



Board of Health Meeting #04-20

Public Health Sudbury & Districts

Thursday, June 18, 2020

1:30 p.m.

via Skype

Board of Health, Public Health Sudbury & Districts, June 18, 2020

Board of Health Meeting #04-20

1.0 CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- i) Township of Chapleau Motion Re: Municipal Appointment of Natalie Tessier Page 5

2.0 ROLL CALL

3.0 REVIEW OF AGENDA / DECLARATIONS OF CONFLICT OF INTEREST

- Agenda, June 18, 2020 Page 6

4.0 DELEGATION / PRESENTATION

- i) Planning for Public Health in a COVID-19 World
Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer,
Renée St Onge, Director, Knowledge and Strategic Services,
Stacey Laforest, Director, Health Protection,
Sandra Laclé, Director, Health Promotion

5.0 CONSENT AGENDA

- i) Minutes of Previous Meeting

- a. Third Meeting – April 16, 2020 Page 10

- ii) Business Arising From Minutes

- iii) Report of Standing Committees

- a. Board of Health Executive Committee unapproved minutes dated May 22, 2020 Page 17

- b. Board of Health Finance Standing Committee unapproved minutes dated June 4, 2020 Page 19

- iv) Report of the Medical Officer of Health / Chief Executive Officer

- MOH BOH report, June 2020 Page 24

- Financial Statements ending April 30, 2020 Page 44

- v) Correspondence

- a. Basic Income for Income Security during COVID-19 Pandemic and Beyond

- Letter from the Board of Health Chair, Timiskaming Health Unit, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated June 9, 2020 Page 47

- Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated May 20, 2020 Page 49

- b. MOH Coverage

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| Resolution from the Board of Health Chair, Northwestern Health Unit, dated May 13, 2020 | Page 53 |
| c. Consultation for a new Ontario Poverty Reduction Strategy | |
| Letter from the Board of Health Chair, Timiskaming Health Unit, to the Minister of Children, Community and Social Services, dated April 30, 2020 | Page 54 |
| d. Provincial Leadership in the Monitoring of Food Affordability and Food Insecurity | |
| Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Health, dated April 30, 2020 | Page 61 |
| vi) Items of Information | |
| a. alPHa Information Break Newsletters | |
| April 22, 2020 | Page 63 |
| May 20, 2020 | Page 67 |
| b. Letter to the Editor, Toronto Star from alPHa President, COMOH Chair and alPHa Board Section Chair, dated May 29, 2020 | Page 70 |
| c. Public Health Sudbury & Districts Anti-Racism Statement | Page 72 |
| MOTION: Approval of Consent Agenda | Page 74 |
| 6.0 NEW BUSINESS | |
| i) 2018-2022 Accountability Monitoring Plan | |
| Public Health Sudbury & Districts Strategic Priorities Narrative Report, May 2020 | Page 75 |
| ii) 2019 Audited Financial Statements | |
| Public Health Sudbury & Districts Audited Financial Statements for 2019 | Page 83 |
| MOTION: Adoption of the 2019 Audited Financial Statements | Page 105 |
| iii) COVID-19 | |
| Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated June 11, 2020 | Page 106 |
| Heat Map | Page 109 |
| Timeline Summary | Page 110 |
| Epi Summary linked in agenda: https://www.phsd.ca/wp-content/uploads/2020/05/PHSD_COVID-19_Daily_Epidemiology_Summary_Jun_10_PUBLIC.pdf | |
| Infographic | |
| English | Page 111 |
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| Chief Medical Officer of Health (CMOH) memo inspections dated May 29, 2020 | Page 123 |
| iv) Public Health Modernization Project / Reserve | |
| Briefing note from the Medical Officer of Health and Chief Executive Officer dated June 11, 2020 | Page 125 |
| RFP 1300 Paris Infrastructure Modernization | Page 128 |
| RFP Senior Dental Clinic and Public Health Services and Treatment Clinics | Page 145 |
| MOTION: Public Health Sudbury & Districts Infrastructure Modernization Project and Transfer of funds from Reserves | Page 164 |
| v) Organizational Risk Management | |
| Briefing Note from the Medical Officer of Health to the Board of Health Chair dated June 11, 2020 | Page 165 |
| Annual Organizational Risk Management Report, 2019 | Page 167 |
| Risk Management Plan, 2020-2022 | Page 174 |
| 7.0 ADDENDUM | |
| MOTION: Addendum | Page 177 |
| 8.0 ANNOUNCEMENTS / ENQUIRIES | |
| Evaluation for completion | Page 178 |
| 9.0 ADJOURNMENT | |
| MOTION: Adjournment | Page 179 |

Excerpt of the Minutes of the Township of Chapleau Council Meeting held on Monday, May 25, 2020.

MINUTES OF THE REGULAR MEETING OF COUNCIL HELD IN THE OFFICE OF THE CLERK MONDAY, MAY 25TH, 2020 AT 6:30 P.M.

PRESENT: MAYOR: M. LEVESQUE
DEPUTY MAYOR: R. SMITH
COUNCILLORS: G. BERNIER
L. BERNIER

CAO: C. SWEARENGEN

EXCUSED ABSENCE: N. SCHUURMAN

ADDITIONS AND/OR O-8 Canada Day Flags (ML)
DELETIONS TO THE
AGENDA:

GUESTS/DELEGATIONS: Newmont Porcupine: Patrick Chabot, General Manager
Bryan Neeley, Sustainability & External
Relations Manager

DECLARATION OF PECUNIARY INTEREST(S): Pursuant to the Municipal Conflict of Interest Act R.S.O. 1990, Chapter M. 50, Section 5 – Deputy-Mayor R. Smith declared Conflict of Interest pertaining to Item # 2 under “Other” – Negotiations with Ryam – reason – Family member works at Ryam, – Town Council’s Representative for Ryam’s SFL. Councillor L. Bernier declared Conflict of Interest pertaining to Item #1 under Correspondence, Reason – VP of school.

