*	**Biweekly e-mail communications to all-staff**	• Bi-weekly email to all staff from AMOH with organization updates and recovery updates. • Respond to FAQs from programs and recovery question box. • IT advised to wait until M365 is launched to do a review of issues with Mail chimp/access. • Latest send out: August 25
	#3b: Engage staff and external partners in the evolution of our public health role in Algoma communities. *#3c: Recognize and share the stories of our people and partners.*	**All-Staff Virtual Town Hall**	• Compiled Town Hall questions and sent to group to build responses – ongoing by Leo. • Future topics: Strategic plan soft launch

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Where to from here?

- Need a firm understanding of community and agency priorities
- The Community Health Profile will be prioritized with significant input from programs

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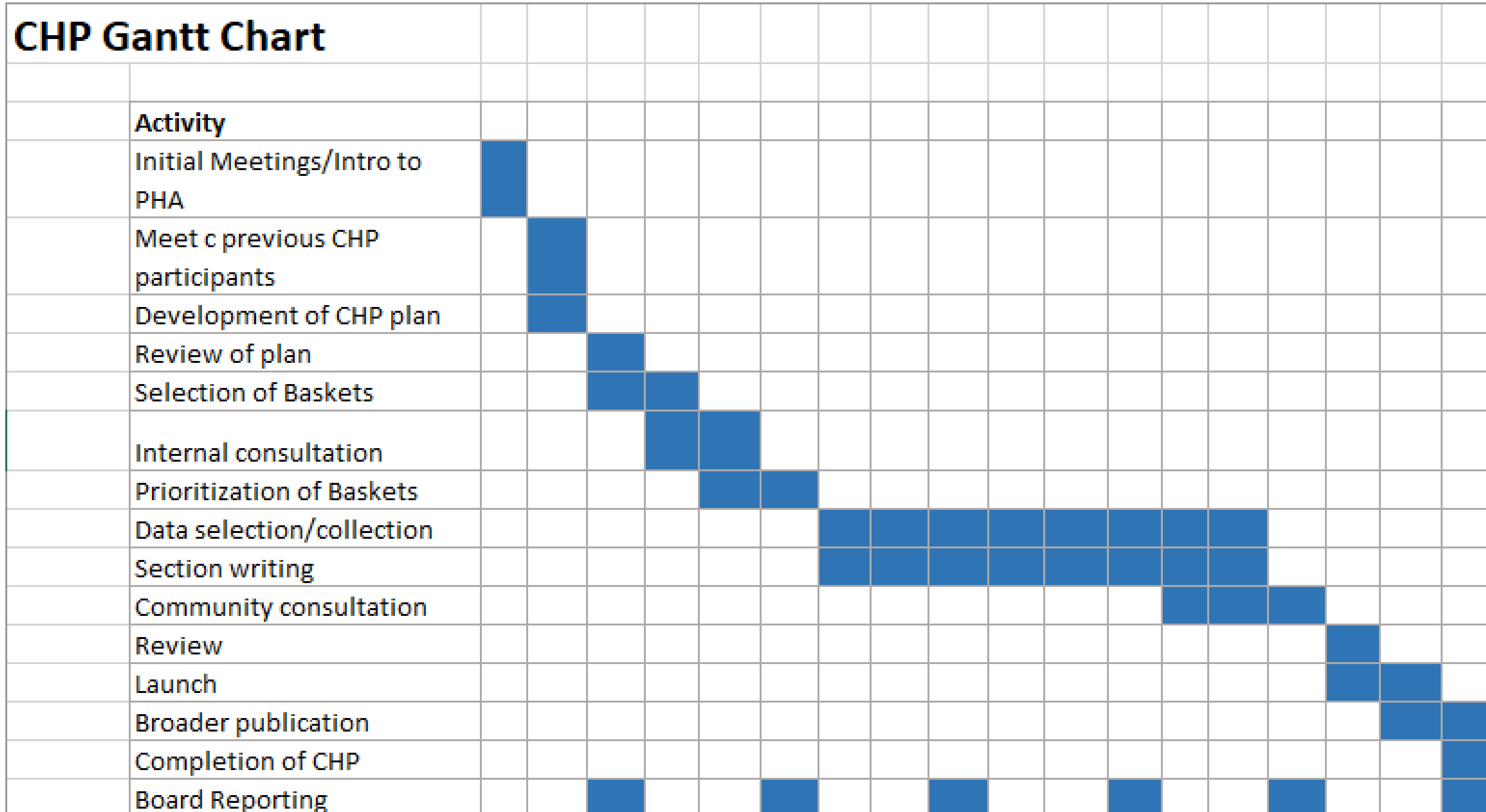

CHP Gantt Chart
Activity
Initial Meetings/Intro to PHA
Meet c previous CHP participants
Development of CHP plan
Review of plan
Selection of Baskets
Internal consultation
Prioritization of Baskets
Data selection/collection
Section writing
Community consultation
Review
Launch
Broader publication
Completion of CHP
Board Reporting

Next Steps

- Updating the Community Health Profile for 2023 will set us up well for the next strategic plan
- Throughout the process of updating the CHP, we will be setting interim priorities based on information and data as it is pulled together
- COVID will still be a reality and priority as we continue to work to protect community health, but efforts must focus on minimizing internal disruption and addressing the many other public health challenges being faced by our community

Algoma PUBLIC HEALTH Santé publique Algoma

Algoma Public Health
(Unaudited) Financial Statements July 31, 2022

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Statement of Revenues - Public Health	2
Statement of Expenses - Public Health	3
Notes to the Financial Statements	4-6
Statement of Financial Position	7

Algoma Public Health
Statement of Operations
July 2022
(Unaudited)

Public Health Programs (Calendar)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Revenue						
Municipal Levy - Public Health	**$ 3,141,912**	$ 3,141,912	$ (0)	$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	**5,079,729**	5,108,758	(29,029)	8,773,425	-1%	99%
Provincial Grants - Public Health 100% Prov. Funded	**2,415,448**	2,465,872	(50,424)	4,259,650	-2%	98%
Provincial Grants - Mitigation Funding	**583,763**	605,381	(21,618)	1,037,800	-4%	96%
Fees, other grants and recovery of expenditures	**200,326**	203,314	(2,988)	379,075	-1%	99%
Total Public Health Revenue	**$ 11,421,178**	$ 11,525,237	$ (104,059)	$ 18,639,166	-1%	99%
Expenditures						
Public Health Cost Shared	**$ 9,137,656**	$ 9,780,605	$ 642,949	$ 16,648,021	-7%	93%
Public Health 100% Prov. Funded Programs	**1,082,083**	1,142,578	60,495	1,991,145	-5%	95%
Total Public Health Programs Expenditures	**$ 10,219,738**	$ 10,923,182	$ 703,444	$ 18,639,166	-6%	94%
Total Rev. over Exp. Public Health	**$ 1,201,440**	$ 602,055	$ 599,384	$ 1		

Healthy Babies Healthy Children (Fiscal)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Provincial Grants and Recoveries	**$ 356,011**	356,004	(7)	1,068,011	0%	100%
Expenditures	**372,519**	357,470	15,048	1,068,011	4%	104%
Excess of Rev. over Exp.	**(16,508)**	(1,467)	(15,041)	0		

Public Health Programs (Fiscal)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Provincial Grants and Recoveries	**$ 1,113,214**	1,116,978	3,763	2,176,700	0%	100%
Expenditures	**329,088**	455,739	(126,650)	2,176,700	-28%	72%
Excess of Rev. over Fiscal Funded	**784,126**	661,239	122,887	-		

Community Health Programs (Non Public Health)

Calendar Programs

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Revenue						
Provincial Grants - Community Health	**$ -**	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	**0**	0	-	0	#DIV/0!	#DIV/0!
Total Community Health Revenue	**$ -**	$ -	$ -	$ -	#DIV/0!	#DIV/0!
Expenditures						
Child Benefits Ontario Works	**0**	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	**0**	0	-	-	#DIV/0!	#DIV/0!
Total Calendar Community Health Programs	**$ -**	$ -	$ -	$ -	#DIV/0!	#DIV/0!
Total Rev. over Exp. Calendar Community Health	**$ -**	$ -	$ -	$ -		

Fiscal Programs

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Revenue						
Provincial Grants - Community Health	**$ 136,310**	$ 104,051	$ 32,259	$ 320,308	31%	131%
Municipal, Federal, and Other Funding	**47,684**	47,684	-	114,447	0%	100%
Other Bill for Service Programs	**0**	0	-	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	**$ 183,994**	$ 151,735	$ 32,259	$ 434,755	21%	121%
Expenditures						
Brighter Futures for Children	**27,132**	38,149	11,017	114,447	-29%	71%
Infant Development	**22,330**	0	(22,330)	0	#DIV/0!	#DIV/0!
Preschool Speech and Languages	**640**	53,655	53,015	58,155	-99%	1%
Nurse Practitioner	**53,288**	53,384	97	162,153	0%	100%
Stay on Your Feet	**20,667**	33,333	12,667	100,000	-38%	62%
Rent Supplements CMH	**32,258**	0	(32,258)	0	#DIV/0!	#DIV/0!
Bill for Service Programs	**0**	0	-	(0)	#DIV/0!	#DIV/0!
Misc Fiscal	**-**	-	-	-	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	**$ 156,313**	$ 178,522	$ 22,208	$ 434,755	-12%	88%
Total Rev. over Exp. Fiscal Community Health	**$ 27,680**	$ (26,787)	$ 54,467	$ (0)		

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 Seven Months Ending July 31, 2022
(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Bgt. to Act. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ Annual Budget 2022	*Comparison Prior Year:* *YTD Actual 2021*	*YTD BGT 2021*	*Variance 2021*
Levies Sault Ste Marie	2,213,793	2,213,793	0	2,951,725	0%	75%	2,012,541	2,012,541	0
Levies District	928,119	928,119	0	1,237,491	0%	75%	843,744	843,744	0
Total Levies	**3,141,912**	**3,141,912**	**0**	**4,189,216**	**0%**	**75%**	**2,856,285**	**2,856,285**	**0**
MOH Public Health Funding	5,079,729	5,108,758	(29,029)	8,773,425	-1%	58%	5,079,732	5,079,732	0
MOH Funding Needle Exchange	0	0	0	0	0%	0%	0	0	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	0	0	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	0	0	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	0	0	0
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	0	0	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	0	0	0
MOH Funding Infection Control	0	0	0	0	0%	0%	0	0	0
MOH Funding Diabetes	0	0	0	0	0%	0%	0	0	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	0	0	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	0	0	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	0	0	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	0	0	0
Total Public Health Cost Shared Funding	**5,079,729**	**5,108,758**	**(29,029)**	**8,773,425**	**-1%**	**58%**	**5,079,732**	**5,079,732**	**0**
MOH Funding - MOH / AMOH Top Up	105,845	110,425	(4,580)	189,300	-4%	56%	132,637	88,716	43,921
MOH Funding Northern Ontario Fruits & Veg.	68,486	68,483	3	117,400	0%	58%	68,486	68,483	3
MOH Funding Unorganized	309,400	309,400	0	530,400	0%	58%	309,400	309,400	0
MOH Senior Dental	592,107	630,997	(38,890)	1,114,150	-6%	53%	407,107	407,108	(1)
MOH Funding Indigenous Communities	57,164	57,167	(3)	98,000	0%	58%	57,164	57,162	2
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%			0
OTF COVID-19 Extraordinary Costs	1,282,446	1,289,400	(6,954)	2,210,400	-1%	58%	68,145	68,145	0
Total Public Health 100% Prov. Funded	**2,415,448**	**2,465,872**	**(50,424)**	**4,259,650**	**-2%**	**57%**	**1,042,939**	**999,015**	**43,925**
Total Public Health Mitigation Funding	**583,763**	**605,381**	**(21,618)**	**1,037,800**	**-4%**	**56%**	**605,386**	**605,386**	**0**
Recoveries from Programs	(28,676)	23,283	(51,959)	11,625	-223%	-247%	6,160	23,330	(17,170)
Program Fees	36,243	30,116	6,127	50,000	20%	72%	72,784	79,323	(6,539)
Land Control Fees	153,595	105,000	48,595	183,000	46%	84%	159,765	75,000	84,765
Program Fees Immunization	11,039	29,162	(18,123)	50,000	-62%	22%	2,162	29,162	(27,000)
HPV Vaccine Program	0	0	0	9,500	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	23,500	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	7,000	#DIV/0!	0%	0	0	0
Interest Revenue	19,124	11,669	7,455	20,000	64%	96%	7,885	11,550	(3,665)
Other Revenues	9,000	4,083	4,917	24,450	120%	37%	7,000	10,000	(3,000)
Total Fees and Recoveries	**200,326**	**203,314**	**(2,988)**	**379,075**	**-1%**	**53%**	**255,756**	**228,365**	**27,391**
Total Public Health Revenue Annual	**11,421,178**	**11,525,237**	**(104,059)**	**18,639,166**	**-1%**	**61%**	**9,840,098**	**9,768,783**	**71,315**
Public Health Fiscal April 2022 - March 2023									
Needle Exchange Supplies	10,501	10,500	1	31,500	0%	33%			
Infection Prevention and Control Hub	744,478	746,667	(2,189)	1,240,000	0%	60%			
Practicum	10,000	10,000	0	30,000	0%	33%			
School Nurses Initiative	231,000	232,311	(1,311)	522,700	-1%	44%			
Fire System Upgrade	29,032	29,300	(268)	87,900	-1%	33%			
Smoke Free Ontario Tablets	3,934	3,933	1	11,800	0%	33%			
Temporary Retention Incentive for Nurses	63,904	63,900	4	191,700	0%	33%			
Upgrade Network Switches	20,365	20,367	(2)	61,100	0%	33%			
Total Provincial Grants Fiscal	**1,113,214**	**1,116,978**	**(3,764)**	**2,176,700**	**0%**	**51%**	**0**	**0**	**0**

Algoma Public Health

Expense Statement- Public Health

For Seven Months Ending July 31, 2022

(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ Budget 2022	*Comparison Prior Year:* *YTD Actual 2021*	*YTD BGT 2021*	*Variance 2021*
Salaries & Wages	6,009,875	6,537,843	527,968	11,220,407	-8%	54%	$ 6,079,710	$ 6,047,208	$ (32,502)
Benefits	1,466,871	1,527,579	60,708	2,621,584	-4%	56%	1,502,194	1,391,465	(110,729)
Travel	69,835	110,078	40,243	188,705	-37%	37%	74,510	100,864	26,354
Program	592,159	751,625	159,466	1,320,941	-21%	45%	823,238	674,501	(148,737)
Office	29,476	39,317	9,841	67,400	-25%	44%	34,712	33,274	(1,438)
Computer Services	509,509	497,241	(12,268)	852,416	2%	60%	511,237	557,936	46,699
Telecommunications	192,208	191,058	(1,150)	327,528	1%	59%	227,560	216,533	(11,027)
Program Promotion	29,149	49,544	20,394	84,932	-41%	34%	40,321	48,284	7,963
Professional Development	14,447	50,249	35,802	86,141	-71%	17%	15,591	44,042	28,451
Facilities Expenses	755,135	645,395	(109,740)	1,106,391	17%	68%	733,037	610,380	(122,657)
Fees & Insurance	290,996	272,175	(18,821)	332,300	7%	88%	256,511	233,925	(22,586)
Debt Management	266,829	266,829	0	457,421	0%	58%	269,682	268,858	(824)
Recoveries	(6,750)	(15,750)	(9,000)	(27,000)	-57%	25%	(70,113)	(58,018)	12,095
	$ 10,219,739	$ 10,923,182	$ 703,443	$ 18,639,166	**-6%**	**55%**	$ 10,498,191	$ 10,169,252	$ (328,939)

Notes to Financial Statements – July 2022

Reporting Period

The July 2022 financial reports include seven months of financial results for Public Health. All other non-funded public health programs are reporting four months of results from operations year ending March 31, 2023.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

APH received the 2022 Amending Agreement from the province identifying the approved funding from the province for 2022 for public health. The Ministry of Health has approved one-time funding to support approximately 65% of estimated eligible COVID-19 extraordinary costs at this time for the 2022 calendar year (currently allocated $2.2M versus our original ask of $3.4M). Details regarding further allocations of one time funding to support ongoing response to the COVID 19 pandemic will be determined by review of in-year financial reports of detailed spending and forecasted needs. Management took the conservative approach and adjusted the 2022 budget to reflect the change in approved funding. Approved funding allocations has resulted in a reduction to the overall 2022 public health calendar budget of $988K.

As of July 30, 2022, Public Health calendar programs are reporting a $599K positive variance driven by a $703K positive variance in expenditures and a $104K negative variance in revenues.

Public Health Revenue (see page 2)

Overall, our Public Health revenues are on budget for 2022 (within 1% of budget year to date). YTD we have received funding payments totaling $1.3M for our COVID programs versus total annual approval of $2.2M. The province has confirmed that one time extraordinary cost reimbursement for the COVID 19 programs will continue through 2022, with approval and on-going funding to be based off of our Annual Service Plan and quarterly submissions to the province. Our second quarter submission to the Ministry was submitted on July 31, 2022.

Mitigation funding from the province will continue for the 2022-2023 fiscal year.

Fiscal funding has been approved totaling $2.2M for one time projects and initiatives. This includes $191,700 to support the Temporary Retention Incentive for Nurses for the 2022-23 fiscal year. This funding will support the second installment of two bonus payments due to eligible nurses which will occur in September 2022.

No funding has been approved to date for COVID Recovery initiatives ($650K was requested for 2022).

The COVID-19: School-Focused Nurses Initiative has been extended to December 31, 2022.

Notes Continued…

Public Health Expenses (see page 3)

Salary, Wages & Benefits
There is a $588K positive variance associated with Salary, Wages & Benefits driven by ongoing position vacancies. Recruitment efforts are ongoing.

Travel
There is a $40K positive variance associated with Travel expenses. This is a result of APH employees continuing to work virtually as opposed to travelling throughout the district or attending meetings outside of the district. We expect to start to see this gap close as staff begin travelling throughout the district again in the summer months and throughout the remainder of the year.

Programs
There is a $159K positive variance associated with Programs. This is largely driven by our continued focus on COVID 19 programs and recovery which has prevented us from concentrating on our regular mandatory programming and getting these programs back to operating a regular capacity. We expect to see this gap start to close as regular mandatory programming continues to resume. Also contributing to the variance in program expenses is the fact that we have not required support from our community partners for COVID immunizations in near the capacity we expected to year to date.

Professional Development
There is a $36K positive variance for Professional Development. At this time there has been limited spending for professional development, as staff availability is extremely tight and there are limited opportunities for professional development at this time.

Facilities Expense
There is a $110K negative variance associated with facilities expenses which is driven by increased security requirements associated with COVID 19 response and needs year to date. Needs for increased security continues to be regularly assessed as we enter into the recovery phase of the COVID 19 pandemic. Also noteable that the general rates for security services district wide have drastically increased over the course of the pandemic due to lack of supply/availability and, in some case, the need for guards to travel in order to attend posts.

COVID-19 Expenses

COVID-19 Response
This program includes case and contact management as well as supporting the information phone lines. July YTD expenses were $1,762K. 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. July YTD expenses were $833K.

Notes Continued…

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of July 31, 2022. Cash includes $1.40M in short-term investments.

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

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of July 2022	July 2022	December 2021
Assets		
Current		
Cash & Investments	$ 6,582,811	$ 5,969,759
Accounts Receivable	346,721	623,372
Receivable from Municipalities	164,521	35,481
Receivable from Province of Ontario		
Subtotal Current Assets	7,094,053	6,628,612
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,083,591	1,838,503
Payable to Gov't of Ont/Municipalities	432,349	1,414,828
Deferred Revenue	321,408	550,066
Employee Future Benefit Obligations	2,829,539	2,829,539
Term Loan	4,089,091	4,089,091
Subtotal Current Liabilities	8,755,978	10,722,027
Net Debt	(1,661,925)	(4,093,414)
Non-Financial Assets:		
Building	22,934,750	22,934,750
Furniture & Fixtures	2,026,666	2,026,666
Leasehold Improvements	1,583,166	1,583,166
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	-11,879,577	-11,879,577
Subtotal Non-Financial Assets	17,957,225	17,957,225
Accumulated Surplus	16,295,299	13,863,810

Governance Committee Meeting

September 13, 2022

Attendees In Person:
Deborah Graystone - Chair
Sally Hagman
Musa Onyuna

Regrets:
Brent Rankin
Lee Mason

APHU Members In Person:
Dr. John Tuinema – Acting Medical Officer of Health and CEO
Antoinette Tomie – Director of Corporate Services
Laurie Zeppa – Director of Health Promotion and Prevention
Tania Caputo – Secretary to the Board of Health
Tania Storozuk – Executive Assistant

Minutes for Governance Meeting of March 8, 2022 and May 11, 2022 were approved.

A briefing note was present regarding an Annual General meeting for the Board of Health at which By-Laws and annual review of organizational accomplishments and goals and strategies would be reviewed and discussed. It was decided to review this topic at the upcoming Board Orientation on September 20, 2022.

Policy #02-05-001 - Composition and Accountability of the Board of Directors - There is a small difference in one aspect of the HPPA and our policy. After ministry consultation it appears that this wording of the regulation has been in place for decades. The committee decided to leave the language as noted as is in the policy. This policy was approved with no amendments.

Policy #02-05-085 was deferred to the November Governance meeting.

Policy #02-05-015 - Conflict of Interest was reviewed and approved with amendments.

Policy #02-05-025 Board Member remuneration was reviewed. Clarification of reasons for payment were discussed. Remuneration will ensue with clarification of attendance at each meeting. Policy was approved with amendments.

Policy #02-05-035 - Continuing Education for Board Members was reviewed and approved with no amendments.

Policy #02-05-060 – Meetings and access to Information; collaboration of Medical Officer of Health and Board Chair regarding preparation of agenda were discussed. Clarification will be made at our orientation session. Information of meetings regarding those in regular meetings and those in-camera were discussed. Amendments were made and the policy was approved with those amendments.

Policy #02-05-086 – was deferred to November Governance meeting.

By-Law #06-02 Ontario Building Code Appointments was approved with amendments. Clarification will ensue regarding Correlation with the Ontario Building Code Act and the process regarding information relayed to the Board.

By-Law #15-01 To Provide for the Management of Property was deferred to the November Governance meeting.

Risk Management Model 2022-2023 was discussed in-camera and the model was approved in open meeting.

Briefing Note for Consideration of Annual General Meeting

Purpose:
To evaluate the option of holding an Annual General Meeting to make important decisions regarding the organization.

Rationale: Current Practice involves no annual general meeting.

Business at Annual General Meeting:

- reviewing strategic plan and goals
- elections of directors/officers
- evaluating the executive director's performance
- appointing auditors for ensuing year
- reading of auditors report
- reviewing and approving the organization's **audited financial statements** and setting the budget
- evaluating program achievements
- evaluation board performance
- setting goals for the upcoming year
- review/amend/approve by-laws
- to give the overall status of the organisation by the chair of the board
- honouring the service of retiring members
- recognizing the contribution of volunteer associations/person
- presentation of awards to staff

APPROVED BY:	Board of Health	**REFERENCE:**	02-05-001
DATE:	Original: May 4, 1995 Reviewed: Nov 20, 2019 Revised: May 27, 2020 Revised: Mar 24, 2021 Reviewed: Sep 2022	**SECTION:** **SUBJECT:**	Policies Composition and Accountability of the Board of Directors

KNOWLEDGE:

The Board of Health for the District of Algoma Health Unit is the governing body of Algoma Public Health and is established by the provincial public health legislation, the Health Protection and Promotion Act, RSO 1990, (HPPA) and regulations.

Boards of Health are the governing bodies and policy makers of public health units. Boards of Health monitor all operations within their health unit and are accountable to the community and to the Ministry of Health.

All Boards of Health have a legislated duty to ensure that the public health programs and services required by the HPPA are provided to people who live in the health unit jurisdiction. Public health programs and services are intended to prevent the spread of disease and to promote and protect health.

The Ontario Public Health Standards: Requirements for Programs, Services and Accountability or its most current revision, published by the Ministry of Health, set out the minimum requirements for fundamental public health programs and services for boards of health.

Section 1 of Regulation 559 to the HPPA states that the Board of Health for the District of Algoma Health Unit shall have eight municipal members. Section 49 (3) of the HPPA states that the Lieutenant Governor in Council *may* appoint one or more persons as members of a board of health, but the number of members so appointed shall be less than the number of municipal members of the Board of Health. Therefore the maximum size of the Board **may be 15 members** (8 municipal members + 7 provincial members).

The distribution of board membership for the Board of Health for the District of Algoma Unit is as follows:

Zero (0) to Seven (7) Members:	appointed by the Lieutenant Governor to represent the Province of Ontario (currently 3 provincial members);
Three (3) Members:	appointed by the Council to represent the City of Sault Ste. Marie;
One (1) Member:	appointed by the Municipal Councils representing the Municipality of Wawa, Township of White River and Dubreuilville;
One (1) Member:	appointed by the Municipal Councils representing the Town of Blind River and the Townships of North Shore and Shedden;
One (1) Member:	appointed by the Municipal Councils representing the Town of Thessalon and Municipality of Huron Shores.

One (1) Member:	appointed by the Municipal Councils representing the Town of Bruce Mines, Village of Hilton Beach and the Townships of Hilton, Jocelyn, Johnson, Laird, Macdonald, Meredith and Aberdeen Additional, Plummer Additional, Prince, St. Joseph and Tarbutt and Tarbutt Additional;
One (1) Member:	appointed by the Municipal Council representing Elliot Lake.
Maximum membership:	Fifteen (15) members

The appointment of members of municipal council(s) shall be for the term of the council(s).Council(s) may have internal policies that further refine this term of appointment.

Provincial appointees are for a three year term that may be renewed.

It is the accountability of the Chair of the Board of Health to communicate vacancies, resignations or changes to the Board when they occur.

Note: The City of Sault Ste. Marie has an internal policy that appointments of members by the municipal council representing the City of Sault Ste. Marie are for a two year term but may end sooner with the ending of the term of office of the council.

BOARD MEMBER PROFILE MATRIX

(15 member Board – 8 Municipal Members and 7 Provincial Members)

SKILL / EXPERIENCE	DESCRIPTION	NUMBER OF DIRECTORS REQUIRING SKILL
Core Skills		
Analytical and Critical Thinking	• The ability to think analytically and critically, to evaluate different options, proposals and arguments and make sound independent decisions.	All
Inter-personal Communications	• The ability to effectively communicate their ideas, positions, and perspective to their peers, as well as understand the ideas, position, and perspective of their peers and facilitate resolutions of differences in the common interest.	All
Creative and Strategic Vision/Planning	• The ability to envision and define future goals and objectives that provide improved benefits for the groups and individuals on whose behalf the organization acts. (For example, experience with strategic planning, performance measurement, business planning, etc.)	All
Understanding of the board's governance role	• Understanding of the appropriate roles, group processes, protocols and policies that form the systems of board governance, including those related to the legal (fiduciary) obligations of directors and a requirement to work in the best interests of the APH and those it serves. • Demonstrated judgment and integrity in an oversight role. • Experience serving on a board of directors or governance committee and/or senior level experience working with other strategic or policy boards preferred. • Determination to act in one's own independent deliberative judgment with confidence and persistence in order to ask appropriate, relevant and necessary questions.	All
Financial Literacy	• Able to read and have a layman's understanding of financial statements, including budgets, income statements, balance sheets and cash flow projections.	All
Community Knowledge	• Knowledge of the community (fabric; particular needs) and more broadly, knowledge of the needs of the Algoma District at large.	
Commitment to Mandate	• Demonstrates a strong understanding and commitment to the organization's mandate, including an awareness and commitment to working in the best interests of APH and those it serves to protect public health.	All

Specific expertise with the 15 member Board (one or more)		
Financial	• Expertise and experience (preferably with a designation) in financial accounting and reporting and corporate finance. • Comprehensive knowledge of internal financial controls, financial operational planning and management in an organization that includes expertise in auditing, evaluating and analyzing financial statements. • Knowledge of best practices in procurement and contract management an advantage.	1 or more
Communications / Public Relations Practices	• Expertise and experience (preferably with a designation) with the planning, design, implementation and evaluation of strategic communications, and/or stakeholder relations initiatives.	1 or more
Risk Management	• Expertise and experience or consulting in analyzing exposure to risk in the private, public or not-for-profit sector and successfully determining appropriate measures to manage such exposure.	1 or more
Education	• Expertise and experience in the education sector, particularly, as it relates to subjects of relevance to public health programs and services.	1 or more
Legal	• Expertise and experience in the law (preferably with a designation), particularly, as it relates to subjects of relevance to public health programs and services.	1 or more
Health Service Delivery	• Expertise and experience in one or more aspects of health service delivery. Knowledge and/or experience in aspects of public health service delivery an advantage.	1 or more
Human Resources	• Expertise and experience in human resources (preferably with a designation) particularly in the areas of compensation, labour relations, change management, organizational development and leadership.	1 or more
Information Management / Information Technology	• Expertise and experience in IT/IM, particularly as it relates to systems and policies for data security and protecting privacy.	1 or more
OTHER REPRESENTATION CONSIDERATIONS		
Other	• As much as possible, given the limitations of the current legislated appointment process, the board will aspire to support a Board of Health membership that represents the diversity of the communities it serves.	

APPROVED BY:	Board of Health	**REFERENCE #:**	02-05-015
DATE:	Original: Jan 18, 1995 Revised: Jan 24, 2018 Revised: Jun 24, 2020 Revised: Sep 23, 2020 Revised: Sep 2022	**SECTION:** **SUBJECT:**	Policies Conflict of Interest

POLICY:

Each member of the Board of Health has an obligation to avoid ethical, legal, financial or other conflicts of interest and to ensure that their activities and interests do not conflict with their obligations to the Board of Health of the Algoma District Health Unit (operating as Algoma Public Health) or its welfare.

It is the responsibility of the individual to disclose any conflicts of interest to the meeting.

If there is any doubt as to a perception of conflict, the member shall discuss with the Chair and/or Board of Health for direction.

A Board member should not use information that is not public knowledge, obtained as a result of their appointment, for personal benefit.

No Board member should divulge confidential information obtained as a result of their appointment unless legally required to do so.

A Board member shall remove oneself from the Board of Health if employment at APH is being sought.

The purpose of the Conflict of Interest Policy is to:

i) Assist individual Board members in determining when their participation in a Board decision/discussion has the potential to be used for personal or private benefit, financial or otherwise;

ii) Protect the integrity of the Board as a whole and its members by following the conflict of Interest Policy and Procedures.

Definitions:

A conflict of interest situation arises where a member either on their own behalf or while acting for, by, with or through another, has any direct or indirect non-pecuniary or pecuniary interest in any contract or transaction with the Board or in any contract or transaction that is reasonably likely to be affected by a decision of the Board. Where the Board member or their close relative or friend or affiliated entity uses the Board member's position with APH to advance their personal or financial interests.

Actual conflict of interest: A situation where a Board member has a private or personal interest that is sufficiently connected to their duties and responsibilities as a Board member that it influences the exercise of these duties and responsibilities. A narrow legal conflict of interest exists when the individual or immediate family member stands to gain or lose money personally because of a decision before the

Algoma Public Health Unit – e.g. self or immediate family member being considered for employment or contract for services;

Perceived conflict of interest: A situation where reasonably well-informed persons could have a reasonable belief that a Board member may have an actual conflict even where that is not the case, in fact. When someone looking in from the outside perceives that an individual used their influence to get Algoma Public Health Unit to make a decision that favoured someone or a group with whom the Board member has affinity – e.g. a contract being awarded to a neighbour, someone they went to school with, or their local community

"Pecuniary Interest" includes any matter in which the member has a financial interest or in which the financial interests of the member may be affected and save and except for interests which the member may have which is an interest in common with electors generally or their honorarium arising from membership on the Board or as a user of services of the Board in like manner and subject to the like conditions as are applicable to persons who are not members.

Indirect pecuniary interest: A member has an indirect pecuniary interest in any matter in which the council or local Board, as the case may be, is concerned, if;

(a) the member or their nominee,

~~(i) is a shareholder in, or a director or senior officer of, a corporation that does not offer its securities to the public,~~

(i) has a controlling interest in or is a director or senior officer of, a corporation that offers its securities to the public, or

(ii) is a member of a body, that has a pecuniary interest in the matter; or

(iii) is one step removed from the individual where there is a financial gain, e.g Director/Officer is an officer or executive of a potential supplier or landlord to of a charity where the Algoma Public Health Unit is a major donor

(b) the member is a partner of a person or is in the employment of a person or body that has a pecuniary interest in the matter.

PROCEDURE:

1) At the beginning of every Board/Committee meeting, the Chair shall ask and have recorded in the minutes whether any Board member has a conflict to declare in respect to any agenda item.

2) If a Board member believes that they have an actual or perceived conflict of interest in a particular matter, they shall;

a) disclose the interest and the general nature thereof, prior to any consideration of the matter at the meeting.

b) not take part in the discussion of, or vote on any question in respect of the matter.

c) not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence other councillors or committee members or the decision relating to that matter.

d) leave the meeting or the part of the meeting during which the matter is under consideration if the meeting is not open to the public.

3) Where the interest of a member has not been disclosed as required by subsection (2) by reason of the member's absence from the meeting referred to therein, the member shall disclose the interest and otherwise comply with subsection (2) at the first meeting of the Board attended by the member after the meeting referred to in subsection (2).

4) At a meeting at which a member discloses an interest under section (2) or as soon as possible afterwards, the member shall file a written statement of the interest and its general nature to the Chair of the Board or affected committee.

5) Where a member, either on their own behalf or while acting for, by, with or through another, has any pecuniary interest, direct or indirect, in any matter that is being considered by the Board, shall not use their position in any way to attempt to influence any decision or recommendation that results from consideration of the matter.

6) Where a Board or committee member believes that another member has a conflict of interest that has not been declared despite any appropriate informal communications, the first member shall advise an appropriate person such as the Chair of the Board or affected committee.

7) Where a Board or committee member believes that another Board or committee member has acted in or is in an ongoing conflict of interest, they shall advise in writing an appropriate person such as Chair of the Board or affected committee.

8) In situations where a Board member declares **a perceived conflict of interest,** the Board will determine by majority vote whether the member(s) participate in the discussion and vote on the item. The minutes should reflect the discussion and the Board decision on the matter. Alternately the Board member may decide on their own accord to not participate in the discussion and to not vote on the agenda item in question.

9) Prior to seeking employment with programs administered by the Board, the member shall provide a letter of resignation; however, the member may seek re-appointment if not successful in the job competition.

10) Where a conflict of interest is discovered during or after consideration of a matter, it is to be declared to the Board at the earliest opportunity and recorded in the minutes.

11) If the Board determines that the involvement of the member declaring the conflict influenced the decision on the matter, the Board shall re-examine the matter and may rescind, vary, or confirm its decision. Any action taken by the Board shall be recorded in the minutes.

12) Where there has been a failure on the part of a Board member to comply with this policy unless the failure is the result of a bona fide error in judgement as determined by the Board; the Board shall request that the Chair;

a) Issue a verbal reprimand; or

b) issue a written reprimand; or

c) request that the Board member resign or seek dismissal of the Board member based on regulations relevant as to how the Board member was appointed.

APPROVED BY:	Board of Health	**REFERENCE #:**	02-05-025
DATE:	Original: Mar 20, 2002 Revised: Nov 25, 2015 Revised: Nov 28, 2018 Revised: Nov 13, 2019 Reviewed: Sep 22, 2021 Revised: Sep 2022	**SECTION:** **SUBJECT:**	Policies Board Member Remuneration/ Expenses for Attendance at Meetings and Conferences

POLICY:

Remuneration for Attendance at Board of Health and Committee Meetings

1) Board members' attendance at meetings is verified by the attendance taken at the meeting and confirmed by the chair. Accurate attendance is also recorded in the minutes.

2) Payment of remuneration is issued to Board members as soon as possible after the verification of attendance by the chair of the Board/Committee.~~on a monthly basis.~~

3) ~~Daily remuneration as approved by the Board of Health and i~~In accordance with *Part VI of the Health and Protection and Promotion Act,(HPPA) Section 49,* (4) "A board of health shall pay remuneration to each member of the board of health on a daily basis and all members shall be paid at the same rate. R.S.O. 1990, c. H.7, s. 49 (4)."

4) In accordance with the HPPA Section 49 (6) "The rate of the remuneration paid by a board of health to a member of standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.0. 1990, c. H.7, s. 49 (6)"

5) In accordance to HPPA Section 49 (11) "Subsections (4) and (5) do not authorize payment of remuneration or expenses to a member of a board of health, other than the chair, who is a member of the council of a municipality and is paid annual remuneration or expenses, as the case requires, by the municipality. R.S.O. 1990, c. H.7, s. 49 (11)" ~~is paid to those Board members who are not a member of the council of a municipality, OR are a member of the council of a municipality and are not paid annual remuneration by any municipality,~~

~~3)~~6) Adhering to the above mentioned sections of the HPPA, remuneration is paid for the following authorized activities:
   a) Attendance at regular and/or special Board of Health meetings, including teleconferenced meetings.
   b) Attendance at Standing Board Committee meetings, including teleconferenced meetings.
   c) Attendance at the health unit at the request of the MOH or designate to fulfill duties related to the responsibilities of the Chair.

7) The Chair of the Board shall receive extra remuneration as described in this policy for the performance of additional duties associated with the position of board chair.

~~4)~~8) Payment of remuneration will be identified as to which function is being reimbursed ~~on the payment form~~ when provided to the Board member.

Remuneration for Attendance at Board of Health Functions

Remuneration at Board of Health functions applies only to those Board members who normally receive a daily meeting rate from the Board of Health.

The categories of official Board of Health functions to which the daily remuneration rate will apply are as follows:

a) Attendance as a voting delegate to any annual or general meeting of alPHa;
b) Attendance as the official representative of the Board of Health at a local or provincial conference, briefing or orientation session, information session, or planning activity, with an expectation that a written report will be tabled with the Board.

For example:

- a briefing session with the Minister of Health or the Public Health Branch on a public health issue;
- attendance at a local workshop, information session or Task Force on a Board-related issue such as Long Term Care Reform;
- an alPHa-sponsored committee, task force, workshop, etc., at which Board attendance is specifically requested and which is not recompensed from other sources;
- others at the discretion of the Chair, subject to ratification by the Board.

c) This rate does not apply to any workshop, seminar, conference, public relations event, APH program event or celebration, which is voluntary and does not specifically require official Board representation.

The Board member remuneration, as described below will be effective each January. The remuneration may be increased each year by resolution and vote of the Board, and the increase will be no greater than the % change in the consumer price index for the previous year as determined by Statistics Canada.

Attendance at Board and Committee Meetings (in person or electronically)	$110	meeting 4 hours or less
Attendance as above (including travel time)	$150	meeting and travel time greater than 4 hours
Attendance at Conferences	$180	per day
Additional duties of Board Chair		Apply the appropriate meeting rate for any required attendance at the request of the MOH

Expenses

1) Are recognized for attendance at Board of Health meetings and functions for which remuneration would apply in accordance with HPPA Section 49 (5) "A board of health shall pay the reasonable and actual expenses of each member of the board of health. R.S.0. 1990, c. H.7, s. 49 (3)".

2) Are not recognized for Board members other than the Chair who are members of the council of a municipality and are paid expenses by the municipality in accordance to HPPA Section 49 (11) as identified in this policy. .

3) The rate of reimbursement for the use of a personal automobile is the kilometre rate as per the current Travel Policy 02-05-20.

4) Travel Expense Claim Form is used to claim:
   a) kilometers travelled for attendance at Board functions (conferences, conventions or workshops).
   b) reasonable and actual expenses incurred respecting transportation (air, car, train, bus), accommodation, mealsfood, parking, taxis, and registration fees. Receipts are required. Refer to Travel Policy 02-05-20.

5) Once submitted, Board/MOH Expenses are to be approved as follows:
   a) The Board of Health Chair expenses: will be approved by the Chair of the Finance and Audit Committee.
   b) Board member expenses will be approved by the Board of Health Chair or delegate.
   c) MOH and/or CEO expenses will be approved by the Board of Health Chair or delegate.

Eligible expenses are reimbursed for Board members only.

APPROVED BY:	Board of Health	**REFERENCE #:**	02-05-035
DATE:	Original: Jan 20, 2010 Revised: May 25, 2016 Revised: Nov 28, 2018 Reviewed: Sep 23, 2020 Reviewed: Sep 2022	**SECTION:** **SUBJECT:**	Policies Continuing Education for Board Members

POLICY:

Algoma Public Health encourages and supports Board Members to attend and participate in training, workshops, seminars, meetings, and conferences related to public health and governance issues.

The Medical Officer of Health / Chief Executive Officer shall bring programs, seminars or conferences relevant to the work of the Board to the attention of the Board. Board members may also identify learning and development opportunities designed to enhance their competence and knowledge throughout their mandate. These may include seminars or workshops sponsored by other community service groups or those sponsored by health associations or government departments.

Board members shall receive approval by the Chair of the Board to attend as a representative of the board and to receive financial support for expenses and remuneration. The Chair of the Board shall receive approval from First Chair. If they are not available, then the Second Chair will give approval. The member shall submit a brief written report to the Board highlighting the information/knowledge/skills presented.

Board Members, approved by the Board Chair for a professional development activity, shall be reimbursed for all expenses incurred as per policy 02-05-025 Board Member Remuneration.

APPROVED BY:	Board of Health	**REFERENCE #:**	02-05-060
DATE:	Original: Oct 28, 2015 Revised: Mar 28, 2018 Reviewed: Jun 24, 2020 Revised: Sep 2022	**SECTION:** **SUBJECT:**	Policies Meetings and Access to Information

PREAMBLE:

As reflected in the Algoma Public Health Strategic Plan the Board of Health strongly supports the principles of accountability and transparency. This policy regarding Meetings and Access to Information instructs the Board and informs the public as to:

i) how meetings of the Board will be held
ii) how the public can access information from Board meetings
iii) how information from Board meetings will be disseminated
iv) the terms under which a meeting or part of a meeting may be closed to the public in accordance with Section 239 of the *Municipal Act.*

POLICY:

Board of Health meetings are open to the public and the Board will conduct its meetings subject to Section 239 of the Municipal Act.

The Chair of the Board of Health in collaboration with the Medical Officer of Health/CEO will prepare an agenda for each regular and special Board of Health meeting for distribution to the members of the Board of Health.
The Chair of each Committee in collaboration with the Medical Officer of Health/CEO will prepare an agenda for each Committee meeting.

The Medical Officer of Health/CEO or designate will provide briefing notes that outline an issue, recommended course of action, alternative courses of action, background and analysis, and financial implications on matters for which the Board of Health will be required to make a decision.

At each Board of Health regular meeting, the Medical Officer of Health/Executive Officer or designate may provide the following information:

- Minutes from the previous Board of Health meeting
- Report of the Medical Officer of Health to address key issues since the last report that may include:
  - Updates on the implementation of public health programs and services
  - Updates on emerging provincial public health issues
  - Updates on community based public health issues or actions
  - Descriptions of new or ongoing corporate initiatives
  - Information on policy and procedure issues
  - Target Indicators
  - Biannual updates on progress related to the Strategic Plan
  - Other information items of relevance to the Board of Health.

Minutes of Board of Health, Finance Committee and Governance Committee meetings will be posted on Algoma Public Health's Website and emailed to each municipal clerk in Algoma Public Health's catchment area with the exception of the in-committee minutes.

Copies of Board records in the possession or under the control of the Secretary to the Board may also be made available to members of the public and shall be processed in accordance with the General Administrative Manual (GAM) policy for information requests.

Municipal Freedom of Information and Protection of Privacy Act does not apply to a record of a meeting closed under subsection (3.1). 2006, c. 32, Sched. A, s. 103 (3) of the *Municipal Act*.

In the event that the APH receives a complaint relating to a closed Board of Health meeting, APH will utilize the services of the Ombudsman Ontario as the investigator when required in accordance with s.239 of the *Municipal Act*. (reference 03-08).

The Secretary to the Board of Health will ensure that members of the media covering Board meetings have access to relevant information.

In accordance with Section 239 of the *Municipal Act,* which also applies to local boards or committees of local boards, a meeting or part of a meeting may be **closed** to the public if the subject matter being considered is:

- the security of the property of the municipality or local board;
- personal matters about an identifiable individual, including municipal or local board employees;
- a proposed or pending acquisition or disposition of land by the municipality or local board;
- labour relations or employee negotiations;
- litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- a matter in respect of which a Council, board, committee or other body may hold a closed meeting under another Act;
- information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- a trade secret or scientific, technical, commercial or financial information that belongs to the municipal local board and has monetary value or potential monetary value; or
- a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.
- A meeting is held for the purpose of educating or training the members and at the meeting, no member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the council, local board or committee.
  2006, c. 32, Sched. A, s. 103 (1).

- Biannual updates related to the Accountability Agreement Performance

A meeting shall be closed to the public if the subject matter relates to the consideration of a request under the *Municipal Freedom of Information and Protection of Privacy Act* if the council, board, commission or other body is the head of an institution for the purposes of that Act.
(1990, c. 25, s. 239 (3))

Before holding a meeting or part of a meeting that is to be closed to the public, a municipality or local board or committee of either of them shall state by resolution,

(a) the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting; or

(b) in the case of education or training sessions, the fact of the holding of the closed meeting, the general nature of its subject-matter and that it is to be closed under article 239 subsection 3.1 of the *Municipal Act.*

Algoma PUBLIC HEALTH Santé publique Algoma

Briefing Note

To: Algoma Public Health Board of Health
From: Dr. John Tuinema, Acting Medical Officer of Health
Date: Sept 12, 2022
Re: **Revision to *By-Law 06 -02 Ontario Building Code Appointments***

☒ For Information ☐ For Discussion ☒ For a Decision

PURPOSE

To include within the Board of Health *By – law 06-02 Assignment Building Code Officer*:

- Appointed inspectors, appointed by the Chief Building Official as per section 3.2 (2) of the Ontario Building Code (OBC) Act[1] ; and
- The ability of the Manager of Environmental Health to temporarily assign the Chief Building Official (CBO) role to an appointed OBC trained inspector with CBO designation to ensure role continuity.

BACKGROUND

Algoma Public Health (APH) is the overseeing body for inspection and enforcement of the Ontario Building Code (OBC) Part 8- Septic Systems (land control) program in the Algoma District.

Inclusion of Appointed Inspectors

As per section 3.1 (2) of the Ontario Building Code Act[1], appointed inspectors are to be included in the by-law.

Temporary Assignment of a Chief Building Officer

Within By-Law-06-02, as currently written, the CBO role is assigned to the Manager of the Environmental Health. It is intended that the Manager of Environmental Health act as the CBO.

However, in the interim of a manager acquiring necessary qualifications or absence of a qualified manager, an update to the by-law is required to permit the manager to temporarily assign the CBO role to a OBC trained inspector with CBO designation (Temporary Acting CBO) to ensure role continuity.

An OBC trained staff with CBO qualifications can be assigned to any staff member who has successfully completed both the Part 8 OBC On-Site Sewage Systems training course and the General Legal Process and Powers and Duties course and examinations.

The Ontario Building Code Act[1], 1992, S.O. 1992, c.23 outlines the role of the chief building official as follows:

1(6) It is the role of a chief building official,

- *to establish operational policies for the enforcement of this Act and the building code within the applicable jurisdiction;*

- *to co-ordinate and oversee the enforcement of this Act and the building code within the applicable jurisdiction;*
- *to exercise powers and perform the other duties assigned to him or her under this Act and the building code; and*
- *to exercise powers and perform duties in an independent manner and in accordance with the standards established by the applicable code of conduct. 2002, c. 9, s. 3; 2017, c. 34, Sched. 2, s. 2 (2).*

In the event the CBO is absent for duty the BOH may appoint a temporary designate in their place as per Ontario Building Code Act, 1992, S.O. 1992 c. 23;

Powers

3.1 (3) A sewage system inspector appointed under this section in an area of jurisdiction or, if there is more than one inspector in the area of jurisdiction, the inspector designated by the board of health, planning board or conservation authority has the same powers and duties in relation to sewage systems as does the chief building official in respect of buildings. 1997, c. 30, Sched. B, s. 3; 1999, c. 12, Sched. M, s. 2 (3).

Therefore, as written, these roles and powers can be appointed by the Manager of Environmental Health to a Temporary Acting CBO (alternate) that possesses the required training and designation.

RECOMMENDATIONS

That the Board of Health revise and approve *By – law 06-02 Assignment Building Code Officer* to include:

- Appointed inspectors, appointed by the Chief Building Official as per section 3.2 (2) of the Ontario Building Code (OBC) Act2 ; and
- The ability of the Manager of Environmental Health to temporarily assign the Chief Building Official (CBO) role to an OBC trained inspector with CBO designation to ensure role continuity.

REFERENCES

1. Government of Ontario. (2020). Ontario Building Code Act- Last Amended.

APPROVED BY:	Board of Health	**BY-LAW #:**	06-02
DATE:	Original: Apr 19, 2006 Revised: Feb 18, 2015 Revised: May 23, 2018 Reviewed: Jun 24, 2020 Revised: Sep, 2022	**SECTION:** **SUBJECT:**	Bylaws Ontario Building Code Appointments

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Being a By-law of the Board of Health of Algoma Public Health to appoint a Chief Building Official and Inspectors for the purposes of the enforcement of the Ontario Building Code Act respecting sewage systems.

WHEREAS the Building Code Act, S.O. 1992, Chapter 23, provides that a Board of Health appoints a Chief Building Official and such Inspectors as are necessary for the purpose of enforcement of the Act;

AND WHEREAS the Board of Health of Algoma Public Health deems it desirable to appoint a Chief Building Official and Inspectors for the enforcement of the Building Code Act for the purposes of sewage systems, in the jurisdiction of Algoma Public Health;

AND WHEREAS the Building Code Act, S.O. 1992, Chapter 23, Section 7.1. requires the establishment and the enforcement of a code of conduct for the Chief Building Officials and Inspectors;

NOW THEREFORE THE BOARD OF HEALTH OF ALGOMA PUBLIC HEALTH HEREBY ENACTS AS FOLLOWS:

1. (a) (The Manager of Environmental Health) shall be appointed as the Chief Building Official (CBO).~~,~~

   (b) In the absence of the CBO, at the manager level, an OBC trained i~~an I~~nspector ~~designated by the~~ with CBO designation shall be appointed by the Manager of Environmental Health as their ~~replacement~~ temporary alternate (Temporary Acting CBO). Any dispute arising during the absence of the CBO ~~must~~ can be heard by the Temporary Acting CBO ~~at the earliest return to work.~~.

   (c) The CBO or Temporary Acting CBO shall have all the powers and duties as set out in Section 1. 1(6) of the Act for CBO.

   (d) The CBO or Temporary Acting CBO shall meet the qualifications and registration as required in Section 3.1.2, Division C, Part 3 of the Ontario Building Code and register annually on the Ministry of Housing and Municipal Affairs Quarts website.

2. ~~The Public Health~~OBC trained i~~I~~nspector(s) that meet the qualifications and registration as required in Section 3.1.4, Division C, Part 3 of the Ontario Building Code shall be appointed as Inspectors for purposes of Part 8 under the Code.

~~3.~~ The CBO and CBO trained i~~I~~nspectors shall act in accordance with the policies and procedures governing employees at APH including the Code of Conduct.

READ AND PASSED IN OPEN MEETING THIS ~~23rd~~ 28th DAY OF ~~MAY, 2018.~~ SEPTEMBER, 2022.

~~I. Frazier~~ S. Hagman, Chair

~~S. Saccucci,~~ L. Mason, 1st Vice-Chair

Enacted and passed by the Algoma Health Unit Board on this 16th day of April 2006

Original signed by
G. Caputo, Chair
A. Northan, MOH

Revised and passed by the Algoma Public Health Board on this 17th day of March 2010
Revised and passed by the Algoma Public Health Board on this 18th day of February 2015
Revised and passed by the Algoma Public Health Board on this 28th day of June 2017
Revised and passed by the Algoma Public Health Board on this 28th day of September, 2022

July 20, 2022

Ministry of Children, Community and Social Serives
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Support for a Local Board of Health

On June 24, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from Public Health Sudbury & Districts regarding Healthy Babies Health Children funding. The following motion was passed:

Motion No: 2022-49

Moved by: Alan Barfoot **Seconded by: Luke Charbonneau**

"THAT, the Board of Health endorse the correspondence from Sudbury & Districts Public Health regarding Healthy Babies Healthy Children Funding."

Carried.

Sincerely,

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

Public Health
Santé publique
SUDBURY & DISTRICTS

June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at it's meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

> *THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.*

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

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f: 705.677.9611

Sudbury East / Sudbury-Est
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phsd.ca

This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

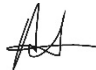
The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health

Subject: A Renewed Call for Paid Sick Leave in Ontario

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 14, 2022

Recommendations

1. That Regional Council **RECOMMEND** that the Government of Ontario extend the currently temporary three paid sick days in the *Employment Standards Act, 2000 (ESA)* set to expire July 31, 2022;
2. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day polices, and identify the supports necessary to enable increasing the number of sick days and making them permanent;
3. That Regional Council **RECOMMEND** that the Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country; and
4. That Regional Council **DIRECT** the Regional Chair to communicate the above recommendations to the Premier, relevant Members of provincial Cabinet, Niagara's Members of Provincial Parliament, Niagara's Members of Parliament, and all Ontario Boards of Health.

Key Facts

- The purpose of this report is to seek Council's support for extending beyond July 31, 2022, the currently temporary paid sick days through the *Employment Standards Act*
- Staying home when sick is one of the most effective containment strategies for infectious disease, yet a benefit currently more accessible to some workers than others.[1]

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[1] Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: https://www.decentworkandhealth.org/beforetoolate)

- The gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces[2] including COVID-19, as many lower paid employees are compelled to work while sick and infectious so as to be able to earn the income they need to live.
- In December 2021, Regional Council endorsed the recommendations in Report PHD 14-2021, expressing support for legislated paid sick days through the *Employment Standards Act.* Similar motions were also passed by Municipalities and Boards of Health across Ontario.
- In December, the Ontario Government extended the temporary three days employer paid sick time to expire on July 31, 2022.

Financial Considerations

As a corporation, Niagara Region has experienced a total cost of $943,700 (not including Payroll Related costs) for time encoded as Paid Infectious Disease Emergency Leave for the period of April 19, 2021 to April 18, 2022.

Analysis

As stated in Reports PHD 14-2021 and PHD 1-2021, access to employer paid sick leave is an important policy measure for the following reasons[1]:

- It is one of the most effective containment strategies for infectious disease;
- Workers without paid sick days are more likely to go to work sick, putting others at risk;
- Parents with paid sick days have been found to be less likely to send sick children to school, preventing outbreaks in schools;
- Workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures during outbreaks;
- Low-wage and racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness.

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[2] Drago R, Miller K. Sick at Work: infected employees in the workplace during H1N1 pandemic IWPR.org (2010). (Available from: https://iwpr.org/iwpr-general/sick-at-work-infected-employees-in-the-workplace-during-the-H1N1-pandemic/)

The Ontario government's temporary pandemic-specific paid sick days is set to expire July 31, 2022. Since the start of the pandemic there have been many calls on the Ontario government to legislate adequate paid sick days. Calls on the government include, but are not exclusive to

- Bill-7 and Bill-8 introduced to the Ontario legislature in 2021;
- Ontario's Big City Mayors made up of Mayors from 29 cities across Ontario with a population of 100,000 or more;
- The City of St. Catharines as well as other municipalities across Ontario, including both Hamilton and Toronto;
- The Association of Local Public Health Agencies (alPHa);
- The Decent Work and Health Network.

Canada lags behind other nations globally in guaranteeing workers access to adequate paid sick days for short-term illness. On December 17, 2021, the federal government amended the Canada Labour Code to provide up to 10 days of paid sick leave to all federal employees. It was also announced that the federal government will convene the provinces and territories in early 2022, to develop a national action plan to legislate paid sick leave for all workers across the country. Starting January 1, 2022, British Columbia became the first province to expand permanent, employer-paid sick days, with five paid sick days for all full-time and part-time workers.

Paid sick days would form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption from the pandemic, as well as lost productivity and absenteeism due to transmission of other infections. Moreover, paid sick days would improve health equity, supporting a Healthy and Vibrant Community.

Alternatives Reviewed

If the temporary paid sick days benefit expires on July 31, 2022, the burden of responsibility will fall to an individual to decide between staying home if they are sick, or going to work in order to get paid. Evidence indicates this results in spread of infectious disease, most pressingly COVID-19, to both customers and co-workers. However, as the pandemic continues, there will be substantial economic losses and inequitable human impacts due to infectious disease such as influenza, and COVID-19 will continue to afflict workplaces further increasing these losses and impacts.

Relationship to Council Strategic Priorities

Paid sick days will help to reduce transmission of COVID-19 and other infectious illnesses. Additionally, paid sick days will help to lessen the disproportionate impact COVID-19 is having on workers that do not have access to paid sick leave. This healthy public policy is linked to Council's Healthy and Vibrant Community strategic priority, in particular, the desire to improve health equity.

Other Pertinent Reports

PHD 14-2021 Collaborative Action to Support the Need for Permanent Paid Sick Days (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502)

PHD 01-2021 Collaborative Acton to Prevent COVID-19 Transmission and Improve Health Equity by Increasing Access to Paid Sick Days (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323)

Prepared by:
Lindsay Garofalo
Manager
Chronic Disease and Injury Prevention

Recommended by:
M. Mustafa Hirji, MD, MPH, PCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Dan Schonewille, Health Promoter, Chronic Disease and Injury Prevention and Leanne Mannell, Senior HR Business Analyst, Corporate Administration and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention.

Subject: Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Report to: Public Health & Social Services Committee

Report date: Tuesday, July 12, 2022

Recommendations

1. That the Regional Chair **BE DIRECTED** to write to the Minister of Health, the Minister of Children, Youth and Social Services, and the Minister of Finance concerning:
   1.1. the growing gap in current provincial funding for Public Health and Emergency Medical Services;
   1.2. the need for provincial funding to keep pace with costs, including inflation and service changes mandated by the province or in response to changing citizen needs;
   1.3. the importance for Public Health and Emergency Medical Services to receive stable, predictable funding to prudently budget and plan services;
   1.4. the need for all costs, including necessary indirect allocation expenses, to be eligible for reimbursement for 100% provincially-funded programs; and,
   1.5. the necessity for additional opportunities to be made available for Public Health to request additional recovery funding in order to ensure preventive health work unable to be completed during the COVID-19 pandemic can be completed expeditiously before the health of residents suffers further; and
2. That the Regional Chair's Correspondence **BE CIRCULATED** to local Members of Provincial Parliament, the Association of Municipalities of Ontario, and Ontario Board of Health.

Key Facts

- The purpose of this report is to inform Council of the funding challenges currently faced by Niagara Region Public Health and Emergency Services (NRPH&ES).
- Programs that are 100% Provincially funded have not had inflationary adjustments for many years.

- The province makes a number of necessary but “indirect” expenses ineligible for reimbursement. These expenses have forced Council to cover these costs through the Regional Levy.
- Over the past five fiscal years, the following 100% Provincially funded programs have relied on the Regional Levy to cover shortfalls in funding for inflationary costs and indirect allocation expenses:
  - Mental Health: $1,963,156
  - EMS Dispatch: $1,392,790
- The Healthy Babies Healthy Children and Infant Child Development Service programs have continued to reduce positions in order mitigate any reliance on the Regional Levy. In 2020, these programs are underfunded by the Province to the order of $201,828.
- With funding increases from the Province below the rate of inflation, NRPH&ES may increasingly need to reduce service to residents further, or rely on the Regional Levy to ensure 100% Provincially funded programs are able to continue to function.

Financial Considerations

There are no direct costs to Niagara Region associated with the recommendations of this report. Successful communication with the Provincial government may lead to increased provincial funding and reduced reliance on the Regional Levy.

Analysis

On March 21, 2017, PHSSC received MOH 01-2017: *Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health*. As outlined in MOH 01-2017, the Public Health department administers local public health programs and services under the *Health Protection & Promotion Act, R.S.O. 1990* and the attendant regulations and *Ontario Public Health Standards*. In addition, the department administers the Mental Health program and Emergency Medical Services (EMS) including EMS dispatch services.

In Ontario, Public Health is funded through provincial and municipal contributions. Most public health programs are cost-shared, though a few are 100% funded by the province. In 2019, the Province announced a reduction in the province’s share of funding, necessitating that the contribution of municipal governments would increase from 25% to 30% in 2020. In addition, several 100%-funded programs were turned into cost-shared programs, placing a new financial burden on municipal governments.

This downloading of costs occurred in the context of funding being frozen for Public Health in six of the past eight years. Public Health received a 1% increase in base budget for 2022, a welcome increase. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continues to increase with inflation estimated to be 6.8%[1].

Stable, predictable funding is imperative for the long term successful functioning of any organization. This is especially true for Public Health and Emergency Services, where the COVID-19 pandemic has added significant pressures through negative impacts on the health of the population. Predictable funding year-to-year is necessary to enable multi-year planning and thoughtful, prudent budgeting. When funding is announced mid-year, after Council has already approved the Levy Operating budget, it creates avoidable costs and complexities to amend budgets and alter services to account for changes in funding. Additionally, moving forward there is catch-up work to be completed (e.g. missed grade 7 vaccinations) to ensure the population continues to receive necessary health services, and multi-year funding plans from the province would allow a careful planning of this work.

This report focuses on funding shortfalls in Public Health, Mental Health, and Emergency Medical Services (EMS) Dispatch programs that receive 100% of their funding from the provincial government. Not all expenses are reimbursed by the province; notably some indirect allocation expenses including corporate services (e.g. human resources, information technology) are not covered by the provincial government, requiring subsidization by Region through the Levy.

The Mental Health program is 100% funded through provincial funds, allocated via Ontario Health (OH). OH provides an annual lump sump of $39,500 to cover indirect allocations; however, the expenses incurred by the Region greatly exceed this, and the Regional levy has needed to cover costs ranging from $340,942 to $462,207 over the past five fiscal years. The annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental Health budget. This has left the program in deficit. Overall, the Regional levy has covered a deficit of $1,963,156 over the past five years.

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[1] Consumer price index portal
(https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)

EMS dispatch is funded by the Ministry of Health where indirect allocations related to capital financing expenses are not eligible for funding. Other indirect allocations are funded for this program. Overall, the program is also underfunded for its operations, with a deficit of $1,241,912 over the past five fiscal years and $150,878 of that being ineligible expenses for capital financing. Partly, this deficit may reflect a change in service demand as there has been a three-fold increase in call volume with no increase in funding to increase capacity. This has led to staffing challenges relative to call volume and increased costs through additional sick time, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be impacted unless additional funding is available to increase the staffing complement in proportion to the call volume.

Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS) are both Public Health programs funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. These two programs have reduced staffing costs by $201,828, achieved through gapping from staff layoffs in 2020, to mitigate any reliance on the Regional Levy as costs have grown with inflation. The staffing reductions have also resulted in a change in service delivery model, partly necessitated by the COVID-19 pandemic, with the impacts still to be evaluated.

Moving forward, as core Public Health work resumes, efforts to catch-up on missed programming (e.g. school vaccinations, dental screening) will require additional funds to ensure the health needs of the population are met. Requests for additional funding have been made to the Ministry of Health; however, they have not been approved. This may impact the Regional Levy if further funding is not provided by the Ministry of Health,or will require some portion of our residents to lose the benefit of critical health interventions (e.g. grade 7 vaccinations).

Alternatives Reviewed

A decision could be made not to request further funding from the province. Options to ensure a balanced budget without additional provincial funding include:

1. Use the Regional Levy to cover funding shortfalls. This would put a strain on the Levy Operating budget and necessitate an increase in the levy. This is not recommended as the provincial government is responsible for adequately funding

programs it requires the Region to deliver. Such a decision would also be inconsistent with Council's budget guidance.

2. Reduce costs through staff layoffs and reduced service delivery. This is not recommended as Niagara Region Public Health may fail to meet the requirements of the Ontario Public Health Standards if this option is chosen. The health of residents in the Region will also be negatively impacted by this option through the impacts on both Public Health and Emergency Medical Services.

Relationship to Council Strategic Priorities

The recommendations from this report reinforce Council's Strategic Priority to build Healthy and Vibrant communities, and support for the community in times of crisis. Funding advocacy to the provincial government will ensure that NRPH&ES can adequately meet the health needs of the population and continue to provide services of the highest level, especially to the most vulnerable in our community.

Other Pertinent Reports

MOH 01-2017 Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health

PHD-C 3-2022 Ministry of Health Funding Adjustments

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Prepared by:
Dr. Azim Kasmani, MD, FRCPC
Associate Medical Officer of Health
Public Health and Emergency Services

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Recommended by:
M.M. Hirji, MD, MPH, FRCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

____

Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Michael Leckey and Amanda Fyfe, Program Financial Specialists.

Algoma PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

July 28, 2022

Via Email

Sylvia Jones
Deputy Premier and Minister of Health
College Park, 5th Floor
777 Bay Street Toronto, ON M7A 2J3

Dear Minister:

Please accept my congratulations on behalf of the Board of Health for Algoma Public Health on your appointment as Minister of Health for the province of Ontario. Thank you also for your tireless work, in collaboration with your predecessor, former Minister Elliott, in supporting local Public Health throughout the pandemic.

The Board of Health looks forward to your leadership in ensuring all Ontarians have equal opportunities for health. We are keen to engage in ongoing collaboration with the provincial government and municipal governments to support policy development that will have positive health and health equity outcomes.

While we face some unique public health challenges in Northern Ontario, we also have very strong community and academic engagement and are optimistic about health in the north.

Again, on behalf of the Board of Health, I wish you success in this important role, and we look forward to supporting you in your mandate.

Sincerely,

Sally Hagman
Chair, Board of Health, District of Algoma Health Unit

cc: Dr. K. Moore, Chief Medical Officer of Health Northern Boards of Health
Dr. J. Tuinema, Acting Medical Officer of Health and Chief Executive Officer

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Fax: 705-856-1752

September 7, 2022

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

The Honourable Monte McNaughton
Minister of Labour, Immigration, Training and Skills Development
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton:

Re: Support for a Local Board of Health

On August 26, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Board of Health for Niagara Region on the matter of employer-paid sick days in Ontario. The following motion was passed:

Motion No: 2022-65

Moved by: Alan Barfoot **Seconded by: Brian O'Leary**

"THAT, the Board of Health endorse the correspondence from the Board of Health for Niagara Region on the Matter of Employer-Paid Sick Days in Ontario."

Carried.

Sincerely,

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

Office of the Regional Chair | Jim Bradley
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July 19, 2022

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3

The Honourable Monte McNaughton
Minister of Labour, Immigration, Training and Skills Development
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton,

First, let me congratulate you on behalf of Niagara Region Council and all Niagara residents for your reappointments to Cabinet. We look forward to working with you over the next four years and seeing our province benefit from your sage leadership.

On behalf of Niagara Region's Board of Health, I write today to you on the matter of employer-paid sick days in Ontario. Specifically, on June 23, 2022, our Board of Health passed a motion requesting that:

1. The Government of Ontario extend the currently temporary three paid sick days in the Employment Standards Act, 2000 (ESA) set to expire July 31, 2022.
2. The Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with the recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day policies, and identify the supports necessary to enable increasing the number of sick days and making them permanent.
3. The Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country.

A copy of our Public Health Department's report (PHD 11-2022) is enclosed for reference.

Staying home when sick is one of the most effective containment strategies for infectious disease, yet it is a benefit currently more accessible to some workers than others.

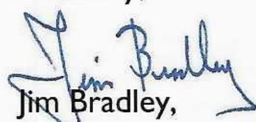
Workers without paid sick days are more likely to go to work sick, putting others at risk. Throughout the pandemic workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures

during outbreaks. Low-wage racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness[i] as well as business owners in these areas that, therefore, suffered greater disruption and loss when unable to operate due to staff illness.

Paid sick days should form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption. As well, paid sick days would reduce lost productivity and absenteeism due to transmission of other infections, which was estimated to be $16.6 billion dollars nationally by the Conference Board of Canada in 2012; no doubt it has grown since then.[ii]

Paid sick days is a good policy for us to control this pandemic sustainably, make us more resilient to future pandemics, increase productivity, and enhance health equity. We urge your government to extend the current paid sick days policy, and study enhancing it and making it permanent.

Sincerely,



Jim Bradley,
Chair, Board of Health, Niagara Region
Regional Chair, Niagara Region

Enclosure: PHD 11-2022

cc: Premier Doug Ford
Jeff Burch, MPP, Niagara Centre
Wayne Gates, MPP, Niagara Falls
Sam Oosterhoff, MPP, Niagara West
Jennifer (Jennie) Stevens, MPP, St. Catharines
Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
All Boards of Health

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[i] Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: https://www.decentworkandhealth.org/beforetoolate)
[ii] The Conference Board of Canada. Available from (https://www.conferenceboard.ca/e-Library/abstract.aspx?did=5780). Published September 23, 2013.

Subject: A Renewed Call for Paid Sick Leave in Ontario

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 14, 2022

Recommendations

1. That Regional Council **RECOMMEND** that the Government of Ontario extend the currently temporary three paid sick days in the *Employment Standards Act, 2000 (ESA)* set to expire July 31, 2022;
2. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day polices, and identify the supports necessary to enable increasing the number of sick days and making them permanent;
3. That Regional Council **RECOMMEND** that the Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country; and
4. That Regional Council **DIRECT** the Regional Chair to communicate the above recommendations to the Premier, relevant Members of provincial Cabinet, Niagara's Members of Provincial Parliament, Niagara's Members of Parliament, and all Ontario Boards of Health.

Key Facts

- The purpose of this report is to seek Council's support for extending beyond July 31, 2022, the currently temporary paid sick days through the *Employment Standards Act*
- Staying home when sick is one of the most effective containment strategies for infectious disease, yet a benefit currently more accessible to some workers than others.[1]

[1] Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: https://www.decentworkandhealth.org/beforetoolate)

- The gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces[2] including COVID-19, as many lower paid employees are compelled to work while sick and infectious so as to be able to earn the income they need to live.
- In December 2021, Regional Council endorsed the recommendations in Report PHD 14-2021, expressing support for legislated paid sick days through the *Employment Standards Act.* Similar motions were also passed by Municipalities and Boards of Health across Ontario.
- In December, the Ontario Government extended the temporary three days employer paid sick time to expire on July 31, 2022.

Financial Considerations

As a corporation, Niagara Region has experienced a total cost of $943,700 (not including Payroll Related costs) for time encoded as Paid Infectious Disease Emergency Leave for the period of April 19, 2021 to April 18, 2022.

Analysis

As stated in Reports PHD 14-2021 and PHD 1-2021, access to employer paid sick leave is an important policy measure for the following reasons[1]:

- It is one of the most effective containment strategies for infectious disease;
- Workers without paid sick days are more likely to go to work sick, putting others at risk;
- Parents with paid sick days have been found to be less likely to send sick children to school, preventing outbreaks in schools;
- Workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures during outbreaks;
- Low-wage and racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness.

---

[2] Drago R, Miller K. Sick at Work: infected employees in the workplace during H1N1 pandemic IWPR.org (2010). (Available from: https://iwpr.org/iwpr-general/sick-at-work-infected-employees-in-the-workplace-during-the-H1N1-pandemic/)

The Ontario government's temporary pandemic-specific paid sick days is set to expire July 31, 2022. Since the start of the pandemic there have been many calls on the Ontario government to legislate adequate paid sick days. Calls on the government include, but are not exclusive to

- Bill-7 and Bill-8 introduced to the Ontario legislature in 2021;
- Ontario's Big City Mayors made up of Mayors from 29 cities across Ontario with a population of 100,000 or more;
- The City of St. Catharines as well as other municipalities across Ontario, including both Hamilton and Toronto;
- The Association of Local Public Health Agencies (alPHa);
- The Decent Work and Health Network.

Canada lags behind other nations globally in guaranteeing workers access to adequate paid sick days for short-term illness. On December 17, 2021, the federal government amended the Canada Labour Code to provide up to 10 days of paid sick leave to all federal employees. It was also announced that the federal government will convene the provinces and territories in early 2022, to develop a national action plan to legislate paid sick leave for all workers across the country. Starting January 1, 2022, British Columbia became the first province to expand permanent, employer-paid sick days, with five paid sick days for all full-time and part-time workers.

Paid sick days would form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption from the pandemic, as well as lost productivity and absenteeism due to transmission of other infections. Moreover, paid sick days would improve health equity, supporting a Healthy and Vibrant Community.

Alternatives Reviewed

If the temporary paid sick days benefit expires on July 31, 2022, the burden of responsibility will fall to an individual to decide between staying home if they are sick, or going to work in order to get paid. Evidence indicates this results in spread of infectious disease, most pressingly COVID-19, to both customers and co-workers. However, as the pandemic continues, there will be substantial economic losses and inequitable human impacts due to infectious disease such as influenza, and COVID-19 will continue to afflict workplaces further increasing these losses and impacts.

Relationship to Council Strategic Priorities

Paid sick days will help to reduce transmission of COVID-19 and other infectious illnesses. Additionally, paid sick days will help to lessen the disproportionate impact COVID-19 is having on workers that do not have access to paid sick leave. This healthy public policy is linked to Council's Healthy and Vibrant Community strategic priority, in particular, the desire to improve health equity.

Other Pertinent Reports

PHD 14-2021 Collaborative Action to Support the Need for Permanent Paid Sick Days (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502)

PHD 01-2021 Collaborative Acton to Prevent COVID-19 Transmission and Improve Health Equity by Increasing Access to Paid Sick Days (https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323)

Prepared by:
Lindsay Garofalo
Manager
Chronic Disease and Injury Prevention

Recommended by:
M. Mustafa Hirji, MD, MPH, PCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Dan Schonewille, Health Promoter, Chronic Disease and Injury Prevention and Leanne Mannell, Senior HR Business Analyst, Corporate Administration and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention.

Public Health
Santé publique
SUDBURY & DISTRICTS

September 22, 2022

VIA ELECTRONIC MAIL

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

Dear Premier Ford:

Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation

At its meeting on September 15, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution # 25-22:

> *WHEREAS over the 10-year period 2012 – 2021, 2147 Ontarians had emergency visits that resulted from a drowning or submersion injury related to watercraft and 208 Ontarians died because of a drowning or submersion injury related to watercraft over the last 10 years of complete data (2006-2015); locally during the same periods 65 Sudbury & districts residents had emergency visits that resulted from a drowning or submersion injury related to watercraft and 8 died because of a drowning or submersion injury related to watercraft; and*
>
> *WHEREAS the Ontario Public Health Standards require boards of health to be aware of and use data to influence and inform the development of local healthy public policy for preventing injuries; and*
>
> *WHEREAS although there is federal legislation requiring that lifejackets or personal flotation devices (PFD) be on board vessels, there is no legislation requiring that individuals wear a lifejacket or PFD while on a pleasure boat; and*
>
> *WHEREAS legislation requiring the wearing of lifejackets and PFDs has been demonstrated in other jurisdictions to save lives;*

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phsd.ca

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly advocate for legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment;

AND FURTHER THAT a copy of this motion be submitted to the Premier of Ontario, the Minister of Health, Minister of Transportation, local members of Provincial Parliament, the Chief Medical Officer of Health, the Association of Local Public Health Agencies (alPHa), and all Ontario Boards of Health.

The Board of Health is pleased to lend its voice to the many others who are calling for this common sense solution to saving lives. We would respectfully request the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

Thank you for your attention on this important issue.

Sincerely,

René Lapierre. Chair
Board of Health

cc: All Ontario Boards of Health
Association of Local Public Health Agencies
Honourable C. Mulroney, Minister of Transportation
Honourable S. Jones, Minister of Health
Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
Marc Serré, Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing

From:	allhealthunits on behalf of Loretta Ryan
To:	"All Health Units"
Cc:	board@lists.alphaweb.org
Subject:	[allhealthunits] News Release: COVID-19 Vaccine Bookings to Open For Children Aged Six Months to Under Five Years
Date:	Thursday, July 21, 2022 10:42:36 AM

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Hello,

Please see below a news release:

Take Care,

Loretta

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
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loretta@alphaweb.org
www.alphaweb.org

From: Ontario News <newsroom@ontario.ca>
Sent: July 21, 2022 10:33 AM
To: Loretta Ryan <loretta@alphaweb.org>
Subject: COVID-19 Vaccine Bookings to Open For Children Aged Six Months to Under Five Years

Ontario Logo

NEWS RELEASE

COVID-19 Vaccine Bookings to Open For Children Aged Six Months to Under Five

Years

COVID-19 Paid Sick Days Extended to March 31, 2023

July 21, 2022
Ministry of Health

TORONTO — As of 8:00 a.m. on Thursday, July 28, 2022, parents and caregivers of children aged six months to under five years will be able to book appointments for the paediatric COVID-19 vaccine. Immunocompromised youth aged 12 to 17 will also become eligible to schedule their second booster dose (fifth dose) if at least six months have passed since their first booster (fourth dose).

“The approval of a lower dose paediatric Moderna vaccine will give families the opportunity to provide an additional layer of protection against COVID-19 for the youngest members of their families,” said Sylvia Jones, Deputy Premier and Minister of Health. “Getting vaccinated remains the best defence against COVID-19 and I encourage parents with questions to reach out to their health care provider, the Provincial Vaccine Contact Centre or the SickKids COVID-19 Vaccine Consult Service to make an informed choice for their family.”

Over the next several days, paediatric vaccines are being distributed across the province and will be available through public health unit clinics, as well as participating paediatricians, primary care providers and pharmacies. Starting July 28, appointments will be available through the COVID-19 vaccination portal and the Provincial Vaccine Contact Centre, directly through public health units using their own booking system, participating primary care providers and paediatricians, as well as at participating pharmacies and Indigenous-led vaccination clinics.

Parents and caregivers with questions are encouraged to speak with their health care provider or call the Provincial Vaccine Contact Centre at 1-833-943-3900 to speak to a health specialist or visit COVID-19 Vaccine Consult Service to book a confidential phone appointment with a SickKids Registered Nurse.

“We know that COVID-19 vaccines are safe and have helped lower the rate of infection in our communities throughout the pandemic,” said Dr. Kieran Moore, Chief Medical Officer of Health. “Although most children who get infected have no symptoms or mild symptoms, some can become very sick and require hospitalization. The vaccine offered to children aged six months to under five years is a lower dose that is safe and effective at protecting this age group from COVID-19. Even if a child has already had COVID-19, vaccination will help to further improve the

immune response and provide more robust protection. I encourage every parent and caregiver to consider getting their younger children vaccinated and protected, especially if they are immunocompromised or have other serious medical conditions."

The Ontario government is also ensuring workers do not lose pay if they miss work due to COVID-19 by extending paid sick days to March 31, 2023.

Eligible workers will continue to receive up to $200 a day for up to three days if they need to get tested, vaccinated, receive booster shots, self-isolate, or care for a family member who is ill from COVID-19. The government will continue to reimburse eligible employers for the paid leave days.

Quick Facts

- Children aged six months to under five years old will receive the paediatric Moderna COVID-19 vaccine which is a slightly modified, lower dose (half the amount given to children aged six to 11), in a two-dose series at a recommended interval of eight weeks between first and second doses.
- Parents or caregivers of children aged six months to under five years will have to provide consent on behalf of the child before or at the time of the appointment. To receive a vaccine, children must already be at least six months old.
- As of July 19, 2022, Ontario has administered more than 33 million doses of the COVID-19 vaccine, with more than 93 per cent of Ontarians aged 12 and over having received at least one dose, more than 91 per cent having received a second dose and more than 57 per cent having received a booster.
- Certain immunocompromised Ontarians are eligible for a three dose primary vaccination series and a first booster (fourth dose). Starting on July 28, immunocompromised individuals aged 12 to 17 will become eligible for their second booster (fifth dose) at a recommended interval of six months since their first booster (fourth dose). Immunocompromised individuals aged 18 and older are already eligible to receive their second booster dose (fifth dose).
- If you have questions about vaccine eligibility, please contact the Provincial Vaccine Contact Centre at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007), which is open seven days a week from 8 a.m. to 8 p.m. and capable of providing assistance in more than 300 languages.

Additional Resources

- Ontarians Aged 18+ Eligible for Second Booster Shot
- COVID-19 vaccines for children and youth
- Staying Up to Date with COVID-19 Vaccines: Recommended Doses
- Visit COVID-19 Vaccine Consult Service to book a confidential phone appointment with a SickKids Registered Nurse
- Ontario COVID-19 Worker Income Protection Benefit
- For resources in multiple languages to help local communication efforts in responding to COVID-19, visit Ontario's COVID-19 communication resources webpage.
- Visit Ontario's website to learn more about how the province continues to protect the people of Ontario from COVID-19.

Media Contacts

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Communications Division
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From: allhealthunits on behalf of Loretta Ryan
To: "All Health Units"
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] News Release: Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery
Date: Thursday, August 18, 2022 10:02:41 AM

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Hello,

Please see below a news release: Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery.

Take Care,

Loretta

____

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
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www.alphaweb.org

From: Ontario News <newsroom@ontario.ca>
Sent: August 18, 2022 9:07 AM
To: Loretta Ryan <loretta@alphaweb.org>
Subject: Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery

Ontario Logo

NEWS RELEASE

Ontario Introduces A Plan to Stay Open:

Health System Stability and Recovery

Plan hires up to 6,000 additional health care workers, frees up 2,500 more hospital beds and temporarily covers cost of examination, application and registration fees for retired and internationally trained nurses

August 18, 2022
Ministry of Health

TORONTO — The Ontario government introduced its Plan to Stay Open: Health System Stability and Recovery, a five-point plan to provide the best care possible to patients and residents while ensuring the resources and supports are in place to keep the province and economy open. The plan further bolsters Ontario's health care workforce, expands innovative models of care and ensures hospital beds are there for patients when they need them.

"When we released our first Plan to Stay Open in March 2022, we made a promise to build an Ontario that is ready for the challenges of tomorrow because we can no longer accept the status quo," said Sylvia Jones, Deputy Premier and Minister of Health. "The second phase of our plan will provide the support our health system needs to address the urgent pressures of today while preparing for a potential winter surge so our province and economy can stay open."

When fully implemented, this next phase of the Plan to Stay Open will add up to 6,000 more health care workers. Combined with the initiatives included in the first phase of the plan that are adding 13,000 more staff, the two plans together are adding 19,000 more health care workers, including nurses and personal support workers, to Ontario's health workforce. It will also free up over 2,500 hospital beds so that care is there for those who need it, and expand models of care that provide better, more appropriate care to avoid unnecessary visits to emergency departments.

The next phase of Ontario's Plan to Stay Open also temporarily covers the costs of examination, application and registration fees for internationally trained and retired nurses, so they can resume or begin caring for patients sooner.

Some key highlights of the plan include:

Preserving our Hospital Capacity

- To further bolster the fight against COVID-19 and help stop its spread, the government is continuing to provide access to testing for COVID-19, Paxlovid and Evusheld therapies for treatment for those who are eligible, with plans on expanding eligibility for Evusheld for high-risk populations in the coming weeks.
- COVID-19 and flu shots will also continue to be provided to Ontarians so they can stay up to date with their vaccinations to protect themselves and reduce the number of hospitalizations due to respiratory illnesses.
- Free rapid antigen tests will continue to be available to the general public at participating grocery and pharmacy retailers throughout the province as well as for workplaces, schools, and congregate settings.

Providing the Right Care in the Right Place

- Ontario is expanding the hugely successful 9-1-1 models of care to include additional ailments and is now giving paramedics the flexibility to provide better, more appropriate care. Patients diverted from emergency departments through these models received the care they needed up to 17 times faster with 94 per cent of patients avoiding the emergency department in the days following treatment.
- Ontario is implementing several initiatives to help avoid unnecessary hospitalizations, improve the process for ambulance offloading, and reintroduce respite services in long-term care.
- Ontario is introducing legislation that, if passed, will support patients whose doctors have said they no longer need hospital treatment and should instead be placed in a long-term care home, while they wait for their preferred home.
- Ontario continues to fund community paramedicine to provide additional care for seniors in the comfort of their own homes before their admission to a long-term care home. These initiatives will free up to 400 hospital beds.

Further Reducing Surgical Waitlists

- Timely access to surgery is important for keeping patients healthy and reducing pressure on the health care system in the long-term. That is why the government is investing over $300 million in 2022–23 as part of the province’s surgical recovery strategy, bringing the total investment to $880 million over the last three fiscal years.
- Ontario is working with hospital partners to identify innovative solutions to reduce wait times for surgeries and procedures,

including considering options for further increasing surgical capacity by increasing the number of OHIP-covered surgical procedures performed at independent health facilities.
- Ontario is investing more to increase surgeries in paediatric hospitals and existing private clinics covered by OHIP, as well as to fund more than 150,000 additional operating hours for hospital-based MRI and CT machines.

Easing Pressure on our Emergency Departments

- Ontario is also launching a new provincial emergency department peer-to-peer program to provide additional on-demand, real-time support and coaching from experienced emergency physicians to aid in the management of patients presenting to rural emergency departments.
- Ontario is adding 400 physician residents to support the workforce in northern and rural Ontario.
- Ontario is working with the College of Physicians and Surgeons of Ontario to expedite the registration of doctors, including those from out-of-province and who may want to work in rural and northern emergency departments, so they can start working and caring for patients sooner.

Further Expanding Ontario's Health Workforce

- Ontario is working with the College of Nurses of Ontario and Ontario Health to expand funding for the supervised practice experience partnership program which has already supported over 600 international nurses in getting licensed since January. The province anticipates that by the end of the fiscal year another 400 international nurses will gain the practice and language requirements necessary to work in Ontario.
- The Ontario government is also working with the College of Nurses of Ontario to reduce the financial barriers that may be stopping some retired or internationally trained nurses from receiving accreditation to resume or begin practicing by temporarily covering the cost of examination, application, and registration fees, saving them up to $1,500.
- The province is aware that agency rates have increased significantly, creating instability for hospitals, long-term care homes and emergency departments. In response, Ontario will engage with our frontline partners to better understand how we can bring stability to hospitals and emergency departments, while protecting quality of care.

As actions in this plan are implemented in the coming weeks and months, Ontarians can expect to see faster access to health care, including lower wait times in emergency departments, lower wait times for surgical procedures and more care options right in their communities. Ontario will also significantly reduce the risk of a hospital bed shortage during a possible winter surge so that the province and economy can stay open.

“Expanding specialized supports for people with complex needs and supporting the transition from hospitals into long-term care, when appropriate, are key pieces of our government’s Plan to Stay Open: Health System Stability and Recovery,” said Paul Calandra, Minister of Long-Term Care. “We are taking action to get Ontarians the right care in the right setting, where they can have the best possible quality of life, while freeing up much-needed hospital beds.”