RESOLUTION 10-113:

G. Bernier – L. Bernier

That Council appoint Mrs. Natalie Tessier as the Township’s representative on Public Health Sudbury and Districts Board of Health.

| Recorded Vote | | |
|---------------|-----|---------|
| | For | Against |
| M. Levesque | X | |
| R. Smith | | X |
| G. Bernier | X | |
| L. Bernier | X | |
| N. Schuurman | | |

Carried

AGENDA – FOURTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
THURSDAY, JUNE 18, 2020 – 1:30 P.M.
SKYPE

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
 - i) Township of Chapleau Motion Re: Municipal Appointment of Natalie Tessier
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) **Planning for Public Health in a COVID-19 World**
 - Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
 - Renée St Onge, Director, Knowledge and Strategic Services
 - Stacey Laforest, Director, Health Protection
 - Sandra Laclé, Director, Health Promotion
- 5. CONSENT AGENDA**
 - i) **Minutes of Previous Meeting**
 - a. Third Meeting – April 16, 2020
 - ii) **Business Arising From Minutes**
 - iii) **Report of Standing Committees**
 - a. Board of Health Executive Committee unapproved minutes dated May 22, 2020
 - b. Board of Health Finance Standing Committee unapproved minutes dated June 4, 2020
 - iv) **Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, June 2020
 - v) **Correspondence**
 - a. Basic Income for Income Security during COVID-19 Pandemic and Beyond
 - Letter from the Board of Health Chair, Timiskaming Health Unit, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated June 9, 2020

- Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated May 20, 2020
- b. MOH Coverage
 - Resolution from the Board of Health Chair, Northwestern Health Unit, dated May 13, 2020
- c. Consultation for a new Ontario Poverty Reduction Strategy
 - Letter from the Board of Health Chair, Timiskaming Health Unit, to the Minister of Children, Community and Social Services, dated April 30, 2020
- d. Provincial Leadership in the Monitoring of Food Affordability and Food Insecurity
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Health, dated April 30, 2020
- vi) **Items of Information**
 - a. alPHa Information Break Newsletters April 22, 2020
May 20, 2020
 - b. Letter to the Editor, Toronto Star from alPHa President, COMOH Chair and alPHa Board Section Chair May 29, 2020
 - c. Public Health Sudbury & Districts Anti-Racism Statement

APPROVAL OF CONSENT AGENDA

MOTION:

THAT the Board of Health approve the consent agenda as distributed.

6. NEW BUSINESS

- i) **2018–2022 Accountability Monitoring Plan**
 - Public Health Sudbury & Districts Strategic Priorities Narrative Report, May 2020
- ii) **2019 Audited Financial Statements**
 - Public Health Sudbury & Districts Audited Financial Statements for 2019

ADOPTION OF THE 2019 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS at its June 4, 2022, meeting, the Board of Health Finance Standing Committee reviewed the 2019 audited financial statements and recommended them to the Board for the Board's approval;

THEREFORE BE IT RESOLVED THAT the 2019 audited financial statements be approved as distributed.

iii) **COVID-19**

- Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated June 11, 2020
- Timeline summary
- [Epi Summary](#)
- Infographic
- Chief Medical Officer of Health (CMOH) memo inspections dated May 29, 2020

iv) **Public Health Modernization Project / Reserve**

- Briefing note from the Medical Officer of Health and Chief Executive Officer dated June 11, 2020

PUBLIC HEALTH SUDBURY & DISTRICTS INFRASTRUCTURE MODERNIZATION PROJECT AND TRANSFER OF FUNDS FROM RESERVES

MOTION:

WHEREAS the infrastructure of Public Health Sudbury & Districts has exceeded its expected lifespan and needs significant investments in order to ensure its continued efficient use and avoid short term and costly stop-gap measures; and

WHEREAS legislative requirements have changed since client spaces were constructed as have the needs of our clients; and

WHEREAS the physical infrastructure needs at the Rainbow Centre coincide with an opportunity presented by the newly mandated Ontario Seniors Dental Care (OSDC) program; and

WHEREAS motion 83-02 provides that the Medical Officer of Health shall be responsible for the management of the reserves in accordance with respective Board of Health motions and Board By-law 01-93; and

WHEREAS the approval of the Board of Health shall be required for any transfers from the Board's reserves that constitute part of the annual budget approval process or that are in excess of \$100,000 per transaction.

THEREFORE BE IT RESOLVED THAT the Board of Health, per By-Law G-I-70, authorize the Medical Officer of Health/CEO to transfer up to \$6.5M from the *Facility and Equipment Repairs and Maintenance* and *Public Health Initiatives* Reserve Funds to the operating budget to offset expenses related to the infrastructure modernization projects.

v) Organizational Risk Management

- Briefing note from the Medical Officer of Health to the Board of Health Chair dated June 11, 2020
- Annual Organizational Risk Management Report, 2019
- Risk Management Plan, 2020–2022

7. ADDENDUM

ADDENDUM

MOTION:

THAT this Board of Health deals with the items on the Addendum.

8. ANNOUNCEMENTS / ENQUIRIES

- Please complete the June Board of Health meeting evaluation in BoardEffect following the Board meeting.

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

MINUTES – THIRD MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS
BY TELECONFERENCE
THURSDAY, APRIL 16, 2020 – 1:30 P.M.

BOARD MEMBERS PRESENT

| | | |
|---------------|---------------|-------------------|
| James Crispo | René Lapierre | Jacqueline Paquin |
| Randy Hazlett | Bill Leduc | Nicole Sykes |
| Jeffery Huska | Paul Myre | Carolyn Thain |
| Robert Kirwan | Ken Noland | |

BOARD MEMBERS REGRETS

| | |
|-------------------|-----------------|
| Glenda Massicotte | Mark Signoretti |
|-------------------|-----------------|

STAFF MEMBERS PRESENT

| | | |
|----------------|----------------|---------------------|
| Rachel Quesnel | France Quirion | Dr. Penny Sutcliffe |
|----------------|----------------|---------------------|

MEDIA PRESENT

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:33 p.m. Everyone was thanked for joining by teleconference. Following the territorial acknowledgement, Board Chair reviewed the teleconference meeting process such as how questions and comments would be entertained and how voting decisions would be made known. Media were invited to contact the Public Health Sudbury & Districts Communications team following the meeting if they require additional information or to schedule a media interview.