"We are committed to working with our system partners to deliver on this plan and support front line health care workers," said Matthew Anderson, President & CEO of Ontario Health. “This plan provides both immediate and long-term strategies that will allow us to respond to current challenges and better integrate the system for the future."

Since the start of the pandemic Ontario has taken immediate action to ensure we can continue to manage COVID-19 and prepare for the long term.

Quick Facts

- Ontario has processed over 25 million lab-based COVID-19 PCR tests and distributed close to 240 million free rapid antigen tests to date.
- Ontario has administered over 34.5 million COVID-19 vaccinations to date.
- Over 36,000 doses of Paxlovid have been prescribed to protect Ontarians against the worst effects of COVID-19, helping to reduce hospital admissions.
- Ontario has invested $880 million in surgical recovery investments over the last three fiscal years, including increasing surgical capacity through funding for innovative hospital projects.
- To strengthen long-term care and alternate levels of care, Ontario has invested $175.2 million to expand home care services and $117 million for sustainability of home care services, and $1 million to inter-facility transfer of medically stable patients in Northern Ontario.
- The Ontario government has approved new patient care models,

giving paramedics more flexibility to treat and refer patients when responding to 911 calls.
- Over 10,900 health care professionals (including over 7,800 nurses and externs) have been added to the health system since Winter 2020.
- The government has invested $764 million to provide Ontario's nurses with a retention incentive of up to $5,000 per person.
- If you have questions about COVID-19 vaccine, please contact the Provincial Vaccine Contact Centre at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007), which is open seven days a week from 8 a.m. to 8 p.m. and capable of providing assistance in more than 300 languages.
- For more information about treatment options, contact your primary care provider, visit a clinical assessment centre, or call Health Connect Ontario at 811 or 1-866-797-0007 (toll-free TTY) for more information on treatments, assistance, or eligibility for virtual care options.

Quotes

"Our health care teams – at Sunnybrook and across Ontario – have been working very hard and effectively, under difficult conditions, and we are very proud of them. To address the ongoing challenges we face, we join the government in taking bold and creative actions, to ensure that we can continue to best take care of Ontarians and their families"

- Dr. Andy Smith
President and Chief Executive Officer of Sunnybrook Health Sciences Centre

"Today's announcement is great news for Ontario hospitals. These measures address one of our biggest system challenges – the ability to transition patients who no longer require hospitalization into appropriate care spaces. These changes will provide faster access to care, positively impact quality patient outcomes, and improve the patient experience."

- David Graham
CEO (interim), Scarborough Health Network

"The nursing crisis is deepening – yet there are thousands of internationally trained nurses (IENs) residing in Canada who have been waiting years for regulatory registration. RNAO commends the government's intention to accelerate the integration of IENs as one of the urgent actions required to address the nursing crisis. We will continue to partner on programs to retain, recruit and build careers for nurses in our province."

- Dr. Doris Grinspun
CEO of the Registered Nurses' Association of Ontario (RNAO)

"The Association of Local Public Health Agencies (alPHa) appreciates the announcement from the Hon. Sylvia Jones, Minister of Health, and welcomes the ongoing leadership and support from the province to enable local public health and the health care system's ongoing response to the pandemic."

- Trudy Sachowski
President, alPHa

"The province has properly diagnosed the pressures on the health system. The challenges being felt by hospitals are connected to similar challenges in home care and long-term care as well. What we see with today's announcement is government beginning to build health care capacity in the community, which is exactly what Ontarians want and need."

- Sue VanderBent
CEO of Home Care Ontario

"The Ontario Association of Radiologists welcomes the government's announcement to further reduce surgical and diagnostic waitlists. MRI is central to the detection and management of diseases, including cancer, strokes, cardiac disease, and sports injuries. By addressing MRI infrastructure, MRI wait times worsened by the pandemic will become more manageable. Diagnostic and Interventional Radiologists remain committed to working alongside the government and Ministry to provide high-quality diagnostic care to Ontario patients."

- Dr. David Jacobs, President
Ontario Association of Radiologists

"The Ontario Hospital Association (OHA) supports the strategy announced today by the Government of Ontario for the Fall and Winter 2022/23 as it will help maintain access to health services during what is expected to be a challenging period. It is essential that all partners continue to work closely together with a 'Team Ontario' approach to overcome the complex, underlying issues facing the healthcare system. Hospitals are here to serve the people of Ontario and will continue to do everything possible to meet their health service needs."

- Anthony Dale, President and CEO
Ontario Hospital Association

Additional Resources

- Plan to Stay Open: Health System Stability and Recovery

- COVID-19 Vaccine Bookings to Open For Children Aged Six Months to Under Five Years
- Ontarians Aged 18+ Eligible for Second Booster Shot
- Ontario Announces New Ontario Health Team in Windsor-Essex
- How to access treatment

Media Contacts

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From:	allhealthunits on behalf of Loretta Ryan
To:	"All Health Units"
Subject:	[allhealthunits] Message from the BOH Chair
Date:	Wednesday, July 6, 2022 1:04:00 PM

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PLEASE ROUTE TO:
All Board of Health Members

Dear Members,

As the 2022-2023 Chair for the Boards of Health Section of the Association of Local public Health Agencies (alPHa), I would like to introduce myself. I am Carmen McGregor, a second term Municipal Councillor with Chatham-Kent and a member of the Board of the Chatham-Kent Public Health Unit. I have represented the South Western Region PHUs at the alPHa Board since 2015 and I am a Past-President of alPHa. If interested, my bio can be found on the alPHa website.

I would also like to share with you that our alPHa Board of Directors and Executive will continue to work on behalf of members on the key strategic initiatives to contribute to public health policy and to effectively liaise with our partners and stakeholders. Through alPHa's strong, unified public health leadership voice, the 2022-2023 alPHa Board will advocate to remind Ontario's decision makers of local public health's enduring value.

Should you wish to contact me I can be reached through Loretta Ryan, our Executive Director, at Loretta@alphaweb.org. I look forward to representing you over the next year.

Sincerely,

Carmen McGregor
Chair
Boards of Health Section

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
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Toronto, ON M5G 1V2
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Cell: 647-325-9594
loretta@alphaweb.org
www.alphaweb.org

From: allhealthunits on behalf of Loretta Ryan
To: "All Health Units"
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] Ontarians Aged 18+ Eligible for Second Booster Shot
Date: Wednesday, July 13, 2022 11:05:58 AM

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Hello,

Please see a new release: Ontarians Aged 18+ Eligible for Second Booster Shot.

Take Care,

Loretta

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From: Ontario News <newsroom@ontario.ca>
Sent: July 13, 2022 11:03 AM
To: Loretta Ryan <loretta@alphaweb.org>
Subject: Ontarians Aged 18+ Eligible for Second Booster Shot

Ontario Logo

NEWS RELEASE

Ontarians Aged 18+ Eligible for Second Booster Shot

Free rapid antigen tests extended to December 31, 2022, including for general public

July 13, 2022
Ministry of Health

TORONTO — The Ontario government, in consultation with the Chief Medical Officer of Health, is expanding eligibility for second booster doses to Ontarians aged 18 and over in order to provide an extra layer of protection to those who may need it.

Starting on Thursday, July 14 at 8:00 a.m., eligible individuals can book an appointment through the COVID-19 vaccination portal or by calling the Provincial Vaccine Contact Centre at 1-833-943-3900. Eligible individuals can also book an appointment directly through public health units that use their own booking systems, through Indigenous-led vaccination clinics and participating pharmacies. Appointments are based on availability, which may vary by region.

“As we continue to manage COVID-19 for the long term, we’re expanding second booster doses and extending the availability of free rapid antigen tests to give people the tools they need to stay safe and to ensure Ontario stays open,” said Sylvia Jones, Deputy Premier and Minister of Health. “Vaccines continue to be our best defence against COVID-19 and protecting our hospital capacity for those who need it most.”

Second booster doses are being offered at an interval of five months after an individual receives their first booster dose. While most individuals aged 18 to 59 years old will continue to have strong protection more than six months after their first booster dose, expanding second booster dose eligibility will ensure that Ontarians can make an informed decision based on their personal circumstances. A new bivalent COVID-19 vaccine is anticipated to be approved by Health Canada this fall, which may offer more targeted protection against the Omicron variants. Ontarians are encouraged to speak with their health care provider about whether getting a second booster dose now is right for them.

High-risk individuals who should get their second booster dose as soon as possible and many of whom have been eligible to do so for months include:

- Individuals aged 60 and over;
- First Nation, Inuit and Métis individuals and their non-Indigenous household members aged 18 and over;
- Residents of a long-term care home, retirement home, or Elder Care Lodge and older adults living in other congregate settings that provide assisted-living and health services; and

- Individuals who are moderately to severely immunocompromised.

The Ontario government will also continue to provide free rapid antigen tests to the general public through existing channels like grocery stores and pharmacies, as well as to workplaces, schools, hospitals, long-term care and retirement homes and other congregate settings until December 31, 2022.

"Expanding eligibility to second booster doses and providing continued access to testing will empower Ontarians to make the best decisions for their circumstances and help keep our communities safe," said Dr. Kieran Moore, Chief Medical Officer of Health. "Staying up to date on vaccination is the best protection against severe outcomes from COVID-19."

As part of the province's plan to stay open, Ontario is expanding Ontario's health care workforce, shoring-up domestic production of critical supplies and investing more than $40 billion for over 50 major hospital projects that will bring over 3,000 new hospital beds. Since the start of the pandemic, the province has added over 8,600 health care professionals to the health care system with programs in place to recruit thousands more.

Quick Facts

- Ontarians aged 60 and over, as well as First Nation, Inuit and Métis individuals and their non-Indigenous household members aged 18 and over have been eligible for second boosters since April 7, 2022.
- As of July 11, 2022, Ontario has administered more than 33 million doses of the COVID-19 vaccine, with more than 93 per cent of Ontarians aged 12 and over having received at least one dose, more than 91 per cent having received a second dose and more than 57 per cent having received a booster.
- If you have questions about your vaccine eligibility, please contact the Provincial Vaccine Contact Centre at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007), which is open seven days a week from 8 a.m. to 8 p.m. and capable of providing assistance in more than 300 languages.
- As of July 8, 2022, Ontario has distributed more than 238 million free rapid antigen tests, with more than 140 million going to highest risk settings, schools and licensed child care, essential industries and small and medium-sized businesses. More than 98 million free rapid antigen tests have been distributed to the public through participating grocery and pharmacy retailers and targeted

distribution to high priority communities that have been disproportionately impacted by the virus.
- Publicly-funded PCR testing remains accessible for high-risk individuals including as a qualifier for accessing treatment such as antivirals. Learn more about COVID-19 treatments and determine if you are eligible by using Ontario's antiviral screener tool or calling 811.

Additional Resources

- Staying Up to Date with COVID-19 Vaccines: Recommended Doses
- Rapid testing for at-home use
- For resources in multiple languages to help local communication efforts in responding to COVID-19, visit Ontario's COVID-19 communication resources webpage.
- Visit Ontario's website to learn more about how the province continues to protect the people of Ontario from COVID-19.

Media Contacts

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From: allhealthunits on behalf of Loretta Ryan
To: "All Health Units"
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] alPHa Information Break - July 2022
Date: Tuesday, July 19, 2022 2:08:40 PM
Attachments:

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PLEASE ROUTE TO:
All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

July 19, 2022

This update is a tool that contains important information 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.

-

Future of Public Health Letter

alPHa has sent correspondence to the new Minister of Health, Hon. Sylvia Jones, alPHa Letter - The Future of Public Health. The July 18, 2022, letter provides several documents (including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response.

2022 alPHa Conference, AGM proceedings and Resolutions

Thank you again to all of the alPHa members who participated in the 2022 alPHa Conference, AGM, and Pre-Conference Workshop. The proceedings are now posted (log-in required).

The gift card winners for the conference are being announced. Congratulations to Jim Neil from KFL&A who won the door prize and Dr. Larry Oehm from SMDHU who won the prize for filling out the post-conference survey.

Leader to Leader – A Message from the alPHa President - July 2022

alPHa's 2022-2023 Board and the alPHa Executive have indeed 'hit the ground running' since taking office in mid-June.

On behalf of the alPHa membership, your alPHa Board has sent congratulations to the Hon. Sylvia Jones upon her appointment and new mandate as Ontario's Deputy Premier and Minister of Health. Most importantly, alPHa has respectfully advised Minister Jones there is ample time for careful review and full consultation to inform recommendations that will reinforce Ontario's locally based public health system, strengthen its contributions to the effectiveness of health care, and ensure better health outcomes for all Ontarians, in both ordinary and extraordinary times. This was accompanied by supporting documents that outline who we are, what we do and why it matters; our positions and recommendations related to system foundations, requirements for resourcing and renewal; and a compendium of the recommendations.

As the unified voice of Ontario's local public health leadership, alPHa is pleased to share these materials and recommendations with Minister Jones at this pivotal time for the Province of Ontario and to welcome opportunities to meet with her and her staff.

Wishing you a safe, refreshing, and rejuvenating summer!

Trudy

Trudy Sachowski

'A leader is one who knows the way, goes the way and shows the way.'

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. Below are submissions that have been sent in since the last newsletter. A complete online library is available here.

alPHa Letter - President & CEO, PHO
July 18, 2022 letter from the alPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

alPHa Letter - Resolution A22-5 - Harm Reduction
July 18, 2022 letter to the Minister of Health that introduces alPHa Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

alPHa Letter - Resolution A22-4 - Opioids
July 18, 2022 alPHa letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

alPHa Letter - Resolution A22-3 - Cooling Towers
July 18, 2022 alPHa letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

alPHa Letter - Resolution A22-1 - Racism & Health
July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

alPHa Letter - The Future of Public Health
July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the welcome letter sent to the new Minister on June 27, 2022.

alPHa Letter - 2022 Resolutions
July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

-

Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference

Next month, alPHa President, Trudy Sachowski, CEO, Southwestern Public Health, Cynthia St. John, Dr.

Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health, will be in a panel at the AMO 2022 Annual General Meeting and Conference. The session is called 'Public Health COVID Learnings- informing future modernization,' and will discuss "before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon." The moderator for the session is Monika Turner, Director of Policy, AMO.

Are you an alPHa member planning on going to the AMO conference, working on briefings for Board of Health members who are attending, or participating as a municipal councillor in a delegation to a Minister? Many alPHa members are using the following alPHa resources to help prepare their key messages on local public health:

- alPHa Resolution: Public Health Restructuring/Modernization & COVID-19 :A22-2_PH_Restructuring.pdf (ymaws.com)
- alPHa's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response.* report and executive summary
- Pre-Budget Consultations
- alPHa 2022 Elections Primer
- alPHa's submissions on PH Modernization, including the Statement of Principles
- "What is Public Health?"

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 you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org for posting in the appropriate library.

Resources available on the alPHa website include:

- Orientation Manual for Board of Health *(To be revised Fall 2022)*
- Review of Board of Health Liability (PowerPoint presentation)
- Governance Toolkit *(To be revised Fall 2022)*
- Risk Management for Health Units
- Healthy Rural Communities Toolkit
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit

Public Health Ontario

Public Health Ontario | Santé publique Ontario

Public Health Ontario (PHO) has recently announced an open call for proposals to support research or evaluation projects focusing on the consequences of the COVID-19 pandemic in Ontario. This year, to facilitate timely public health unit research and evaluation activities, Locally Driven Collaborative Projects (LDCP) funding will be used to fund two to three projects (up to $125,000 per project) that fit within one of the three following priority areas:

- Public health innovations
- Public health programs impacted by the pandemic
- Understanding pandemic impacts on mental health

For full application instructions, examples of project ideas and evaluation criteria, please see the Call for Proposals.

Public Health Ontario Resources

New Routine Monkeypox Epidemiological Report

PHO's new Monkeypox in Ontario report outlines up-to-date information on:

- confirmed and probable/suspected case counts
- case counts broken down by public health unit, gender, and age
- reported symptoms

The report is published twice per week on Tuesdays and Fridays on PHO's monkeypox webpage.

New Weekly COVID-19 Epidemiology Summary

Starting June 16, PHO transitioned to weekly COVID-19 surveillance reporting and released a new, comprehensive weekly epidemiological summary: COVID-19 in Ontario with the aim of providing an overview of key trends in COVID-19. This report is published weekly on Thursdays on PHO's data and surveillance webpage.

Variants of Concern

- SARS-CoV-2 Omicron Variant Sub-Lineages BA.4 and BA.5: Evidence and Risk Assessment
- SARS-CoV-2 Omicron Variant BA.2 and Sublineages of BA.2: Evidence and Risk Assessment
- SARS-CoV-2 Genomic Surveillance in Ontario, June 17, 2022

Response and Recovery

- Focus On: Response and Recovery from Public Health Emergencies: Assessment Activities

Upcoming Events

- July 20: PHO Webinar: Catch-Up of Routine and School Based Immunization

Upcoming DLSPH Events and Webinars

Dalla Lana
School of Public Health

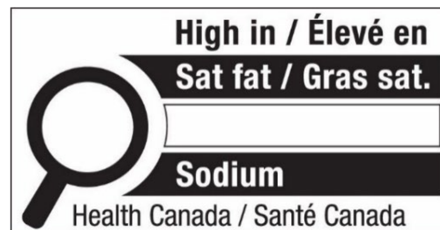
- July 27-28, 2022 10th UCG Edition on Diabetes and Endocrinology Conference

COVID-19 Update

As part of the response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders. "NOTE: In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on the Ministry of Health website and through the Public Health Ontario's COVID-19 data tool."

- 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

Update on Canada's Healthy Eating Strategy



On June 30, 2022, Health Canada announced new nutrition labelling regulations for packaged foods. By January 2026, a new symbol featuring a magnifying glass will appear on the front of most packaged foods that contain more than 15% of the recommended daily intake of saturated fat, sugars and/or sodium and will complement the Nutrition Facts table displayed on the back. Front-of-package nutrition labelling is a key part of Health Canada's Healthy Eating Strategy, which aims to improve the food environment in Canada, make it easier for Canadians to make informed food choices, and lower the risk of diet-related chronic diseases. alPHa has communicated its support for the Strategy, with a focus on the pledge to restrict marketing of unhealthy food and beverages to children as per alPHa Resolutions A08-13 and A09-1. alPHa's latest letter (March 4, 2022) on the subject can be viewed here.

RRFSS for summer 2022

Data is available to HUs approximately 10 weeks after data collection –giving current local data which is essential for HUs particularly given the delay of the CCHS data.

There is still opportunity to collect 2022 RRFSS data and customizable budget packages can be created. For further information contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca. To read more, click here.

It is TRAVAX Renewal Time!

It is renewal time for Travax (Travel Health Information Website) subscription licenses for alPHa members who have existing subscriptions, and it is also an opportunity for Public Health Units to sign up and take advantage of the special rate for alPHa members. For more information, members can visit www.shoreland.com. To obtain the alPHa member discount, please contact Maggie Liefert, Shoreland, Inc. at 703-399-5424.

News Releases

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

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Take Care,

Loretta

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From:	allhealthunits on behalf of Loretta Ryan
To:	"All Health Units"
Cc:	board@lists.alphaweb.org
Subject:	[allhealthunits] News Release: Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery
Date:	Thursday, August 18, 2022 10:02:41 AM

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Hello,

Please see below a news release: Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery.

Take Care,

Loretta

____

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Executive Director
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From: Ontario News <newsroom@ontario.ca>
Sent: August 18, 2022 9:07 AM
To: Loretta Ryan <loretta@alphaweb.org>
Subject: Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery

NEWS RELEASE

Ontario Introduces A Plan to Stay Open:

Health System Stability and Recovery

Plan hires up to 6,000 additional health care workers, frees up 2,500 more hospital beds and temporarily covers cost of examination, application and registration fees for retired and internationally trained nurses

August 18, 2022
Ministry of Health

TORONTO — The Ontario government introduced its Plan to Stay Open: Health System Stability and Recovery, a five-point plan to provide the best care possible to patients and residents while ensuring the resources and supports are in place to keep the province and economy open. The plan further bolsters Ontario's health care workforce, expands innovative models of care and ensures hospital beds are there for patients when they need them.

"When we released our first Plan to Stay Open in March 2022, we made a promise to build an Ontario that is ready for the challenges of tomorrow because we can no longer accept the status quo," said Sylvia Jones, Deputy Premier and Minister of Health. "The second phase of our plan will provide the support our health system needs to address the urgent pressures of today while preparing for a potential winter surge so our province and economy can stay open."

When fully implemented, this next phase of the Plan to Stay Open will add up to 6,000 more health care workers. Combined with the initiatives included in the first phase of the plan that are adding 13,000 more staff, the two plans together are adding 19,000 more health care workers, including nurses and personal support workers, to Ontario's health workforce. It will also free up over 2,500 hospital beds so that care is there for those who need it, and expand models of care that provide better, more appropriate care to avoid unnecessary visits to emergency departments.

The next phase of Ontario's Plan to Stay Open also temporarily covers the costs of examination, application and registration fees for internationally trained and retired nurses, so they can resume or begin caring for patients sooner.

Some key highlights of the plan include:

Preserving our Hospital Capacity

- To further bolster the fight against COVID-19 and help stop its spread, the government is continuing to provide access to testing for COVID-19, Paxlovid and Evusheld therapies for treatment for those who are eligible, with plans on expanding eligibility for Evusheld for high-risk populations in the coming weeks.
- COVID-19 and flu shots will also continue to be provided to Ontarians so they can stay up to date with their vaccinations to protect themselves and reduce the number of hospitalizations due to respiratory illnesses.
- Free rapid antigen tests will continue to be available to the general public at participating grocery and pharmacy retailers throughout the province as well as for workplaces, schools, and congregate settings.

Providing the Right Care in the Right Place

- Ontario is expanding the hugely successful 9-1-1 models of care to include additional ailments and is now giving paramedics the flexibility to provide better, more appropriate care. Patients diverted from emergency departments through these models received the care they needed up to 17 times faster with 94 per cent of patients avoiding the emergency department in the days following treatment.
- Ontario is implementing several initiatives to help avoid unnecessary hospitalizations, improve the process for ambulance offloading, and reintroduce respite services in long-term care.
- Ontario is introducing legislation that, if passed, will support patients whose doctors have said they no longer need hospital treatment and should instead be placed in a long-term care home, while they wait for their preferred home.
- Ontario continues to fund community paramedicine to provide additional care for seniors in the comfort of their own homes before their admission to a long-term care home. These initiatives will free up to 400 hospital beds.

Further Reducing Surgical Waitlists

- Timely access to surgery is important for keeping patients healthy and reducing pressure on the health care system in the long-term. That is why the government is investing over $300 million in 2022–23 as part of the province's surgical recovery strategy, bringing the total investment to $880 million over the last three fiscal years.
- Ontario is working with hospital partners to identify innovative solutions to reduce wait times for surgeries and procedures,

including considering options for further increasing surgical capacity by increasing the number of OHIP-covered surgical procedures performed at independent health facilities.
- Ontario is investing more to increase surgeries in paediatric hospitals and existing private clinics covered by OHIP, as well as to fund more than 150,000 additional operating hours for hospital-based MRI and CT machines.

Easing Pressure on our Emergency Departments

- Ontario is also launching a new provincial emergency department peer-to-peer program to provide additional on-demand, real-time support and coaching from experienced emergency physicians to aid in the management of patients presenting to rural emergency departments.
- Ontario is adding 400 physician residents to support the workforce in northern and rural Ontario.
- Ontario is working with the College of Physicians and Surgeons of Ontario to expedite the registration of doctors, including those from out-of-province and who may want to work in rural and northern emergency departments, so they can start working and caring for patients sooner.

Further Expanding Ontario's Health Workforce

- Ontario is working with the College of Nurses of Ontario and Ontario Health to expand funding for the supervised practice experience partnership program which has already supported over 600 international nurses in getting licensed since January. The province anticipates that by the end of the fiscal year another 400 international nurses will gain the practice and language requirements necessary to work in Ontario.
- The Ontario government is also working with the College of Nurses of Ontario to reduce the financial barriers that may be stopping some retired or internationally trained nurses from receiving accreditation to resume or begin practicing by temporarily covering the cost of examination, application, and registration fees, saving them up to $1,500.
- The province is aware that agency rates have increased significantly, creating instability for hospitals, long-term care homes and emergency departments. In response, Ontario will engage with our frontline partners to better understand how we can bring stability to hospitals and emergency departments, while protecting quality of care.

As actions in this plan are implemented in the coming weeks and months, Ontarians can expect to see faster access to health care, including lower wait times in emergency departments, lower wait times for surgical procedures and more care options right in their communities. Ontario will also significantly reduce the risk of a hospital bed shortage during a possible winter surge so that the province and economy can stay open.

“Expanding specialized supports for people with complex needs and supporting the transition from hospitals into long-term care, when appropriate, are key pieces of our government’s Plan to Stay Open: Health System Stability and Recovery,” said Paul Calandra, Minister of Long-Term Care. “We are taking action to get Ontarians the right care in the right setting, where they can have the best possible quality of life, while freeing up much-needed hospital beds.”

"We are committed to working with our system partners to deliver on this plan and support front line health care workers," said Matthew Anderson, President & CEO of Ontario Health. “This plan provides both immediate and long-term strategies that will allow us to respond to current challenges and better integrate the system for the future."

Since the start of the pandemic Ontario has taken immediate action to ensure we can continue to manage COVID-19 and prepare for the long term.

Quick Facts

- Ontario has processed over 25 million lab-based COVID-19 PCR tests and distributed close to 240 million free rapid antigen tests to date.
- Ontario has administered over 34.5 million COVID-19 vaccinations to date.
- Over 36,000 doses of Paxlovid have been prescribed to protect Ontarians against the worst effects of COVID-19, helping to reduce hospital admissions.
- Ontario has invested $880 million in surgical recovery investments over the last three fiscal years, including increasing surgical capacity through funding for innovative hospital projects.
- To strengthen long-term care and alternate levels of care, Ontario has invested $175.2 million to expand home care services and $117 million for sustainability of home care services, and $1 million to inter-facility transfer of medically stable patients in Northern Ontario.
- The Ontario government has approved new patient care models,

giving paramedics more flexibility to treat and refer patients when responding to 911 calls.
- Over 10,900 health care professionals (including over 7,800 nurses and externs) have been added to the health system since Winter 2020.
- The government has invested $764 million to provide Ontario's nurses with a retention incentive of up to $5,000 per person.
- If you have questions about COVID-19 vaccine, please contact the Provincial Vaccine Contact Centre at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007), which is open seven days a week from 8 a.m. to 8 p.m. and capable of providing assistance in more than 300 languages.
- For more information about treatment options, contact your primary care provider, visit a clinical assessment centre, or call Health Connect Ontario at 811 or 1-866-797-0007 (toll-free TTY) for more information on treatments, assistance, or eligibility for virtual care options.

Quotes

"Our health care teams – at Sunnybrook and across Ontario – have been working very hard and effectively, under difficult conditions, and we are very proud of them. To address the ongoing challenges we face, we join the government in taking bold and creative actions, to ensure that we can continue to best take care of Ontarians and their families"

- Dr. Andy Smith
President and Chief Executive Officer of Sunnybrook Health Sciences Centre

"Today's announcement is great news for Ontario hospitals. These measures address one of our biggest system challenges – the ability to transition patients who no longer require hospitalization into appropriate care spaces. These changes will provide faster access to care, positively impact quality patient outcomes, and improve the patient experience."

- David Graham
CEO (interim), Scarborough Health Network

"The nursing crisis is deepening – yet there are thousands of internationally trained nurses (IENs) residing in Canada who have been waiting years for regulatory registration. RNAO commends the government's intention to accelerate the integration of IENs as one of the urgent actions required to address the nursing crisis. We will continue to partner on programs to retain, recruit and build careers for nurses in our province."

- Dr. Doris Grinspun
CEO of the Registered Nurses' Association of Ontario (RNAO)

"The Association of Local Public Health Agencies (alPHa) appreciates the announcement from the Hon. Sylvia Jones, Minister of Health, and welcomes the ongoing leadership and support from the province to enable local public health and the health care system's ongoing response to the pandemic."

- Trudy Sachowski
President, alPHa

"The province has properly diagnosed the pressures on the health system. The challenges being felt by hospitals are connected to similar challenges in home care and long-term care as well. What we see with today's announcement is government beginning to build health care capacity in the community, which is exactly what Ontarians want and need."

- Sue VanderBent
CEO of Home Care Ontario

"The Ontario Association of Radiologists welcomes the government's announcement to further reduce surgical and diagnostic waitlists. MRI is central to the detection and management of diseases, including cancer, strokes, cardiac disease, and sports injuries. By addressing MRI infrastructure, MRI wait times worsened by the pandemic will become more manageable. Diagnostic and Interventional Radiologists remain committed to working alongside the government and Ministry to provide high-quality diagnostic care to Ontario patients."

- Dr. David Jacobs, President
Ontario Association of Radiologists

"The Ontario Hospital Association (OHA) supports the strategy announced today by the Government of Ontario for the Fall and Winter 2022/23 as it will help maintain access to health services during what is expected to be a challenging period. It is essential that all partners continue to work closely together with a 'Team Ontario' approach to overcome the complex, underlying issues facing the healthcare system. Hospitals are here to serve the people of Ontario and will continue to do everything possible to meet their health service needs."

- Anthony Dale, President and CEO
Ontario Hospital Association

Additional Resources

- Plan to Stay Open: Health System Stability and Recovery

COVID-19 Vaccine Bookings to Open For Children Aged Six Months to Under Five Years
- Ontarians Aged 18+ Eligible for Second Booster Shot
- Ontario Announces New Ontario Health Team in Windsor-Essex
- How to access treatment

Media Contacts

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PLEASE ROUTE TO:

All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

August 19, 2022

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.](alphaweb.org)

Leader to Leader – A Message from the alPHa President – August 2022

The recently held Association of Municipalities of Ontario (AMO) AGM and conference had over 2,000 attendees in Ottawa from August 14th to the 17th and presented a tremendous opportunity to profile alPHa, the importance of local public health and

our association's public policy positions. As your President, I participated along with Cynthia St. John, CEO, Southwestern Public Health, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health as part of a panel at the conference - 'Public Health COVID Learnings- informing future modernization.' The moderator was Monika Turner, Director of Policy, AMO. The panel discussed the need to have a better understanding of what worked well, what did not, and where improvements can be made, before embarking on any type of public health transformation. The goal was to have the session contribute to the growing local COVID learnings and insights to better manage the challenges ahead. The room was filled with many attendees, actively engaging. Thank you to all who attended the session. You can read access available speaking notes and slides here.

These events were also a time to reacquaint with and meet municipal leadership who support the work of public health, including those who serve on their local boards of health. Thank you to the members who let us know they used alPHa resources to help prepare their key messages on the importance of local public health during encounters with delegates, meetings with colleagues, and delegations with Ministers. *(See July Issue of Information Break for a list of resources.)* Thank you to Loretta Ryan, alPHa's Executive Director, for her work in ensuring that alPHa representatives and members had the information they needed to make the most out of the conference.

While at the AMO events, I had the opportunity to speak to several board of health members who want to ensure good governance, due diligence and that the important work of public health carries on during and post-election. This is done by establishing provisions and ensuring these are in place until new board of health members are appointed. Given that Ontario's boards of health can be autonomous, semi-autonomous or regional and that each board has their own by-laws and policies, as expected, I heard variations on how they will make this happen. Some boards will put in place an 'acting' chair if the current chair or vice-chair are elected municipal councillors, since their current term is expiring. This would be a short-term position during the transition period. It would be a board member whose term continues throughout this time. For example, they may have been appointed provincially under an Order in Council or as a local representative by their board of health. While some boards will provide limited delegation powers to their MOH/CEO to manage any emergencies between October 24th, 2022, and the first meeting of the appointed municipal members to the board of health. This second scenario is what municipal councils do to get through the same time-period for other municipal related boards. A resolution delegating these powers can be clear on matters that can not be dealt with during the interim period without the board in place, such as spending limits and budgetary matters etc. With no legislative tools per se on this, alPHa's goal is to support its membership and is interested in collecting best practices, protocols, and policies on such procedures during the municipal election process and leading up to

until the new municipal board of health members are in place. If you would like to share, please contact Loretta Ryan, alPHa's Executive Director loretta@alphaweb.org.

Looking forward to touching base in September!

Trudy

Trudy Sachowski

'The leadership role is to build the riverbanks and let the water flow freely.'

Government Announcement at the Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference

At the AMO Conference, the provincial government announced *Working with Municipalities to Move Ontario Forward.* To read more about the government's announcement, click here.

Additionally, on August 18th, the government issued a news release *Ontario Introduces A Plan to Stay Open: Health System Stability and Recovery.* The government webpage also includes a quote from Trudy Sachowski, alPHa's President:

"The Association of Local Public Health Agencies (alPHa) appreciates the announcement from the Hon. Sylvia Jones, Minister of Health, and welcomes the ongoing leadership and support from the province to enable local public health and the health care system's ongoing response to the pandemic."

Hold the Date: Upcoming alPHa Events

Please hold the date for our Winter Symposium that is taking place on Friday, February 24th, 2023. If you are a Board of Health or Affiliate member, please also hold the date for a Pre-Symposium Workshop happening in the afternoon on Thursday, February 23rd, 2023.

The Conference and AGM (in person) will be from Sunday, June 11th-Tuesday, June 13th, 2023.

If you are a COMOH member, please hold the date for a Section meeting and workshop that is being held on Friday, November 18th, 2022.

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alPHa Correspondence

Through policy analysis, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available here.

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July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

Association of Municipalities of Ontario (AMO) 2022 Annual General Meeting and Conference

Next month, alPHa President, Trudy Sachowski, CEO, Southwestern Public Health, Cynthia St. John, Dr. Lawrence Loh, former MOH for Peel, and Keith Egli, Chair of Ottawa Public Health Board of Health, will be in a panel at the AMO 2022 Annual General Meeting and Conference. The session is called 'Public Health COVID Learnings- informing future modernization,' and will discuss "before the government embarks again on modernizing the public health system, we need a better understanding of what worked well, what didn't, and where improvements can be made. This session will contribute to the growing local COVID learnings and insights on managing the challenges of a tenacious pandemic with an eye on the horizon." The moderator for the session is Monika Turner, Director of Policy, Association of Municipalities of Ontario, AMO.

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 you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org for posting in the appropriate library.

Resources available on the alPHa website include:

- Orientation Manual for Board of Health *(To be revised Fall 2022)*
- Review of Board of Health Liability (PowerPoint presentation)
- Governance Toolkit *(To be revised Fall 2022)*
- Risk Management for Health Units
- Healthy Rural Communities Toolkit
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
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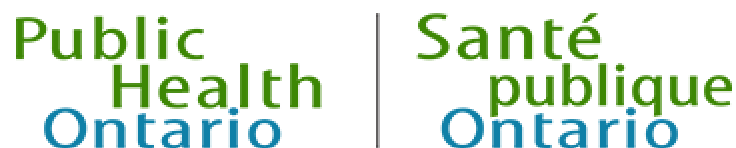
Public Health Ontario



Reminder! Public Health Ontario Call for Proposals: Consequences of COVID-19 (up to $125,000)

PHO is still accepting applications for its call for proposals to support research or evaluation projects focusing on the consequences of the COVID-19 pandemic in Ontario. This year, to facilitate timely public health unit research and evaluation activities, LDCP funding will be used to fund two to three projects (up to $125,000 per project) that fit within one of the three following priority areas:

1. **Public health innovations:** Projects may focus on the evaluation of a COVID-19 innovation, continuous quality improvement, or research to scale up existing innovations.

2. **Public health programs impacted by the pandemic**: Projects may focus on understanding the impact of reduced public health services, programs or strategies.

3. **Understanding pandemic impacts on mental health**: Projects may focus on understanding pandemic impacts on mental health, including harm reduction and prevention in substance use, and may consider specific populations. Project may also focus on understanding and/or strategies related to pandemic mental health impacts for the public health workforce.

Funding Eligibility

- Applications are open to all public health units that meet the following criteria:
- be led by a PHU, in cooperation with at least one other PHU as a co-applicant

- work in meaningful collaboration with local academic and/or community organizations
- meaningfully engage at least one student
- promote health equity
- address a public health issue within the identified priority areas of COVID-19 consequences
- involve research and/or program evaluation activities
- create knowledge that is transferable across the public health system, and share that knowledge by developing and implementing a knowledge exchange plan

For full application instructions, examples of project ideas and evaluation criteria, please download the complete application package and refer to the full Call for Proposals document.

How to Apply

1. Download the complete application package, which includes:

- Project Charter
- Guidance resources to support filling out your application:

  ◦ Project Teams and Knowledge Users (Section 1.0)

  ◦ Project Information and Plan (Section 2.0)

  ◦ Knowledge Exchange and Dissemination Plan (Section 3.0)
  ◦ Acceptable Use of Funding (Section 6.0)

2. Complete the Project Charter document. Please ensure all sections off the application are filled out.

3. Submit your Project Charter, as your funding application, in Word format by emailing it to LDCP@oahpp.ca **by September 19, 2022**.

If you have any questions about the program or application process, contact LDCP@oahpp.ca.

PHO Events

PHO Webinar: Blastomycosis in Ontario: Public health and clinical considerations (Aug. 22)
PHO Rounds: Coronavirus in the Urban Built Environment (CUBE) (Aug. 23)
PHO Rounds: Opioid Toxicity Among Ontarians Who Worked in the Construction Industry (Aug. 30)

TOPHC 2023

Please stay tuned for news about Spring 2023 TOPHC.

Public Health Ontario Resources

Variants of Concern

SARS-CoV-2 Omicron Variant Sub-Lineage BA.4 and BA.5
Impact of SARS-CoV-2 main Protease Mutations on Nirmatrelvir/Ritonavir (Paxlovid) Resistance
SARS-CoV-2 Omicron Variant Sub-Lineage BA.2.75

Check out PHO's Variants of Concern web page for the most up-to-date resources.

Data and Surveillance

Vaccine coverage estimates now available for the newly eligible population of adults aged 18 to 59 years old.

Infection Prevention and Control

COVID-19: Personal Protective Equipment (PPE) and Non-Medical Masks in Congregate Living Settings (2nd Edition)
COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes
Use of Portable Air Cleaners and Transmission of COVID-19

Check out PHO's COVID-19 webpage for a comprehensive list of all COVID-19 resources.

Additional Resources - New

Monkeypox Resources
Report on live lost to opioid toxicity among Ontarians who worked in the construction industry

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Upcoming DLSPH Events and Webinars

Dalla Lana
School of Public Health

- The 13th International Conference on Maternal and Child Health (MCH) Handbook (Aug 24-25)
- CVPD Fall Symposium: Healthy Aging and Immunization (Sept. 16)

COVID-19 Update

As part of the response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders. **"NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on the Ministry of Health website and through the Public Health Ontario's COVID-19 data tool."

Visit the Ministry of Health's page on guidance for the health sector
View the Ministry's website on the status of COVID-19 cases

Go to Public Health Ontario's COVID-19 website
Visit the Public Health Agency of Canada's COVID-19 website
alPHa's recent COVID-19 related submissions can be found here

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RRFSS for Aug. 2022

There has never been a greater need for Health Units (HUs) to collect RRFSS data! 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, attitudes and behaviours 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.

RRFSS data is available to HUs approximately 10 weeks after data collection –giving current local data which is essential for HUs particularly given the delay of the CCHS data. Data collection is also available in a variety of modes: telephone (dual-frame landline and cell phone) and online (panel and convenience samples). There are data collection options to meet most budgets and customizable budget packages can be created. For further information contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca

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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

From: allhealthunits on behalf of alPHa communications
To: AllHealthUnits@lists.alphaweb.org
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] September 2022 InfoBreak
Date: Friday, September 16, 2022 12:49:36 PM

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PLEASE ROUTE TO:

All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

September 16, 2022

Logo

September 2022 InfoBreak

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

Leader to Leader – A Message from the alPHa President - September 2022

"We cannot be mere consumers of good governance, we must be participants, we must be co-creators." – Rohini Nilekani

This speaks true for alPHa members. That is why I am pleased to tell you that the alPHa Board ensures a focus on good governance and the goals as set out by alPHa's Strategic Plan, its principles, and policies and procedures.

Good governance is the hallmark of integrity and with that in mind, and at the risk of being repetitious, I feel it is important to reiterate some key points from the August 2022 issue of *Information Break*. Recently, at the Association of Municipalities of Ontario Conference, I had the opportunity to speak to attendees, many of them board of health members from across Ontario, who want to ensure good governance, due diligence and that the important work of public health carries on during and post-election. Establishing provisions and ensuring these are in place until new board of health members are appointed is key to achieving this. Given that Ontario's boards of health can be autonomous, semi-autonomous or regional, and that each board has their own by-laws and policies, there are variations on how boards will make this happen.

Some boards will put in place an 'acting' chair if the current chair or vice-chair are elected municipal councillors since their current term is expiring. This would be a short-term position during the transition period. It would be a board member whose term continues throughout this time. For example, they may have been appointed provincially, under an Order in Council, or as a local representative by their board of health. Some boards will give limited delegation powers to their MOH/CEO to manage any emergencies before the first meeting of the appointed municipal members to the board of health. This second scenario is what municipal councils do to get through the same time-period for other municipal related boards. A resolution delegating these powers can be clear on matters that cannot be dealt with during the interim period without the board in place such as spending limits and budgetary matters etc.

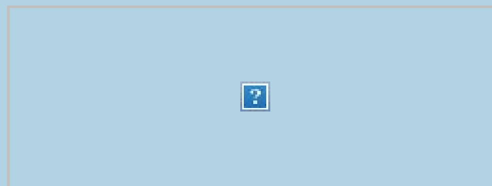
Here is a call to action to share your best practices in this regard so alPHa can share with others. Your contributions will be attributed to your health unit and board of health. alPHa's goal is to support its membership and is interested in collecting best practices, protocols, and policies on such procedures deployed during the municipal election process and leading up to and until the new municipal board of health members are in place. Send your submissions to Loretta Ryan, alPHa's Executive Director loretta@alphaweb.org.

Risk management, ethics, compliance, administrative policies, and procedures are all aspects of good governance and its accountable mechanisms encompass the entire organization. As such, alPHa's 2023 Winter Symposium will be offering orientation and governance training to its membership. So, stay tuned for details!

Trudy Sachowski
President

"The quality of a leader is reflected in the standards they set for themselves."

AMO - Strengthening Public Health in Ontario: Now and for the Future



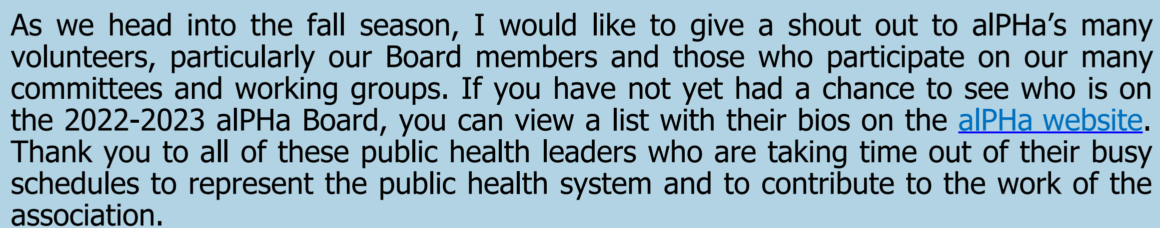
The Association of Municipalities of Ontario (AMO) has submitted to the government, "Strengthening Public Health in Ontario: Now and for the Future." The submission notes that Ontario's municipal governments have a vested interest in strengthening the public health system for the residents they serve given their role as governors, co-funders, and employers. AMO states their goal is to work with the Province of Ontario to strengthen public health, help end hallway health care, and reduce overall health care costs while strengthening the public health system in Ontario now and in the future.

The municipal elections are fast approaching!

Many alPHa members are using the following resources to help prepare their key messages on local public health:

1. The Future of Public Health in Ontario alPHa_Letter_PH_Restructuring_180722.pdf (ymaws.com) (Includes alPHa Resolution: Public Health Restructuring/Modernization & COVID-19 :A22-2_PH_Restructuring.pdf (ymaws.com)
2. alPHa's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response.* report and executive summary
3. Pre-Budget Consultations
4. alPHa 2022 Elections Primer
5. alPHa's submissions on PH Modernization, including the Statement of Principles
6. "What is Public Health?"
7. alPHa Resource Page on Public Health Modernization
8. Public Health Matters video

Thank you to PHUs



As we head into the fall season, I would like to give a shout out to alPHa's many volunteers, particularly our Board members and those who participate on our many committees and working groups. If you have not yet had a chance to see who is on the 2022-2023 alPHa Board, you can view a list with their bios on the alPHa website. Thank you to all of these public health leaders who are taking time out of their busy schedules to represent the public health system and to contribute to the work of the association.

On behalf of alPHa, I would also like to thank the Public Health Units who have directly partnered with us to support alPHa during the pandemic response. We quite literally could not have done what we did over the past two and a half years without the dedicated efforts of staff from the PHUs who assisted with public policy reports, communication products, alPHa educational events, and other association activities. In particular, I would like to thank the following:

- Eastern Ontario Health Unit
- Halton Region Health Department
- Haliburton, Kawartha, Pine Ridge District Health Unit
- Northwestern Health Unit
- Public Health Sudbury & Districts
- Simcoe Muskoka District Health Unit
- Toronto Public Health

Thank you again to all of alPHa's volunteers! #PublicHealthLeaders

Loretta Ryan
Executive Director

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alPHa Correspondence

Through policy analysis, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Below are submissions that have been sent in since the last newsletter. A complete online library is available here.

MMAH Response - Resolution A22-3 - Cooling Towers
August 24, 2022 letter from the Minister of Municipal Affairs and Housing to the President of the Association of Local Public Health Agencies.

alPHa Letter - Chief of Nursing/ADM
September 6, 2022 letter from the Association of Local Public Health Agencies congratulating the new Chief of Nursing & Professional Practice & Assistant Deputy Minister of Health.

alPHa Letter - President & CEO, PHO
July 18, 2022 letter from the alPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

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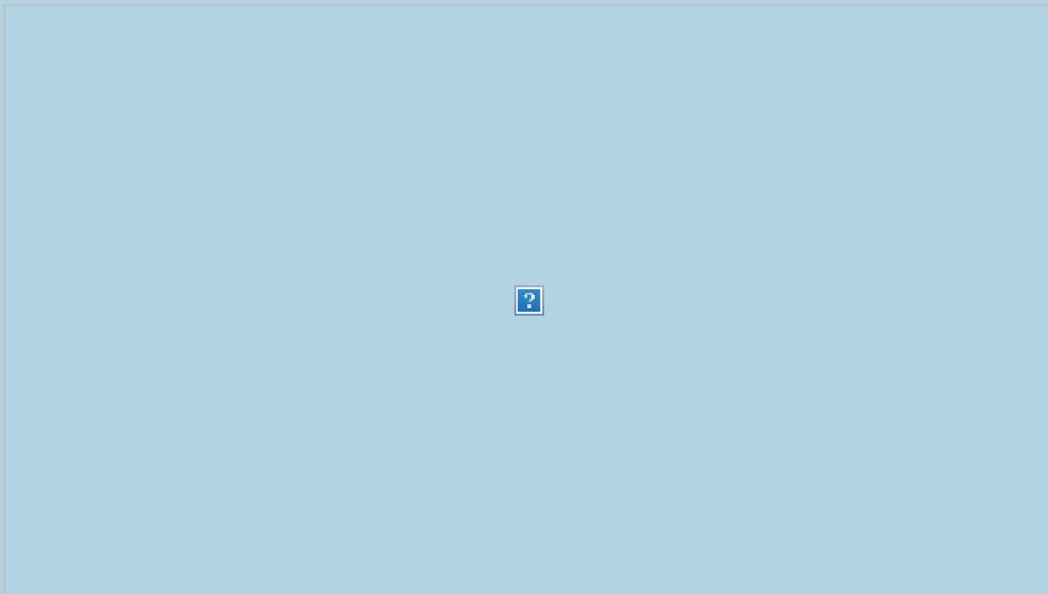
Boards of Health: Shared Resources



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- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit

Public Health Ontario

PHO offers online educational courses in a variety of topics – from health promotion to infection prevention and control. They're convenient, too - you can access these courses anytime, anywhere. Visit the course catalogue, where you'll find enrolment information and a list of courses along with their descriptions and system requirements, as well as information for downloading courses.

- **Variants of Concern**
  COVID-19 in Ontario: Focus on August 28, 2022 to September 3, 2022
- Estimates of Omicron BA.2 Lineage Severity in an Ontario-based Matched Cohort Study of Cases: March 1-April 30, 2022

Check out PHO's Variants of Concern web page for the most up-to-date resources.

Immunizations

- Management of Anaphylaxis Following Immunization in the Community

Infection Prevention and Control

- Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19

Check out PHO's COVID-19 webpage for a comprehensive list of all COVID-19 resources.

Additional Resources - New

- Monkeypox Resources
- Public Health Actions from Wastewater Surveillance on Poliovirus
- Hepatitis B Vaccines and Schedules
- Activities to Support Infection Prevention and Control Practices in Congregate Living Settings

Open Call for Members | Ontario Public Health Emergencies Science Advisory Committee

The Ontario Public Health Emergencies Science Advisory Committee (OPHESAC) is currently recruiting members. Check out the full call for members for more details and requirements. Interested candidates should send their expression of interest, with a curriculum vitae and complete contact details to secretariat@oahpp.ca by **Friday, September 23, 2022 at 11:59 p.m. ET**.

PHO Events

In case you missed these sessions last month, here are the Presentations PHO posted on their website:

- PHO Rounds: Opioid Toxicity Among Ontarians Who Worked in the Construction Industry
- PHO Rounds: Building Climate Resilient Health Systems: Lessons from Health of Canadians in a Changing Climate - Science Assessment 2022

Upcoming DLSPH Events and Webinars

- CVPD Fall Symposium: Healthy Aging and Immunization (Sept. 16)
- One on One with Steini Brown: Towards a Sustainable Recovery (Sept. 21)
- Indigenizing Health Symposium: Rethinking with Spirit (Sept. 28-29)

COVID-19 Update

The digital team at the Ministry of Health has launched a new landing page and new streamlined content pages for COVID-19 content.

The new landing page, which replaces covid-19.ontario.ca, can now be found at:
https://www.ontario.ca/page/covid-19-coronavirus (English)
https://www.ontario.ca/fr/page/covid-19-le-coronavirus (French)

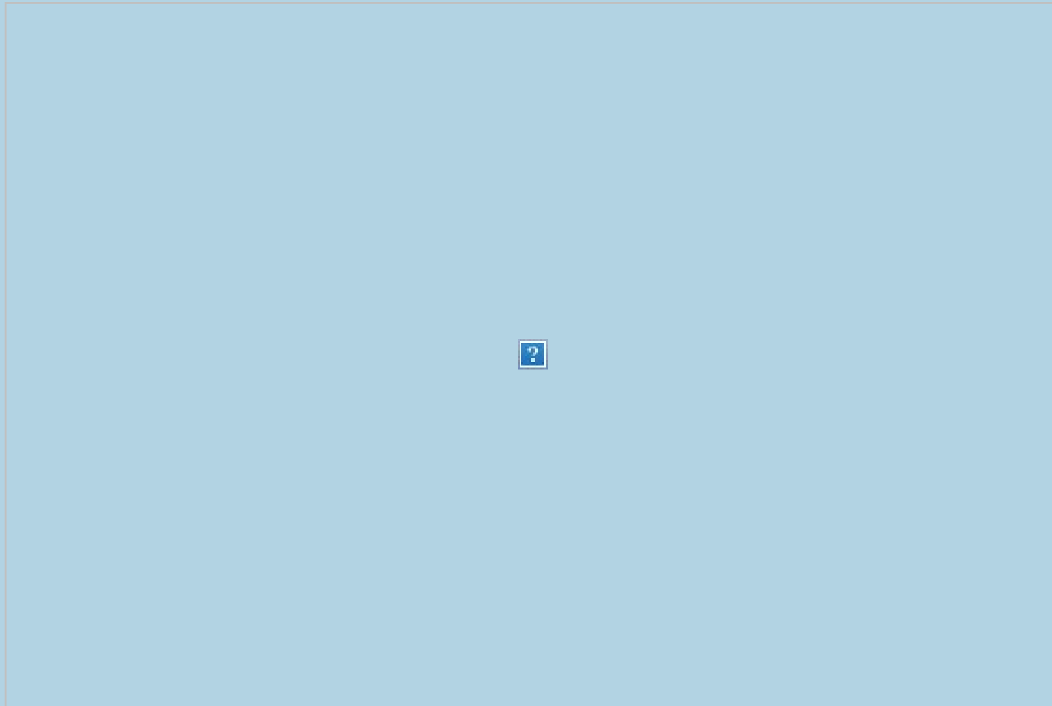
As well, the ministry has overhauled the previous versions of the public health measures pages, six vaccine pages, and testing and treatment pages, which can now be found at:
https://www.ontario.ca/page/public-health-measures-and-advice
https://www.ontario.ca/page/covid-19-vaccines
https://www.ontario.ca/page/covid-19-testing-and-treatment

As part of the response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders. "**NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on the Ministry of Health website and through the Public Health Ontario's COVID-19 data tool."

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](#)

Hold the date for the Winter Symposium and Annual Conference & AGM



alPHa’s Winter Symposium is being held on February 24, 2023.

The Annual Conference and AGM is being held from June 11-13, 2023. Please stay tuned for further information.

News Releases

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

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September 1, 2022

Hon. Jean-Yves Duclos
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

via email: jean-yves.duclos@parl.gc.ca

Dear Minister Duclos,

Re: Federal Dental Care Program – Northern Perspectives

With the launch of the federal dental care program looming, we- northern Ontario boards of health- wish to communicate our northern concerns and recommendations with you as you plan the structure of the new Canadian dental care program.

In Ontario, provincial dental programs such as Healthy Smiles Ontario (HSO) and the Ontario Seniors Dental Care Program (OSDCP) have positioned boards of health to work in tandem with local dental service providers. Through this experience, we have gained rich insight and compiled lessons learned from the lens of both the public and private sectors.

Our message is clear- health disparities in northern communities are greater than in southern communities. This truth will have implications for thousands of eligible children and adults across the country seeking dental care under the new program. We foresee challenges such as inequities in dental care service delivery (i.e. access to care), and a demand that will outpace service provider capacity in the north (i.e. volume of eligible people in the north will increase, with not enough service providers).

Poor health outcomes in the north are influenced by limitations to social and economic opportunities- income, housing, childhood development, social supports, and access to services in general, to name a few.[1] Social and health structures significantly impact how services are delivered in the north; a fact that cannot be ignored when thousands of eligible northerners are awaiting much needed dental care.

The following recommendations stem from our experience working with service providers in the north to implement HSO and the OSDCP. We feel that the new federal dental care program can only be successful if existing gaps in the system are addressed, including disparities that northern communities experience.

General system recommendations

We support the recent letter submitted by the Ontario Association of Public Health Dentistry (OAPHD),[2] and wish to elaborate on, and add to, their set of recommendations:

- Establish a **technical advisory committee** to guide planning and implementation
    - Establish a dental consultant/officer to provide consistent technical advice to program implementers; the need is especially great in the north, where there are fewer salaried dentists at public health units, making navigation of the OSDCP difficult

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[1] Health Quality Ontario (2018). Northern Ontario Health Equity Strategy: A plan for achieving health equity in the North, by the North, for the North. Retrieved from https://www.hqontario.ca/Portals/0/documents/health-quality/health-equity-strategy-report-en.pdf

[2] Ontario Association of Public Health Dentistry (OAPHD). June 2022. Federal Dental Care Program Letter.

- Create a national **oral health strategy,** and/or encourage the provinces to do so
    - Identify metrics that are important to collect and standardize data collection

- Implement **robust surveillance data**
    - Consider cloud-based EMR so that clients have one record; easier for clients accessing care across districts and for surveillance (i.e. identification of health needs, trends)
    - Mandate the collection of oral health indicators across the province and report on findings to establish appropriate baseline data

- Review and adjust remuneration rates for service providers to 75% of the current Ontario Dental Association Suggested Fee Guide for General Practitioners[3]
    - Existing payments do not reflect the rising cost of living, COVID-19 requirements for businesses, and the cost of running a dental clinic
    - The Ontario government has not raised fees paid to dental practitioners for their care since 1998, other than an inflation adjustment in 2009-10, and currently pays fees at approximately 37% of the current Ontario Dental Association Suggested Fee Guide while overheads approximate 65-70%[3]

Northern recommendations

Northern communities will experience the new federal dental care program differently, due to accessibility challenges in the north, the ongoing challenge of service provider recruitment and retention, and the unique disparities experienced by northern clients and service providers, whose collective voice is sometimes not heard while planning large-scale programs.

- Plan for accessibility challenges in the north
    - Consider the cost of delivering care in rural and remote communities in the funding formula (i.e. greater outreach costs for providers who must travel to provide care)
    - Continue to include provincial programs such as northern health travel grants; include this for all dental public health programs (i.e. children and adults)

- Work with qualifying Universities and Colleges to strategically promote living and working in northern communities
    - Recruit new and future dental professionals to the north to help respond to a high demand for services (i.e. address the problem of not having enough dentists, especially those that value health equity)
    - There is great risk that this program may mirror family medicine challenges currently experienced in the north:
        - Service providers may not accept new clients due to full practices
        - Clients may be forced to wait months until an appointment is available; this is especially true for specialists (e.g. surgeons)

- Engage northern voices from the start
    - Create an opportunity for northern residents and service providers to voice their thoughts/share experiences

[3] Ottawa City Council- carried motion. Wednesday, June 22 2022. Retrieved from: https://app05.ottawa.ca/sirepub/mtgviewer.aspx?meetid=8584&doctype=SUMMARY

- Data indicates that northern disparities are real,[1] however first-hand stories from residents and service providers can help meaningfully address northern-specific issues

Thank you for recognizing the importance of oral health care for those who need it the most. Public policy that prioritizes health equity by offering low-income residents the opportunity to live healthier, happier lives, inspires us. We hope that you consider these recommendations as you plan the structure of the new federal dental care program. We are available for any future collaboration opportunities, especially as they pertain to equitable planning for northern communities.

Sincerely,
Northern Ontario Medical Officers of Health

Cc: (via email) Algoma Public Health – Dr. John Tuinema

North Bay Parry Sound District Health Unit – Dr. Jim Chirico

Northwestern Health Unit – Dr. Kit Young Hoon

Porcupine Health Unit – Dr. Lianne Catton

Public Health Sudbury & Districts – Dr. Penny Sutcliffe

Thunder Bay District Health Unit – Dr. Janet DeMille

Timiskaming Health Unit – Dr. Glenn Corneil

October 26, 2022

BOARD OF HEALTH MEETING

Algoma Community Room / Videoconference

www.algomapublichealth.com

Meeting Book - October 26, 2022, Board of Health Meeting

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15. Adjournment

Algoma PUBLIC HEALTH Santé publique Algoma

Board of Health Meeting
AGENDA
October 26, 2022 at 5:00 pm
SSM Algoma Community Room & Videoconference

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

APH MEMBERS
Dr. John Tuinema - Acting Medical Officer of Health & CEO
Antoniette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Programs
Leo Vecchio - Manager of Communications
Leslie Dunseath - Manager of Accounting Services
Liliana Bressan - Manager of Effective Public Health Practice
Kimberly Aslett - Research Policy Advisor
Dr. Emma Pillsworth - PH and Preventive Medicine Resident
Tania Caputo - Board Secretary
Tanya Storozuk - Executive Assistant

GUESTS
Hilary Cutler, Manager of Community Wellness & Oral Health, Lisa O'Brien - Health Promotion Specialist,
Kelly Godson - Public Health Nurse, Amanda Perri - Epidemiologist
Michael Meraglia & Mackenzie Wood-Salomon - BScN Consolidation Students

---

1.0 Meeting Called to Order — *S. Hagman*

a. **Land Acknowledgment**
b. **Declaration of Conflict of Interest**

2.0 Adoption of Agenda — *S. Hagman*

RESOLUTION
THAT the Board of Health agenda dated October 26, 2022 be approved as presented.

3.0 Delegations / Presentations

a. **Substance Use Program Update: A holistic approach to addressing and preventing opioid-related harms** — *H. Cutler, K.Godson, L. O'Brien, A. Perri,*

4.0 Adoption of Minutes of Previous Meeting — *S. Hagman*

RESOLUTION
THAT the Board of Health minutes dated September 28, 2022 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. Tuinema*

i. MOH Report - October 2022

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for October 2022 be accepted as presented.

ii. Algoma Ontario Health Team (AOHT) - Memorandum of Understanding (MOU) *(posted in addendum)* *J. Tuinema*

b. Finance and Audit *L. Mason*

i. Finance and Audit Committee Chair Report

RESOLUTION

THAT the Finance and Audit Committee Chair Report for October 2022 be accepted as presented.

ii. Unaudited Financial Statements for the period ending August 31, 2022. *L. Mason*

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending August 31, 2022, as presented.

iii. 2023 Recommended Capital and Operating Budget Report *L. Mason*

RESOLUTION

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee to approve the 2023 Public Health Capital and Operating Budget Report.

iv. Briefing Note - Reimbursement of Funds to Garden River Wellness Centre (GRWC) for Services Not Rendered *L. Mason*

RESOLUTION

THAT the Board of Health approve full reimbursement to the GRWC for services billed but not rendered during the COVID 19 pandemic.

v. Briefing Note - Options for 2021 Public Health Surplus *L. Mason*

RESOLUTION

THAT the Board of Health approve Option 1 as outlined in the briefing note, to leave a portion of the 2021 surplus in the business account.

7.0 New Business/General Business

a. Increase in Provincial Base Funding for Local Public Health *J. Tuinema*

RESOLUTION

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, such that public health units are able to sustain and routinize COVID-19 response and immunization, while simultaneously restoring the delivery of mandated public health programs and services, addressing the backlog of services suspended during the pandemic, and rebuilding local public health for resilience to protect the wellbeing of residents in Northern Ontario.

b. Northern Public Health Human Resource Requirement Strategy *J. Tuinema*

RESOLUTION

THAT the Board of Health of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government commit to developing and supporting the implementation of a northern public health human resource strategy, with specific attention to public health inspectors, in collaboration with northern public health units, to address the longstanding public health human resource challenges in the north.

c. Review Base-Funding Needs for the Healthy Babies Healthy Children Program *J. Tuinema*

RESOLUTION

THAT the Board of Health of Algoma Public Health endorse the letter from Public Health Sudbury & Districts to the Ontario Ministry of Children, Community and Social Services (Appendix) urging a review and increase of base-funding for the Healthy Babies Healthy Children program to ensure this critical program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

d. Pandemic Restrictions Take a Toll on Kids' Physical Fitness *S. Hagman*
(*posted in addendum*)

8.0 Correspondence *S. Hagman*

a. Letter to the Minister of Health from Peterborough Public Health regarding **AMO Submission - Strengthening Public Health In Ontario: Now and For the Future** dated October 4, 2022.

b. Letter to the Minister of Health from Algoma Public Health regarding **Response to the Opioid Poisoning Crisis: A Comprehensive Public Health Approach for Substance Use Prevention and Harm Reduction** dated October 24, 2022.
(***posted in addendum)***

9.0 Items for Information *S. Hagman*

a. alPHa Information Break - October 2022

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.

12.0 Open Meeting *S. Hagman*

Resolutions resulting from the in-camera meeting.

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

Finance and Audit Committee Meeting - Tentative

Wednesday, November 9, 2022 @ 5:00 pm
Video Conference | SSM Algoma Community Room

Governance Committee Meeting - Tentative

Wednesday, November 16, 2022 @ 5:00 pm
Video Conference |SSM Algoma Community Room

BOH Reconciliation Training - Tentative

Wednesday, November 23, 2022 @ 4:30 pm
Video Conference |SSM Algoma Community Room

Board of Health Meeting - Tentative

Wednesday, November 23, 2022 @ 5:00 pm
Video Conference |SSM Algoma Community Room

14.0 Monthly Evaluation *S. Hagman*

15.0 Adjournment *S. Hagman*

RESOLUTION

THAT the Board of Health meeting adjourns.

Substance Use Program Update:

A holistic approach to addressing & preventing opioid-related harms

Hilary Cutler, Program Manager, Community Wellness
Dr. Amanda Perri, Epidemiologist
Lisa O'Brien, Health Promotion Specialist
Kelly Godson, Public Health Nurse

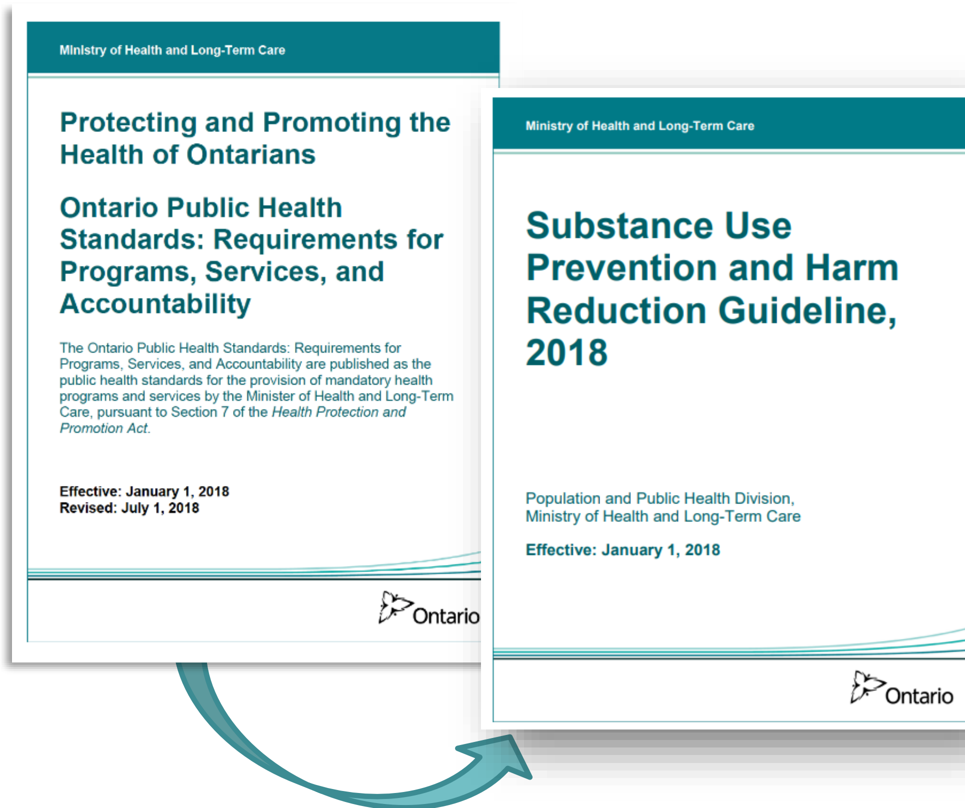
October 26, 2022

Algoma PUBLIC HEALTH
Santé publique Algoma

Overview

- Opioids – a complex public health issue
- Surveillance update
- Local response plan
- Next steps

Ontario Public Health Standards



Ministry of Health and Long-Term Care

Protecting and Promoting the Health of Ontarians

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the *Health Protection and Promotion Act*.

Effective: January 1, 2018
Revised: July 1, 2018

Ontario

Ministry of Health and Long-Term Care

Substance Use Prevention and Harm Reduction Guideline, 2018

Population and Public Health Division, Ministry of Health and Long-Term Care

Effective: January 1, 2018

Ontario

Substance Use and Injury Prevention

Goal

To reduce the burden of preventable injuries and substance[19] use.

Program Outcomes

- The board of health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services for preventing injuries, preventing substance use, and reducing harms[20] associated with substance use.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with the prevention of injuries, preventing substance use, and reducing harms associated with substance use.
- Priority populations and health inequities related to injuries and substance use have been identified and relevant data have been communicated to community partners.
- There is a reduction in population health inequities related to injuries and substance use.
- Community partners are aware of healthy behaviours associated with the prevention of injuries and substance use, which includes reducing the harms associated with substance use.
- Community partners have knowledge of and increased capacity to act on the factors associated with the prevention of injuries, including healthy living behaviours, healthy public policy, and creating supportive environments.
- Community partners have knowledge of and increased capacity to act on the factors associated with preventing substance use, and reducing harms associated with substance use, including healthy living behaviours and developing personal skills, healthy public policy, and creating supportive environments.

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- Ministry of Health and Long-Term Care. (2018). Substance use prevention and harm reduction guideline, 2018.
- Ministry of Health and Long-Term Care. (2021). Ontario public health standards: Requirements for programs, services, and accountability.

APH Strategic Plan

- Program activities underway align with our 3 strategic directions
- Direction 1c: Working with priority populations to develop a shared, holistic understand of community needs is at the **core of this work**

Vision

Health for all. Together.

Mission

We promote and protect community health and advance health equity in Algoma.

Strategic Direction #1: Advance the priority public health needs of Algoma's diverse communities.

a. Strengthen population health assessment to improve understanding of the distribution and determinants of health and disease, including local health disparities, and identify priority populations for public health and health equity action.
b. Work with partners to exchange knowledge and align our shared data to have more impact on population health.
c. Work with priority populations to develop a shared, holistic understanding of community health needs.

Strategic Direction #2: Improve the impact and effectiveness of APH programs.

a. Align programs to population health priorities and to the unique role of public health.
b. Use evidence and data to plan and evaluate for program effectiveness and impact.
c. Support agency-wide, integrated strategies for health.
d. Meaningfully engage clients, partners, and communities based on shared goals and accountabilities.

Strategic Direction #3: Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

a. Invest in our people and develop organizational capacity to use evidence and data and build effective partnerships.
b. Engage staff and external partners in the evolution of our public health role in Algoma communities.
c. Recognize and share the stories of our people and partners.

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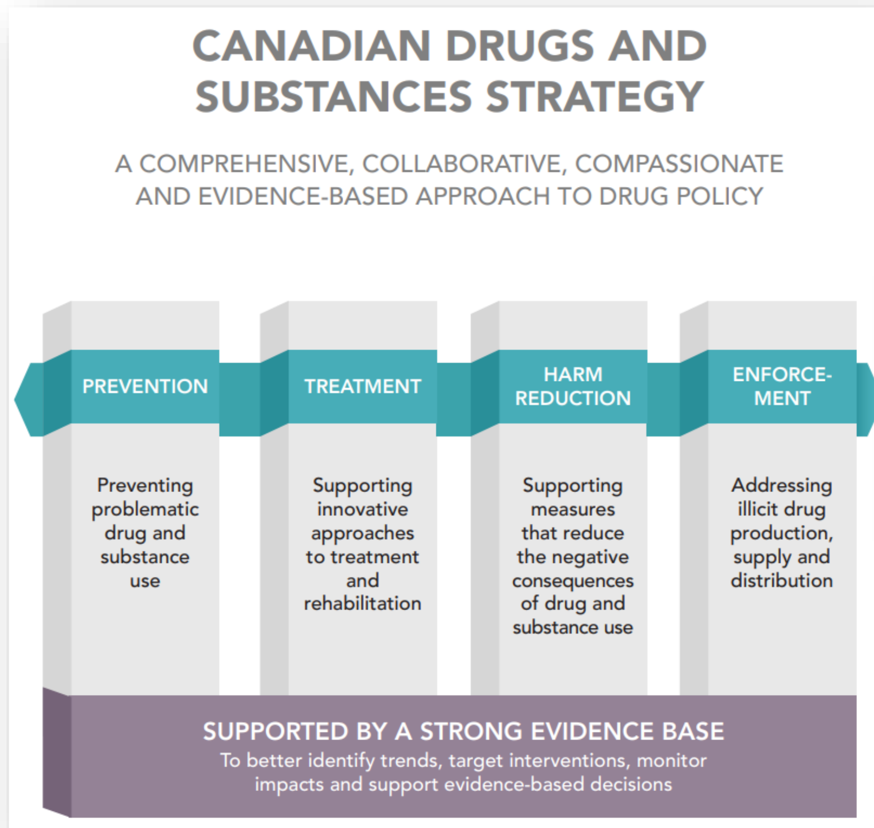
- Algoma Public Health. (2020). 2020-2025 strategic plan. Internal document.

Opioids: A complex public health issue



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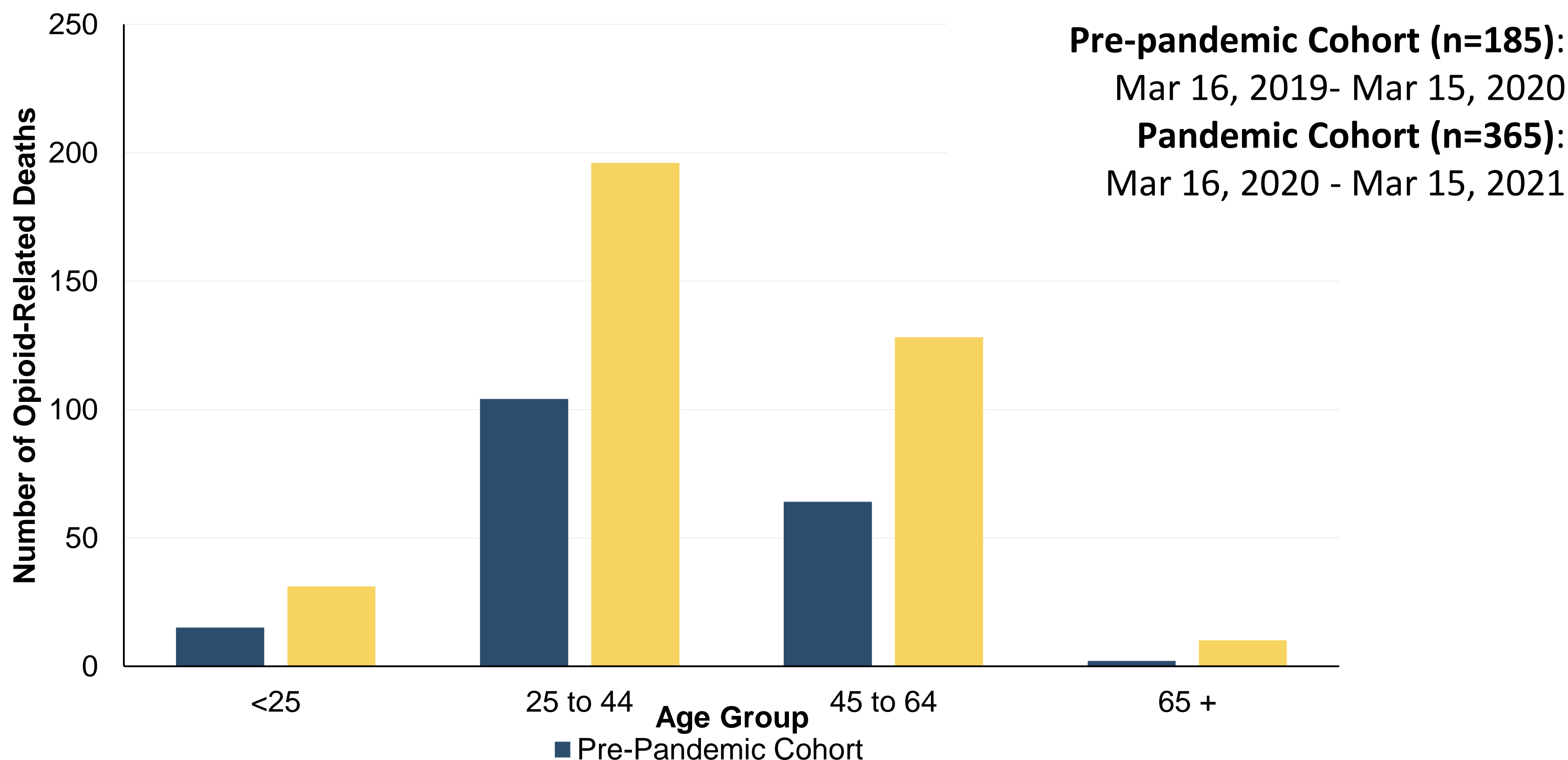
- Canadian Public Health Association. (2017). Position statement: Decriminalization of personal use of psychoactive substances.
- CATIE. (2021). Safe supply: What is it and what is happening in Canada?
- Government of Canada. (2019). Canadian drugs and substances strategy.

Opioid Surveillance Update

Northern and Local Data

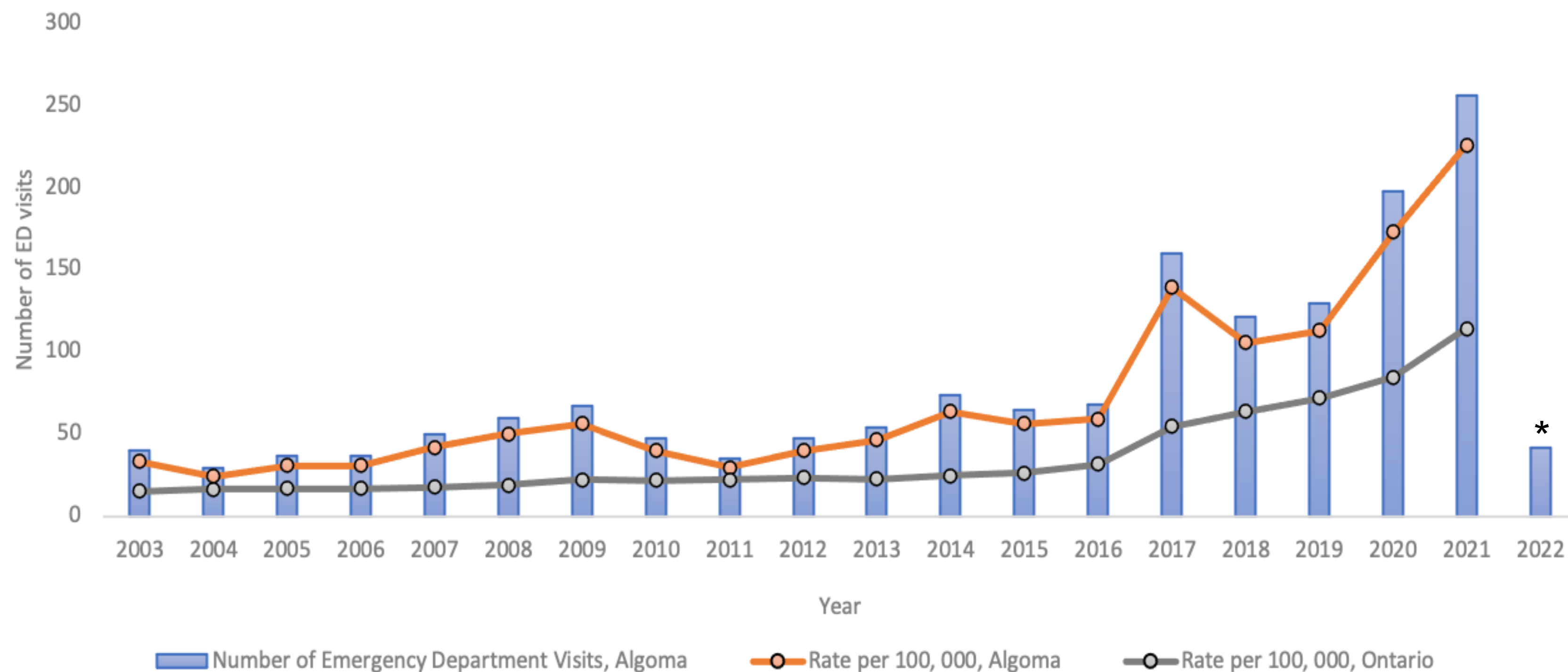
Northern Ontario: Distribution of Opioid Related Deaths by Age



Algoma PUBLIC HEALTH Santé publique Algoma

- Opioid-Related Deaths During COVID-19 North, 2021; date retrieved: July 20, 2021.

Local Snapshot: Algoma

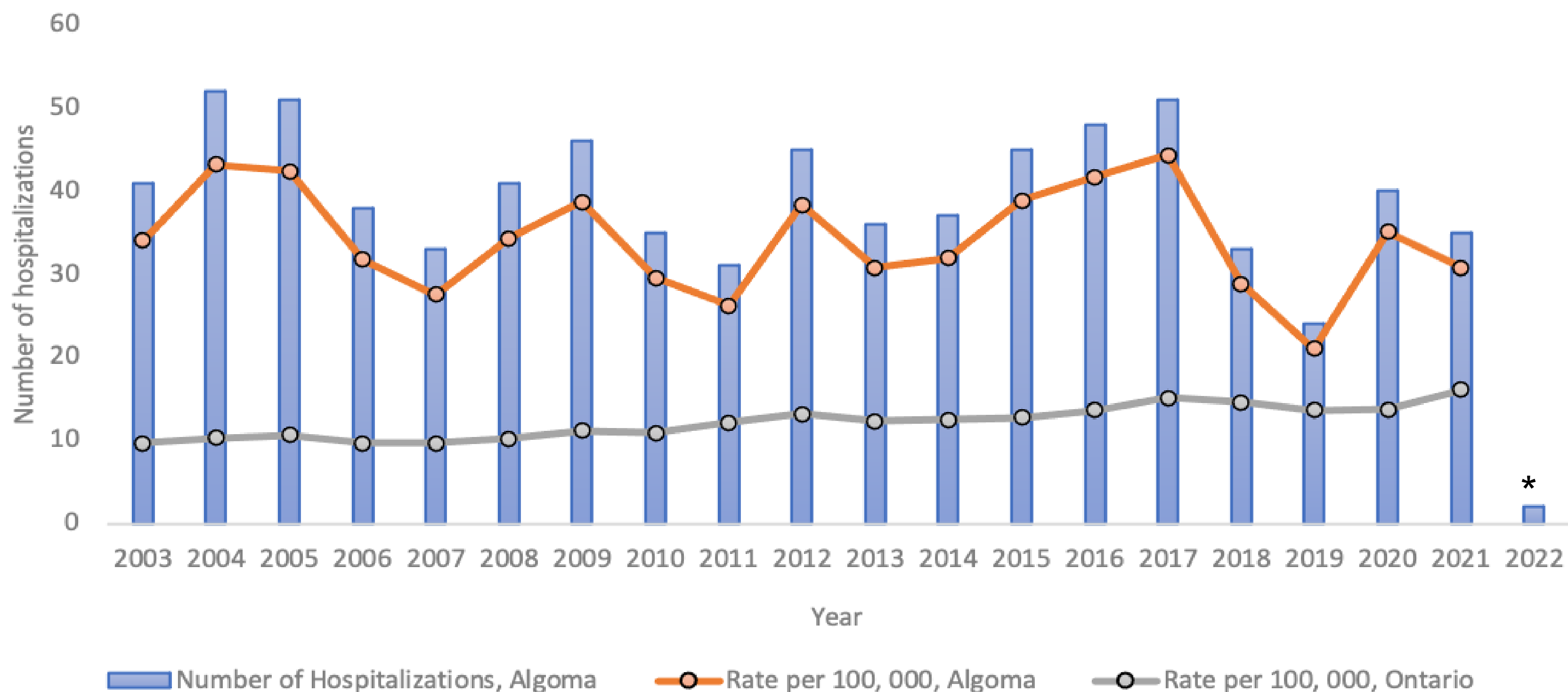


*Preliminary data, including up until March 31, 2022

Algoma PUBLIC HEALTH Santé publique Algoma

- Public Health Ontario. Interactive opioid tool: Opioid-related morbidity and mortality in Ontario.

Local Snapshot: Algoma

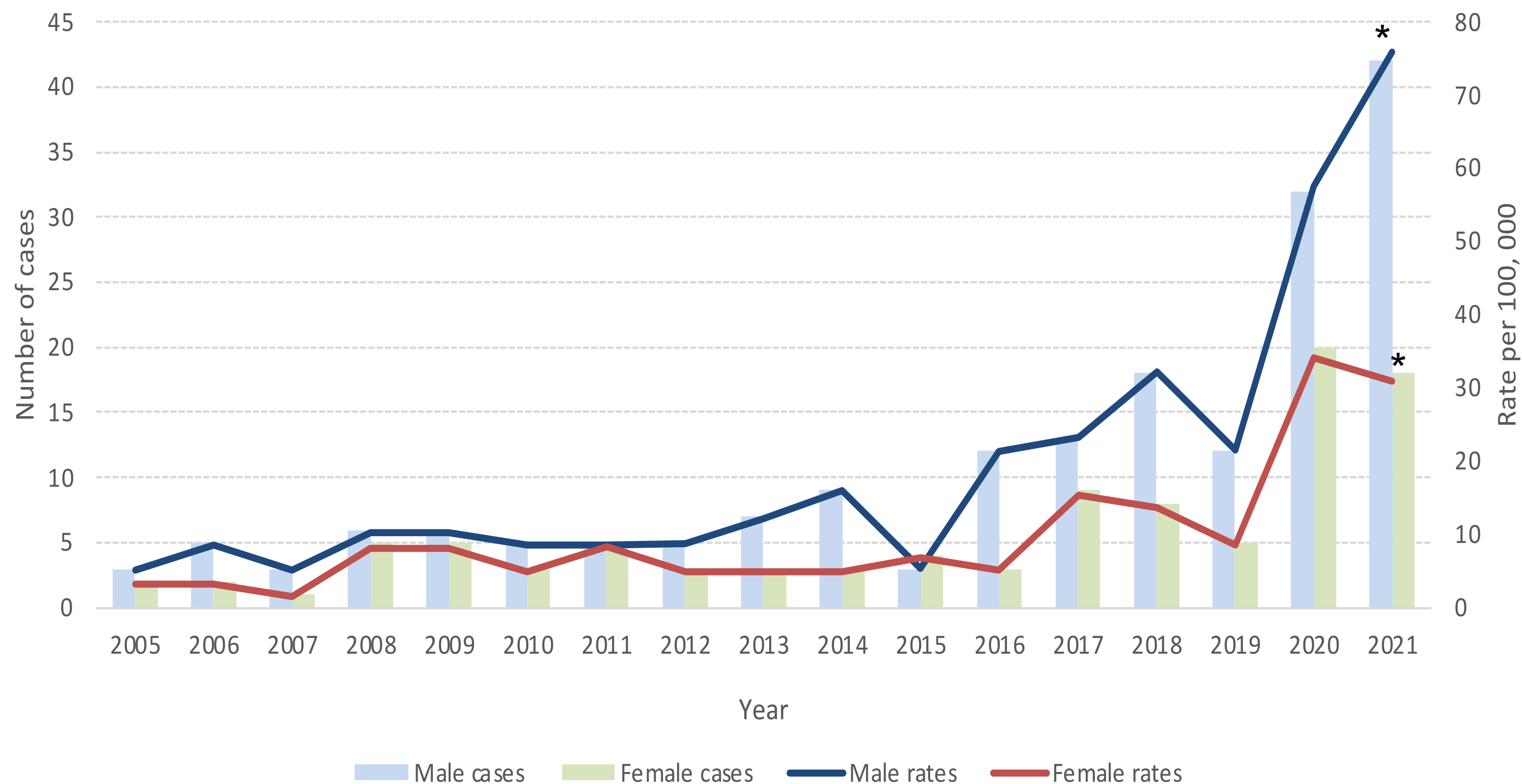


*Preliminary data, including up until March 31, 2022

Algoma PUBLIC HEALTH Santé publique Algoma

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

Local Snapshot: Algoma



*Data for 2021 should be considered preliminary and subject to change.