Jacqueline Paquin, provincial appointee, was welcomed to her first Board of Health meeting. An orientation session was held for her on April 2.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

The Municipal Act was amended on March 19 to provide that, during emergencies declared locally or provincially under the Emergency Management and Civil Protection Act, local boards and committees who participate electronically in open and closed meetings be counted for purposes of quorum. The Board Chair pointed out today's addendum includes a motion to amend by-law 04-88 and under these extenuating circumstances that the meeting proceed via teleconference.

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

None

5. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. Second Meeting – February 19, 2020
- ii) Business Arising From Minutes**
- iii) Report of Standing Committees**
 - a. Board of Health Executive Committee, Unapproved Minutes dated March 17, 2020
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, April 2020
- v) Correspondence**
 - a. Cannabis Consumption Establishments / Special Occasion Permits
 - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Ministry of the Attorney General, Legalization of Cannabis Branch dated March 30, 2020
 - b. Support for a Seamless Provincial Immunization Registry
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Provincial Minister of Health, dated March 5, 2020
 - c. E-Cigarettes and Aerosolized Products
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Provincial Minister of Health, dated March 3, 2020
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Federal Minister of Health, dated March 3, 2020
 - Letter from the Mayor, City of Hamilton, to the Federal Minister of Health and the Provincial Minister of Health, dated January 20, 2020
 - d. Fully Funded Universal Health School Programs
 - Letter from the Town of Blind River to Dr. Sutcliffe dated February 28, 2020

- Letter from Carol Hughes, MP, Algoma-Manitoulin-Kapuskasing to Dr. Sutcliffe, dated February 5, 2020
- e. 2020 Municipal Cost Share of Public Health Funding
- Letter from the Medical Officer of Health and CEO, Eastern Ontario Health Unit, to the Minister of Health and Deputy Premier, dated February 12, 2020
- vi) **Items of Information**
 - a. Email from alPHa re excerpt - *Ontario Action Plan: Responding to COVID-19* March 25, 2020
 - b. Memo and information sheet from the Chief Medical Officer of Health re Amendments to the Municipal Act and City of Toronto Act to permit virtual meetings of the Board March 20, 2020
 - c. alPHa Information Break March 12, 2020
 - d. Ministry of Health News Release *Ontario Protecting Children and Youth from Dangers of Vaping* February 28, 2020
 - e. Thank you from Rita Pilon

09-20 APPROVAL OF CONSENT AGENDA

MOVED BY HUSKA – NOLAND: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) COVID-19 Update

Dr. Sutcliffe was invited to give a COVID-19 update and using a slide deck, which will be posted to phsd.ca website, the MOH provided a brief history, local epidemiology and public health measures.

Key Public Health milestone timelines include:

- Minister's Order made novel coronavirus a reportable disease on January 24, 2020
- First confirmed case in the North East, Greater Sudbury, on March 10
- On March 17, Ontario reports first COVID-19 death from March 11
- Provincial emergency declaration has been extended to May 12

Dr. Sutcliffe noted the intensity of effort and collaboration, globally, provincially and locally that has been galvanized by the COVID-19 response.

It was pointed out that Northern Ontario has benefited from being able to implement public health measures at an earlier point in the virus trajectory.

The Ontario Health North Regional Table meets twice weekly and the Northern Medical Officer of Health representative is Dr. Spruyt from Algoma Public Health.

Public Health Sudbury & Districts established a call centre to address public inquiries and ensure internal capacity to do follow-up with individuals who have been tested for COVID-19 and contact tracing for confirmed cases. In addition to redeploying staff for its community response to COVID-19, Public Health Sudbury & Districts has implemented internal public health measures. Examples include limited, non-COVID essential work being provided virtually where possible, limited office hours, direction to default to work remotely, and provided cross training. When essential work cannot be done virtually, public health measures are respected. Most provincial reporting has been deferred.

A high-level estimate of additional COVID-related expenses to the end of March 2020 was provided. It was noted that 4,000+ of additional hours worked being underreporting as managers still need to report hours. We understand from the Ministry that there will be an opportunity to submit one-time extraordinary costs to the government for reimbursement.

Public health measures to reduce the spread include campaigns such as Go home – Stay home, promoting social distancing (masks when can't); hand/respiratory hygiene; travel restrictions as well as case detection, isolation and quarantine of contacts and travelers. If each person infects fewer than one person on average, the epidemic dies out.

The intersection of immediate legal jurisdiction exposed during a pandemic were outlined.

The Ministry of Health has released several guidance documents for the health sector which are helpful for various sectors, including primary care providers in a community setting and long-term care homes.

COVID-19 issues have evolved as the virus has spread and measures put in place to minimize the spread and these vary from testing, masks, travel, and ensuring we provide credible up to date information.

Dr. Sutcliffe was thanked for her presentation. Several questions and comments were entertained, and included turnaround time for testing, swabbing test availability, long-

term care guidelines and testing, enhanced surveillance, a decrease in emergency department visits, essential businesses under the Emergency Order, including food establishments/take-out services, community transmitted cases, modernization of Public Health in Ontario and deferral of the consultations, the announcement that 2020 Ministry one-time mitigation funds would also be available for 2020-21, masks, Section 22 orders and enforcement of orders.

In response to a question relating to the PHSD's capacity for contact tracing and responding to COVID-19, Dr. Sutcliffe noted that efforts are made to rotate schedules, ensure back-up and schedule time off for staff. A critical area of work is case follow-up including contact tracing to reduce transmission. Cross training has also occurred to ensure adequate capacity. Public Health Ontario launched an initiative to coordinate students as additional capacity as health units are stretched across the province. PHSD has not tapped into but this is another resource we can access in future and we are currently looking at our own student capacity locally should the need arise.

Further to an inquiry regarding proper use of masks, Dr. Sutcliffe indicated that the phsd.ca will be reviewed to determine if additional information can be posted.

Dr. Sutcliffe was thanked for her presentation and for the PHSD's committed efforts in its response COVID-19.

ii) 2019 Accountability Monitoring Report

C. Thain was invited to share the 2019 Annual Accountability Monitoring Report on behalf of the Joint Board of Health/Staff Accountability Monitoring Working Group. The 2019 Accountability Monitoring Report compiles information about Public Health Sudbury & Districts' performance based on various accountability measures.