Algoma PUBLIC HEALTH Santé publique Algoma

- Public Health Ontario. Interactive opioid tool: Opioid-related morbidity and mortality in Ontario.

Local Response Plan & Community Engagement

Algoma
PUBLIC HEALTH
Santé publique Algoma

Local Response Plan

Why?

- To get a better understanding of the current opioid climate in Algoma, in order to provide accurate information and useful recommendations to influence change

How?

- The following data is being gathered:
  - Local surveillance data
  - Early warning systems
  - Community engagement*
  - Best-practice evidence

What?

- Findings will be summarized in a community report to help inform community partners, as well as the general public, about the current opioid situation in Algoma and how to effectively move forward to improve health for all, together

Local Response Plan

Community Partner Interviews (Jan-Feb 2020)

- 15 interviews with people working in a variety of settings within the pillars of harm reduction, enforcement, treatment and recovery and prevention and education
- Questions aim to understand their role, the clients they work with, substances used, barriers to accessing services, ideas for overcoming barriers, and how empowered they feel to influence change
- Interview transcripts are being analyzed and themed by the Research and Policy Advisor (RPA) and Health Promotion Specialist (HPS)

Community Engagement

Client Interviews (Aug 2022 – Present)

- Interviewing clients who are using or have used substances in the past
- All APH district offices participating
- Aim to understand barriers to treatment and recovery and stigma in Algoma

Family & Friend Interviews (Sept 2022 - Present)

- Client interview questions revised for family and/or friends of people who are using or have used substances, or have lost somebody who had a substance use disorder
- Similar aim as client interviews, with the addition of trying to understand how to support mental health of family/friends

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What are we hearing?
Emerging themes from community partners

Barriers identified:

- System Navigation
- Wait lists and time to access services
- Staffing and burnout
- SDOH (housing, food, transportation, access to HCP)
- Stigma (health care, non-health care, community)
- Communication between agencies
- Limited hours of operation for services
- Policies

"… it [stigma] is out there where it really shouldn't be. We should be past that point by now."

"How can anyone get better – how can we expect them to get better – when there is no housing, no shelter, no food, limited access to support?"

"We could reach so many more people, but there is not enough time in the day/enough people – you can only work so many hours in a week before you burn yourself out."

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What are we hearing?

Emerging themes from client interviews

Contributing factors leading to substance use:

- Homelessness
- Trauma

What is helping?

- Services are being accessed (e.g. Narcotics Anonymous)

What is needed?

- Stigma reduction (all people are important)
- Not enough services available (e.g. counselling)

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Our Way Forward…

Next Steps

Community Report

- Theme, analyze, and summarize all interview responses
- Share results with partners and the general public

2022-2023 Program Goals

- Influence community dialogue re: the importance of prevention and harm reduction
- Continue to collaborate with partners to integrate community intel and knowledge into planning processes
- Reduce stigma associated with substance use
- Continue to advocate for local needs
- Continue to advocate for health, social, and economic policies

Thinking Upstream

• Conrad N. Hilton Foundation's Youth Substance Use Prevention and Early Intervention Strategic Initiative. (n.d.) Moving upstream: Addressing youth substance use.

Thank you. Questions?

October 26, 2022

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. John Tuinema and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

COVID-19 Pandemic in Algoma: An Update

In late September and early October 2022, we began to see a rise in high-risk COVID-19 cases and in other pandemic indicators (e.g. hospitalizations, outbreaks). This was not unexpected, as COVID-19 infections are predicted to increase in the fall with colder weather and more time spent indoors. In response, public messaging was sent out via a news release[1] on October 6th and social media messaging to inform the public of the situation and provide information on how to stay safe during respiratory season (e.g. self-screening and staying home if ill, staying up to date on vaccinations, wearing a mask when in indoor or crowded spaces, etc.).

A further surge of cases occurred following the Thanksgiving weekend. This further increase in high-risk COVID-19 cases seems to be reducing, but case rates have not fallen to pre-October levels. So far, this increase in cases has been manageable for the Infectious Diseases team from a case management standpoint. Outbreaks in high-risk settings have also increased, and our public health inspectors and facility liaisons are working diligently with partners to keep residents of and staff in these settings as safe as possible.

We continue to strongly recommend that all Algoma residents stay up to date on their COVID-19 vaccinations this fall. Staying up to date means receiving all recommended vaccine doses, including any booster doses, when eligible. Appointments remain available at public health clinics, Indigenous community clinics, select primary care offices, and participating pharmacies.

As of October 12th, Ontarians aged 12+ are eligible to receive a bivalent booster dose of COVID-19 vaccine at a recommended 6 months since their last dose. Booster doses remain most important for high-risk individuals (i.e. those aged 65+) in Algoma, who should receive a booster dose at the minimum 3-month interval after their last dose.

We continue to monitor the ongoing pandemic and will adjust our response as it develops.

Flu Shots Become Available

In early October, APH, pharmacies, and participating health care providers opened booking for annual influenza immunizations. Many appointments remain available, and we encourage residents to receive an annual flu shot to protect themselves and others in our community.

Residents of Algoma aged 5+ are able to safely receive their annual flu shot at the same time or at any time before or after the COVID-19 vaccine. Children under 5 are recommended to receive their COVID-19 vaccine 14 days before or after receiving any other immunization to allow for differentiation of any adverse effects.

Although a separate vaccine is needed to protect ourselves from the flu, many of the measures we use daily to protect ourselves against COVID-19 are effective in protecting us against influenza (masking, distancing, etc.).

COVID-19 Pandemic Recovery and Strategic Plan

The Recovery Taskforce continues to meet regularly to plan for recovery through the use of our Recovery Action Plan to routinize COVID-19 response, restore core programs, and rebuild public health, all centred in the

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[1] Algoma Public Health. COVID numbers on the rise: residents are reminded to take necessary precautions. Published October 6, 2022. Accessed October 20, 2022. https://www.algomapublichealth.com/news/covid-numbers-on-the-rise-residents-are-reminded-to-take-necessary-precautions/

revitalization of our public health teams. We have begun introducing staff to the plan through various means and continue work to ensure it guides and informs all aspects of our work.

As part of recovery, I have sent out bi-weekly MOH e-mail updates to all employees. In a recent update to staff on the National Day for Truth and Reconciliation/Orange Shirt Day, it was discussed how we can entrench the values of reconciliation into our work through the strategic plan. The following is an excerpt from this update as an example of how our strategic plan can be used to advance health equity in Algoma and our work towards the shared goal of Reconciliation:

"Wearing an orange shirt to honour residential school survivors, those who died, as well as their families and communities sends an important message, but it's not sufficient. We have to be careful to ensure that outward expressions of support don't become empty gestures. It's important to take action, but even that may not be enough as sometimes these actions fall to the wayside as competing priorities come up. To prevent that from happening, organizations need to entrench these values and directions into the very core of their guiding documents and plans.

As mentioned at the town hall, we plan on launching our strategic plan that was approved just prior to the pandemic. I brought it to the board Wednesday night [September 22nd, 2022], and they were in favour of moving forward. I'd like to introduce the plan and hopefully show some ways in which we can entrench reconciliation into our work.

Review the APH Strategic Plan: Vision, Mission and Strategic Directions

I'd like to start with our Vision: "Health for all. Together." It's important to note that "Health for all." means health for All. It doesn't mean improving health where it is easiest to do so or improving health at the expense of others, it means that everyone's health is important.

How can we ensure that? Moving down the plan, we see that our mission states, "We promote and protect health and advance health equity in Algoma". Advancing health equity can happen at all levels of our strategic directions but most notable in 1(c) Work with priority populations to develop a shared, holistic understanding of community health needs, 2(d) Meaningfully engage clients, partners, and communities based on shared goals and accountabilities, and 3(c) Recognize and share the stories of our people and partners.

Entrenching this in our guiding plan is crucial, but it's really just the beginning. Now it's time for action, and this is where you [employees of APH] come in. Today is a great day to begin recognizing and really listening to the stories of Indigenous partners and Peoples. This is one of many steps towards developing that shared understanding of their communities' health needs in a way that originates from the communities themselves. With that understanding, we can help advance health equity in a way that respects the needs, preferences, and self-determination of Indigenous communities to help ensure health for All. It won't always be easy, but it is critical to do so. Much work has already been done, but we must continue the momentum and make strides towards our shared goal of Reconciliation."

MEMORANDUM OF UNDERSTANDING
Partnership Agreement ("Agreement")

This Agreement is made as of the ______________ day of __________, 2022
BETWEEN:

Algoma Ontario Health Team

(hereinafter referred to as "Algoma OHT")

-and-

Algoma Public Health

(hereinafter referred to as "Member Organization")

WITNESSETH that:

WHEREAS Algoma OHT is an integrated team that jointly plans and delivers health, social and health promotion services;

AND WHEREAS Algoma OHT was designated by the Minister of Health under the *Connecting Care Act, 2019;*

AND WHEREAS Member Organization would like to participate as a partner or an advisor as part of the Algoma OHT;

NOW, THEREFORE, in consideration of mutual covenants and agreements between the parties hereto, it is agreed as follows:

1. **Term of Agreement**

The term of this Agreement will be effective on the date set above and will expire on March 31, 2023 (the "Term") or if during the Term, such time as the Ministry of Health requests a review, revision or termination of the Agreement.

2. **Withdraw/ Termination**

This Agreement may be terminated by the Algoma OHT by providing thirty (30) days written notice to the Member Organization.

A Member Organization may withdraw from the Algoma OHT or terminate its membership at any time by providing a minimum of thirty (30) days written notice to the Algoma OHT's Leadership Council. Such withdraw and/or termination shall not be unreasonably withheld.

3. Algoma OHT Background

The Algoma OHT was designated on 23rd day of July, 2020 by the Minister of Health under the *Connecting Care Act, 2019* with the intention to work together to achieve their shared vision of providing a continuum of integrated health, social and health promotion services to the persons to whom they provide care and services for the people of Algoma.

Integrated health care represents a fundamental shift in the way that health, social and health promotion services are provided. It involves putting people and communities; not diseases, providers or organizations, at the center of the health care system and empowering people to take charge of their own health rather than being passive recipients of services. When health, social and health promotion services are integrated, it means they are delivered in a way that people receive the continuum of services as part of a coordinated team, no matter where care is provided.

4. Algoma OHT Program

In order for the Algoma OHT to be successful, it will be important to focus on learning together as an integrated local health system to better serve the people of Algoma. This will require embracing ambiguity as we learn to work together across health and social sectors; including home and community care, hospital services, housing, long-term care, mental health and addictions, palliative, primary care services, public health and specialty care among others.

Through this engagement the Algoma OHT is seeking to put in place this partnership agreement to enable partners and advisors to improve care experiences and outcomes. Each Member Partner and Member Advisor who are part of the Algoma OHT will retain its own independence, with an independent board and oversight. Any decisions made by the Algoma OHT are recommendations. Member Organizations are highly encouraged to support greater alignment between the Algoma OHT and their respective organizations in order to improve service delivery within the Algoma district.

The partnership agreement, and the Algoma OHT, should in no way be a barrier or impede decisions to serve people, families and communities and should facilitate the coming together of people at all levels of respective organizations to work towards the mission and vision of the Algoma OHT outlined in Appendix 1.

5. Role / Responsibilities of Algoma OHT

The Algoma OHT is working on meeting the Year 1 expectations of the Ontario Health Team (OHT) and eventually at maturity with respect to the 8 OHT building blocks which responsibilities include:

- Defining patient population
- In-scope services
- Patient partnership and community engagement

- Patient care and experience
- Digital health
- Leadership, accountability and governance
- Funding and incentive structure
- Performance measurement, quality improvement and continuous learning

6. Role / Responsibilities of Member Organization

Member Organizations will participate as a partner or an advisor with the current focus on being inclusive in contributing to the Algoma OHT objectives. Member organization, whether participating as a Member Partner or a Member Advisor agrees to the Algoma OHT mission and vision outlined in Appendix 1.

Member Partners will:

- Work jointly for the delivery of health, social and health promotion services (i.e. project implementation) which includes a commitment to aligning initiatives and resources towards the work of the Algoma OHT.
- Partners are eligible to be on the Leadership Council as voting members.

Member Advisors will:

- Advisors agree with the mission / vision, and may still be 'exploring' full partnership or contributing towards the OHT in a different capacity other than the delivery of services.
- Advisors are non-voting on the Leadership Council.

All Member Partners and Member Advisors will review the Algoma OHT Terms of Reference outlined in Appendix 2.

In participating in this Agreement Member Organizations agree that their respective Member Organization Board of Directors have been made aware of the partnership agreement. Where required, Member Organizations shall seek their Member Organization Board of Directors approval and/or endorsement, as the case may be, should their respective policies and procedures require such.

7. Funding Arrangements

It is recognized that Sault Area Hospital ("SAH") is the designated fund holder, acting on behalf of the Algoma OHT in accordance with the conditions set out in the SAH Fund Holder Agreement. SAH is responsible to ensure that financial reports related to the Algoma OHT funding is reported back to the Algoma OHT Leadership Council on a regular basis.

Beyond utilizing the earmarked Algoma OHT funding, it is further expected and intended that Algoma OHT Member Partners will leverage this funding by aligning their strategies, work and resources in a way that is consistent with the vision and mission of the Algoma OHT where possible.

8. Privacy and Confidentiality

Through the Term of this agreement the Parties may transmit and exchange private and confidential information that may include; documents, materials, research and/or personal health information of patients which collectively herein is referred to as ("Confidential Information"). It is agreed that appropriate administrative, technical and physical safeguards will be established and maintained by all Parties to protect the Confidential Information and to prevent unauthorized access to it. The protection of all Confidential Information under this Agreement shall survive the Term of this Agreement.

9. No Conflict of Interest

The Member Organization shall: (a) avoid any Conflict of Interest in the performance of its contractual obligations; (b) disclose to the Algoma OHT Chair without delay any actual or potential Conflict of Interest that arises during the performance of its contractual obligations; and (c) comply with any requirements prescribed by Algoma OHT to resolve any Conflict of Interest. In addition to all other contractual rights or rights available at law or in equity, Algoma OHT may immediately terminate the Agreement upon giving notice to the Member Organization where: (a) the Member Organization fails to disclose an actual or potential Conflict of Interest; (b) the Member Organization fails to comply with any requirements prescribed by the Algoma OHT to resolve a Conflict of Interest; or (c) the Member Organization's Conflict of Interest cannot be resolved. This paragraph shall survive any termination or expiry of the Agreement.

10. Intellectual Property

The Member Organization agrees that any intellectual, industrial or other proprietary right of any type in any form protected or protectable under the laws of Canada, any foreign country, or any political subdivision of any country, including, without limitation, any intellectual, industrial or proprietary rights protected or protectable by legislation, by common law or at equity Intellectual Property and every other right, title and interest in and to all concepts, techniques, ideas, information and materials, however recorded, (including images and data) ("Intellectual Property") provided by Member Partner shall remain the sole and exclusive property of the Member Partner. Furthermore, Algoma OHT shall be the sole owner of any Intellectual Property created by the Supplier in the course of performance of its obligations under the Agreement ("Newly Created Intellectual Property").

11. Dispute Resolution

Any dispute, controversy, or claim arising out of, or in connection with this Agreement or the failure of the Parties to agree on any matters requiring or contemplating their Agreement hereunder (a "Dispute") shall be dealt with as hereafter set out.

- Meeting to Negotiate Resolution, A meeting shall be held between the parties hereto (the "Parties) promptly after a Dispute has arisen. The meeting will be attended by representatives of the Parties with decision-making authority to settle the Dispute. At the meeting, the Parties will attempt in good faith to negotiate a resolution of the Dispute. The parties will make all attempts reasonable to obtain resolution. In the event a resolution cannot be met, the Dispute will move to arbitration.

12. Notice

Any notice or communication required to be given under the terms of this Agreement shall be in writing and shall be served personally, delivered by courier or sent by certified or registered mail, postage prepaid with return receipt requested, addressed to the other party at the address set forth or at such other address as either party shall hereafter designate to the other in writing. All notices shall be in writing and set by regular postage paid mail, registered mail, or electronic mail, addressed as follows:

To **Algoma OHT:**
750 Great Northern Rd.
Sault Ste. Marie, ON P6B0A8
Name: Victoria Aceti Chlebus
Title: Director, Integrated Care
Email: victoria.aceti@algomaoht.ca

To **Member Organization:**
294 Willow Ave.
Sault Ste. Marie, ON P6B 0A9
Name: Dr. John Tuinema
Title: Acting Medical Officer of Health & CEO
Email: jtuinema@algomapublichealth.com

All notices shall be effective when personally served, one (1) day following the date sent by electronic mail, or five (5) days after deposited in the mail.

13. Amendment of Agreement

In the event that any changes to this agreement are deemed necessary, either an amendment shall be prepared an executed by the Parties hereto or a new Agreement will be prepared and executed. An amendment will have no force or effect until compliance with the terms of this section.

14. Assignment

This Agreement is not assignable by either Party without the consent of the other Party. Subject to the foregoing, this Agreement continues to the benefit of and is binding upon the Parties, their successors and assigns.

15. Entire Agreement

This agreement constitutes the entire agreement between the Parties and except as herein written, there are no oral representations or warranties between the Parties of any kind.

16. Applicable Law

This agreement will be interpreted exclusively in accordance with the laws of the Province of Ontario and the federal laws of Canada as applicable therein.

17. Counterparts

This Agreement may be executed by the Parties in counterpart, who together shall be deemed to constitute one agreement, and delivery of the counterparts may be affected by means of a telecopier (followed immediately by delivery of the original copies by an overnight carrier).

IN WITNESS OF WHICH the Parties have signed and delivered this Agreement.

Algoma OHT:

Per:

Name: Victoria Aceti Chlebus

Title: Director, Integrated Care

Algoma Public Health

Pursuant to Section 6 'Role of Member/ Partner Organization' we hereby sign this MOU acknowledging and committing to the role of:
(Complete one of the following checkboxes in alignment with Section 6 Role/ Responsibilities of Organization)

☐ Member Partner

- Or -

☐ Member Advisor

Per: ______________________________ Per: ______________________________

Name:______________________________ Name: ______________________________

Title: ______________________________ Title: ______________________________

I have authority to bind the company. I have authority to bind the company

MEMORANDUM OF UNDERSTANDING
Partnership Agreement ("Agreement")

Appendix 1 – Vision, Mission, Collaboration

Background on Collaborative Decision Making Arrangements

The CDMA is intended to have an established process to use the implementation funding; that is meant to build the necessary infrastructure for the Algoma OHT.

Shared Vision, Guiding Principles and Commitments

Vision
An integrated health system focused on the unique needs of Algoma residents; where people receive seamless, excellent care where and when they need it.

Mission
The Algoma Ontario Health Team will collaborate in a model of care that is person-centered, efficient and simplified for both patient and provider.

MEMORANDUM OF UNDERSTANDING
Partnership Agreement ("Agreement")

Appendix 2 – Algoma Ontario Health Team
Terms of Reference (ToR)

MANDATE
The Algoma Ontario Health Team (AOHT) has a vision for an integrated health system focused on the unique needs of Algoma residents; where people receive seamless, excellent care where and when they need it. The Leadership Council's role is to provide a forum for its Members to plan, design, implement and oversee the AOHT.

ROLES AND RESPONSIBILITIES
Planning and Project Implementation
- establish an overall strategic plan for the AOHT and develop an annual work plan consistent with the strategic plan;
- identify and measure the priority populations for the AOHT and the impact of decisions on them;
- develop the name and central brand for the AOHT;
- identify, implement, and oversee Projects and Project Agreements; and
- ensure there is a commitment to share information, set joint performance targets, align service delivery and quality improvement for identified projects.

Quality and Risk
- review, collaborate on, and monitor safety and quality standards and performance and quality improvement for the AOHT;
- identify risk issues and consider risk allocation, mitigation, and corrective actions for AOHT activities;
- develop a complaints and significant event process for issues that impact more than one Member; and
- develop a risk management process for issues that could negatively impact the AOHT.

Resources and Accountability
- develop guidelines for the allocation and sharing of costs and resources, including funding earmarked for the AOHT as well as human resources, capital, and facilities and costs related to supporting the work of the AOHT;
- review and collaborate on financial performance, resource allocation and use, best practice, and innovation;
- develop clinical and financial accountability standards;
- determine Membership fees to be paid by Members, if any; and
- facilitate and oversee the development of a digital health strategy.

Engagement and Reporting
- develop and implement a joint communications strategy, including communication to stakeholders and the community;
- engage people, families and communities to ensure meaningful partnership and co-design across all OHT initiatives;
- engage with and seek input from Members and Networks;
- ensure engagement at a board to board level among Members; and
- report from time to time to Members on the work of the Leadership Council and any subcommittees and working groups.

Governance and Compliance

- evaluate and identify areas of improvement in the integrated leadership and governance structure of the AOHT on an ongoing basis, including the establishment of a standardized process to identify and admit additional Members to the AOHT;
- as part of efforts to set up a long-term governance structure for the OHT, engage the boards of each respective Partner organization to:
    - understand what it means to have a duty to an integrated local health system that serves the residents of Algoma
    - prioritise steps towards collaborative governance in the first year of operation
    - consider possible long-term options for collaborative governance;
- discuss compliance with, and amendments to, these Terms of Reference, the Framework, or a Project Agreement;
- facilitate dispute resolution; and
- ensure compliance with all reporting requirements.

Integration

- act as a forum for the defined geographic area to support any potential voluntary or involuntary integration initiatives ordered by the Ministry of Health and
- develop recommendations vis-à-vis proposed integrations.

Other

- Perform the roles assigned to the Leadership Council under the Framework.

SUBCOMMITTEES AND WORKING GROUPS

The Leadership Council has an Executive Committee that is comprised of the Tri-Chairs.

The Leadership Council may establish one or more subcommittees or working groups / action teams to assist it in fulfilling its role. The Leadership Council shall determine the mandate and composition of any such subcommittee or working group.

MEMBERSHIP

The Leadership Council shall be a representative group across Algoma, that includes both organizational and independent-level representation. At minimum, the Leadership Council shall be comprised of 7 voting members; however, must include the following representation:

- Organizational: community health and social services, long-term care, primary care and hospital services
- Independent: Patient Partner and Physician Lead

Organizational voting members are referred to as Partners and are identified as organizations that have signed a Memorandum of Understanding (Partnership Agreement) identified a commitment to work jointly for the delivery of health, social and health promotion services as part of the AOHT. Each Partner is eligible to have a senior-level representative on Leadership Council and may identify an alternate in case of absence. Independent voting members are appointed by Leadership Council and typically include patient and clinical representation without any organizational affiliation.

Non-voting members are referred to as Advisors and are identified as organizations that have signed a Memorandum of Understanding identifying alignment with the mission and vision of the AOHT, however may not be directly involved in the delivery of health and

social services related to the identified projects. Advisors may also be exploring full Partner status.

TRI-CHAIRS

The Leadership Council shall have a Tri-Chair model, which is elected for a two-year term by the majority vote of the Leadership Council. It should strike a balance representing administrative, clinical and patient leadership for the AOHT. The Tri-Chairs may alternate the meeting chair responsibilities, at their discretion and fully participate in deliberations as well as decision-making.

In addition to chairing responsibilities; the Tri-Chairs are responsible for:

- Acting on behalf of the Leadership Council (as the Executive Committee) in-between regularly scheduled meetings, including bringing those decisions (as information items) to the Leadership Council
- Preparing meeting agendas, including a governance calendar for future items
- Ensuring appropriate engagement of members and the regular evaluation of the governance model for the AOHT
- Providing day-to-day guidance, management and mentorship to the Administrative Director of the AOHT (Director, Integrated Care)

FUND MANAGER

The Leadership Council shall, by majority vote, select a Member Organization to be a “Fund Manager” (for a term to be agreed) to, as directed by the Leadership Council receive, manage, distribute and keep accurate accounts of, pooled resources, including funding earmarked for the AOHT. The Administrative Director of the AOHT will be responsible for managing the funds, in accordance with the Fund Manager’s policies and procedures, as well as ensuring that any funds are in accordance with the strategic priorities set out by the Leadership Council. The Fund Manager will submit financial reports and retain financial records for at least seven years.

MEETINGS

Meetings shall be held at a minimum quarterly, and where possible be scheduled in advanced according to a governance calendar. Ad hoc meetings may be called by the Tri-Chairs or at the request of a minimum of 3 Members. Agendas will be sent in advance and indicate whether items are for information, discussion or approval. In an effort to foster transparency, guests are welcome to participate in all meetings, except for in-camera portions, but may not vote.

QUORUM

Quorum will be a majority of Members, who may be present in-person or virtually. If a Member is not able to attend, the Member may send an alternate (who may count for quorum and vote). If quorum is not present, the Members present may meet for discussion purposes only and no decisions shall be made.

DECISIONS

UNLESS OTHERWISE SPECIFIED APPROVAL OF THE LEADERSHIP COUNCIL, DECISIONS WILL BE MADE BY CONSENSUS. CONSENSUS MEANS THAT EACH MEMBER IS PREPARED TO SUPPORT THE DECISION OR, IF APPLICABLE, RECOMMEND IT TO THEIR BOARD OF DIRECTORS, ORGANIZATION, OR RESPECTIVE MEMBERS, AS THE CASE MAY BE, EVEN IF THEY DO NOT AGREE

WITH THE DECISION/RECOMMENDATION. IN THE EVENT OF A TIE, A MAJORITY VOTE BY THE TRI-CHAIRS WILL CONSTITUTE THE TIE BREAKER. MOREOVER, ALL PROJECTS AND INITIATIVES MOVING FORWARD REQUIRE APPROVAL VIA VOTE OF THE LEAD (SPONSOR) ORGANIZATION. AS SUCH, LEADERSHIP COUNCIL CANNOT COMPEL AN ORGANIZATION TO LEAD OR ACT AS THE SPONSORING ORGANIZATION OF AN INITIATIVE WITHOUT ITS APPROVAL.

THE LEADERSHIP COUNCIL IS RESPONSIBLE FOR PUTTING A PROCESS IN PLACE FOR DISPUTE RESOLUTION, AS PART OF A PARTNERSHIP AGREEMENT APPLICABLE TO ALL ITS VOTING MEMBERS.

MINUTES

Meeting minutes will document deliberations and recommendations. All minutes will be available as part of the AOHT repository that may be accessed by the public, except for any confidential or in-camera discussions. Discussion during meetings shall be open, frank, and free-flowing, and while contents of minutes will be shared, they will not include attribution of individual contributions.

CONFIDENTIALITY

THE LEADERSHIP COUNCIL MEMBERS SHALL RECOGNIZE THAT FROM TIME-TO-TIME ITS MEMBERS MAY HAVE ACCESS TO CONFIDENTIAL INFORMATION. ALL MEMBERS ARE TO RESPECT THE CONFIDENTIALITY OF INFORMATION RECEIVED BY, AND DISCUSSIONS OF, THE COLLABORATION COUNCIL THAT ARE IDENTIFIED AS CONFIDENTIAL OR AS PART OF IN-CAMERA DISCUSSIONS.

POLICIES

The Leadership Council may adopt policies, protocols and procedures to support the work of the Leadership Council and its subcommittees and working groups.

REVIEW AND AMENDMENT

These Terms of Reference will be reviewed annually by the Leadership Council and may be amended with written agreement of the Leadership Council.

Algoma Public Health
(Unaudited) Financial Statements August 31, 2022

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Algoma Public Health
Statement of Operations
August 2022
(Unaudited)

Public Health Programs (Calendar)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Revenue						
Municipal Levy - Public Health	**$ 3,141,912**	$ 3,141,912	$ (0)	$ 4,189,216	0%	100%
Provincial Grants - Cost Shared Funding	**5,841,695**	5,841,692	3	8,773,425	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	**2,781,416**	2,824,628	(43,212)	4,259,650	-2%	98%
Provincial Grants - Mitigation Funding	**674,571**	691,864	(17,293)	1,037,800	-2%	98%
Fees, other grants and recovery of expenditures	**248,316**	239,866	8,451	379,075	4%	104%
Total Public Health Revenue	**$ 12,687,910**	$ 12,739,961	$ (52,051)	$ 18,639,166	0%	100%
Expenditures						
Public Health Cost Shared	**$ 10,466,364**	$ 11,154,088	$ 687,724	$ 16,648,021	-6%	94%
Public Health 100% Prov. Funded Programs	**1,233,100**	1,312,291	79,191	1,991,145	-6%	94%
Total Public Health Programs Expenditures	**$ 11,699,464**	$ 12,466,379	$ 766,915	$ 18,639,166	-6%	94%
Total Rev. over Exp. Public Health	**$ 988,447**	$ 273,583	$ 714,864	$ 1		

Healthy Babies Healthy Children (Fiscal)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Provincial Grants and Recoveries	**$ 445,011**	445,005	(6)	1,068,011	0%	100%
Expenditures	**466,366**	446,288	20,078	1,068,011	4%	104%
Excess of Rev. over Exp.	**(21,355)**	(1,283)	(20,072)	0		

Public Health Programs (Fiscal)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Provincial Grants and Recoveries	**$ 1,267,996**	1,271,222	3,226	2,176,700	0%	100%
Expenditures	**414,498**	590,536	(176,038)	2,176,700	-30%	70%
Excess of Rev. over Fiscal Funded	**853,498**	680,686	172,812	-		

Community Health Programs (Non Public Health)

Calendar Programs

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Revenue						
Provincial Grants - Community Health	**$ -**	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	**0**	0	-	0	#DIV/0!	#DIV/0!
Total Community Health Revenue	**$ -**	$ -	$ -	$ -	#DIV/0!	#DIV/0!
Expenditures						
Child Benefits Ontario Works	**0**	-	-	-	#DIV/0!	#DIV/0!
Algoma CADAP programs	**0**	0	-	-	#DIV/0!	#DIV/0!
Total Calendar Community Health Programs	**$ -**	$ -	$ -	$ -	#DIV/0!	#DIV/0!
Total Rev. over Exp. Calendar Community Health	**$ -**	$ -	$ -	$ -		

Fiscal Programs

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ YTD Budget 2022
Revenue						
Provincial Grants - Community Health	**$ 124,823**	$ 92,564	$ 32,259	$ 320,308	35%	135%
Municipal, Federal, and Other Funding	**85,836**	47,684	38,152	114,447	80%	180%
Other Bill for Service Programs	**0**	0	-	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	**$ 210,659**	$ 140,248	$ 70,411	$ 434,755	50%	150%
Expenditures						
Brighter Futures for Children	**33,091**	47,686	14,596	114,447	-31%	69%
Infant Development	**23,481**	0	(23,481)	0	#DIV/0!	#DIV/0!
Preschool Speech and Languages	**3,913**	53,655	49,742	58,155	-93%	7%
Nurse Practitioner	**67,092**	68,730	1,638	162,153	-2%	98%
Stay on Your Feet	**28,188**	41,667	13,479	100,000	-32%	68%
Rent Supplements CMH	**32,258**	0	(32,258)	0	#DIV/0!	#DIV/0!
Bill for Service Programs	**0**	0	-	(0)	#DIV/0!	#DIV/0!
Misc Fiscal	**-**	-	-	-	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	**$ 188,022**	$ 211,738	$ 23,716	$ 434,755	-11%	89%
Total Rev. over Exp. Fiscal Community Health	**$ 22,637**	$ (71,491)	$ 94,127	$ (0)		

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, 2022
(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Bgt. to Act. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ Annual Budget 2022	*Comparison Prior Year:* *YTD Actual 2021*	*YTD BGT 2021*	*Variance 2021*
Levies Sault Ste Marie	2,213,793	2,213,793	0	2,951,725	0%	75%	2,012,541	2,012,541	0
Levies District	928,119	928,119	0	1,237,491	0%	75%	843,744	843,744	0
Total Levies	**3,141,912**	**3,141,912**	**0**	**4,189,216**	**0%**	**75%**	**2,856,285**	**2,856,285**	**0**
MOH Public Health Funding	5,841,695	5,841,692	3	8,773,425	0%	67%	5,805,408	5,805,408	0
MOH Funding Needle Exchange	0	0	0	0	0%	0%	0	0	0
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	0	0	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	0	0	0
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	0	0	0
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	0	0	0
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	0	0	0
MOH Funding Infection Control	0	0	0	0	0%	0%	0	0	0
MOH Funding Diabetes	0	0	0	0	0%	0%	0	0	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	0	0	0
MOH Funding Harm Reduction	0	0	0	0	0%	0%	0	0	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	0	0	0
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	0	0	0
Total Public Health Cost Shared Funding	**5,841,695**	**5,841,692**	**3**	**8,773,425**	**0%**	**67%**	**5,805,408**	**5,805,408**	**0**
MOH Funding - MOH / AMOH Top Up	121,055	126,200	(5,145)	189,300	-4%	64%	147,913	101,390	46,523
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	696,515	727,628	(31,113)	1,114,150	-4%	63%	465,265	465,267	(2)
MOH Funding Indigenous Communities	65,330	65,333	(3)	98,000	0%	67%	65,330	65,328	2
One Time Funding (Pandemic Pay)	0	0	0	0	#DIV/0!	0%			0
OTF COVID-19 Extraordinary Costs	1,466,646	1,473,600	(6,954)	2,210,400	0%	66%	2,054,400	2,054,400	0
Total Public Health 100% Prov. Funded	**2,781,416**	**2,824,628**	**(43,212)**	**4,259,650**	**-2%**	**65%**	**3,164,778**	**3,118,251**	**46,527**
Total Public Health Mitigation Funding	**674,571**	**691,864**	**(17,293)**	**1,037,800**	**-2%**	**65%**	**691,870**	**691,872**	**(2)**
Recoveries from Programs	(27,803)	24,117	(51,920)	11,625	-215%	-239%	24,539	24,170	369
Program Fees	40,049	34,419	5,630	50,000	16%	80%	79,640	84,618	(4,978)
Land Control Fees	182,195	130,000	52,195	183,000	40%	100%	187,565	95,000	92,565
Program Fees Immunization	13,337	33,328	(19,991)	50,000	-60%	27%	3,167	33,328	(30,161)
HPV Vaccine Program	0	0	0	9,500	#DIV/0!	0%	0	0	0
Influenza Program	0	0	0	23,500	#DIV/0!	0%	0	0	0
Meningococcal C Program	0	0	0	7,000	#DIV/0!	0%	0	0	0
Interest Revenue	28,539	13,336	15,203	20,000	114%	143%	8,770	13,200	(4,430)
Other Revenues	12,000	4,667	7,333	24,450	157%	49%	0	10,000	(10,000)
Total Fees and Recoveries	**248,317**	**239,866**	**8,451**	**379,075**	**4%**	**66%**	**303,681**	**260,316**	**43,365**
Total Public Health Revenue Annual	**12,687,911**	**12,739,962**	**(52,051)**	**18,639,166**	**0%**	**68%**	**12,822,022**	**12,732,133**	**89,892**
Public Health Fiscal April 2022 - March 2023									
Needle Exchange Supplies	13,127	13,125	2	31,500	0%	42%			
Infection Prevention and Control Hub	806,144	808,333	(2,189)	1,240,000	0%	65%			
Practicum	12,500	12,500	0	30,000	0%	42%			
School Nurses Initiative	289,340	290,389	(1,049)	522,700	0%	55%			
Fire System Upgrade	36,632	36,625	7	87,900	0%	42%			
Smoke Free Ontario Tablets	4,918	4,917	1	11,800	0%	42%			
Temporary Retention Incentive for Nurses	79,880	79,875	5	191,700	0%	42%			
Upgrade Network Switches	25,455	25,458	(3)	61,100	0%	42%			
Total Provincial Grants Fiscal	**1,267,996**	**1,271,222**	**(3,226)**	**2,176,700**	**0%**	**58%**	**0**	**0**	**0**

Algoma Public Health
Expense Statement- Public Health
For Eight Months Ending August 31, 2022
(Unaudited)

	Actual YTD 2022	Budget YTD 2022	Variance Act. to Bgt. 2022	Annual Budget 2022	Variance % Act. to Bgt. 2022	YTD Actual/ Budget 2022	Comparison Prior Year: YTD Actual 2021	YTD BGT 2021	Variance 2021
Salaries & Wages	6,891,052	7,474,356	583,304	11,220,407	-8%	61%	$ 6,847,770	$ 6,960,663	$ 112,893
Benefits	1,674,465	1,746,380	71,915	2,621,584	-4%	64%	1,678,282	1,590,246	(88,036)
Travel	84,324	125,803	41,479	188,705	-33%	45%	95,094	115,273	20,178
Program	687,891	865,488	177,597	1,320,941	-21%	52%	970,331	798,039	(172,292)
Office	32,717	44,933	12,216	67,400	-27%	49%	39,288	38,027	(1,261)
Computer Services	572,022	568,276	(3,746)	852,416	1%	67%	559,702	632,284	72,582
Telecommunications	228,131	218,352	(9,779)	327,528	4%	70%	254,829	247,467	(7,362)
Program Promotion	30,455	56,621	26,166	84,932	-46%	36%	48,348	55,182	6,834
Professional Development	21,453	57,428	35,974	86,141	-63%	25%	16,493	50,333	33,840
Facilities Expenses	864,253	737,594	(126,659)	1,106,391	17%	78%	857,803	697,577	(160,226)
Fees & Insurance	314,505	284,200	(30,305)	332,300	11%	95%	267,047	245,200	(21,847)
Debt Management	304,947	304,947	0	457,421	0%	67%	308,091	307,267	(824)
Recoveries	(6,750)	(18,000)	(11,250)	(27,000)	-63%	25%	(72,613)	(66,306)	6,307
	$ 11,699,465	$ 12,466,378	$ 766,913	$ 18,639,166	**-6%**	**63%**	$ 11,870,464	$ 11,671,251	$ (199,213)

Notes to Financial Statements – August 2022

Reporting Period

The August 2022 financial reports include eight months of financial results for Public Health. All other non-funded public health programs are reporting five months of results from operations year ending March 31, 2023.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

APH received the 2022 Amending Agreement from the province identifying the approved funding from the province for 2022 for public health. The Ministry of Health has approved one-time funding to support approximately 65% of estimated eligible COVID-19 extraordinary costs at this time for the 2022 calendar year (currently allocated $2.2M versus our original ask of $3.4M). Details regarding further allocations of one time funding to support ongoing response to the COVID 19 pandemic will be determined by review of in-year financial reports of detailed spending and forecasted needs. Management took the conservative approach and adjusted the 2022 budget to reflect the change in approved funding. Approved funding allocations has resulted in a reduction to the overall 2022 public health calendar budget of $988K.

As of August 31, 2022, Public Health calendar programs are reporting a $714K positive variance driven by a $767K positive variance in expenditures and a $52K negative variance in revenues.

Public Health Revenue (see page 2)

Overall, our Public Health revenues are on budget for 2022 (within less than 1% of budget year to date). YTD we have received funding payments totaling $1.5M for our COVID programs versus total annual approval of $2.2M. The province has confirmed that one time extraordinary cost reimbursement for the COVID 19 programs will continue through 2022, with approval and on-going funding to be based off of our Annual Service Plan and quarterly submissions to the province. Our second quarter submission to the Ministry was submitted on July 31, 2022.

Mitigation funding from the province will continue for the 2022-2023 fiscal year.

Fiscal funding has been approved totaling $2.2M for one time projects and initiatives. This includes $191,700 to support the Temporary Retention Incentive for Nurses for the 2022-23 fiscal year. This funding will support the second installment of two bonus payments due to eligible nurses which will occur in September 2022.

No funding has been approved to date for COVID Recovery initiatives ($650K was requested for 2022).

The COVID-19: School-Focused Nurses Initiative has been extended to December 31, 2022.

Notes Continued…

Public Health Expenses (see page 3)

Salary, Wages & Benefits

There is a $655K positive variance associated with Salary, Wages & Benefits driven by ongoing position vacancies. Recruitment efforts are ongoing.

Travel

There is a $41K 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 for the greater part of the current calendar year. We are starting to see this gap close as staff begin travelling throughout the district again to support regular program work.

Programs

There is a $177K positive variance associated with Programs. This is largely driven by our continued focus on COVID 19 programs and recovery planning for the majority of the calendar year thus far, which has prevented us from concentrating on our regular mandatory programming and getting these programs back to operating a regular capacity. We expect to see this gap start to close as regular mandatory programming continues to resume. Also contributing to the variance in program expenses is the fact that we have not required support from our community partners for COVID immunizations in near the capacity we expected to year to date.

Office

There is a $12K positive variance associated with Office expenses. This is driven by the majority of our staff working from home thus far in 2022. As of September 2022, all APH leadership are required to work in office full time, with front line staff being required to be in office at least 50% of the time.

Program Promotion

There is a $26K positive variance associated with Program Promotion as reduced spend on media and promotion has been realized while we work through our COVID Recovery plan and work to develop plans to get our regular mandatory programming back to normal operational levels.

Professional Development

There is a $36K positive variance for Professional Development. At this time there has been limited spending for professional development, as staff availability is extremely tight. Professional development will be a focus for 2023 as we work to re-build our workforce centered on recovery of mandatory public health programs.

Facilities Expense

There is a $127K negative variance associated with facilities expenses which is driven by increased security and janitorial requirements associated with COVID 19 response and increasing utility costs year to date. Needs for increased security and janitorial continues to be regularly assessed as we enter into the recovery phase of the COVID 19 pandemic and, for the most part, have returned to pre-pandemic levels. Also noteable that the general rates for security services district wide have drastically increased over the course of the pandemic due to lack of supply/availability and, in some case, the need for guards to travel in order to attend posts.

Notes Continued…

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 $1,818K (versus $3,154K this time last year). 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 $879K (versus $2,661K this time last year).

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, 2022. Cash includes $1.40M in short-term investments.

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

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of August 2022	August 2022	December 2021
Assets		
Current		
Cash & Investments	$ 6,873,325	$ 5,968,595
Accounts Receivable	56,268	623,372
Receivable from Municipalities	33,726	35,481
Receivable from Province of Ontario		
Subtotal Current Assets	6,963,319	6,627,448
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,106,369	1,837,339
Payable to Gov't of Ont/Municipalities	432,349	1,414,828
Deferred Revenue	321,408	550,066
Employee Future Benefit Obligations	2,829,539	2,829,539
Term Loan	4,089,091	4,089,091
Subtotal Current Liabilities	8,778,757	10,720,863
Net Debt	(1,815,438)	(4,093,415)
Non-Financial Assets:		
Building	22,934,750	22,934,750
Furniture & Fixtures	2,026,666	2,026,666
Leasehold Improvements	1,583,166	1,583,166
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	-11,879,577	-11,879,577
Subtotal Non-Financial Assets	17,957,225	17,957,225
Accumulated Surplus	16,141,787	13,863,810

Algoma PUBLIC HEALTH Santé publique Algoma

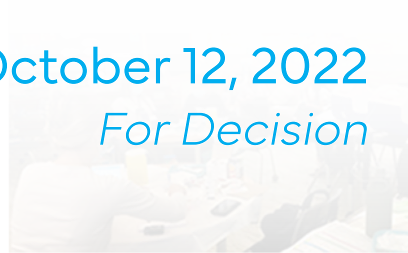
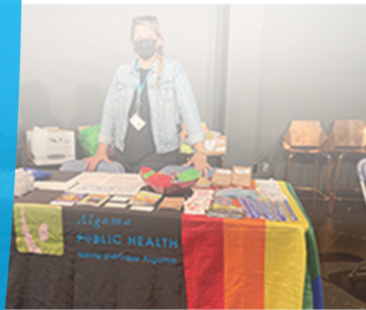
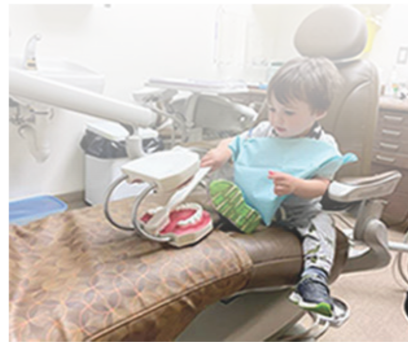
October 12, 2022

For Decision

2023 Recommended Capital and Operating Budget Report

To: Finance and Audit Committee of the Board of Health for the District of Algoma Health Unit

From: Dr. John Tuinema, Acting Medical Officer of Health & Chief Executive Officer

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Issue

Approval is being sought for the recommended 2023 Capital & Operating Budget for Algoma Public Health (APH). The draft budget was developed by the Executive Team and is recommended by the Acting Medical Officer of Health. It is to be reviewed at the October 12, 2022 meeting of the Board of Health Finance & Audit Committee.

Recommended Action

THAT the Finance & Audit Committee of the Board of Health for the District of Algoma Health Unit approve the 2023 Capital & Operating Budget for Algoma Public Health in the amount of $17,740,689.

Alignment to the Ontario Public Health Standards (2021)[1]

- As part of the *Organizational Requirements: Fiduciary Requirements Domain*, boards of health are accountable for using Ministry of Health (Ministry) funding efficiently and for its intended purpose, and ensuring that resources are used efficiently and in line with local and provincial requirements.
- As part of the *Organizational Requirements: Good Governance and Management Practices Domain*, the board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.
- As part of the *Foundational Standard: Emergency Management*, the board of health shall effectively prepare for emergencies to ensure timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts.
- The board of health shall ensure that administration implements appropriate financial management by ensuring that expenditure forecasts are as accurate as possible.
- To support municipal budget planning, APH attempts to advise contributing municipalities of their respective levies as early as possible.

1. Budget Summary

As context, the 2022 approved budget was $19,627,191 .This included $3.4M in anticipated one-time COVID-19 extraordinary costs, based on the province's commitment to reimburse APH for further extraordinary COVID-19 expenses that could not be recovered by mandatory programs. As of June 30th, 2022, it was forecasted that anticipated needs for COVID-19 extraordinary costs were $2.9M versus the original ask of $3.4M.

The **recommended 2023 budget for public health programs and services is $17,740,689**. This represents a decrease of $898,477 from the 2022-forecast budget.

The recommended budget is driven by a significant decrease in anticipated requirements in both COVID-19 Response and Immunization programs, as public health routinizes this work into mandatory program delivery. The recommendation for 2023 includes an ask of $1.1M from the Ministry to fund anticipated COVID-19 extraordinary costs that are not expected to be recovered via mandatory programs.

The Executive Team has worked diligently in the current dynamic fiscal environment to balance pressures and ensure the maintenance and restoration of quality public health programs, as aligned with agency values of excellence, respect, accountability and transparency, and collaboration.[2]

[1] Ministry of Health. (2021). Ontario public health standards: Requirements for programs, services and accountability: Protecting and promoting the health of Ontarians. Retrieved from https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/
[2] Algoma Public Health. (n.d.). About us. Retrieved from https://www.algomapublichealth.com/

The recommended budget is the minimum required to maintain COVID-19 response and immunization programming, as is expected by the Ministry, and begin the process of restoring public health programs and services as mandated by the *Ontario Public Health Standards* (OPHS).[1] The breakdown of the recommended 2023 operating budget of $17,740,689 is provided in **Table 1.0**.

As a comparison of pre-pandemic (2019) to pandemic period budgets (2020, 2021, 2022 budget and forecast), a Budget Analysis is also provided in **Table 1.0.** Comparisons can made between the recommended 2023 budget ($17,740,689) and the 2022-forecast budget ($18,639,166). The 2022-forecast budget presented is conservatively based on current funding allocations confirmed by the province.

As evident in **Table 1.0**, and as a result of the province's transition to the cost-sharing funding model of 70% provincially funded and 30% municipal funded for all programs except those 100% provincially funded for 2023, APH's budget recommendation is built assuming there will be no increase to the total municipal levy rate applied as a district.

The following sections provide details on key 2023 budget factors.

Table 1.0: Budget Analysis, 2019 – Recommended 2023

Revenues Summary	2019 Actual	2020 Actual	2021 Actual	2022 Budget	2022 Forecast	2023 Budget	% Change 2023 Budget vs 2022 Budget	% Change 2023 Budget vs 2022 Forcast
Province Portion of Jointly Funded Programs	$ 7,523,200	$ 8,703,177	$ 8,712,804	$ 8,708,100	$ 8,773,425	$ 8,795,200	1.0%	0.2%
100% Provincially Funded Programs	$ 3,405,823	$ 2,027,810	$ 5,258,846	$ 5,313,000	$ 4,259,650	$ 3,266,089	-38.5%	-23.3%
Province Mitigation Fund	$ -	$ 1,037,800	$ 1,037,800	$ 1,037,800	$ 1,037,800	$ 1,037,800	0.0%	0.0%
Municipal Levies	$ 3,519,703	$ 3,559,232	$ 3,808,378	$ 4,189,216	$ 4,189,216	$ 4,189,216	0.0%	0.0%
Other Recoveries and Fees	$ 688,282	$ 503,127	$ 455,882	$ 379,075	$ 379,075	$ 452,384	19.3%	19.3%
Total	**$ 15,137,008**	**$ 15,831,146**	**$ 19,273,710**	**$ 19,627,191**	**$ 18,639,166**	**$ 17,740,689**	-9.6%	-4.8%
Expenses:								
Salaries and Wages	$ 8,838,252	$ 9,523,270	$ 10,856,463	$ 11,958,949	$ 11,220,407	$ 10,699,084	-10.5%	-4.6%
Benefits	$ 2,148,254	$ 2,225,203	$ 2,098,164	$ 2,769,515	$ 2,621,584	$ 2,512,002	-9.3%	-4.2%
Travel	$ 214,809	$ 103,453	$ 143,484	$ 204,798	$ 188,705	$ 158,800	-22.5%	-15.8%
Program	$ 624,709	$ 642,120	$ 1,468,959	$ 1,277,209	$ 1,320,941	$ 1,237,163	-3.1%	-6.3%
Equipment	$ 75,417	$ 89,026	$ 103,245	$ 20,000	$ 20,000	$ 20,000	0.0%	0.0%
Office	$ 84,585	$ 46,451	$ 68,291	$ 67,400	$ 67,400	$ 82,400	22.3%	22.3%
Computer Services	$ 768,076	$ 750,708	$ 716,738	$ 846,600	$ 832,416	$ 875,895	3.5%	5.2%
Telecommunications	$ 260,123	$ 290,550	$ 365,098	$ 340,000	$ 327,528	$ 265,000	-22.1%	-19.1%
Program Promotion	$ 145,489	$ 55,557	$ 124,343	$ 183,541	$ 171,073	$ 125,424	-31.7%	-26.7%
Facilities Leases	$ 172,465	$ 162,414	$ 166,901	$ 160,000	$ 160,000	$ 194,000	21.3%	21.3%
Building Maintenance	$ 864,553	$ 711,183	$ 1,173,229	$ 1,036,458	$ 946,391	$ 730,000	-29.6%	-22.9%
Fees & Insurance	$ 238,689	$ 251,994	$ 311,961	$ 332,300	$ 332,300	$ 383,500	15.4%	15.4%
Expense Recoveries	$ (109,670)	$ (135,109)	$ (82,613)	$ (27,000)	$ (27,000)	$ -	-100.0%	-100.0%
Debt Management (I & P)	$ 460,900	$ 460,900	$ 460,900	$ 457,421	$ 457,421	$ 457,421	0.0%	0.0%
Total	**$ 14,786,651**	**$ 15,177,719**	**$ 17,975,163**	**$ 19,627,191**	**$ 18,639,166**	**$ 17,740,689**	-9.6%	-4.8%
Surplus/(Deficit)	**$ 350,357**	**$ 653,426**	**$ 1,298,547**	**$ 0**	**$ 0**	**$ 0**		

2. 2023 Budget Background

To provide context for the recommended 2023 budget and retention of the same total municipal levy rate applied to the district of Algoma Health Unit in 2022, despite a forecasted surplus for 2022, a background is being shared to demonstrate the:

- **Status of local public health** in the emergency management framework and COVID-19 response;
- **Work ahead to recover from the pandemic,** including revitalizing the workforce, routinizing COVID-19 response and immunization, addressing the backlog and restoring public health programs, and rebuilding local public health in 2023 and beyond; and
- **Costs of response and recovery,** including financial expenses acquired from COVID-19 response and immunization programs, those projected for recovery, and those associated with longstanding challenges in recruitment and retention.

The work in COVID-19 response and recovery, and cost, collectively demonstrate the value of public health services and programs to Algoma residents and municipalities in helping to continue achieve pandemic goals and population health and wellbeing.

This summary reinforces the minimum financial requirements needed to sustain and routinize COVID-19 response and immunization programming, alongside the initiation of pandemic recovery to revitalize the public health workforce, restore mandatory programs and services, and rebuild local public health.

2.1 Status of Local Public Health in Pandemic Response

Emergency management occurs through five interdependent, risk-based functions, including: prevention, mitigation, preparedness, response, and recovery.[3] The COVID-19 pandemic response has been situated within the emergency management framework, and due to its persistence, has required local public health to perform multiple functions at the same time through 2022, including primarily **response** and **recovery**. The simultaneous response and recovery efforts create significant novel challenges.

2.1.1 Shift in our COVID-19 Response Strategy

In April 2020, the Ministry directed boards of health to take all necessary measures to respond to COVID-19 in their catchment areas while continuing to maintain critical public health programs and services as identified in pandemic plans.

Since activation in March 2020, APH has continued to operate within an Incident Management System structure to respond to the COVID-19 pandemic.

Throughout 2022, the work of APH has continued to focus on the two pandemic goals:

- Minimize serious illness and death, and
- Minimize societal disruption (and preserve health care services).

However, the activities of our response shifted from 2021 to 2022, as the severity of COVID-19 changed with the Omicron variant (as opposed to the more severe Delta variant) and novel technologies such as COVID-19 vaccines and treatments helped significantly reduce the burden of hospitalization and death.

As presented in detail in the *2022 Recommended Operating & Capital Budget* report[4], efforts in COVID-19 response in 2020 and 2021 focused on **containment** – preventing transmission of the virus[5] in the community through large scale testing, thorough case and contact management, quarantine

[3] Ministry of the Solicitor General. (2021). Emergency management framework for Ontario. https://files.ontario.ca/books/solgen-emo-emergency-management-framework-2021-en-2021-12-30.pdf
[4] Algoma Public Health. (2021). 2022 Recommended public health operating & capital budget report. Retrieved from https://www.algomapublichealth.com/media/4972/meeting-book-november-24-2021-board-of-health-meeting-website.pdf
[5] Walensky, R. P & del Rio, C. (2020). From mitigation to containment of the COVID-19 pandemic: Putting the SARS-CoV-2 genie back in the bottle. *JAMA*, *323*(10), 1889-1890. https://doi.org/10.1001/jama.2020.6572

requirements, risk communication, broad pandemic measures, comprehensive health promotion, and enforcement related to the *Reopening Ontario Act*[6]. Containment was a necessity to keep us safe and gain time to develop COVID-19 vaccines. Once Health Canada approved vaccines arrived, efforts began immediately to administer them at rapid pace across Algoma to provide protection against COVID-19. APH teams worked with community partners to take preventive measures against COVID-19 in municipal offices and facilities, long-term care and retirement homes, health facilities, congregate settings, schools and day cares, and a variety of other workplaces.

Teams not directly involved in COVID-19 response ensured the **maintenance of high-risk programming**, as outlined by APH's Continuity of Operations Plan (COOP), which gave highest priority to programs that worked to decrease health inequities for those most affected by COVID-19 (e.g. needle exchange program, tobacco cessation services, sexual health information line, 48-hour blended model home visits for new parents, etc. continued at reduced capacity).

In late 2021, the approach to COVID-19 response shifted from containment to **mitigation** – a less invasive approach implemented out of necessity when the virus outpaced our ability to contain it,[5] and there was a need to focus efforts to reduce the risk of COVID-19 in highest risk settings and among those most vulnerable (e.g. long term care, retirement homes, elder lodges, hospitals, etc.).

With this shift to a mitigation approach, testing, case management, and facility management efforts focused in on highest risk settings and groups, as opposed to the broader public. In addition, provincial guidance changed. This included, for example, the removal of vaccination requirements in public settings, removal of mandatory masking in public settings, revoking of regulations and orders under the *Reopening Ontario Act*[6], and adjustment of sector-specific guidance based on dominant presence of the Omicron variant.

However, basic public health measures, infection prevention and control (IPAC), and risk communication have continued to encourage actions that reduce transmission in the community, workplaces, schools, and high risk settings (i.e. staying home when sick, masking, hand hygiene, etc.).

The above was done in tandem with the expansions of the COVID-19 vaccine rollout. In 2022, vaccination focused on newly eligible groups (i.e. children under 5 years) for primary series administration, and booster doses for eligible groups to combat waning immunity over time. Uptake for boosters up until September 2022 had been less than a primary series, changing the pace of vaccine administration from 2021, despite signs of increasing uptake in early October 2022 as the bivalent booster was approved.

Despite these changes in approach, it is evident that the pandemic response continues to involve a level of case management, outbreak management in high risk settings, immunization for new eligible groups, and knowledge translation for the general public, partners, and vulnerable populations.

The pandemic and related response and immunizations work have certainly not ended and uncertainty remains, as is reflected in the snapshot of 2022 efforts below and recommended 2023 budget.

2.1.2 Snapshot of Response and Immunization Efforts in 2022

APH's efforts in COVID-19 response and immunization and maintenance of high-risk programming, with the support of community partners and residents of Algoma, continued to achieve pandemic goals and benefit community health and safety throughout 2022.

For perspective on response work:

- From January to September 24, 2022, there were **7464 positive high-risk cases of COVID-19** in Algoma, with APH conducting limited case management for those associated with highest risk settings, and reporting for surveillance among general community cases. No contact management has been conducted in 2022.

  As a comparison, 79 cases were followed in 2020 with thorough case and contact management, and 2164 cases were followed in 2021 with thorough case and contact management until changes in

[6] Government of Ontario. (2020). Reopening Ontario (a flexible response to COVID-19) act, 2020, S.O. 2020, c. 17. Retrieved from https://www.ontario.ca/laws/statute/20r17

December 2021 that shifted testing and case management to highest risk groups.[7,8]

- From January 2020 to September 24, 2022, there have been **98 outbreaks** within long-term care homes, retirement homes, hospitals and congregate living settings, where APH conducted outbreak management and provided guidance.[7,8]

Within the context of the vaccine rollout, local public health has continued to lead the coordination of the vaccine rollout in Algoma by working with partners, planning, managing operations, and facilitating vaccine communication.

As a snapshot of COVID-19 vaccination efforts from January to September 30, 2022[9,10]:

- **60,280 doses of COVID-19 vaccine were administered** to Algoma residents (including all doses) across all channels, regardless of residence, of which APH has either hosted, coordinated, administered vaccine, supplied vaccine, or supported in some capacity.
- 280 vaccine clinics occurred through GFL mass immunization clinics, district mass immunization clinics, and pop-up clinics in Algoma. Pop-up clinics were strategically set-up in Algoma areas to enhance access to vaccine by populations with lower vaccine uptake or facing health inequities.
- 2,774 first doses, 5,751 second doses, 27,766 third doses, and 22,756 fourth doses were administered to Algoma residents across all vaccine channels.

Overall, response and immunization efforts with municipalities, health sector partners, community organizations, Indigenous community partners, and Algoma residents have ensured our pandemic response goal continued to be met in 2022.

Serious illness and death from COVID-19 remained limited in Algoma. From January 15, 2020 to September 24, 2022, Algoma's COVID-19-related hospitalizations and deaths were as follows[11]:

- Cumulative rates of COVID-19 hospitalizations (for or with COVID-19) were 346.2 hospitalizations per 100,000 population for Algoma, as compared to 379.3 hospitalizations per 100,000 population for Ontario.
- Cumulative rates of COVID-19-related deaths were 67.9 deaths per 100,000 population for Algoma, as compared to 97.3 deaths per 100,000 population for Ontario.

To continue achieving pandemic goals, work in COVID-19 response and immunization will remain throughout 2023. Uncertainties around persistent transmission of COVID-19 in the community, potential for new variants of concern and the need to revert to a resource-intensive containment strategy remains, new COVID-19 vaccines to be approved by Health Canada (e.g. Bivalent booster doses), and new groups to become eligible for booster doses will influence ongoing work related to COVID-19.

2.2 Start to COVID-19 Pandemic Recovery

Recovery planning efforts were paused in October 2021 to sustain COVID-19 response, immunization, and high-risk programming amid a surge in the Delta variant. However, changes to provincial guidance in late 2021 and the shift to a mitigation strategy redistributed the work of local public health and allowed for the deployment of almost all public health staff back to home programs in spring of 2022. As of September 2022, few staff remain reassigned to support highest risk case and outbreak management.

With most staff returned to home programs, our focus was redirected to COVID-19 recovery planning.

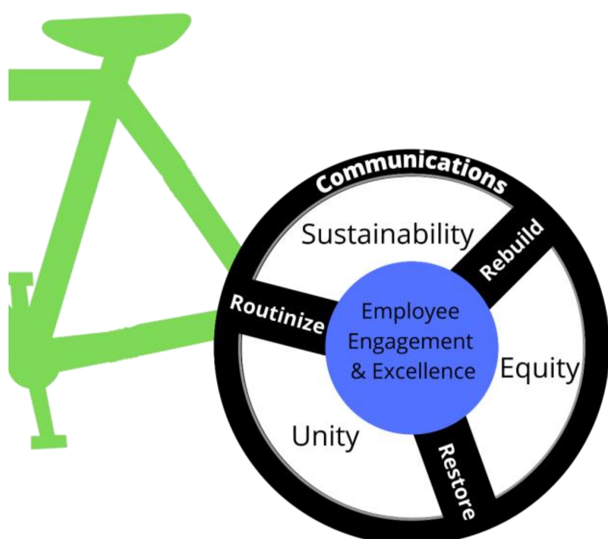
The goal of recovery planning at APH is to effectively recover from the COVID-19 pandemic using a collaborative, evidence-informed approach founded in principles of equity, sustainability, and unity.

APH's Pandemic Recovery Framework (**Figure 1.0**) was developed to provide four directions, aligned

[7] Public Health Ontario. (2022). Ontario COVID-19 data tool. Retrieved from https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=overview
[8] Note that changes to guidance in December 2021 limited testing and case management to highest risk groups and facilities, resulting in an underrepresentation of COVID-19 in the broader community within case counts. Data cleaning initiatives with the Ministry have also occurred, resulting in a change in counts of cases and outbreaks that met definition.
[9] Algoma Public Health. (2022). Data by COVID-19 vaccine event. *Internal summary.* Extracted: [Sep/29/2022]. Note: Clinics include vaccine events where 10+ doses were administered.
[10] Ontario Ministry of Health and Long-Term Care. (2022). COVaxON. Date Extracted: [Sep/29/2022]
[11] Public Health Ontario. (2022). Ontario COVID-19 data tool. Retrieved from https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=overview

with APH's strategic plan, to guide recovery planning and the work of public health in 2023 and beyond.

Figure 1.0: Algoma Public Health's Pandemic Recovery Framework



To effectively recovery from the pandemic, there is need to:

- **Revitalize** the public health workforce through employee engagement and excellence, focusing on employees' lived experience, lessons learned, employee wellness (including mental health), and organizational capacity development;
- **Routinize** COVID-19 work for sustainable prevention, mitigation, preparedness, and response to COVID-19;
- **Restore** mandatory public health programs and services to pre-pandemic levels, considering lessons learned from COVID-19, alignment with OPHS[1], and post-pandemic public health priorities in Algoma; and
- **Rebuild** and strengthen public health, with a focus on strategic advocacy, policy, and evidence to engage in change at local, provincial, and federal levels.

Recovery, as a public health agency and community, will be complicated and unpredictable given the potential for COVID-19 transmission to continue beyond 2022 and new emergencies to arise. To demonstrate the work to come in recovery and required resourcing, the following section outlines some of the necessary steps for public health, which will require collaboration with partners and the public.

2.2.1 Revitalizing the Public Health Workforce

The COVID-19 pandemic has placed unprecedented pressure on the public health system[12], as was highlighted in the *2022 Recommended Operating & Capital Budget* report[4] that detailed the volume work and dedication by APH employees as part of COVID-19 response, immunization, and the delivery of highest priority programs.

As a result of this pressure from 2020 to present, the pandemic has had a negative impact on the mental health and wellness of the healthcare and public health workforce.[12]

Adequate supports are critical to protecting and improving the public health workforce's health and resilience, and organization-level strategies are considered beneficial for supporting staff mental health.[12]

At the core of APH's recovery framework is revitalizing the public health workforce through employee engagement and excellence. This includes focusing on employees' lived experience, lessons learned,

[12] Public Health Ontario. (2021). COVID-19 – strategies adaptable form healthcare to public health settings to support the mental health and resilience of the workforce during the COVID-19 pandemic recovery. Retrieved from https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/08/covid-19-public-health-workforce-recovery.pdf?sc_lang=en

employee wellness (including mental health), and organizational capacity development.

Employee engagement and excellence has been the focus of initial recovery efforts in 2022, and will continue alongside response for the remainder of the year.

Engagement and Wellness

As a start to this process, APH initiated two programs that will continue throughout 2023 and require resourcing to support the sustained implementation of recommendations. With the support of the Board of Health, APH has contracted support from Cense Ltd. and Phelps Group for the development of:

- **A workforce wellness and workplace development strategy,** to provide opportunities for staff to reflect and learn from experiences, support growth, support health and personal care, inform innovation, and identify opportunities ahead of future threats and challenges, with a focus on actionable lessons, healing and organizational development.
- **A leadership development program,** to better understand the strengths, challenges, and needs of leadership, which will underpin recommendations and planning for enhancing cohesion and consistency in practice. For leaders to mentor, inspire, and engage, there is a need to be well, form relationships, and have a baseline understanding of strategic directions and management practices.

Capacity Development

In addition to wellness and engagement, due to the long-term redeployment of public health employees to COVID-19 response and immunization, some for nearly two full years, there is need to support opportunities for internal training, professional development, and knowledge sharing to effectively return to routine public health work. Thus, part of workforce revitalization includes promoting and supporting excellence, through the refreshing of knowledge and skills and opportunities to catch up on evidence and resources related to core work, to support best practice and effective program and service delivery.

As a start, employees will complete OnCore training to refresh core skills for public health practice, while agency- and program-specific opportunities for professional education are being reviewed and/or planned (e.g. Internal National Day for Truth and Reconciliation session; Rainbow Health LGBTQ2S+ training; Education Program for Immunization Competencies; Incident Management System 200 and 300, etc.). In addition, employees are beginning to re-engage in virtual and in-person conferences and webinars for knowledge exchange in public health, to resituate themselves in core work and understand the changing landscape of population health post-pandemic.

Return to In-Office Work

Finally, one of the most recent steps has included the implementation of our return to the workplace program, where as of September 26th, all employees are working in-office at least 50% of their time. This shift from primarily remote work for most staff has required time and logistics support to adjust workspaces across all public health programs to align with current team structure and needs.

Recovering and revitalizing our workforce will evidently require dedicated time and resources within public health programs and across the agency, which will have to be balanced with requirements for continued COVID-19 response and restoring public health programs.

2.2.2 Routinizing COVID-19 Response and Immunization

COVID-19 has not and will not go away indefinitely, but instead become a disease of public health significance that will require ongoing attention by public health. Therefore, public health will need to routinize COVID-19 related guidance, programs, and services into existing work mandated by the OPHS.[1]

Response

For response, this means that there will be ongoing need for COVID-19 activities within existing functions, primarily of the Infectious Diseases and Environmental Health programs. This includes continued high-risk case and facility outbreak management led by APH, and IPAC support for facilities.

The Algoma IPAC hub is currently focused on enhancing IPAC practices in community-based congregate living settings through education, guidance and direct support on IPAC prevention and response.[13,14] However, this initiative is one-time funded until March 2023, and requires advocacy for provincial integration into public health base funding to sustain and advance efforts in IPAC in Algoma.

The routinization of COVID-19 response will also require continued surge planning, to provide APH with operational contingency guidance for two scenarios, including:

- Where APH can maintain routine COVID-19 operations in the context of Omicron or similar variants with minimal disruption to other programs; and
- Where APH is required to mobilize and revert to a containment strategy in the context of emerging variants of concern or changing provincial guidance.

Planning is underway to ensure preparedness for both scenarios, and continued communication and collaboration will be required for emergency preparedness and response with community partners within and outside of the health sector.

Immunization

Similar to COVID-19 response, there will be need to integrate COVID-19 immunization into the Immunization Program. Routinization of this work will need to be balanced with the delivery of school-based immunizations, publically funded and travel vaccines, routine immunizations, and the Universal Influenza Immunization program, as well as program logistics (i.e. fridge inspections, investigation of adverse events following immunization, etc.) and health promotion efforts to boost vaccine confidence.

For perspective on continued demand for COVID-19 vaccines, a fall planning template from the Ministry[15] projected that Algoma could see an estimated demand of 51,739 doses of COVID-19 vaccine among eligible persons from September to December 2022 in a baseline scenario, alongside 8,513 doses of influenza vaccine.

The routinization of COVID-19 vaccines will require surge planning as well to quickly ramp up COVID-19 vaccine capacity in light of several factors (e.g. a new variant of concern, greater need to administer bivalent vaccine, etc.). In addition, there will be a need to further establish community partnerships (i.e. primary care, hospitals, paramedics, pharmacies, etc.) to support ongoing administration of COVID-19 vaccines in the community, similar to delivery of the Universal Influenza Immunization Program. Discussion with community partners also continue, to identify opportunities for collaborative community vaccination, an approach for rapidly expanding capacity for vaccine administration in Algoma.

Overall, routinization will allow for continued efforts in prevention, mitigation, preparedness, and response to COVID-19, as well as immunization, however, requires dedicated resources to conduct these functions **in addition to** routine work.

At this time, mandatory program cannot support the costs associated with COVID-19 related activities, and all activities are being charged to one-time COVID-19 extraordinary costs. Although one-time funding has been appreciated to support response and immunization, there is need to advocate to the province to increase base funding for public health units to routinize COVID-19 for the long-term.

2.2.3 Restoring Public Health Programs

The pandemic has had impacts to population health and public health service delivery, as a result of the province-wide prioritization and deployment of program staff to COVID-19 response and immunization efforts. This prioritization of response and highest risk core programming, and subsequent suspension of non-highest risk programs, has led to a **service backlog and population health outcomes** requiring health system attention, as outlined in detail in the *2022 Capital & Operating Budget* report[4] (e.g. backlogs in smoking cessation, inspections, oral health preventative clinics, routine immunizations, sexual health promotion, mental health promotion, local opioid surveillance, etc.).

Across Ontario's 34 local public health units, self-reported completion of OPHS in the context of the

[13] Algoma Public Health. (2022). Algoma IPAC hub. Retrieved from https://www.algomapublichealth.com/disease-and-illness/infection-prevention-and-control-hub/
[14] Ministry of Health. (2020). Infection prevention and control hubs. Retrieved from https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_guidance_ipac.pdf
[15] Ministry of Health. (2022). Ontario 2022 fall implementation planning template (Algoma). *Internal document.*

COVID-19 pandemic indicated that across nearly all standards, **less than 50% of pre-pandemic routine work was conducted**, aside from in emergency management and infectious and communicable disease prevention and control where COVID-19 response work and immunization fit.[16]

Many of the backlogs detailed in the *2022 Recommended Operating and Capital Budget report*[4] still remain due to setbacks from the Delta and Omicron variants, though program efforts have begun to address this necessary work.

As for population health outcomes, the pandemic has affected the community in significant ways, and the direct and indirect impacts to health and wellbeing will likely extend years into the future. There is growing concern over public health issues requiring attention to mitigate further population health risk.

In Algoma, some of these health implications are already being observed, such as[17,18]:

- Increase in vaccine preventable disease:
    - The rate of influenza cases in Algoma (51.9 per 100,000 people) as of October 5th, 2022 is approximately 4.7 times higher than the rate of cases in Ontario (11.1 per 100,000 people).
    - The rate of Hepatitis C infections in Algoma (29.9 per 100,000 people) for 2022, as of October 5th, 2022, is approximately 2.3 times higher than the rate of infections for Ontario (13.0 per 100,000 people in Ontario).
- Increase in sexually transmitted infections in Algoma:
    - The incidence rate of gonorrhoeal infections in 2022 (63.3 out of 100,000 people), as of October 5th, 2022, is 4 times higher when compared 2020 (15.7 per 100,000 people).
    - The incidence rate for infectious syphilis cases in Algoma in 2022 (7 per 100,000 people), as of October 5th, 2022, was 2.7 times higher when compared 2020 (2.6 per 100,000 people).
    - The incidence rate for early congenital syphilis cases in Algoma in 2022, as of October 5th, 2022, is 1.8 per 100,000 people. This compares to no cases for the last ten years (as of 2012) in Algoma. In Ontario, the incidence rate of early congenital syphilis was 0.1 per 100,000, as October 5th, 2022.
- Increase in mental health conditions and substance-related harms, such as opioid-related harms (e.g. increased rate of opioid-related deaths in Algoma from 45.6 per 100,000 people in 2020 to 52.9 per 100,000 people in 2021).

COVID-19 also magnified existing health inequities that will place additional demands on public health resources to address them in the future. [18]

To respond to this backlog and the many population health outcomes requiring attention, the third spoke of recovery includes the restoration of public health programs and services to pre-pandemic levels, considering lessons learned from COVID-19, post-pandemic priorities in Algoma, and the mandate of public health within the OPHS.[1]

Some of this work is already underway, as health promotion and protection divisions work to revive pre-pandemic services and programs, while balancing work to be done on the backlog. However, addressing the backlog with existing resources, limited by base funding for mandatory programs and existing position vacancies, is hindering the ability of most programs to efficiently and fully restore pre-pandemic functions.

As a high-level snapshot of current efforts to address the backlog and restore programs:

- The immunization team continues to prioritize the coordination and administration of COVID-19 vaccines, while capacity building within the team, preparing for influenza vaccine administration, and delivering routine vaccination clinics, which is causing delays in the ability to address the full backlog

[16] Association of Local Public Health Agencies. (2022).Public health resilience in Ontario: Executive summary. Retrieved from https://cdn.ymaws.com/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/alPHa_PH_Resilience_Report_Exec_Sum_Jan2022.pdf
[17] Public Health Ontario. (2022, July 14). Query: Counts by disease and year. Toronto, ON: Ontario Agency for Health Protection and Promotion. Available from: http://www.publichealthontario.ca/en/DataAndAnalytics/Query/Pages/default.aspx
[18] Association of Local Public Health Agencies. (2022). Public health matters: A public health primer for 2022 election candidates. Retrieved from https://cdn.ymaws.com/www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/alPHa_Election_Primer_2022.pdf

in routine and school-based immunizations and needs for health promotion.

- The environmental health team continues COVID-19 outbreak management and IPAC support for highest risk settings, which along with long-standing program vacancies is delaying the completion of inspections that are backlogged and required.
- The infectious diseases team is continuing to conduct COVID-19 case management and provide IPAC support, and has ramped up case management for the increase in sexually transmitted infections reported in Algoma.
- The school health team is working to tackle the backlog of school-age immunization by facilitating school-based clinics and administration 3-4 days/week throughout the 2022-2023 school year, which is delaying the restoration and implementation of a comprehensive approach to school health required to address priorities such as youth vaping, mental health, etc.
- The healthy growth and development team is working to revisit community outreach and re-connect with partners, assessing readiness for collaboration, rebuilding areas that were paused such as preconception and prenatal health and healthy parenting, and working to build capacity to incorporate new priorities (i.e. COVID impacts on early years).
- The oral health team is working to resume oral health school screenings in October 2022 following a 2 year backlog, and looking to begin the Children's Oral Health Initiative with Garden River Wellness Centre, also after a two year absence.
- The community wellness team is prioritizing APH's local opioid response through harm reduction and the integration/amplification of personal narratives of people with lived experience, and the voices of families and friends, as well as working to reduce stigma and reinforce a focus on prevention in the community. The team is also doing catch-up on smoking cessation clinic wait lists, and work continues to re-integrate with municipal partners on healthy environments, healthy eating and active living, food security, and community safety and wellbeing.

With limited time for robust review of evidence and planning of new initiatives in summer 2022, while deployed staff reoriented to home programs, program standard implementation plans developed for 2020 were updated with consideration of current needs and priorities to form the basis of public health programming to be considered for implementation in 2023.

However, without (a) Ministry commitment to increase base funding and/or provide COVID-19 recovery funding to resource the added needs to recover the backlog and restore programs, (b) Ministry commitment and support for a Northern Ontario public health human resource strategy to address longstanding vacancies and challenges in recruitment in the north, and (c) a readiness by partners for resuming collaborative pre-pandemic work, public health will likely be unable to implement all proposed plans to fully meet the mandate set by the OPHS[1] in 2023.

2.2.4 Rebuilding Local Public Health

Rebuilding public health requires a focus on strategic policy and evidence to engage in change at local, provincial, and federal levels to improve ***health for all, together***, in Algoma.

Pandemic recovery offers an opportunity for public health to identify lessons learned and improve resilience against future emergencies at system-, community-, and individual-levels.[19] Community or population-level recovery is the focus of public health.

To rebuild, three leading actions include: implementing our strategic plan, updating the Algoma community health profile, and conducting evaluation to integrate lessons learned for the future.

Strategic Plan Implementation

In February 2020, the Board of Health approved APH's new strategic plan for 2021-2025. While the official launch was paused as a result of COVID-19 efforts, APH revisited the plan and re-presented it to

[19] Public Health Ontario. (2022). Disaster recovery frameworks: Common themes to inform COVID-19 recovery efforts. Retrieved from Disaster Recovery Frameworks: Common Themes to Inform COVID-19 Recovery Efforts (publichealthontario.ca)

the Board of Health in September 2022, and is in the early stages of launching and implementing the three strategic directions to:

- Advance the priority population health needs of Algoma's diverse communities, through population health assessment, knowledge exchange with partners, and working with priority populations.
- Improve the impact and effectiveness of public health programs, by aligning programs to priorities and the role of public health, using evidence and data to plan and evaluate programs, supporting integrated strategies for health, and engaging clients, partners, and communities.
- Grow and celebrate an organizational culture of learning, innovation, and continuous improvement, by investing in our people and developing capacity, engaging staff and partners in the role of public health, and recognizing the shared stories of our people and partners.

Revisiting the strategic plan provides a foundation for recovery and the rebuild of local public health. Actions within APH's recovery action plan, as highlighted in **Section 2.2**, are aligned to strategic directions, and as program plans evolve in 2023, they too will be further connected to the strategic plan.

Identification of Public Health Priorities

A step in population recovery includes conducting population health assessments, to inform the planning and implementation of population health interventions (e.g. healthy public policy) and partnerships, and embed a health equity lens into recovery.[19]

Understanding the adverse impacts of the pandemic and how they are experienced differently and unequally across our communities will be critical to informing how APH and partners can contribute to health for all.

APH has begun updating Algoma's Community Health Profile with a projected completion in 2023 (last updated in 2018) to provide a snapshot of community wellness and identify post-pandemic population health priorities in Algoma. These priorities will guide the selection of agency-wide priorities and direct resourcing cross-programs, as well as individual program standard implementation planning for 2024.

Rebuild of Emergency Management

In addition, to support a resilient rebuild of local public health and population health, there is need to:

- Conduct evaluations and an after action review of the pandemic response and COVID-19 vaccine rollout to inform lessons learned and future planning (e.g. mass immunization plans, emergency response plans, COOP updates, hazard specific plans, etc.); and
- Support the ongoing professional development and training of all staff in emergency management, to retain the skills necessary for pandemic response, should a future surge scenario arise for COVID-19 or a new infectious disease (i.e. case management), or other emergencies projected to increase with climate change.

Rebuilding local public health starts as part of recovery, and will support population health for the long-term. However, appropriate investment in public health for the effective recovery of programs and services is needed. This investment in public health and recovery has the potential to generate significant returns, including better health, lower health care costs and a stronger economy.[18,20]

2.3 Cost of Response and Recovery Efforts

APH's robust COVID-19 response and immunization efforts have had benefit to community health and safety throughout the pandemic. However, the work associated with COVID-19 has required an unprecedented quantity of resources, including expenses reported to the Ministry for reimbursement as COVID-19 response and COVID-19 vaccine extraordinary cost.

Table 2.0 and **Table 3.0** provide an overview of COVID-19 response and immunization hours, labour costs, and third party expenses.

[20] Masters, R., Anwar, E., Collins, B., Cookson, R., & Capewell, S. (2017). Return on investment of public health interventions: A systematic review. *Journal of epidemiology and community health, 71(8), 827–834. https://doi.org/10.1136/jech-2016-208141*

Table 2.0: COVID-19 Response Hours and Labour Costs, 2021 – 2022

Month	COVID-19 Response			
	2021		2022	
	Hours	APH Labour Cost	Hours	APH Labour Cost
Jan	7,601	$340,894.00	9,896	$567,351.00
Feb	7,601	$342,892.00	7,405	$316,194.00
Mar	7,601	$359,817.00	7,403	$320,355.00
Apr	7,601	$454,941.00	4,867	$144,023.00
May	7,338	$400,642.00	3,370	$126,776.00
Jun	8,479	$470,916.48	1,594	$62,340.00
Jul	6,258	$299,481.52	950	$41,126.00
Aug	6,191	$256,509.00	1,223	$49,167.00
Sep	7,221	$421,482.00		
Oct	6,778	$406,587.00		
Nov	9,135	$332,955.00		
Dec	9,939	$696,744.00		
Total	**90,409**	**$4,783,861.00**	**36,708**	**$1,627,332.00**

Table 3.0: COVID-19 Immunization Hours, Labour Costs and Third Party Health Service Costs, 2021 – 2022

Month	COVID-19 Immunization					
	2021			2022		
	Hours	APH Labour Cost	3rd Party Health Services	Hours	APH Labour Cost	3rd Party Health Services
Jan	1,259	$75,125.00	$0.00	6,197	$249,835.00	$0.00
Feb	2,081	$166,318.00	$0.00	3,001	$62,269.00	$5,938.00
Mar	5,562	$203,397.00	$0.00	2,066	$85,381.00	$24,007.00
Apr	4,844	$224,404.00	$63,163.42	1,501	$46,452.00	$0.00
May	6,056	$275,344.00	$61,299.00	1,648	$71,100.00	$0.00
Jun	9,301	$423,353.98	$62,843.00	816	$50,957.00	$15,601.00
Jul	7,329	$270,897.02	$101,523.00	613	$34,432.00	$0.00
Aug	5,390	$262,129.00	$83,277.00	725	$41,114.00	$0.00
Sep	4,589	$183,729.00	$39,947.00			
Oct	4,220	$152,943.00	$34,986.00			
Nov	4,933	$327,424.00	$38,055.00			
Dec	7,050	$314,061.00	$21,161.00			
Total	**62,615**	**$2,879,125.00**	**$506,254.42**	**16,567**	**$641,540.00**	**$45,546.00**

As is evident through a comparison between years, labour costs for COVID-19 response and immunization overall have decreased from 2021 to 2022. As described in **Section 2.1**, this is due to a shift in our approach to the pandemic response and the associated change in work.

COVID-19 will continue to challenge our communities and the work of public health moving forward, requiring resources for response and immunization that exceed current mandatory program funding.

However, resources are also needed to minimize further disruption to core public health programs to respond to the many community health priorities that have arisen due to the pandemic and prolonged suspension of non-highest risk health promotion and protection efforts.

Recovery from the pandemic, as a public health unit and broader community, is a complex process[19] and will take several years.[21] As per APH's recovery framework and aligned priorities described above,

[21] Baird, M. (2010). The recovery phase of emergency management: Background paper. Retrieved from https://www.memphis.edu/ifti/pdfs/cait_recovery_phase.pdf

recovery will also require appropriate resourcing to address the impacts of the pandemic on our agency and population health.

Due to direction by the Ministry that prohibits the expensing of COVID-19 recovery work to COVID-19 response and COVID-19 vaccine extraordinary cost, and lack of commitment to dollars for COVID-19 recovery, the costs to revitalize, routinize, restore, and rebuild as part of recovery must be absorbed by mandatory program budgets, limiting our ability to efficiently recover from the pandemic.

As such, response and recovery considerations have influenced 2023 budget assumptions.

2.4 Challenges with Public Health Human Resource Recruitment in the North

Significant and longstanding challenges with recruitment of skilled public health professionals in Northern Ontario remain, similar to the unique human resource challenges of the health care sector in the north. These challenges are visible in a summary of APH recruitment for 2022, and were reflected in the recommended 2023 budget that assumes a corresponding vacancy rate and the minimum finances required to sustain our local public health workforce.

2.4.1 Summary of APH Recruitment in 2022

A snapshot of 2022 health human resource recruitment indicators is provided below.

From January – October 5, 2022:

- Five (5) new permanent full-time and nine (9) new temporary employees have filled vacant positions.
- Nine (9) temporary staff hired in 2020/2021 were awarded permanent full time positions.
- Fourteen (14) permanent full time employees were successful candidate for other permanent full-time positions (e.g. in another program, leadership, or new position).
- Nine (9) permanent and nine (9) temporary positions remain vacant, for a total of 18 position vacancies.

Persistent challenges to recruitment in public health have included:

- The unknowns associated with and undesirability of temporary, time-limited positions among highly skilled public health professionals.
- Competition for health human resources across the district and beyond; and
- Lack of qualified candidates with certifications or the skill level required for specific positions.

The 18 positions remaining vacant as of October 5, 2022 demonstrate the challenge with recruitment of highly skilled health professionals in local public health in the north. The total vacancies (18) at APH result in an 11.04% vacancy rate.[22]

Limitations to One-Time Funding

One-time funding provided by the provincial government has been appreciated and critical to supporting COVID-19 response and immunization, as well as other pandemic needs (i.e., school support, infection prevention and control). However, one-time funding has been geared towards curtailing the pandemic, as opposed to annual funding for the hiring of permanent staff to build long-term public health capacity to manage the emergency of today, and prepare for the public health emergencies of tomorrow. [23]

For example, one-time funding is only able to support temporary positions, which are challenging to fill as they do not provide the job security needed for a highly skilled public health professional to relocate to Northern Ontario.

[22] Based on the total employee FTE budgeted for 2022 (n=163).
[23] Queen, et al. (2021). Threats, resignations and 100 new laws: Why public health is in crisis. *New York Times.* Retrieved from https://www.nytimes.com/2021/10/18/us/coronavirus-public-health.html

As a result of ongoing vacancies and challenges with recruitment, recruiting for existing vacancies in these necessary positions is a priority to ensure adequate, sustainable FTE to routinize COVID-19 response and immunization, as well as restore mandatory public health programs and services.