The Annual Accountability Monitoring Report is designed to provide evidence of our commitment to excellence and accountability, detailing performance in the following key areas:

- Provincial and local organizational requirements
- Provincial and local program requirements
- Board of Health strategic priorities

Explanatory notes are included in the report and overall findings include:

- Compliant with 94 of 96 provincial organizational requirements.
- On track with meeting the 12 Public Health Sudbury & Districts' locally determined organizational indicators.

- Eight provincial ministry program indicators, two of which are not applicable.
- 16 locally developed program indicators, one of which is under development.
- Eight Strategic Priorities Narratives that highlight descriptive stories of Public Health Sudbury & Districts' programs and/or services that demonstrate the four Strategic Priorities "in action".

The report contributes to the Board's commitment to transparency with all stakeholders. The Working Group includes staff and board members J. Crispo, N. Sykes and C. Thain. Staff were thanked for their work on developing this monitoring tool and Board members for taking the time to review and support our agency's transparency.

B. Leduc and N. Sykes left the teleconference at this point.

7. ADDENDUM

10-20 APPROVAL OF ADDENDUM

MOVED BY HAZLETT – KIRWAN: THAT this Board of Health deals with the items on the Addendum.

CARRIED

DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

- i) [Board of Health Manual By-Law 04-88](#)

The provincial government amended the Municipal Act, 2001, such that during emergencies declared under the Emergency Management and Civic Protection Act, and should they choose to, members of councils local boards and committees who participate electronically in open and closed meetings may be counted for purposes of quorum.

It was clarified that the proposed amendment to By-law 04-88 reflects these Municipal Act changes in instances of an emergency declaration and further that it also applies to closed sessions. When there is no emergency declaration, members can participate electronically but would not count in quorum.

11-20 BOARD OF HEALTH MANUAL – By-law 04-88

MOVED BY THAIN – HUSKA: WHEREAS on March 19, 2020 to better equip municipal and Board of Health responsiveness to COVID-19, the Municipal Act was amended to provide that, during emergencies declared locally or provincially under the Emergency

Management and Civil Protection Act, should they choose to, members of councils, local boards and committees who participate electronically in open and closed meetings be counted for purposes of quorum; and

WHEREAS Board of Health Manual G-I-30 By-Law 04-88 provides for member participation by electronic means, including full participation, including voting rights;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts approve the following amendments to By-Law 04-88:

Section one be amended to include new section (m):

m) “Declared Emergency” means an emergency declared locally or provincially under the Emergency Management and Civil Protection Act

New section 10 be added with necessary numbering adjustments subsequently:

Convening a meeting during a Declared Emergency

10. Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act, a member who participates in an open meeting through electronic will be deemed as present and counted for the purpose of establishing quorum. All members present, either in-person or members participating electronically will have full participation, including voting rights. Further, electronic participation will also be permitted for a meeting which is closed to the public. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

CARRIED

8. ANNOUNCEMENTS / ENQUIRIES

Board members were invited to complete the survey in BoardEffect to provide feedback about today’s meeting.

9. ADJOURNMENT

12-20 ADJOURNMENT

MOVED BY THAIN – KIRWAN: THAT we do now adjourn. Time: 2:53 pm

CARRIED

(Chair)

(Secretary)

UNAPPROVED MEETING NOTES
BOARD OF HEALTH EXECUTIVE COMMITTEE
FRIDAY, MAY 22, 2020 – 1 P.M. TO 2 P.M.
VIDEOCONFERENCE – ZOOM

BOARD MEMBERS PRESENT

James Crispo
Ken Noland

Jeff Huska
René Lapierre

Nicole Sykes

STAFF MEMBERS PRESENT

Rachel Quesnel

France Quirion

Dr. Penny Sutcliffe

J. HUSKA PRESIDING

1. CALL TO ORDER

The meeting was called to order at 1:03 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

The agenda was reviewed and approved as circulated. There were no declarations of conflict of interest.

4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board Executive Committee Meeting Notes dated March 17, 2020

06-20 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOVED BY LAPIERRE – NOLAND: THAT the meeting notes of the Board of Health Executive Committee meeting of March 17, 2020, be approved as distributed.

CARRIED

5. NEW BUSINESS

07-20 IN CAMERA

MOVED BY SYKES – CRISPO: THAT this Board of Health Executive Committee goes in camera to deal with advice that is subject to solicitor-client privilege, including communications necessary for that purpose. Time: 1:13 p.m.

CARRIED

08-20 RISE AND REPORT

MOVED BY LAPIERRE – SYKES: this Board of Health Executive Committee rises and reports. Time: 1:55 p.m.

CARRIED

It was reported that one item dealing with advice that is subject to solicitor-client privilege, including communications necessary for that purpose, was discussed and one motion emanated from the in-camera session:

09-20 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES

MOVED BY NOLAND – SYKES: THAT this Board of Health Executive Committee approve the meeting notes of the March 17, 2020, in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

Members of the Board Executive Committee were thanked for their time and contributions to today's meeting.

6. ADJOURNMENT

10-20 ADJOURNMENT

MOVED BY LAPIERRE – CRISPO: THAT we do now adjourn. Time: 1:59 p.m.

CARRIED

(Chair)

(Secretary)

**UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
THURSDAY, JUNE 4, 2020 – 10:30 A.M.
SKYPE**

BOARD MEMBERS PRESENT

Carolyn Thain
Mark Signoretti

Randy Hazlett

René Lapierre

STAFF MEMBERS PRESENT

France Quirion
Rachel Quesnel, Recorder

Colette Barrette

Dr. Penny Sutcliffe

GUEST

Derek Dangelo, KPMG

RACHEL QUESNEL PRESIDING

1. CALL TO ORDER

The meeting was called to order at 10:39 a.m.

2. ROLL CALL

**3. ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR
FOR 2020**

Nominations were held for the position of Board of Health Finance Standing Committee Chair. Carolyn Thain was nominated, and nominations were closed. C. Thain accepted her nomination and the following was announced:

THAT the Board of Health Finance Standing Committee appoint Carolyn Thain as the Board of Health Finance Standing Committee Chair for 2020.

CAROLYN THAIN PRESIDING

4. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

5. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

- 5.1 Board of Health Finance Standing Committee Meeting Notes dated October 30, 2019.

01-20 APPROVAL OF MEETING NOTES

MOVED BY SIGNORETTI – LAPIERRE: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of October 30, 2019, be approved as distributed.