Strengthening Local Public Health Human Resources and Building Capacity for the Long-Term

In addition to combatting the COVID-19 pandemic and other public health emergencies (e.g. St. Marys River oil spill in June 2022), a strong local public health unit protects health and prevents illness every day.[24] To recover and be prepared for future public health crises, strategic and sustainable investment to recruit a full complement of qualified, permanent public health employees is needed.[24]

Without sustainable increases to provincial base funding to strengthen the local public health workforce for the long-term, with strategies for recruitment that align to Northern Ontario, APH will be unable to sustain COVID-19 response and immunization while simultaneously restoring mandated public health programming to meet the needs of our communities and prepare for future health crises in a timely manner.

Therefore, investment and advocacy are needed by the Board of Health for sustainable, annual provincial base funding for public health and a Northern Ontario public health human resource strategy.

2.4.2 Focused Recruitment Efforts for Public Health Inspectors

APH has experienced the greatest challenges with recruitment of certified public health inspectors (PHIs), an issue shared among northern public health units. A scan on September 29th, 2022 indicated that **18 PHI postings** were published across APH, North Bay, Sudbury, Timiskaming, North Western, and Porcupine health units.

PHIs working within the Infectious Diseases and Environmental Health programs have had a leading role in COVID-19 response, specifically with IPAC, outbreak management and application and enforcement of the *Reopening Ontario Act*.[6] Outside of COVID-19, PHIs routinely evaluate and monitor health and safety hazards and implement progressive and innovative approaches to control risks and ensure compliance with government regulations that keep us safe.[25, 26]

For context, Jobs Canada had 40 positions for inspectors in public and environmental health and occupational health and safety posted in Q1 for 2022 for the north region of Ontario, with the region over-represented in the total number of postings.[25]

At APH, from 2020 to 2022, the number of PHI vacancies has increased, as shown in **Table 4.0**.

Table 4: APH Public Health Inspector Recruitment Summary, 2019 – 2022

APH Office	Public Health Inspector Postings/Vacancies	2019	2020	2021	2022
Sault Ste. Marie	Temporary Full-Time	1 (0)	-	3 (2)	2 (2)
	Permanent Full-Time	2 (0)	3	-	2 (1)
Blind River	Temporary Full-Time	-	-	-	-
	Permanent Full-Time	-	-	1(1)	1 (1)
Elliot Lake	Temporary Full-Time	-	-	-	-
	Permanent Full-Time	1 (0)	2 (1)	1 (1)	1 (1)
Wawa	Temporary Full-Time	-	-	-	-
	Permanent Full-Time	1 (0)	-	-	-
Total Positions (Total Remaining Vacant)		**5 (0)**	**5 (1)**	**5(4)**	**6(5)**

Note:
- The values in brackets indicate the number of PHI positions remaining unfilled at end of year.
- Postings for vacancies have been reposted, or remained posted until filled. In 2021, there were a total of 8 PHI postings, including the 3 SSM positions and multiple reposting of 2 district PHI positions.

[24] Ontario Medical Association. (2021). Prescription for Ontario: Doctors' 5-point plan for better health care. Retrieved from https://www.oma.org/uploadedfiles/oma/media/public/prescription-for-ontario-doctors-5-point-plan-for-better-health-care.pdf
[25] Ministry of Labour, Immigration, Training and Skills Development. (2019). Inspectors in public and environmental health and occupational health and safety, NOC 2263.
[26] Algoma Public Health. (2022). Public health inspector. *Internal job posting.*

Barriers to recruitment of PHIs have included:

- Increased available positions in private industry, government, and IPAC during the pandemic;
- Limited practicum opportunities across PHUs during the pandemic due staff workloads and reduced mentorship, a requirement as part of the certification process, resulting in a backlog of graduates without practicum completion; and
- Geographic barriers, such as proximity to amenities, proximity to family, and lack of suitable employment for their partners.

APH will be developing a short and long-term local recruitment strategy, which includes:

- Posting available positions to professional association pages (e.g. alPHA, CIPHI), public career pages (e.g. SooToday, Indeed), and university career pages for graduating students and alumni (e.g. Toronto Metropolitan University, Conestoga),
- Attending job/career fairs and hosting information sessions for graduating classes (high school and post-secondary), and
- Directly forwarding information to current students through professors at universities with an accredited program.

Longstanding vacancies, despite recruitment efforts, have supported the need for local public health investment in PHI recruitment efforts, and advocacy for a broader PHI-recruitment strategy for the north.

3. 2023 Budget Financial Assumptions

Given the unknowns, a number of assumptions were required to base the 2023 estimated expenses. They are as follows:

- The Ministry will continue to apply a 70:30 funding formula to jointly funded programs. The province's portion or base provincial funding for these programs is assumed to remain status quo from 2022, with **0% growth in base funding for mandatory programs**. The 1.0% increase over 2022 budget applied to the province's portion of jointly funded programs is based on the funding increase allocated for the 2022 operating year, which was applied pro-rated for the months of April through December in 2022.
- Continuation of one-time mitigation funding of $1,037,800 is also assumed, which is consistent with approved funding for 2020 through 2022.
- As per the 2022 funding and accountability agreement, the Ministry will continue to support the Northern Ontario Fruit and Vegetable and Indigenous Communities programs at 100%, in addition to Mandatory Programs for Unorganized Territories, MOH/AMOH Compensation Initiative, and the Ontario Senior Dental Care Program (OSDCP).

  Of particular note, for the 2022 funding year, APH was allocated 100% funding for the OSDCP program in the amount of $1,252,900 to support ongoing pressures identified in this program (increased from $697,900 in 2021). For the 2023 budget, the Executive Team assumed that 100% provincial funding for the OSDCP program will remain to meet program needs in the coming year.
- No increase to the total municipal levy rate applied by the District of Algoma Health Unit.
- COVID-19 response and immunization incremental costs are estimated at $1,078,089 for 2023. As the Ministry has indicated a commitment to fund COVID-19 extraordinary expenses in 2023, it is assumed these costs will be reimbursed by the province.

  For comparison, 2022 allocations from the Ministry include $2,210,400 in funding for COVID-19 extraordinary expenses. As of June 30, 2022, 2022 forecasted incremental costs are $2,945,487, which the Ministry has indicated will be eligible for reimbursement based on ongoing quarterly submissions.

- No additional funding will be provided by the Ministry to fund COVID-19 Recovery initiatives. These anticipated costs will be managed within mandatory program base funding, impacting the restoration of programs and services as public health continues with pandemic response, addresses the backlog of programs and services suspended during the pandemic, and works to rebuild public health to identify and address population health priorities.
- Assumptions related to staffing are as follows:
  - A vacancy factor of 3% has been incorporated into overall salaries, wages and benefits ($446,000).

    For comparison purposes, and as driven largely by competitive labour markets and small labour pools, the actual vacancy rate in 2021 and year to date in 2022 is estimated to range between 7% and 11%.
  - A 1.5% wage increase for all staff.
- Fixed non-salary budgeted costs related to facilities, such as utilities and service contracts, have been estimated based on historical data, current contract rates, and assumed inflationary rates with a combined year over year increase of 2% over the 2022 approved budget. A contingency representing 6% of the fixed cost budget has been factored to support unforeseen necessary costs.
- Algoma Public Health's debt payment plan will continue to be managed with existing resources.
- COVID-19 has resulted in significant program and service interruptions, resulting in backlogs and impacts to service deliverables for 2022, and foreseeably those planned for 2023.
- Notwithstanding the need to prioritize programming in the context of the COVID-19 pandemic, the requirements of boards of health remain the same, as articulated in the *Health Protection and Promotion Act*, related regulations, and the OPHS[1], and related protocols and guidelines.
- There are many unknowns, and APH must have the capacity and competencies to assess and react quickly to evolving needs (e.g., challenging fall respiratory season coupled with COVID-19, surge of COVID-19, new variants of concern, expanded eligibility for booster doses, etc.), while planning for ongoing and future public health challenges, as part of COVID-19 recovery and rebuilding.

4. 2022 Grant Approval

The 2022 Ministry Program Based Grant approval was received and last revised as of May 2022.

- APH was allocated a 1% increase to the Mandatory Cost-Shared Program base funding for total 2022 funding of $8,795,200, increased from $8,708,100 in 2021. The 1% increase for 2022 was pro-rated for the months of April through December, resulting in the true funding allocation for 2022 to be $8,773,425.
- The grant allocation for the 100% provincial funding for Unorganized Territories/Mandatory Programs ($530,400), Unorganized Territories/ Indigenous Communities Program ($98,000) and the Unorganized Territories/Northern Fruit and Vegetable Program ($117,400) remained unchanged.
- The OSDCP was allocated an additional $555,000 above 2021 funding levels based on current and ongoing pressures identified in this program. 2022 funding levels are allocated at $1,252,900, increased from $697,900 in 2021.
- The MOH/AMOH compensation initiative will continue to be based on the actual status of current MOH and AMOH positions.

5. Reserve Funds

As part of fiscally sound management, the Board of Health has long-established reserve funds for the agency since 2017. Financial reserves are a prudent and expedient way to provide the agency with resources for unforeseen emergencies, known future infrastructure investments and future planned projects that support the mission, vision, and strategic goals of APH.

The reserve funds balance totals $1.4M, which could support approximately one month of operations.

The COVID-19 pandemic is a public health emergency that has required significant, unforeseen financial and human resourcing, which will continue for several years to sustain response and transition to recovery.

6. Recommended 2023 Budget

6.1 Operating Revenue

The 2023 operating revenues include Ministry funding for mandatory programs (historically cost shared), Ministry funding for other related programs (historically 100% provincially funded), Ministry Unorganized Territories funding, municipal funding by 21 municipalities, and interest and user fees. The recommended municipal funding has remained unchanged from 2022. There is also no change in Unorganized Territories funding.

6.1.1 Provincial

Pursuant to section 76 of the Health Protection & Promotion Act, the Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate.[27]

6.1.2 Municipal

Pursuant to section 72 of the Health Protection & Promotion Act, obligated municipalities in a health unit shall pay,

(a) The expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under the HPPA or any other act; and

(b) The expenses incurred by or on behalf of the MOH of the board of health in the performance of his or her functions and duties under the HPPA or any other Act.[27]

As part of the recommended 2023 Operating & Capital Budget, the Executive Team is recommending no change in the total municipal levy from obligated municipalities within the District of Algoma Health Unit. Although total municipal funding will remain unchanged from 2022, rates apportioned among the 21 municipalities within Algoma have been updated to reflect current population counts per the 2021 Census Profile issued by Statistics Canada[28] (see **Appendix A**).

For context, **Table 5.0** illustrates historical changes in municipal levy rates from 2012 – 2023 (recommended).

[27] Government of Ontario. (2021). Health protection and promotion act, R.S.O. 1990, c.H7. Retrieved from https://www.ontario.ca/laws/statute/90h07
[28] Statistics Canada. (2022). Census profile, 2021 census of population. Retrieved from https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

Table 5.0: APH Historical Approved Levy Increase, 2012 – 2023 (Recommended)

Year	Levy Increase
2012	2.00%
2013	1.00%
2014	2.00%
2015	4.16%
2016	4.50%
2017	2.50%
2018	0.50%
2019	0.50%
2020	1.12%
2021	7.00%
2022	10.00%
2023	**0.00% (Budgeted)**

As evidenced through 'the work,' or programs and services provided by public health, municipalities and social sectors across Algoma receive robust support for effective COVID-19 response, health protection, health promotion, and disease prevention among residents.

Value for Money: Per Capita Rate

When looking at the value for public health, as of 2022, the cost per capita in Algoma for public health services and programs was **$35.58/person, when converted to 2018 MPAC (or $40.23 when using 2016 Census)**.

For the recommended 2023 budget, cost per capita was updated based on population counts from the 2021 Census Profile by Statistics Canada.[28] Incorporating the updated population counts results in a slight increase to the forecasted 2023 cost per capita, **estimated at $40.44 per person**. Health Units within the province either use the most recent Census or MPAC population figures when calculating the per capita rate.

When compared to northern health units, as of 2022, APH's per capita rate ranked in the middle when using MPAC figures. Northern health unit per capita rates ranged from $28.65/person to $51.65/person in 2021, for those PHUs that responded to an APH inquiry on per capita rates conducted in fall 2021. Due to the early presentation of the 2023 recommended budget to the Board of Health, updated per capita rates for 2022/2023 were unable to be collected from northern PHUs.

For context, the Board of Health has experienced the historical growth shown in **Table 6.0** from 2018 – 2023 (recommended) with respect to the rate of public health per capita in Algoma.

Table 6.0: APH Historical Approved per Capita Rates, 2018 – 2023

Year	Approved Rate
2018	$33.63
2019	$33.80
2020	$34.18
2021	$36.57
2022	$40.23
2023	**40.44 (Budgeted)**

The recommended levy rate for 2023 correlates to a per capita rate of $40.44/person, which continues to rank in the middle of northern health units when compared to northern per capita rates shared in fall 2021.

Therefore, when reviewing the cost of public health per capital, alongside the work by public health and projected work to recover from the pandemic and support community health and wellbeing, the 21

municipalities within Algoma **continue to receive exceptional value for local public health programs and services**.

6.2 Expenditures

As compared to the 2022 forecast, the 4.82% overall budget decrease is comprised of the following:

Salary cost decrease	2.80%
Benefit cost decrease	0.58%
Operating cost decrease	1.44%
Overall Decrease	**4.82%**

In other words, of the 4.82% or $898,477 decrease in the 2023 budget, salaries and benefits represent about 70% of the decrease (2.80% and 0.58% respectively of the 4.82% decrease), while operating cost decreases make up about 30% of the overall decrease (1.44% of the 4.82% decrease).

6.2.1 Salary and Benefit Changes

The 2023 expenditure comparisons with 2022 were made using the 2022 forecasted values (see **Table 1.0**). As compared with 2022, the salary and benefit budget lines reflect a decrease of 4.65% and a decrease of 4.18%, respectively:

- **Salary:** As compared to 2022, salaries show a decrease of $521,323 or 4.65%. The decrease represents staffing that was identified in the 2022 operating budget for COVID-19 response and immunization that is not anticipated to be needed in 2023 (e.g. dedicated COVID-19 phone line staffing support, significant roster of casual immunizers for COVID-19 mass immunization clinics).

  The recommended operating revenue for cost shared public health programs for 2023 would support filling all current vacant permanent positions and temporary replacement for approved unpaid leave of absences (e.g. temporary filling of a permanent FTE’s leave for pregnancy/parental leave).

  The salary amount includes a nominal annual increase, staff movement along salary grid, and an assumed 3% vacancy factor.

- **Benefits:** As compared to 2022, benefits show a decrease of $109,582 or 4.18%. Historical utilization is factored heavily in the projection of the rates, in addition to the normal market fluctuations.

6.2.2 Operating Expenditure Changes

As compared with the restated 2022 budget or 2022 forecast, the 2023 recommended budget reflects an overall decrease of 4.82% ($898,477).

Operating expenditures have been budgeted by the Executive Team with consideration of both historical pre-pandemic and pandemic spend levels, with the assumption that regular program activities will be recovering in 2023, albeit not yet at full capacity as we continue to plan for population health recovery and address the backlog of services resulting from the suspension of non-highest risk programs to prioritize pandemic response.

Expenditure lines with significant changes are detailed below, following the order of appearance in the budget summary (**Table 1.0**):

- **Travel:** The decrease in travel relates to the expectation that there will be reduced travel throughout the district to support the staffing of COVID-19 initiatives and clinics. Although travel will be required for routine program work, it will remain at reduced capacity when compared to pre-pandemic levels, recognizing the continued use of virtual platforms for distance meetings and that routine program work is not expected to be fully restored to pre-pandemic levels in 2023.
- **Program expenses:** Program expenses for 2023 are budgeted at a nominal decrease from 2022. Although there is anticipated significant savings with regard to program spend for the COVID-19

Response and Immunization programs, these savings are directly offset by increased program spend driven by increase funding in our OSDCP program.

Program expenses include general program materials and supplies, purchased services, and professional fees (e.g. physician and/or denture service fees).

- **Office:** The projected increase in office expenses in 2023 is based on the expectation that the majority of staff will have returned to in-office work for the duration of the year, as per the return-to-office-work program, therefore increase purchasing of general office supplies.
- **Telecommunications:** The decrease in telecommunications expenses is driven by efficiencies to be introduced with migration to a new phone system.
- **Program promotion:** The decrease in program promotion is largely driven by a reduction of media spend budgeted to the COVID-19 response and immunization programs. As we enter the recovery phase of the pandemic, it is anticipated that COVID-19 will be routinized into mandatory public health programming and will no longer require public promotion or communication at the levels experienced during the height of the pandemic.

  In addition, with work to first address the backlog of public health programs and services, it is unlikely the programs will fully recover in 2023 based on limited resources and readiness, internally and externally. Hence, program promotion and related expenses will not yet reflect pre-pandemic periods.
- **Facilities Leases:** The increase in facilities leases is driven by lease renewals at one of our district offices, as well as a term renewals at our remaining two district offices.
- **Building maintenance:** The decrease in building maintenance relates to significantly reduced needs for security and janitorial services related to the COVID-19 pandemic for APH facilities and clinics. Needs for these services continue to decline as the demand for external immunization clinics reduces and community restrictions loosen.
- **Fees and insurance:** The increase in fees and insurance is due to increased general liability and property coverage, as well as the addition of a cyber-risk protection policy.
- **Expense recoveries:** Expense recoveries are administrative allocations from community health programs to public health programs. An example includes public health charging a community health program for administrative services support.

  To more accurately reflect the work public health is supporting with respect to community health programs, management is ensuring adequate administrative charges for community health programs, in line with the Board's strategy to ensure it is accountable for the dollars it receives and spends, by not subsidizing community health programs. The decrease in expense recoveries for 2023 is due to the divestment of the Infant Child Development Program and Preschool Speech and Language community programs at March 31, 2022.

7. Capital Budget

In accordance with APH's 2018-2030 Capital Asset Funding Plan (**Appendix B**), the 2023 capital budget was forecasted to include $25,000 for computer replacements and $50,000 for a new truck for use in the land control program.

Due to significant investment in computer equipment necessary during the COVID 19 pandemic and assessment of the current condition of the APH truck, these needs are no longer considered necessary.

Instead, the Executive Team is recommending a 2023 capital budget estimated at $265,000, which includes the following expenditures:

- Upgrade of network servers that house and run agency applications and store data. This expense was originally forecasted to be completed in 2022, however due to supply chain issues has not yet

been completed ($200,000).

- Upgrade of the tape backup, which is used to ensure backup of agency wide applications and data in the event of a hardware failure or data corruption on the servers ($65,000).

Both of the above mentioned items are out of warranty and are no longer supported for the latest security and software updates that are required to ensure systems are as secure as possible and able to efficiently and effectively turn around any down time experienced.

8. Conclusions

The recommended 2023 budget for public health programs and services is $17,740,689, representing a decrease of $898,477 over 2022 anticipated funding. At a 4.82% decrease over previous, the recommended budget is the minimum required to maintain COVID-19 response and immunization programming, as is expected by the Ministry, alongside early efforts in COVID-19 recovery to revitalize the public health workforce, restore public health programs and services as mandated by the *Ontario Public Health Standards*[1], and rebuild public health.

Appendix A

Annual Municipal Levy Comparison, 2018 to Proposed 2023

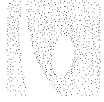
2023 Municipal Levy	POP 2016 Census	2018 Approved Rate	2018 Approved Levy	2019 Approved Rate	2019 Approved Levy	2020 Approved Rate	2020 Approved Levy	2020 Approved Rate (After Refund)	2020 Approved Levy (After Refund)	2021 Approved Rate	2021 Approved Levy	2022 Approved Rate	2022 Approved Levy	POP 2021 Census*	Net Change to Census Population	2023 Proposed Rate	2023 Proposed Levy	Appointment of Costs	Proposed Net Change
CITIES																			
Sault Ste. Marie	73,368	33.63	2,467,640	33.80	2,479,978	36.38	2,669,377	34.18	2,507,836	36.57	2,683,386	40.23	2,951,725	72,051	(1,317)	40.44	2,913,655	69.55%	(38,069)
Elliot Lake	10,741	33.63	361,260	33.80	363,066	36.38	390,795	34.18	367,146	36.57	392,852	40.23	432,137	11,372	631	40.44	459,870	10.98%	27,733
													-						
TOWNS													-						
													-						
Blind River	3,472	33.63	116,776	33.80	117,360	36.38	126,324	34.18	118,679	36.57	126,986	40.23	139,685	3,422	(50)	40.44	138,382	3.30%	(1,303)
Bruce Mines	582	33.63	19,575	33.80	19,673	36.38	21,175	34.18	19,894	36.57	21,286	40.23	23,415	582	-	40.44	23,535	0.56%	121
Thessalon	1,286	33.63	43,253	33.80	43,469	36.38	46,789	34.18	43,958	36.57	47,034	40.23	51,737	1,260	(26)	40.44	50,953	1.22%	(785)
													-						
VILLAGES/MUNICIPALITY													-						
													-						
Hilton Beach	171	33.63	5,751	33.80	5,780	36.38	6,222	34.18	5,845	36.57	6,254	40.23	6,879	198	27	40.44	8,007	0.19%	1,127
Huron Shores	1,664	33.63	55,967	33.80	56,246	36.38	60,542	34.18	56,878	36.57	60,859	40.23	66,945	1,860	196	40.44	75,216	1.80%	8,271
													-						
TOWNSHIPS													-						
													-						
Dubreuilville	613	33.63	20,617	33.80	20,721	36.38	22,303	34.18	20,953	36.57	22,420	40.23	24,662	576	(37)	40.44	23,293	0.56%	(1,369)
Jocelyn	313	33.63	10,527	33.80	10,580	36.38	11,388	34.18	10,699	36.57	11,448	40.23	12,593	314	1	40.44	12,698	0.30%	105
Johnson	751	33.63	25,259	33.80	25,385	36.38	27,324	34.18	25,670	36.57	27,467	40.23	30,214	749	(2)	40.44	30,289	0.72%	75
Hilton	307	33.63	10,326	33.80	10,377	36.38	11,170	34.18	10,494	36.57	11,228	40.23	12,351	382	75	40.44	15,448	0.37%	3,097
Laird	1,047	33.63	35,215	33.80	35,391	36.38	38,094	34.18	35,788	36.57	38,293	40.23	42,122	1,121	74	40.44	45,332	1.08%	3,210
MacDonald, Meredithand Aberdeen Add'l	1,609	33.63	54,117	33.80	54,387	36.38	58,541	34.18	54,998	36.57	58,848	40.23	64,733	1,513	(96)	40.44	61,184	1.46%	(3,549)
Wawa (formerly Michipicoten)	2,905	33.63	97,706	33.80	98,195	36.38	105,694	34.18	99,298	36.57	106,247	40.23	116,872	2,705	(200)	40.44	109,387	2.61%	(7,485)
The North Shore	497	33.63	16,716	33.80	16,800	36.38	18,083	34.18	16,988	36.57	18,177	40.23	19,995	531	34	40.44	21,473	0.51%	1,478
Plummer Add'l	660	33.63	22,198	33.80	22,309	36.38	24,013	34.18	22,560	36.57	24,139	40.23	26,553	757	97	40.44	30,612	0.73%	4,059
Prince	1,010	33.63	33,970	33.80	34,140	36.38	36,747	34.18	34,524	36.57	36,940	40.23	40,634	975	(35)	40.44	39,428	0.94%	(1,206)
St. Joseph	1,240	33.63	41,706	33.80	41,914	36.38	45,116	34.18	42,385	36.57	45,352	40.23	49,887	1,426	186	40.44	57,666	1.38%	7,779
Spanish	712	33.63	23,947	33.80	24,067	36.38	25,905	34.18	24,337	36.57	26,041	40.23	28,645	670	(42)	40.44	27,094	0.65%	(1,551)
Tarbutt & Tarbutt Add'l	534	33.63	17,960	33.80	18,050	36.38	19,429	34.18	18,253	36.57	19,531	40.23	21,484	573	39	40.44	23,171	0.55%	1,687
White River	645	33.63	21,694	33.80	21,802	36.38	23,467	34.18	22,047	36.57	23,590	40.23	25,949	557	(88)	40.44	22,524	0.54%	(3,425)
Total	**104,127**		**3,502,180**		**3,519,691**		**3,788,497**		**3,559,232**		**3,808,378**		**4,189,216**	**103,594**	**(533)**		**4,189,216**	**100%**	**0**
YOY % Increase			**0.50%**		**0.50%**		**7.64%**		**1.12%**		**7.00%**		**10.00%**				**0.00%**		

Notes:
* For Budget 2023, population rates have been updated from the 2021 CENSUS.
Statistics Canada. (2022). Census profile, 2021 census of population. Retrieved from https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

Appendix B

2018-2030 APH Capital Asset Funding Plan

See subsequent document.



Algoma Public Health

2018 - 2030 Capital Asset Funding Plan

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- Operating Budget versus Capital Asset Plan Page 3
- Types of Capital Assets Page 4
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Purpose:

The Board of Health for the District of Algoma (the Board) has undertaken the development of a Capital Asset Funding Plan (the Plan). The purpose of the Plan is to provide visibility to the Board with respect to capital asset needs. The Capital Asset Plan, in conjunction with APH's Reserve Fund Policy, will allow the Board of Health to set long-term financial goals.

As part of the Ontario Public Health Standards, "the board of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported". As APH owns and operates a facility in Sault Ste. Marie, there is a need to plan for and appropriately fund the cost of major ongoing repairs and maintenance associated with the facility. In addition, APH leases several facilities which may require leasehold improvements. By maintaining adequate Reserves, APH will be able to offset the need to obtain alternate sources of financing.

Operating Budget versus Capital Asset Plan:

The Operating Budget captures the projected incoming revenues and outgoing expenses that will be incurred on a daily basis for the operating year.

The Capital Asset Plan is a blueprint to identify potential capital expenditures and to develop a method in which to finance the associated expenditure. Capital expenditures are cost incurred for physical goods that will be used for more than one year.

The development of the Capital Asset Funding Plan serves as a risk management tool as it minimizes having large unforeseen budget increases in the future as a result of capital needs.

In addition, the Capital Asset Funding Plan will help the Board with contribution and withdrawal decisions to the Reserve Fund. Reserves can only be generated through unrestricted operating surpluses. As any unspent provincial dollars must be returned to the Ministry, the only mechanism to generate surplus dollars is through the Municipal levy. Maintaining adequate Reserves reduces the need for the Board of Health to further levy obligated municipalities within the district to cover unexpected expenses incurred by the board of health.

The Capital Asset Funding Plan was developed around the Building Conditions Assessment (the Assessment) that was completed on behalf of the Ministry of

Community and Social Services (the Ministry). The Assessment was conducted on November 20, 2015 with a final report received on February 20th, 2018. This Assessment report, specifically the Capital Reserve Expenditure schedule serves as the foundation of APH's Capital Asset Funding Plan over a 20 year period. In addition, the Assessment will help with Reserve Fund contribution decisions.

The Capital Asset Plan is a fluid document. The timing of planned expenditures may be moved up or pushed back depending on the situation.

Types of Capital Assets:

In addition to the specific capital building needs, APH management included items related to Computer Equipment; Furniture and Equipment; Vehicles; and Leasehold Improvements (as APH leases office space within the District). These categories mirror those referenced in APH's Financial Statements which are amortized over a period of time.

Computer Equipment/Furniture/Vehicles

Investing in Computer Equipment, Furniture, and Vehicles is required to allow APH employees to provide services within the District of Algoma. Keeping staff well-equipped improves efficiencies while improving program outcomes.

Facilities – Maintenance, Repair and Replacement

APH owns and leases space. As a result, it is necessary to make improvements to the property (capital or leasehold improvements). As the owner of the facility located at 294 Willow Avenue in Sault Ste. Marie, APH is responsible for repairs and maintenance of the facility. Anticipating what repairs or improvements may be necessary, researching and estimating the related costs, determining the target amount needed and the approximate timing of the expenditure are all part of the capital budgeting process, along with developing funding strategies.

Types of Financing Options Available to the Board of Health:

Depending of the nature and the associated cost of the expenditure, there are different financing options available to the Board of Health. Three examples include:

Operating Dollar Financing – can be used if APH is operating in a surplus position in any given year and the associated cost of the expenditure will still allow the Board to remain on target with respect to their annual operating budget. The nature of the expenditure would have to be admissible under the terms of the Ministry Accountability Agreement. Use of operating dollars for capital expenditures helps to minimize the amount of dollars that may have to be returned to the Ministry within any given year.

Reserve Financing – can be used if APH determines that the use of operating dollars is not feasible (i.e. cost of the expenditure would negatively impact the annual Operating Budget or the type of expenditure is inadmissible under the terms of the Ministry Accountability Agreement). The advantages of Reserve Financing are it minimizes the amount of debt the Board would otherwise incur and/or reduces the Levy that municipalities would have to contribute.

Debt Financing – can be used when the expenditure is large in scale such that operating dollars and Reserves would not support it.

Regardless of whether the expenditure is capital or operating in nature, APH's Procurement Policy 02-04-030 and Reserve Fund Policy 02-05-065 must be adhered to. As such, management may make capital expenditures with operating or reserve dollars provided the expenditure is within the Board approved spending limits as noted within each of the respective policies. Any debt financing would typically require Board approval.

ALGOMA PUBLIC HEALTH
CAPTIAL ASSET PLAN

Item	Actaul Expenditure		Forecasted Expenditure											
	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	
Computer Equipment														-
Network Servers		4,000			200,000							200,000		400,000
Telephone System	150,000								150,000					150,000
Network Infrastructure		10,000	40,000		60,000									100,000
Polycom Video Conference System				28,000				28,000						56,000
Backup Data Storage		29,000									30,000			30,000
Computers	25,000	50,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	275,000
														-
Furniture and Equipment														-
Vaccine Refrigerators	29,000	14,500	7,000				7,000				7,000			21,000
Digital Sign	21,000													-
Vehicle														-
Truck (land control)						50,000								50,000
														-
Leasehold Improvements														-
Blind River Office		5,000												-
Generator		30,000												-
Elliot Lake Office					7,000									7,000
Wawa Office			5,000											5,000
														-
Owned Facility: 294 Willow Avenue Building, Sault Ste. Marie														-
Municipal/Utility Services														-
Water Supply														-
Sanitary Supply														-
Storm Sewer														-
Gas Utility														-
Hydro Utility														-
Other Municipal/Utility Services														-
Site Finishes														-
Passenger Vehicle Parking Area - Pavement and Curbing							26,600							26,600
Roadways - Pavement and Curbing							17,500							17,500
Walkways, Sidewalks and Exterior stairs														-
Exterior Light Standards														-
Soft Landscaping and Picnic Facilities														-
Signage														-
Retaining walls and other Site Improvements														-
Site Drainage														-
Parking Gates														-
Other Site Finishes														-
Structural														-
Building Substructure, including foundations and basement walls														-
Building Superstructure														-
Interior Stairs														-
Roof Construction														-
Other Structural														-
Building Exterior														-
Foundation Wall														-
Cladding System														-
Exterior Sealants and Caulking														-
Entrances and Doors														-
Windows Including Frames														-
Parapets and Canopies														-
Loading Dock														-
Other Building Exterior														-
Roof														-
Roof Assembly (waterproofing membrane and roof surface)					165,000									165,000
Flashing														-
Roof Drainage (eaves troughs/downspouts, roof drains)														-
Chimneys/Boiler Stacks														-
Skylights and other Roof Openings														-
Roof venting, if any														-
Other Roof														-
Building Interior														-
Interior Partitions and Doors														-
Flooring														-
Ceiling				60,000									60,000	120,000
Wall Finishes (Paint, Trim Baseboards, etc.)				45,000									45,000	90,000
Washroom Fixtures and Accessories (Towel dispensers, hand dryers, soap dispensers, change tables, partitions, etc.)														-
Presence of Mould														-
Other Building Interior														-
Mechanical and HVAC														-
Heating, Ventilating and Air Conditioning Systems							122,000							122,000
Building Automation Systems, if any														-
Ductwork, if any														-
Vertical Transportation Devices, if any														-
Other Mechanical and HVAC														-
Plumbing														-
Plumbing fixtures														-
Domestic water distribution														-

ALGOMA PUBLIC HEALTH CAPTIAL ASSET PLAN														
	Actaul Expenditure		Forecasted Expenditure											
Item	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	
Sanitary waster														-
Rainwater drainage														-
Water Fountain														-
Electric														-
Primary Feed and Main Switchgear														-
Main Transformers														-
Step-down Transformers														-
Emergency Power Source or Generator														-
Distribution Systems and Panels														-
Interior Lighting														-
Exterior Lighting (Building-Mounted)														-
Automated Lighting Control System														-
Other Electrical														-
Fire Protection and Life Safety Systems														-
Water Reservoir, if any														-
Sprinkler and/or Standpipe System, if any														-
Fire Extinguishers														-
Fire Pumps, if any														-
Fire Alarm System and Voice Communication Systems, if any														-
Smoke and Heat Detectors and Carbon Monoxide Detectors, as applicable														-
Emergency Lighting and Exit Signage														-
Security System														-
Fire/Emergency Plans														-
Fire Separations (visual inspection and inclusion of info that is readily available)														-
Automatic door closers														-
Other Fire Protection and Life Safety Systems														-
Hazardous Materials														-
Asbestos														-
PCB's														-
Other Hazardous Materials														-
Subtotal	225,000	142,500	77,000	158,000	457,000	75,000	198,100	53,000	175,000	25,000	62,000	225,000	130,000	1,635,100
Contingency (10%)	22,500	14,250	7,700	15,800	45,700	7,500	19,810	5,300	17,500	2,500	6,200	22,500	13,000	163,510
Subtotal Including Contingency	247,500	156,750	84,700	173,800	502,700	82,500	217,910	58,300	192,500	27,500	68,200	247,500	143,000	1,798,610
Escalation Allowance	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-
Escalation Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimate Financial Projections	247,500	156,750	84,700	173,800	502,700	82,500	217,910	58,300	192,500	27,500	68,200	247,500	143,000	1,798,610

Total Net Sq. Ft. of Owned Facility	74,000
Year Built	2011
Age (yrs.)	9
Reserve Term (yrs.)	20

NOTES:
1) Contingency of 10% has been carried to cover unforeseen items & cost increases.
2) Cost in 2017 dollars with no provision for escalation.
3) HST is excluded.

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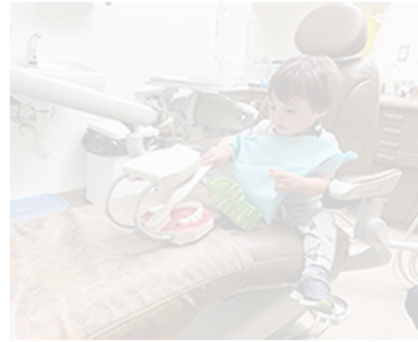


Blind River
9 Lawton Street

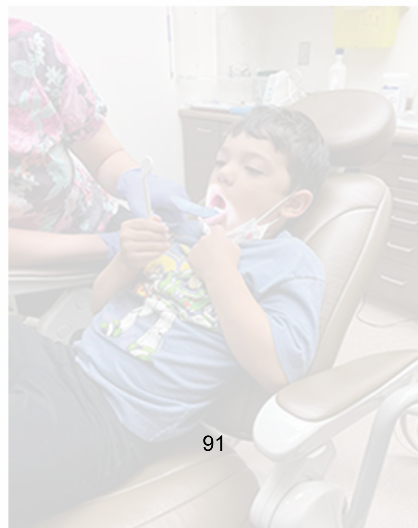
Elliot Lake
302 - 31 Nova Scotia Walk
(ELNOS Building)

Sault Ste. Marie
294 Willow Avenue

Wawa
18 Ganley St.

www.algomapublichealth.com

@algomahealth



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PUBLIC HEALTH
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Briefing Note

To: Finance and Audit Committee

From: Leslie Dunseath – Manager of Accounting Services

Date: October 12, 2022

Re: Reimbursement of Funds to Garden River Wellness Centre for Services Not Rendered

---

☐ For Information ☐ for Discussion ☒ for a Decision

ISSUE:

Algoma Public Health (APH) has been delivering and billing public health services to Garden River Wellness Centre (GRWC) under a long-standing Purchased Services Agreement. In 2020 and 2021, while responding to the COVID-19 pandemic, APH delivered program services using the continuity of operations plan. This plan focused on the delivery of the highest priority programs and impacted the work delivered under the aforementioned agreement, which per the service schedule, continued to be billed on a fixed quarterly basis. As we begin to recover the work to be done under this agreement and review/update the applicable service schedule, GRWC has requested a refund for the services billed but not rendered over the course of the pandemic.

BACKGROUND:

The *Relationship with Indigenous Communities Guideline, 2018* emphasizes the importance of engaging with Indigenous communities to create meaningful relationships and collaborative partnerships and to work towards decreasing health inequities.

Last updated in 2019, APH has had a long-standing Purchased Services Agreement with GRWC. Schedule B of this service agreement outlines the delivery of services to be rendered as part of the Family Health Services Agreement; which includes the delivery of the Healthy Babies Healthy Children 48 Hour Postpartum follow-up, as well as prenatal and parenting educational and promotional services. During 2020-2021, the program maintained the Healthy Babies Healthy Children 48 Hour Postpartum follow-up, in line with priorities outlined in the APH continuity of operations plan. All other services were put on hold due to the COVID 19 pandemic response.

As outlined in Schedule B of this agreement, GRWC was billed $11,565.31 on a quarterly basis in 2020 and 2021 for total billed services of $92,522.48.

As reviewed and estimated by program management, the actual value of services rendered over the course of 2020 and 2021 is approximately $2000 – consisting of billable hours associated with direct client care and planning activities. Total billed services requested to be reimbursed is to be reduced by this amount resulting in a net requested reimbursement of $90,522.48.

FINANCIAL IMPLICATIONS OF RECOMMENDED ACTION AND MITIGATION OF RISKS:

Funds requested for reimbursement will be recognized as an expense to the Healthy Growth and Development programs under our public health cost shared budget for 2022. As of August 31, 2022, our public health cost shared programs are reporting a year to date surplus of $988K – this reimbursement of funds will act as a reduction to APH's year to date surplus.

As part of recovery planning, GRWC and APH will be renewing the Purchased Services Agreement with changes to invoicing processes for services to be delivered. Going forward, services will be billed on a monthly basis as delivered. This will prevent any billing overages or shortfalls associated with actual program work delivered.

RECOMMENDED ACTION:

Management recommends full reimbursement to GRWC for services billed but not rendered during the COVID 19 pandemic in the amount of $90,522.48.

CONTACT:

Leslie Dunseath, Manager of Accounting Services

Algoma
PUBLIC HEALTH
Santé publique Algoma

Briefing Note

To: Finance and Audit Committee

From: Leslie Dunseath – Manager of Accounting Services

Date: October 12, 2022

Re: Options for 2021 Public Health Surplus

☐ For Information ☐ for Discussion ☒ for a Decision

ISSUE:

The 2021 Audited Financial Statements are complete, and management believes that there will not be any material changes from the 2021 Settlement that has been submitted to the Ministry (however, not yet reviewed).

Algoma Public Health (APH) reported a surplus in Public Health mandatory cost shared programs in the amount of $1,175,697 in 2021. Currently, the surplus dollars are in APH's business account.

In accordance with Board of Health Policy 02-05-065, Reserve Fund, "the Board of Health in each year may provide in its estimates for a reasonable amount to be paid into the reserve funds provided that no amount shall be included in the estimates which is to be paid into the reserve funds when the cumulative balance of all the reserve funds in the given year exceeds 15 percent of the regular operating revenues for the Board of Health approved budget for the mandatory cost shared programs and services".

In 2021, total mandatory cost shared revenues derived by APH was $13,743,766, 15% of which equates to $2,061,565.

BACKGROUND:

APH's Board of Health established a Reserve Fund Policy in June of 2015. The purpose of the establishment of a Reserve Fund is to be better prepared to:

- meet any unexpected costs that may arise in the future;
- help offset one-time or capital expenditures;
- help offset any revenue shortfalls;

- minimize fluctuations in funding;
- help manage cash flows and;
- avoid application of additional levies to municipalities in the event of any cash shortfalls.

APH has contributed to the reserve fund based on recommendations by the Board. APH has not required using any of the reserve fund since the development of the policy. As of September 30, 2022, the current amount of funds in the reserve fund is $1,411,366, which represents approximately one month of operations.

Based on APH's 2021 audited financial statements, management believes the 2021 municipal surplus to be approximately $1.2M. APH's lowest daily liquidity position within the past six months was $2.7M. Details regarding current interest rates are as follows (subject to change and last updated in September 2022 per adjusted Royal Bank Prime Rate):

- Reserve Fund – Royal Bank of Canada Premium Investment Account currently earning interest at 1.75% on balances between $1.0M - $5.0M
- Business Account - currently earning interest on balances over $1.0M at the Royal Bank Prime Rate less 2.0% - or currently 3.45%

OPTIONS FOR CONSIDERATION:

That the Finance & Audit Committee for the District of Algoma Health Unit recommends one of the following options to the Board of Health:

Option 1: Contribute up to $650,000 into APH's Reserve Fund

Pros:

- Consistent with the Board of Health's risk management strategy over the past number of years.
- Improved Reserve Fund balance for Board of Health.

Cons:

- Forfeiture of higher interest rates currently being earned on APH's business account.
- Lower cash flow availability to support unforeseen cash outlays associated with unexpected costs such as those associated with COVID-19 response, immunization and/or recovery initiatives.

Option 2: 100% of 2021 Surplus Dollars Remain in APH's Business Account

Pros:

- Surplus dollars will help offset 2022/2023 expenditures more expeditiously (Board approval is required for any transfers from the Board's Reserve Fund in excess of $50,000 per transaction).

- Funds can be used for any additional cash outlays that may be necessary, such as unexpected costs for COVID-19 response, immunization and/or recovery initiatives.
- Current interest earned at 3.45% for balances over $1M – or 1.7% higher than that rate which is currently earned on the reserve fund.

Cons:

- The reserve fund will remain static with no increase.

RECOMMENDATION:

Management recommends to leave a portion of the 2021 surplus in the business account. This will help to cover any shortfall that may occur due to COVID-19, as funding from the province is still uncertain, particularly regarding recovery initiatives. At this point in time, the business account is also receiving a significantly higher interest rate than the reserve fund. Considering the currently volatile markets, management will continue to monitor interest rate levels of the reserve fund and business account. If interest rates change, a review will be done at such time to determine if our contributions to the reserve fund are considered appropriate. Management will also re-assess at such a time in 2022/2023, should we receive confirmation of any material impacts to funding specifically related to the cost shared mandatory programs.

CONTACT:

Leslie Dunseath, Manager of Accounting Services

Algoma PUBLIC HEALTH
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Board of Health RESOLUTION

Date: October 26, 2022	Resolution No:
Moved:	**Seconded:**
Subject: Request for Increase in Provincial Base Funding for Local Public Health	

Whereas, Algoma Public Health (APH) has provided a robust pandemic response to contain and mitigate the spread of COVID-19 since the World Health Organization declared COVID-19 a global pandemic in March 2020[1]; and

Whereas, APH has coordinated, implemented, and supported COVID-19 vaccine clinics across the district to administer over 291,000 doses of COVID-19 vaccine to eligible persons in Algoma[2]; and

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

Whereas, the diversion of resources 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, as well as a significant service backlog and new community health priorities; and

Whereas, to effectively recover from the COVID-19 pandemic using a collaborative, evidence-informed approach, local public health will need to revitalize the public health workforce, routinize COVID-19 response and immunization, restore public health services and programs, and rebuild public health to respond to new community health priorities; and

Whereas, to date, for 2023, 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, to date, the Ontario Ministry of Health has not committed to one-time recovery funding or an increase in provincial base funding to adjust for recovery-related activities and has specified that recovery-related activities cannot be charged as extraordinary COVID-19 expenses, requiring use of provincial base funding; and

Whereas, local public health agencies have received only two increases to provincial base funding in the past five years, most recently 1% in 2022, despite the introduction of several new programs within the *Ontario Public Health Standards*[3], added work associated with pandemic recovery, and inflation resulting in wage, benefit, and operating cost increases; and

Whereas, no increase to provincial base funding for the restoration of mandatory cost-shared public health programs and services hinders the ability of local public health to fully deliver the *Ontario Public Health Standards*[3] and address 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, communities in Algoma require enhanced program and service delivery to respond to the threat of newly emerging infectious diseases and public health issues (e.g. Monkeypox), and to recover from the collateral harms that have resulted from prioritization of the pandemic response (e.g.., opioid poisoning crisis, increase in sexually transmitted infections, mental health complications, etc.); and

---

[1] World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020. Published March 11, 2020. Accessed October 17, 2022. https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

[2] Ontario Ministry of Health and Long-Term Care. COVaxON. Updated October 20, 2022. Accessed October 20, 2022. Internal report.