CARRIED

6. NEW BUSINESS

6.1 2019 Audited Financial Statements

- a) Briefing Note from the Medical Officer of Health and Chief Executive Officer on the 2019 Financial Statements

Dr. Sutcliffe noted that KPMG has completed the audit of the 2019 financial statements and there is a motion on today's agenda that the Board of Health Finance Standing Committee's recommend the Audited Financial Statements for adoption by the Board of Health at its June 18, 2020 meeting

Historically, the Ministry requires that the annual reconciliation report along with the audited financial statements be submitted by the end of April, however, due to the COVID-19 response, this date was extended to the end of July.

Derek Dangelo from KPMG was welcomed at this point of the meeting via Skype and invited to provide comments regarding the Audit Findings Report shared through an addendum for today's meeting as well as to provide an overview of the significant accounting policies under notes in the 2019 Audited Financial Statements.

F. Quirion noted that Public Health Sudbury & Districts is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards and auditors provide an opinion on these based on their audit evidence. A condition of provincial funding is that boards of health conduct an annual financial audit and provide a copy of the Audited Financial Statements. F. Quirion was pleased to report that the financial statements present fairly and that no recommendations were received as a result of the 2019 audit.

The KPMG audit team was thanked as well as the PHSD accounting team for their work throughout the year.

The auditor described audit procedures that included the assessment of the risks of material misstatements of the financial statements and consideration of internal controls relevant to the organization's preparation and fair presentation of the financial statements. The auditors also evaluated the appropriateness of accounting policies used and the reasonableness of accounting estimates, as well as evaluated the overall presentation of the financial statements.

It was reported that there were no significant findings and the financial statements present fairly, in all material respects, the financial position as at December 31, 2019.

Questions were entertained. The auditor clarified that, despite COVID-19, all auditing procedures were accomplished virtually, and staff were acknowledged for their openness and coordination to facilitate timely and efficient access to relevant materials.

The auditor and the KPMG auditing team were thanked and Public Health Sudbury & Districts financial team were recognized.

b) Review of the 2019 Audit Report and Audited Financial Statements

It was recapped that provincial announcements in 2019 impacted and shaped our financial strategies. As part of the provincial budget, the government announced a change in the funding policy, moving from up to 75% to up to 70% retroactive to April 1, 2019 for all programs including most of the 100% provincially funded programs. In response to these announcements, the PHSD implemented an immediate stop to all unnecessary spending and initiated significant organizational restructuring to meet the expected in year reductions and expected 2020 budget impacts. The government subsequently reversed the retroactive cuts in May and, in August, announced that as of January 1, 2020, the up to 70% provincial funding policy would be implemented. The 2019 year required PHSD to be nimble and responsive and the 2019 financial statement reflect the changing landscape.

C. Barrette provided a detailed overview of the statements and notes.

F. Quirion recapped that the Board was informed at the February Board of Health meeting of the need for PHSD to move forward with the infrastructure modernization initiative given the age of our building and legislative requirements. Work has moved forward for 1300 Paris and the Rainbow Centre with a request for proposals. Estimates, based the scope of the deliverables for 1300 Paris, is between \$3 to 5.5 million with another up to \$3 million for the Rainbow Centre (over half of which is expected to be offset by Ministry funds for the senior's dental program). This underscores the need for reserves to provide for needed infrastructure dollars and cash flow for emergencies such as COVID-19.

In response to a question about increased expenditures for building maintenance, F. Quirion noted that the cost overruns were related to aging infrastructure and equipment which would be addressed by the infrastructure modernization project.

Questions and comments were entertained. It was suggested that we consult with GSU regarding this project to explore potential cost savings. Discussion ensued regarding pros and cons of using credit line versus using reserves for the infrastructure renewal and it is not anticipated to be necessary at this point.

Clarification was provided as to what is considered non-ministry funded initiatives.

F. Quirion thanked the Accounting Manager and team for their work on the audit.

It was observed that, given the challenges that came with uncertainty, to end 2019 as positively as possible speaks to the sound and strategic management processes and actions.

02-20 2019 AUDITED FINANCIAL STATEMENTS

MOVED BY SIGNORETTI – HAZLETT: THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2019 audited financial statements.

CARRIED

6.2 Year to Date Financial Statements

a) March 2020 Financial Statements

The March 2020 year-to-date financial statements include additional COVID-19 expenses totaling \$294,682. The statements show an overall positive variance totaling \$172,144 as of March 31, 2020.

It was pointed out that the COVID-19 expenses have been carefully documented as the Ministry has advised that there will be a process for boards to submit COVID-19 expenses to the Ministry for potential reimbursement. The criteria and timing are not yet known; however, internal processes have been put in place to capture all expenses. Most expenses relate to staff and staff support. There has been a tremendous amount of work and staff have been extremely dedicated and working long hours to ensure our best response. It is anticipated that the April year to date financial statements will show a deficit position. It is expected that there will be a shift in operating expenses as 2020

progresses. Most programs and services had been put on hold temporarily to respond to COVID-19 making it challenging to balance the needs within reasonable budget.

There has been no recent communication regarding the modernization of public health. There were a few consultation sessions outstanding when the modernization initiative halted due to COVID-19. A. Blair is currently assisting the Deputy Minister and Ministry of Health staff who were supporting this work are preoccupied with COVID-19 response. It was clarified that we have not received the provincial grant letter for 2020, which will include one-time revenue to help transition due to the funding formula change. In a news release, the Ministry announced that one-time mitigation funding would be available again for 2021.

Staff are beginning 2021 budget discussions and that will include explicit assumptions to have a base to start working with.

Questions were entertained. The April statements will be included in the June Board agenda package.

7. ADJOURNMENT

03-20 ADJOURNMENT

MOVED BY LAPIERRE – SIGNORETTI: THAT we do now adjourn. Time: 11:58 a.m.

CARRIED

(Chair)

(Secretary)

**Medical Officer of Health/Chief Executive Officer
Board of Health Report, June 2020**

Words for thought

Toronto officially declares anti-Black racism a public health crisis



Source: [blogTO](#)

Date: June 8, 2020

As you are aware, people around the world, many donning masks to protect against COVID-19, are taking to the streets in support of racial equity and against anti-black racism. The tragic deaths of Regis Korchinski-Paquet in Toronto and George Floyd in Minneapolis, among many others, have resulted in collective grief and frank outrage. They have also spurred action and hope—hope that this may be the “metaphoric knee” that makes the tide-turning difference—hope that tragedies will somehow transform into constructive action and we will all, individually and collectively, be part of the solution.

With [motion #23-18](#), the Board of Health declared its commitment to anti-racism and through [motion #32-19](#) the agency's [Racial Equity Action Framework for Improved Health Equity](#) was endorsed and prioritized. Staff are being trained in allyship, we are engaged in a youth-led racial equity project with Laurentian University and Sudbury's Local Immigration Partnership, and we are prepared to responsibly collect race-based and socio-economic data related to COVID-19 so that the realities of those affected may be better understood.

And yet, there is more to do. It is by relentlessly facing critical and difficult conversations head-on, by questioning our own unconscious biases, and by listening and amplifying the voices of all peoples affected by racism, that we will move forward to a future where no single human potential is lost.

Racism and oppression are public health crises. They harm mental and physical health. From the Board of Health governance body on down, Public Health Sudbury & Districts is resolved to continue advancing racial equity within our own agency as well as across our service area.

I am pleased to share with you my report on key activities and initiatives over the last two months, many of which have been in support of our public health COVID-19 response. Also included this month is the twice yearly Corporate Services report.

General Report

1. Local and provincial meetings

Most non-COVID-related meetings, including the alPHa Annual General Meeting and many local meetings, have been cancelled over the last few months. The Council of Ontario Medical Officers of Health (COMOH) held a virtual general membership meeting on June 9, 2020, and members meet weekly and twice weekly with Minsitry partners to address the pandemic. The northern Medical Officers of Health hold weekly teleconferences.

I was invited to participate in a Ministry of Health's Rapid Response Table with a mandate to regularly review key indicators to quickly identify and respond to emerging issues and trends for COVID-19 control.

We have held many meetings with local stakeholders to support our collective COVID-19 response. These include municipalities, business owners, social service providers, health care, and more.

Internally, our Emergency Response Plan is still activated. The meetings of our incident management team have decreased from twice daily seven days per week to the now twice weekly meetings.

2. Board of Health

Membership

Welcome to Natalie Tessier who was appointed by the Township of Chapleau replacing longstanding Board of Health member, Rita Pilon. An orientation session was held on Tuesday, June 9, with Ms. Tessier which provided an overview of the public health system, public health financial risk management, board liabilities, operational processes, and accountability monitoring.

As previously mentioned, James Crispo and Nicole Sykes have both applied for Board of Health reappointment to the Ministry of Health's Public Appointment Secretariat; however, we have not received notification regarding their reappointment. Their term as provincial appointees ended as of May 31, 2020, therefore, they are unable to participate in Board of Health deliberations. It is anticipated that a response will be received by the Ministry in June and in the interim, we welcome them as observers at our meetings.

Board of Health meeting agenda items

A list of Board of Health agenda items that have had to be deferred due to COVID-19 is being monitored regularly. These include regularly scheduled items such as the agency's annual report and the review of the Board manual.

In addition, per Board of Health Manual policy and procedure I-VI-10, the Medical Officer of Health performance appraisal is conducted annually. Historically, this has taken place in the spring; however, due to COVID-19, as supported by the Board Chair, this will be scheduled later in 2020.

3. Financial report

The April 2020 year-to-date cost-shared financial statements report a negative variance of \$(133,358) for the period ending April 30, 2020. Gapped salaries and benefits account for \$(154,756) or 1.16%, with operating expenses and other revenue accounting for \$21,218 or (.16)% of the variance. The majority of the negative variance is due to extraordinary expenses related to our COVID-19 response. We understand that the Ministry of Health will be sending specific guidelines shortly regarding additional funding to support COVID-19 extraordinary costs.

In a news release dated March 12, 2020, the provincial government announced that it was extending one-time 10% mitigation funding for an additional calendar year for public health units. The province recognized the considerable time and resources necessary for public health units to effectively respond to COVID-19, and that the one-time funding would keep municipal funding levels for public health units in calendar year 2021 at the same level as calendar year 2020.

4. Quarterly compliance report

Public Health Sudbury & Districts has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to May 29, 2020. The Employer Health Tax has been paid as required by law, to May 31, 2020. The Workplace Safety and Insurance Board premiums have also been paid, as required by law, to May 31, 2020 and there are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act. Following are the divisional program highlights, including twice yearly Corporate Services Highlights.

Corporate Services

1. Accounting

The Annual Service Plan was submitted to the Ministry for approval on March 1, 2020. As a result of the COVID-19 pandemic response, the Ministry deferred to July 31, 2020, the Annual Reconciliation Report normally due on April 30.

The Accounting team has been very occupied with adjusting reporting templates to align with the implementation of the new funding policy and the migration of many of the 100% funded programs to cost-shared.

In addition, Accounting is tracking additional costs related to the COVID-19 response:

- assisting staff with tracking additional hours of work
- ensuring all pandemic-related costs are tracked to the department

A non-union full-time timesheet module was launched to staff during this period. Our software automates the submission and approval of additional hours of work completed for the pandemic response.

2. Facilities

In collaboration with ENGIE Services Inc., significant repairs were undertaken over this period. One (of six) roof-top heating and ventilation units failed and needed to be replaced, water leakages in various areas of the building need to be addressed, server room air conditioning requirements were assessed, and repairs were needed on the main generator. Other remediation work included repairs to the fish tank enclosure, hot water tank replacement, and alarm system repairs. Additional accessibility requirements were needed to welcome a staff member back to the organization.

Facilities was also instrumental in preparing the physical environment of all district office locations in order to meet the COVID-19 safety measures. This involved the installation of glass partitions for our reception staff, furniture set up to ensure a minimum of two metre distance for staff and clients, and increased janitorial support.

All systems and equipment have been maintained as per CSA standards and legislative requirements.

3. Human Resources

COVID-19 Staff Deployment

Since early March, more than 195 staff have been deployed to support the public health response requirements for the COVID-19 pandemic. Technology and the virtualization of processes has allowed our staff to work remotely. A total of 228 (out of 253) staff members were moved offsite to work remotely with some individuals rotating on and off site depending on their assignment. This measure limited the exposure and allowed for the physical distancing space required to provide a safe working environment for those needing to work onsite.