[3] Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for programs, services and accountability. Protecting and promoting the health of Ontarians. Published June 2021. Accessed October 17, 2022. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

Algoma PUBLIC HEALTH Santé publique Algoma

Board of Health RESOLUTION

Whereas, because local public health remains a very small part of total health spending, relatively modest investments in provincial base funding could have a transformative impact on population health and wellbeing.[4]

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**, such that public health units are able to sustain and routinize COVID-19 response and immunization, while simultaneously restoring the delivery of mandated public health programs and services, addressing the backlog of services suspended during the pandemic, and rebuilding local public health for resilience to protect the wellbeing of residents in Northern Ontario.

CARRIED: Chair's Signature ____

☐ **Louise Caicco Tett**	☐ **Micheline Hatfield**	☐ **Musa Onyuna**	☐ **Brent Rankin**
☐ **Deborah Graystone**	☐ **Lee Mason**	☐ **Ed Pearce**	☐ **Matthew Scott**
☐ **Sally Hagman**			

[4] Health Canada. Learning from SARS: Renewal of public health in Canada. Published 2003. Accessed October 18, 2022. https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/publicat/sars-sras/pdf/sars-e.pdf

Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health RESOLUTION

Date: October 26, 2022	Resolution No:
Moved:	Seconded:

Subject: Request for a Northern Public Health Human Resource Strategy

Whereas, people living in Northern Ontario experience poorer health outcomes and greater health inequities compared to the rest of the province, and these health outcomes are influenced by social determinants of health, including lack of access to high-quality health services based on where they live[1,2]; and

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

Whereas, Algoma Public Health (APH) had an 11.04% vacancy rate as of October 5, 2022, demonstrating the challenge with recruitment and need for a strategy that will ensure adequate, sustainable full-time equivalents (FTEs) to routinize COVID-19 response and immunization, while simultaneously recovering from the pandemic and fulfilling the provincial mandate within the *Ontario Public Health Standards*[3]; and

Whereas, persistent challenges in recruitment for APH have included (a) the unknowns associated with and undesirability of temporary, time-limited positions among highly skilled public health professionals, (b) competition for health human resources across the Algoma district and beyond, and (c) lack of qualified candidates with the certification or skill level required for specific positions; and

Whereas, one-time funding provided by the province, though appreciated, has been inadequate to sustainably recruit highly skilled public health professionals, as it is only able to support temporary positions that do not provide the job security needed to relocate to Northern Ontario; and

Whereas, APH has experienced the greatest challenge with recruitment of certified public health inspectors (PHIs), an issue shared among northern public health units, and demonstrated by an increased number of vacancies year over year from 2019 to 2022 at APH; and

Whereas, for context, Jobs Canada[4] had 40 positions for inspectors in public and environmental health and occupational health and safety posted in Q1 for 2022 for the north region of Ontario, with the region over-represented in the total number of postings demonstrating the high demand for these professionals in the north; and

Whereas, the status quo on public health human resources is insufficient and will leave communities vulnerable to a range of health hazards and infectious diseases in the future, in addition to preventable morbidity and mortality from chronic diseases and injuries[2] that have the potential to be addressed by skilled public health professionals who fill vacant roles; and

Whereas, without evidence- and northern context-informed strategies for recruitment that align to Northern Ontario, local public health will be unable to sustain COVID-19 response and immunization, while restoring public health programs and services mandated within the OPHS[1] to meet the needs of our communities and prepare for future health crises in a timely manner; and

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[1] Health Quality Ontario. Northern Ontario health equity strategy. Published 2018. Accessed October 18, 2022. https://www.hqontario.ca/Portals/0/documents/health-quality/health-equity-strategy-report-en.pdf
[2] Health Canada. Learning from SARS: Renewal of public health in Canada. Published 2003. Accessed October 18, 2022. https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/publicat/sars-sras/pdf/sars-e.pdf
[3] Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for programs, services and accountability. Protecting and promoting the health of Ontarians. Published June 2021. Accessed October 17, 2022. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/

Algoma PUBLIC HEALTH Santé publique Algoma

Board of Health RESOLUTION

Whereas, although the Ministry of Health and Ministry of Long-Term Care's current health resource strategy recognizes the importance of a strong workforce to the health care system, northern health programs focus largely on recruitment of healthcare providers in primary care (e.g. physicians, specialists) and the opportunity to conduct a community assessment visit in a select northern community, and do not include programs to sustainably recruit and retain northern public health human resources, including PHIs[5]; and

Whereas, to strengthen the public health system, recover, and prepare for future public health crises, strategic and sustainable investment is needed to recruit a full complement of qualified, permanent public health employees.

Therefore be it resolved, the Board of Health of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government commit to developing and supporting the implementation of **a northern public health human resource strategy, with specific attention to public health inspectors,** in collaboration with northern public health units to address the longstanding public health human resource challenges in the north.

CARRIED: Chair's Signature ____

☐ **Louise Caicco Tett**	☐ **Micheline Hatfield**	☐ **Musa Onyuna**	☐ **Brent Rankin**
☐ **Deborah Graystone**	☐ **Lee Mason**	☐ **Ed Pearce**	☐ **Matthew Scott**
☐ **Sally Hagman**			

[4] Ministry of Labour, Immigration, Training and Skills Development. Inspectors in public and environmental health and occupational health and safety, NOC 2263. Updated 2022. Accessed September 28, 2022. https://www.services.labour.gov.on.ca/labourmarket/jobProfile/jobProfileFullView.xhtml?nocCode=2263

[5] Ministry of Health and Long-Term Care. Health human resource strategy. Updated December 7, 2018. Accessed October 17, 2022. https://health.gov.on.ca/en/pro/programs/hhrsd/about/

Algoma PUBLIC HEALTH Santé publique Algoma

Board of Health RESOLUTION

Date: October 26, 2022	Resolution No:
Moved:	Seconded:

Subject: Request to Review and Increase Base Funding for the Healthy Babies Healthy Children Program

Whereas, Healthy Babies Healthy Children (HBHC) is a mandatory program within the Healthy Growth and Development program standard of the *Ontario Public Health Standards* (OPHS),[1] and is funded 100% by the Ministry of Children, Community and Social Services (MCCSS); and

Whereas, HBHC works upstream to ensure children from birth to school-entry age have a healthy start in life, recognizing that early childhood development is a critical period for establishing conditions for health and wellbeing throughout the lifespan[2]; and

Whereas, HBHC works to optimize newborn and child healthy growth and development and reduce health inequities, and has resulted in approximately 900 families being screened for risk and offered the program and 140 or more registering for the blended-model home visiting services each year in Algoma[3]; and

Whereas, this important work with at-risk families requires significant human and material resources, such as the time to conduct at-home visits, travel for visits across the Algoma district, and increase in time and training required to respond to growing caseload complexity, as families are being seen with compounding issues such as mental health, housing insecurity, substance use, and domestic violence, among others, that need to be addressed; and

Whereas, HBHC funding has been a longstanding concerns for many boards of health in Ontario, including Algoma Public Health (APH), despite efforts to mitigate the effects of funding shortfalls over the years; and

Whereas, APH has experienced recurring program funding deficits and required unsustainable, in-kind contributions from mandatory cost-shared public health programs funded by the Ministry of Health and local municipalities, that may result in service reductions over time without MCCSS increases to funding; and

Whereas, MCCSS has not increased funding for the HBHC program since 2015, despite increases in costs associated with staff wages and benefits, and general program delivery, and existing funding not adequately supporting the OPHS[1] mandate and MCCSS expectation for service provision; and

Whereas, pre-pandemic, HBHC clients reported increased mental health challenges exacerbated by limited community resources, substance use concerns, food insecurity, housing insecurity, increased reports of domestic violence, increased involvement with child protection agencies, and decline in ability to learn and apply positive parenting strategies; and

Whereas, pre-pandemic, HBHC clients reported that babies and children were experiencing significant delays in growth and development milestones and receiving assessments for Autism, increasingly challenging behaviours, and delayed speech, language, and social development; and

Whereas, to resource urgent pandemic response and immunization program needs, several partnering agencies, including APH, suspended or reduced available HBHC services and established waitlists for necessary services, creating a backlog of services to address the expressed issues affecting guardians, children, and babies; and

[1] Ministry of Health and Long-Term Care. Ontario public health standards: Requirements for programs, services and accountability. Protecting and promoting the health of Ontarians. Published June 2021. Accessed October 17, 2022. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

[2] McIsaac JD, Lamptey DL, Harley J, et al. Early pandemic impacts on family environments that shape childhood development and health: A Canadian study. *Child Care Health Dev*. 2022;48(6):1122-1133. doi:10.1111/cch.13046

[3] Integrated system for children information system. Updated October 20, 2022. Accessed October 20, 2022. Internal data from reporting sub-system.

Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health RESOLUTION

Whereas, the COVID-19 pandemic, associated measures and implications (e.g. changes to family income, employment, access to supports, child care, school and recreation, etc.) affected the priority population served by HBHC in unique ways (e.g. mental health, wellbeing, and social and emotional development of infants and children), and although not yet fully understood, it is expected that some pre-pandemic issues and inequities have exacerbated; [2,4,5] and

Whereas, the impacts of the pandemic on this priority population is increasing demand in the program that we will not be able to address without the appropriate program funding to resource services mandated by the HBHC protocol.[6]

Therefore be it resolved, that the Board of Health of Algoma Public Health endorse the letter from Public Health Sudbury & Districts to the Ontario Ministry of Children, Community and Social Services (Appendix) urging a review and increase of base funding for the Healthy Babies Healthy Children program to ensure this critical program is sufficiently resourced to meet the current and growing needs of children for a healthy start in life.

CARRIED: Chair's Signature ____________________

☐ **Louise Caicco Tett**	☐ **Micheline Hatfield**	☐ **Musa Onyuna**	☐ **Brent Rankin**
☐ **Deborah Graystone**	☐ **Lee Mason**	☐ **Ed Pearce**	☐ **Matthew Scott**
☐ **Sally Hagman**			

[4] Mental Health Commission of Canada. COVID-19 and early childhood mental health: Fostering systems change and resilience – policy brief highlights. Published September 3, 2021. Accessed October 19, 2022. https://mentalhealthcommission.ca/resource/covid-19-and-early-childhood-mental-health-fostering-systems-change-and-resilience-policy-brief-highlights/#:~:text=But%20when%20parents%20are%20under,affect%20early%20childhood%20mental%20health.

[5] Public Health Ontario. Negative impacts of community-based public health measures during a pandemic (e.g. COVID-19) on children and families. Published August 6, 2020. Accessed October 18, 2022. https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/covid-19-negative-impacts-public-health-pandemic-families.pdf?la=en

[6] Ministry of Health and Long-Term Care. Healthy babies healthy children program protocol, 2018. Published January 1, 2018. Accessed October 18, 2022. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/HBHC_Protocol_2018_en.pdf

SOOTODAY.com

Pandemic restrictions take a toll on kids' physical fitness

Len Gillis

Oct 22, 2022 8:44 AM

| *Pexels/Kampus Production*

That is one of the "unintended consequences" of the various lockdowns connected to the COVID-19 pandemic according to Dr. Penny Sutcliffe, the Medical Officer of Health for Public Health Sudbury and Districts (PHSD).

Sutcliffe's position was outlined in a briefing note (see page 59) that is to be presented this week to the regular monthly meeting of the PHSD Board of Health.

In her report, Sutcliffe wrote that the stay-at-home orders and restrictions placed on indoor and outdoor spaces resulted in a reduction of physical activity levels in all age groups. She said the percentage of young people meeting physical activity recommendations fell from roughly 51 per cent in 2018 to 37 per cent in 2020.

"Although the development of physical literacy in children and youth was a growing concern prior to the COVID-19 pandemic, the issue has become more pressing given the long-term health implications of physical inactivity and sedentary behaviours," she said.

Sutcliffe's brief to the board of health also quoted a ParticipACTION's Report Card on Physical Activity for children and youth (2021), which reported that only 36 per cent of children aged 8-12 years met or exceeded the minimum level recommended for physical literacy.

Sutcliffe is recommending that all local school boards, sports organizations and even early learning centres to step up all physical activity programs for children and youth within their care.

Sutcliffe said this would include "collaboration with Sport for Life Society, Active Sudbury and Public Health Sudbury & Districts, agencies that provide comprehensive physical literacy training to teachers, coaches, recreation providers and early childhood educators."

The board of health will be asked to vote on Sutcliffe's recommendation.

It was also noted that increasing physical activity can have a positive impact on one's mental health. This was based on a report from the Ontario Science Table published in June of 2022.

"Increasing physical activity and decreasing sedentary behaviour have positive effects on mental well-being and are associated with reduced symptoms of depression and anxiety. These effects were well-established prior to the COVID-19 pandemic," said the Science Table document.

The report also noted that Public Health Sudbury is a founding member of the Active Sudbury organization.

"Public Health Sudbury & Districts' partnership with Active Sudbury is an integral part of providing best practices, tools, and support that will foster physical literacy in the communities that we serve," said Sutcliffe's report.

July 20, 2022

Ministry of Children, Community and Social Serives
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Support for a Local Board of Health

On June 24, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from Public Health Sudbury & Districts regarding Healthy Babies Health Children funding. The following motion was passed:

Motion No: 2022-49

Moved by: Alan Barfoot **Seconded by: Luke Charbonneau**

"THAT, the Board of Health endorse the correspondence from Sudbury & Districts Public Health regarding Healthy Babies Healthy Children Funding."

Carried.

Sincerely,

Susan Paterson

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

Public Health
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SUDBURY & DISTRICTS

June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at it's meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

> *THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.*

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

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phsd.ca

This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

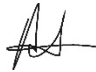
The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health

Peterborough Public Health

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

October 4, 2022

Hon. Sylvia Jones
Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Minister Jones,

Re: AMO Submission - Strengthening Public Health In Ontario: Now and For the Future

At its meeting on September 14, 2022, the Board of Health for Peterborough Public Health (PPH) received and endorsed the submission from the Association of Municipalities to the Ministry of Health, dated August 26, 2022, entitled *Strengthening Public Health In Ontario: Now and For the Future*.

Peterborough Public Health supports the recommendations outlined in the submission which include:

- The government must not make significant structural changes to public health during the COVID-19 pandemic, but rather promote stability in the system.
- The government must establish an independent inquiry as soon as possible to determine the lessons learned from COVID-19, at the local and provincial levels, and resume consultations, once the pandemic waves subside, about how to appropriately modernize and strengthen public health in Ontario.
- The government must immediately act to address the full scope of health human resource challenges with a strategy for the public health and the health care systems.
- The government must provide mitigation funding in 2022 to offset the financial impact to municipal governments from the cost-sharing changes in 2019 for 2020 and reverse the decision to restore the cost–share arrangement that existed prior to 2020. Further, the Health Protection and Promotion Act must be amended to enshrine the appropriate cost-sharing arrangement in legislation, rather than as a matter of provincial policy.
- The government must continue funding COVID-19 costs, including vaccine roll-out, and incorporate as a distinct line item in ongoing base budgets for as long as there is a pandemic and epidemic situation that requires prevention and containment activities.
- The government must provide new funding, starting in 2022, as required to address the backlog of non-pandemic related public health services.

These recommendations complement those recently supported by the Association of Local Public Health Agencies (alPHa) which call for a continuation of the consultation process on the future of the public health system, as well as outline principles alPHa sees as critical to proceeding with changes to the public health system.

Local public health collaboration with the Province, municipalities, First Nations, and other partners has been the backbone of Ontario's successful response to the pandemic. Continuing this collaboration, while stabilizing and strengthening the public health system and structures, is essential to the health and economic recovery of the Province, our communities and residents.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag

cc: Association of Municipalities of Ontario
Association of Local Public Health Agencies
Local MPPs
Local Councils
Ontario Boards of Health

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October 24, 2022

Via Email

Hon. Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health, 5th Floor
777 Bay Street Toronto, ON M7A 2J3

Dear Minister Jones:

RE: Response to the Opioid Poisoning Crisis: A Comprehensive Public Health Approach for Substance Use Prevention and Harm Reduction

On September 28th, 2022 the Board of Health for Algoma Public Health (APH) endorsed a letter from the Simcoe-Muskoka District Health Unit (SMDHU) with regards to the escalating opioid poisoning crisis, and confirmed support for SMDHU's set of diverse recommendations that cross multiple sectors and encourages the provincial government to consider stronger investments in health promotion, prevention, and harm reduction initiatives.

Motion 2022-73 included:

> **The Board of Health for Algoma Public Health endorse the recommended actions (#1-7) from the letter from Simcoe-Muskoka District Health Unit to the Ontario Minister of Health, and write a letter to the Ontario Minister of Health urging for commitment to a more fulsome, comprehensive public health approach for substance use prevention and harm reduction in Ontario;**
>
> **And that the Board of Health for Algoma Public Health advocate to the Ontario Minister of Health the need for fulltime, sustained funding to support a Coordinator for the Sault Ste. Marie and Area Drug Strategy.**

Residents in Northern Ontario experience higher rates of poverty and poor health, elevated rates of many health-harming behaviours, and inadequate access to high-quality health care and social services, when compared to Southern Ontario. These inequities are reflected in the harms and suffering from the opioid poisoning crisis. Data from the Office of the Chief Coroner demonstrated that APH ranked third in the province for the highest rate of opioid-related deaths from April 2021 to March 2022.

The opioid poisoning crisis is a complex public health issue that requires comprehensive, multi-

sectoral approaches to address the social determinants of health, prevention and education, harm reduction, treatment and recovery, and enforcement interventions.

While community agencies are working diligently to respond to the opioid poisoning crisis, there is urgent need for sustainable funding for this community-led work. For example, the Sault Ste. Marie and Area Drug Strategy includes many partners who are committed to responding to the opioid poisoning crisis, however there is currently no funding for a dedicated, fulltime coordinator to oversee the planning and implementation of a comprehensive strategy.

Coordinated action between the federal and provincial governments, public health agencies, and local community partners is necessary to ensure that individuals living with substance use disorders receive the right care, at the right time, and in the right place based on their level of need. This action includes expanding evidence-informed substance use prevention, mental health promotion, and harm reduction programs, exploring revisions to the current Consumption Treatment Services Model, expanding access to therapy, instituting healthy public policy and long-term financial commitment for basic needs (e.g. affordable housing), and addressing stigma, among others, as outlined in the recommendations.

APH joins colleagues across the province to urge holistic attention and sustained funding to support the recommendations to respond to the escalating opioid poisoning crisis, especially in the north.

Thank you for your consideration.

Sincerely,

Sally Hagman
Board of Health Chair
District of Algoma Health Unit

Enclosure

cc: Dr. K. Moore, Chief Medical Officer of Health
Dr. J. Tuinema, Acting Medical Officer of Health and Chief Executive Officer, Algoma Public Health
Ross Romano, MPP, Sault Ste. Marie
Michael Mantha, MPP, Algoma-Manitoulin
Association of Local Public Health Agencies
Canadian Mental Health Association
Mayors and Municipal Councils in the Algoma District
Northern Public Health Boards of Health

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Fax: 705-856-1752

simcoe muskoka DISTRICT HEALTH UNIT

March 16, 2022

The Honourable Christine Elliott
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Elliott:

Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide

On March 16, 2022, the Simcoe Muskoka District Health Unit (SMDHU) Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Simcoe Muskoka and province-wide. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

In the 19 months of available data since the start of the pandemic (March 2020 to September 2021) there have been 245 opioid-related deaths in Simcoe Muskoka. This is nearly 70% higher than the 145 opioid-related deaths in the 19 months prior to the start of the pandemic (August 2018 to February 2020), when our communities were already struggling in the face of this crisis. The first nine months of 2021 saw an opioid-related death rate more than 33% higher than the first nine months of 2020, suggesting the situation has not yet stabilized.

As such, the SMDHU Board of Health urges your government to take the following actions:

1. Create a multisectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives, that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.
8. Fund a fulltime position of a Drug Strategy Coordinator/Lead for the Simcoe Muskoka Opioid Strategy.

The SMDHU Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response. Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services, as our Board called for in 2018. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair
Simcoe Muskoka District Health Unit

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health
Ontario Boards of Health
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Mayors and Municipal Councils in Simcoe Muskoka

Tania Caputo

From:	allhealthunits <allhealthunits-bounces@lists.alphaweb.org> on behalf of alPHa communications <communications@alphaweb.org>
Sent:	Tuesday, October 18, 2022 2:01 PM
To:	AllHealthUnits@lists.alphaweb.org
Cc:	board@lists.alphaweb.org
Subject:	[allhealthunits] October 2022 InfoBreak

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PLEASE ROUTE TO:

All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

October 18, 2022

October 2022 InfoBreak

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

Leader to Leader – A Message from the alPHa President - October 2022

"Ultimately, leadership is not about glorious crowning acts. It's about keeping your team focused on a goal and motivated to do their best to achieve it, especially when the stakes are high and the consequences really matter, it is about laying the groundwork for others' success and then standing back and letting them shine." – Chris Hadfield, Canadian Astronaut

Your 2022-2023 alPHa Board of Directors is motivated to do their best to achieve alPHa's strategic goals as a governance board. September's inaugural, quarterly meeting of the alPHa Board kicked-off with an orientation on good governance – guided by alPHa's Strategic Plan.

alPHa continues to provide strategic leadership in building collaborations and partnerships across stakeholder groups focussing on strengthening Ontario's local public health system. The alPHa Board receives regular updates from its Sections and from the Affiliate member organizations of the Board, and Loretta Ryan, alPHa's Executive Director, works with her leadership counterparts from key partner organizations. Key information for members is sent out via the monthly *Information Break* with links to the alPHa website, and if time is of the essence, through email notifications.

In June, alPHa surveyed and received a response from each health unit in Ontario regarding base budget requirements now and moving forward. Thank you to everyone for their input. The feedback is currently being consolidated and reviewed strategically for next steps. We will be back in touch in the next newsletter with updates.

The Ontario Not-for-Profit Corporations Act (ONCA) was launched in October 2021, with a three-year window for compliance. alPHa is currently working on a review to

ensure obligations are met within the timeframe. The process and results will be reported on and presented to alPHa membership at an upcoming AGM for ratification. It is to be noted that this is not a restructuring of the organization nor is it an extensive process. The goal currently, is to ensure compliance with ONCA.

Risk management, due diligence, compliance, administrative policies, and procedures are all aspects of good governance and its accountable mechanisms which encompass an entire organization. alPHa's 2023 Winter Symposium will be an opportunity to refresh these skills in the offering of governance training to its membership. This is timely as local boards of health will experience a turn-over in appointments post municipal election. Stay tuned for more information on this event!

It is a time of thoughtful and appreciative reflection as the November 14th end of term date draws closer for the municipally appointed local board of health members. While some will be reappointed, effective November 15th, some will be stepping aside. Whatever the situation may be, the unwavering governance leadership of board of health members during the past four years and particularly during the height of the COVID-19 pandemic has been absolutely essential. On behalf of the alPHa Board of Directors and the alPHa staff – thanks to each and every one of you for your volunteerism for local public health!

Hazel McCallion said, *"Do you want to be a follower, or do you want to take advantage of opportunities to be a leader?"* Thank you, to **ALL** alPHa members and to alPHa's Board of Directors for taking the opportunity to be a public health leader.

Trudy Sachowski
President

"The quality of a leader is reflected in the standards they set for themselves."

---

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. Below are submissions that have been sent in since the last newsletter. A complete online library is available here.

alPHa Letter 2 - Resolution A22-2 - Cooling Towers
October 14, 2022 letter from the President of the Association of Local Public Health Agencies (alPHa), which reintroduces our call on the ministry to create province-wide mandatory cooling tower registration system to facilitate the investigation and management of legionella outbreaks such as the one that is now being investigated in the town of Orillia.

alPHa Letter - DSNO, Resolution A22-4 - Opioids
October 14 letter from alPHa that communicates our endorsement in principle of the Drug Strategy Network of Ontario (DSNO) Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction as it aligns with alPHa's related and previously communicated resolution (A22-4).

alPHa Letter - Collection of Sociodemographic Data
October 14, 2022 letter to the Minister of Health urging the incorporation of sociodemographic data (SDD) in all database systems, including the Case Contact Management expansion (which is replacing iPHIS) for reporting of diseases of public health significance (DoPHS).

MMAH Response - Resolution A22-3 - Cooling Towers
August 24, 2022 letter from the Minister of Municipal Affairs and Housing to the President of the Association of Local Public Health Agencies.

alPHa Letter - Chief of Nursing/ADM
September 6, 2022 letter from the Association of Local Public Health Agencies congratulating the new Chief of Nursing & Professional Practice & Assistant Deputy Minister of Health.

alPHa Letter - President & CEO, PHO
July 18, 2022 letter from the alPHa ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

alPHa Letter - Resolution A22-5 - Harm Reduction
July 18, 2022 letter to the Minister of Health that introduces alPHa Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

alPHa Letter - Resolution A22-4 - Opioids
July 18, 2022 alPHa letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

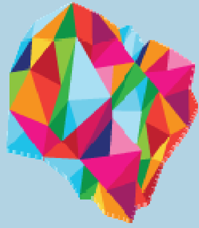
alPHa Letter - Resolution A22-3 - Cooling Towers
July 18, 2022 alPHa letter to the Minister of Municipal Affairs and Housing that introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

alPHa Letter - Resolution A22-1 - Racism & Health
July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

alPHa Letter - The Future of Public Health
July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the welcome letter sent to the new Minister on June 27, 2022.

alPHa Letter - 2022 Resolutions
July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

Call for Abstracts now open: TOPHC 2023



TOPHC

The Ontario Public Health Convention

A call for abstracts for TOPHC 2023 is now out.

The Ontario Public Health Convention (TOPHC) is a chance to learn from each other, get inspired, and move forward to make a difference in the practice of public health. It is an excellent opportunity to engage with a variety of public health professionals from various settings. TOPHC offers a combination of research and practice-based presentations to share knowledge in public health, and educational workshops that help build and refine your relevant skills. alPHa is a key partner with alPHa volunteers and staff actively engaged in the creation of TOPHC 2023.

Goals and objectives

- Describe implementation and impact of evidence-based and evidence-informed strategies, programs, and policies to promote and protect the public's health.
- Identify considerations and approaches for enhancing collaboration and partnerships to address current and emerging public health issues.
- Recognize gaps in and challenges to current public health practice and policy and discuss opportunities and potential solutions to address these gaps.
- Applying new/enhanced skills to questions and concerns facing public health professionals and our clients.

You are all welcome to submit your abstracts.

Please note that TOPHC 2023 will be a two-day event, with a virtual program on March 27, 2023 and in-person workshops on March 30, 2023. Abstracts are only being accepted for virtual presentations that will take place on March 27, 2023.

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 Board of Health
- Review of Board of Health Liability (PowerPoint presentation
- Governance Toolkit
- Risk Management for Health Units
- Healthy Rural Communities Toolkit
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit

Association of Municipalities of Ontario (AMO) New Head of Council and New Councillor Training

AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants "managing diverse aspects and expectations on issues [they] will find before [their] term." You can register for the New Head of Councillor Training here and register for New Councillor training here.

Public Health Ontario

Variants of Concern

- Reinfection with SARS-CoV-2 Omicron Variant of Concern
- Risk Assessment for Omicron BA.4 and BA.4 Variant Sub-Lineages (as of Sept 23, 2022)
- SARS-CoV-2 Omicron Variant Sub-Lineage BA.2.75 (updated)
- SARS-CoV-2 Genomic Surveillance in Ontario Weekly Epidemiological Summary

Check out PHO's Variants of Concern web page for the most up-to-date resources.

Surveillance

- COVID-19 in Ontario: Weekly Epidemiological Summary

Check out PHO's COVID-19 webpage for a comprehensive list of all COVID-19 resources.

In Case You Missed It

- Catch-Up of Routine and School-Based Immunizations for School-Aged Children and Adolescents

Additional Resources - New

- Monkeypox Resources
- COVID-19 Wastewater Surveillance in Ontario
- Respiratory Virus Overview in Ontario from September 25, 2022 to October 1, 2022 (Week 39)

-

PHO Events

Upcoming PHO Webinar:

- PHO Webinar: Centering Indigenous Ways, Un-learning Mainstream Approaches in Substance Use (Oct. 26)

In case you missed these sessions last month, here are the Presentations PHO posted on their website:

- PHO Microbiology Rounds: Fishing for Antimicrobial Resistance (AMR): A Metagenomic Platform for Antimicrobial Surveillance (Sept. 8)

-

What's Next for Public Health?: Looking to the Future

Dalla Lana
School of Public Health

The Dalla Lana School of Public Health presents the 15th Annual Student-Led Conference, **What's Next for Public Health?: Looking to the Future**, a hybrid in-person and virtual conference on November 17 to 19, 2022.

COVID-19 has brought a future of public health much different from the one we once knew, and as public health professionals, we must work together to navigate changed principles and our new and developing roles. This conference will include discussions considering the aftermath of COVID-19, knowledge translation, new and upcoming methods, and the impacts of the ever changing environment on public health practice.

Upcoming DLSPH Events

- Quality Control for ATMPs and Biologics Masterclass (Oct. 17)
- Breast Reconstruction Awareness (BRA) Day (Oct. 19)

-

OPHA Fall Forum 2022

The Ontario Public Health Association's Conference is being held from November 8, 2022-November 9, 2022. The Conference is called The Next Chapter: Building Upon Our Capacity and Resilience in Community and Public Health and will "highlight creative ways of addressing preventative health across sections and within communities." For more information, click here.

COVID-19 Update

The digital team at the Ministry of Health has launched a new landing page and new streamlined content pages for COVID-19 content.

The new landing page, which replaces covid-19.ontario.ca, can now be found at:

https://www.ontario.ca/page/covid-19-coronavirus (English)
https://www.ontario.ca/fr/page/covid-19-le-coronavirus (French)

As well, the ministry has overhauled the previous versions of the public health measures pages, six vaccine pages, and testing and treatment pages, which can now be found at:

https://www.ontario.ca/page/public-health-measures-and-advice
https://www.ontario.ca/page/covid-19-vaccines
https://www.ontario.ca/page/covid-19-testing-and-treatment

As part of the response to COVID-19, alPHa continues to represent the public health system and work with key stakeholders. **"NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on the Ministry of Health website and through the Public Health Ontario's COVID-19 data tool."

Visit the Ministry of Health's page on guidance for the health sector
View the Ministry's website on the status of COVID-19 cases
Go to Public Health Ontario's COVID-19 website
Visit the Public Health Agency of Canada's COVID-19 website
alPHa's recent COVID-19 related submissions can be found here

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Hold the date for the Winter Symposium and Annual Conference & AGM

alPHa's Winter Symposium is being held on February 24, 2023.

The Annual Conference and AGM is being held from June 11-13, 2023. Please stay tuned for further information.

News Releases

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

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|480 University Ave. Suite 300 Toronto, Ont. M5G 1V2|

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OLG PLAY FOR ONTARIO

September 12, 2022

Sent via email

Dear Mr. Malcolm White:

I hope this letter finds you, your family and your community doing well.

I am writing to let you know that OLG is working with the Ontario government and our casino service providers to facilitate the addition of Sportsbooks at Ontario casinos, which could offer sports and other betting. Service providers will make decisions regarding which casino locations will have a Sportsbook. Service providers are expected to begin adding Sportsbooks using a phased approach, rolled out over a number of months, with timing subject to necessary Ontario government approvals. This would be implemented in compliance with provincial regulations.

OLG is committed to working with our partners, including our host municipalities, to give players more diverse and complete entertainment experiences, in a safe and responsible manner. PlaySmart, OLG's award-winning responsible gambling program, would be incorporated into all casino-based sports and other betting offerings.

Revenue generated from the introduction of Sportsbooks would be shared with host municipalities pursuant to an amending agreement to the Municipality Contribution Agreement (MCA), with the formula remaining fair and equitable across all host communities.

Once plans for casinos Sportsbooks have been finalized and requisite Ontario government approvals are received, we will be providing host municipalities with an Amending Agreement to the MCA for signature. This will enable OLG to share revenue if a Sportsbook is added as a gaming offering at Gateway Casinos Sault Ste Marie. At this time, we will also confirm the revenue share percentage, which we expect will align with the current formula for live table games.

We look forward to providing further updates as plans are finalized, which can be expected in fall 2022.

To provide more background on Sportsbooks, we have attached a Fact Sheet. Should you have any questions or wish to discuss, please feel free to reach out to Kathleen Devine, OLG's Senior Municipal Relations Manager, at 416-726-6079 or kdevine@olg.ca.

OLG remains proud to deliver great lottery and gaming entertainment in a socially responsible manner, while contributing to communities and the people of Ontario.

Ontario's Lottery & Gaming
4120 Yonge St., Suite 402,
Toronto, ON
M2P 2B8

Societé des loteries et des jeux de l'Ontario
4120, rue Yonge, bureau 402,
Toronto (Ontario)
M2P 2B8

T: 416-224-1772
F: 416-224-7000
www.olg.ca

Public

Yours truly,

Originally Signed

R. Brian Calalang
Vice President – Casino Gaming Relationship Management

Cc: *Christian Provenzano, Mayor, City of Sault Ste. Marie*
Josh Cogan, Senior Director, Government & Stakeholder Relations |OLG

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Public

CASINO SPORTSBOOKS IN ONTARIO

The Ontario Lottery and Gaming Corporation (OLG) is currently working with the Ontario government and our service providers to facilitate the addition of sports and other betting ("Sportsbooks") at Ontario casinos.

What is a Sportsbook?

A Sportsbook is an offering through which a person can place singe event and parlay wagers on sporting and other events and includes all of the betting options and features that are offered by the specific provider.

Sports and other betting – via a Sportsbook – can take place in either a digital format or a retail format.

- A retail wagering transaction is processed in a dedicated physical space at a land-based casino, including through a terminal at the site (this is what is coming to Ontario casinos).
- A digital wagering transaction is processed through an online account with an iGaming operator.

The introduction of Casino Sportsbooks would enable customers to place bets on-site, with Ontario casino operators. The Service Providers would determine the betting options and features of their sports and other betting offerings subject to applicable laws, regulations, standards and policies.

Types of Casino Sportsbooks Venues

There are two potential styles of Casino Sportsbooks that could be introduced in Ontario casinos. Both would offer a customer the same wagering options and transaction process, however they would provide a different customer experience.

Some casinos may introduce Sportsbooks in a themed lounge with odds screens, TV screens, lounge seating, food and beverage service and betting windows with personnel to support the operations of the Sportsbook.

Whereas other casinos may choose to provide a simpler dedicated area for Sportsbooks with kiosks for a customer to place sports bets.

Opportunities and Impacts

Casino Sportsbooks would be regulated by the AGCO through a specific casino sportsbook standard in the Registrar's Standards for Gaming and Minimum Technical Standards. Casino Sportsbooks would allow casinos to attract new customers and broaden the appeal of casinos as an entertainment option. Casino service providers would decide where and when to introduce sportsbooks at their sites.

If introduced, Casino Sportsbooks are expected to drive incremental jobs, capital investment, and revenue. Increased casino revenues would also translate to increased payments to host municipalities through Municipality Contribution Agreements and host First Nations communities through their revenue share agreements.

Responsible Gambling

OLG continues to be a leader in responsible gambling, offering player tools, information, and resources both online and on site at casinos across Ontario. OLG's award-winning responsible gambling program, PlaySmart, would be incorporated into all casino sports and other betting offerings, and further supported through service provider training for casino staff who interact with bettors. This would help ensure customers play in a safe and responsible manner. In addition, all 29 casinos in Ontario have onsite PlaySmart Centres operated by the Responsible Gambling Council. PlaySmart Centres offer information, assistance, and referrals to customers.

2021 Division Road North
Kingsville, Ontario N9Y 2Y9
Phone: (519) 733-2305
www.kingsville.ca
kingsvilleworks@kingsville.ca

COPY VIA EMAIL (Premier@ontario.ca) September 1, 2022

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

Dear Premier Ford:

RE: Town of Kingsville Council Resolution #336-08292022 in opposition to Bill 3, Strong Mayors, Building Homes Act, 2022

At its Special Meeting held August 29, 2022 Council of The Corporation of the Town of Kingsville passed a Resolution against Bill 3 as follows:

Resolution #336-08292022
Moved by Councillor Kimberly DeYong
Seconded by Councillor Laura Lucier

"**WHEREAS** the Government of Ontario, through the Minister of Municipal Affairs and Housing, has introduced Bill 3 which is described as "An Act to amend various statutes with respect to special powers and duties of heads of council";

AND WHEREAS this Bill, if enacted, will initially apply to the City of Toronto and City of Ottawa, but will later be expanded to include other municipalities according to a statement made by the Premier at the 2022 AMO annual conference;

AND WHEREAS this Bill, if enacted, will give Mayors additional authority and powers, and correspondingly take away authority and powers from Councils and professional staff, and will include giving the Mayor the authority to propose and adopt the Municipal budget and to veto some decisions of Council;

AND WHEREAS this Bill, if enacted, will give authority over professional staff to the Mayor, including that of the Chief Administrative Officer;

AND WHEREAS these changes will result in a reduction of independence for professional staff including the CAO, who currently provide objective information to the Council and public and will now take direction from the Mayor alone when the Mayor so directs;

AND WHEREAS these are surprising and unnecessary changes to the historical balance of power between a Mayor and Council, and which historically gave the final say in all matters to the will of the majority of the elected Council.

THEREFORE, this Council of the Town of Kingsville, passes this resolution to petition the Government of Ontario that:

1. These changes to the *Municipal Act, 2001*, are unnecessary and will negatively affect the Town of Kingsville;
2. That if the Ontario Government deems these changes necessary in large single-tier municipalities such as Toronto and Ottawa, that such changes should not be implemented in smaller municipalities;
3. That the Ontario Government should enact legislation clarifying the role of Mayor, Council and Chief Administrative Officer, similar to those recommended by the Ontario Municipal Administrator's Association and those recommended by Justice Marrocco in the Collingwood judicial inquiry of 2020; and
4. That if the stated goal of this legislation is to construct more housing in Ontario that this can be accomplished through other means including amendment of the *Planning Act* and funding of more affordable housing.

Council further directs the Clerk to ensure that a copy of this resolution be provided to the Premier of Ontario, the Minister of Municipal Affairs and Housing, the "Standing Committee on Heritage, Infrastructure and Cultural Policy", Kingsville's MPP, the Association of Municipalities of Ontario, and other Municipalities in Ontario."

RECORDED VOTE – Carried Unanimously

	YEA	NAY
Deputy Mayor Gord Queen	X	
Councillor Kimberly DeYong	X	
Councillor Tony Gaffan	X	
Councillor Laura Lucier	X	
Councillor Thomas Neufeld	X	
Councillor Larry Patterson	X	
Results	6	0

If you have any questions or comments please contact Paula Parker at pparker@kingsville.ca.

Yours very truly,

Paula Parker
Town Clerk, on behalf of Kingsville Council

cc: The Honourable Steve Clark, Minister of Municipal Affairs and Housing (Steve.Clark@pc.ola.org)
Standing Committee on Heritage, Infrastructure and Cultural Policy; Attn.: Committee Clerk Isaiah Thorning (schicp@ola.org)
Anthony Leardi, MPP – Essex (Anthony.Leardi@pc.ola.org)
Association of Municipalities of Ontario (AMO) (amo@amo.on.ca)
All Ontario Municipalities

September 13, 2022

Resolution No. 202/2022

THE CORPORATION OF THE TOWNSHIP OF MCGARRY
P.O. BOX 99
VIRGINIATOWN, ON. P0K 1X0

MOVED BY Bonita Culhane

SECONDED BY L. Caza

Whereas across municipal councils in Ontario there have been appalling instances of misogyny and hatred; and

Whereas the powers of the Office of the Integrity Commissioner do not include the ability to recommend expulsion of councillors;

Now Therefore Be It Resolved That the Council of Township of McGarry direct staff to send a letter to the Ministry of Municipal Affairs and Housing with copies being sent to the federal government, provincial government, Association of Municipalities, requesting the Ministry:

1. Study the merits of allowing the recall of municipal councillors under carefully prescribed circumstances, including displays of hatred, misogyny and all forms of discrimination; and

2. Facilitate strengthened and ongoing orientation and training sessions for Councils, local boards, and committees"

Defeated ______________________ **/ Carried** Matt Reimer
Mayor **Mayor**

Recorded Vote **Requested by**______________________

	YES	NO
Mayor Matt Reimer	____	____
Councillor Wendy K. Weller	____	____
Councillor Louanne Caza	____	____
Councillior Bonita Culhane	____	____
Councillor Annie Toupin-Keft	____	____

Clerks and Bylaw

September 26, 2022

SENT VIA E-MAIL TO:

The Honourable Doug Ford
Premier of the Province of Ontario
doug.fordco@pc.ola.org

Dear Premier Ford:

Re: Draven Alert

On behalf of the Council of the Corporation of Norfolk County, please be advised that Council passed the following resolution at the September 20, 2022 Council meeting:

Resolution No. 2

Moved By: Councillor Rabbitts
Seconded By: Councillor Vandendriessche

THAT the Information Memo regarding the Draven Alert be received as information;

AND THAT Council approve forwarding the following resolution to the Premier, the Solicitor General, the Commissioner of Ontario Provincial Police, the local MPP and the Association of Municipalities of Ontario:

AND THAT the Council of the Corporation of Norfolk County directs staff to circulate a letter to the Minister of the Solicitor General, the Commissioner of the Ontario Provincial Police and the Premier 's Office, to request necessary changes be made to the Amber Alert system and / or the creation of a new alert called the Draven Alert, which will protect vulnerable persons who have not been abducted but are at high risk of danger, injury or death and alert the public that they are missing;

AND FURTHER THAT this motion be sent to all municipalities across Ontario and the Association of the Municipalities of Ontario (AMO) for endorsement.

Carried.

❍ **Council Services Department**

Office of the Chief Administrative Officer
50 Colborne St., S. · Simcoe ON N3Y 4H3 · **T:** 519.426.5870 · **F:** 519.426.8573 · norfolkcounty.ca

Should you have any questions regarding this matter or should you require additional information, please contact the Office of the County Clerk at 519-426-5870 x. 1261, or email: Clerks@norfolkcounty.ca.

Sincerely,

Teresa Olsen
County Clerk
Norfolk County

CC:

- Honourable Michael Kerzner, Solicitor General
  Michael.Kerzner@pc.ola.org
- Thomas Carrique, Commissioner, Ontario Provincial Police
  Thomas.Carrique@opp.ca
- Bobbi Ann Brady, M.P.P., Haldimand-Norfolk
  BABrady-CO@ola.org
- All Ontario municipalities
- Association of Ontario Municipalites
  resolutions@amo.on.ca