Health and safety

We continue to work diligently to maintain our compliance with the Occupational Health & Safety Act and our organizational health and safety policies and procedures. Regular and recurring activities include regular Joint Health and Safety Committee (JHSC) meetings, training and communication on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness, and workplace violence and harassment.

Building evacuation procedures have been updated temporarily to cover the workplaces that remain open to staff. Assigning floor wardens to participate if building evacuation is required and workers to conduct daily/weekly inspections checking for supplies and to identify hazards. Cleaning of facilities has been enhanced as required and additional hand sanitizer, masks, etc., have been provided for worker safety. Communication on health and safety requirements has been ongoing.

The Psychological Health and Wellness Committee (PHWC) is progressing through the activities as outlined in the logic model and 5-year activity plan. The PHWC strategy is to support and address psychological health and safety and to protect and promote mental health of our workers. Public Health Sudbury & Districts is a Mindful Employer demonstrating the agency's commitment to mental health in the workplace.

The PHWC participated in a re-visioning session in January. This was an opportunity to orientate new members, review of the logic model, and activities since its inception. The committee continues to meet during COVID-19 and members are working with others in the organization to focus on mental health during this difficult time.

Accessibility for Ontarians with Disabilities Act (AODA)

Public Health Sudbury & Districts continues to meet the requirements of the Accessibility for Ontarians with Disabilities Act. The Accessibility Plan and agency policies are available to the public on the website. Human Resources continues to provide relevant internal posts to raise awareness of human rights and AODA and to work to reduce stigma surrounding persons with disabilities. The internal SharePoint site, renamed “Accessibility and Inclusivity in Public Health”, is available and includes tools and resources to assist staff in achieving the agency’s goal to go beyond AODA legislation, as well as to continually improve the accessibility of our programs and services to the public and our staff.

During COVID-19 pandemic, the organization has maintained focused attention on the accessibility of programs, services, and activities, both for the public and internally. Inclusion of vulnerable populations in public health pandemic response is ongoing.

Privacy

New staff continue to receive privacy and access to information training during onboarding and orientation. The Privacy Officer and the Manager of Information Technology continue to work with program areas that have health information in their custody and control to further review auditing of health record databases. This work will ensure that health information is being protected from unauthorized use/access as required by the new Health Information Protection Act (HIPA) which became law in May 2016.

The agency is in compliance with mandatory breach reporting required by the Personal Health Information Protection Act to the Information and Privacy Commissioner of Ontario. The agency had 3 breaches of unauthorized disclosure (eg. misdirected email) in 2019 and reported 1 breach to the IPC in its 2019 annual report. There is 1 breach of unauthorized access reported to date in 2020. All breaches include outlining what occurred, who was impacted, taking appropriate actions to immediately contain and resolve, and implementing measures to mitigate future breaches.

Access to Information Requests

| Year | # of requests |
|-------------|----------------------|
| 2016 | 9 |
| 2017 | 12 |
| 2018 | 4 |
| 2019 | 14 |
| 2020 | 2 year to date |

Labour relations

Public Health Sudbury & Districts is preparing for collective bargaining with the Ontario Nurses Association (ONA) and with the Canadian Union of Public Employees (CUPE) for agreements which will expire March 31, 2021.

Working during the COVID-19 pandemic, under the Emergency Management and Civil Protection Act, R.S.O. 1990, C. E9, O. Reg. 116/20: Order Under Subsection 7.0.2 (4) of the Act – Work Deployment Measures for Boards of Health, the organization is committed to maintaining ongoing communication and collaboration with both bargaining units and involves them where possible in items that impact members. Both bargaining units have been supportive and helpful to identify items that need to be addressed.

4. Information Services

IT implemented software and hardware upgrades, including programs such as Sage (ACCPAC), EBI Upgrade (Building Management System), and CIS (Clinic Management System). The endpoint virus protection system was replaced as was the OTN Videoconference system in Upstream and Ramsey rooms.

Security audit measures implemented over this period included the purchase of KnowBe4 Information Security training and a first training campaign that took place in April and May 2020, as well as testing proof of concept for Darktrace (a hardware appliance that uses artificial intelligence to protect the network). This project was paused due to COVID-19.

Other projects included:

- Cellular boosters were installed throughout the building at 1300 Paris to help alleviate cellular dead spots within the building.
- AV overhaul for Ramsey Room and Boardroom were completed. Some remaining items have been paused due to COVID-19.
- Removal of blocked numbers for the agency's main phone line to display "PHSD" and its phone number to callers instead of "private caller" was completed.

Hepatitis A and COVID-19 supports

- Call centre and phone system set up and changes for hepatitis A outbreak in December.
- Significant support has been dedicated to the organization's response to COVID-19; from setting up multiple call centres, to ensuring staff have the necessary equipment, training and skills, to work remotely for COVID-19.

5. Volunteer Resources

Volunteer resources program

As of May 29, 2020, there is a total of 59 active volunteers. Between November 1, 2019 to May 29, 2020, volunteers completed 613.5 hours.

Break down of hours by program:

| | |
|---------------------|--------------|
| ABC: | 2 hours |
| Circles: | 358.25 hours |
| Clerical: | 119.25 |
| Skills development: | 134 |

COVID-19 response volunteer hours

From May 4 to 21, 2020, 9 volunteers completed 202.25 hours for work related to COVID-19 response.

Combined hours for volunteer resources program and COVID-19 response volunteer hours

Total of 815.75 volunteer hours between November 1, 2019 and May 29, 2020.

The work of our volunteers is invaluable, and we continue to recognize their efforts with small tokens of appreciation.

6. Quality and monitoring

Provincially, Public Health Sudbury & Districts continues to participate in the locally driven collaborative project (LDGP) called Strengthening Continuous Quality Improvement (CQI) in Ontario's Public Health Units. Our organization served as co-applicant on the project and the Quality & Monitoring Specialist is the co-chair of the Knowledge Exchange Working Group. As a result of COVID-19, the project has been put on hold until further notice.

Public Health Sudbury & Districts continues to implement the CQI Plan and Framework. The CQI Plan and Framework guides our efforts to achieve better outcomes and greater value. The Continuous Quality Improvement Committee meetings are on hold pending further direction during our COVID-19 response.

The Client Satisfaction Survey provides everyone who interacts with Public Health Sudbury & Districts an opportunity to share their feedback and contribute to program and service improvements. It is offered to all clients, community members, partners, and stakeholders who interact with Public Health Sudbury & Districts. The survey can be completed in person or online in both English and French. Data continues to be collected, reviewed, and monitored. The survey continues to be available during the COVID-19 response and is monitored and analyzed regularly.

Client Service Standards have been developed and launched internally. Client Service Standards are a public commitment to a measurable level of performance that clients can expect under normal circumstances. These will guide the interactions and set expectations for service delivery and responsiveness. The standards launched to the public in January 2020.

Lean

Lean reviews continue to be part of the organization's continuous quality improvement work. Since November 2019, the agency has invested additional resources in streamlining our processes with the use of workflows and automation.

Lean has been a key tool used to review our current COVID-related processes and create, recommend, implement, and monitor new virtual programming to ensure social distancing measures are maintained.

Risk management

A comprehensive review of our risk management plan occurs every three years and includes validating our current risks and identifying new risks. The 2020–2022 risk management plan was approved by the Board in November 2019.

Health Promotion

1. COVID-19 Response

Working with our constituent municipalities

During the COVID-19 response, staff from across our region have been working closely with constituent municipalities. In Chapleau, for example, the district office played a key role in the coordination of communication and linkages between local health care providers, the Township of Chapleau, emergency responders, and other community stakeholders to develop a plan of action during the pandemic. Chapleau office staff continuously shared Public Health requirements, recommendations, and Ministry Directives to ensure that all partners had the most up to date information. In addition, the public health nurse acted as a liaison between the community and the main office in Sudbury. These efforts resulted in quick action and have strengthened the relationship among key stakeholders and partners within the community and Public Health.

Call Center

In response to the dynamic circumstances of the COVID-19 pandemic, Public Health Sudbury & Districts' Call Centre has operated to keep the public informed seven days a week. The Call Centre team is comprised of trained student volunteers, 16 response assistants, and more than 65 Public Health staff who are each scheduled several days per week in the Call Center. Every day, the Call Centre staff address many types of public concerns, workplace inquiries, post-test client follow-up calls, and wellness checks. Using provincial and federal guidelines, the Call Centre supports the communities in our catchment area with the most up-to-date information to promote and protect health and reduce the spread of COVID-19. Additional administration, technical, and management expertise is also in place to support Call Centre operations.

Age-friendly

Health Promotion staff collaborated with the North East Specialized Geriatric Centre (Health Sciences North), City of Greater Sudbury (CGS), and United Way to create a resource list for community dwelling older adults in order to improve their awareness of services in the community that have been impacted due to COVID-19. This resource list has been translated and printed for distribution through various services, such as, Meals on Wheels. The distribution list will also be available on the CGS website where it will be updated regularly.

Physical literacy

With the current COVID-19 situation, staff continues to work with Active Sudbury partners and the Sport for Life Society to transition physical literacy training for teachers, coaches, and early childhood educators from in-person to online.

Food access

The *Northern Fruit and Vegetable Program* usually provides vegetables and fruit to schools. The program has redistributed their deliveries to First Nation communities throughout our catchment, including Wikwemikong, M'Chigeeng, Birch Island, Sheshegwaning, Aundeck-Omnikaning, Sheguiandah, Zhiibaahaasing, Sagamok, Mattagami, Brunswick House, Chapleau Cree, Atikameksheng Anishnawbek, and Wahnapiatae. The program is also providing produce to the Sudbury Food Bank and other food banks within our service area as well as the Killarney area.

Grocery Store Inventory: Public Health staff created an inventory of grocery stores throughout the catchment area. The list identifies where curbside pick up and home delivery are available, as well as lists other food delivery options. The list has been shared internally, with the United Way, and with a newly formed partnership between the North Eastern Ontario Specialized Geriatric Centre and the Age Friendly Committee.

Sudbury & District Good Food Project: Supporting the Good Food Project in identifying steps to take to reopen programming, including the Good Food Box and Good Food Markets. The Good Food Box program restarted programming in May with a smaller number of boxes. Funds from the United Way are supporting the delivery of Good Food Boxes to some customers.

Communications: Public Health staff developed website content, social media messages, and participated in a radio interview in collaboration with the Health Protection Division to highlight how to shop safely, how to make healthy food choices that can be stored for long periods of time, and how and where to access emergency food programs.

Community Gardens: In May, to support the safe re-opening of community gardens, Health Promotion Division staff worked in collaboration with the Health Protection Division to develop a COVID-19 and Community Gardens Direction document and related signage for community garden operators. To date, materials have been provided to over 50 community gardens across

the service area. In addition, the Community Garden Network has partnered with several groups to encourage residents to set up home gardens and planters.

Mental health / domestic violence

Mental health: The Mental Health and Addictions program staff has been working on the adaptation, development, and dissemination of mental health related messaging and resources to support the mental health and wellness of the community. The *Reconnect* campaign, which highlighted the importance of connecting with oneself, people, co-workers, hobbies, the land, and one's culture was launched during the Canadian Mental Health Association's Mental Health Week (May 4–10). The *Reconnect* campaign continued with the development of a video series that includes interviews with local celebrities and high-profile persons in the community to talk about how they are reconnecting to support their mental health. The first interview was shared the week of June 1.

Domestic Violence: Public Health Sudbury & Districts facilitated an initial meeting with community partners to connect about the growing concern that the public health recommendation of physical distancing and isolation could have as it relates to those experiencing domestic violence and intimate partner violence. The initial meeting occurred on March 31, where five community partners spoke to the current status of their services, their informational needs as it relates to COVID-19, and what types of promotional messages could be delivered to the community and through which media. The group met again on April 14, where seven partners were present to speak to other services offered and address any informational or service gaps. Partner resources have been shared by Public Health Sudbury & Districts and collaboration has begun on the development of a public service announcement.

The workplace health and mental health program staff have been working collaboratively on the adaptation and development of a guide for employers to support their employees' mental health through COVID-19. The employer's guide was released in June.

Youth engagement and physical distancing

A survey was created to determine how youth (aged 12 to 25) were engaging in physical distancing, where they were obtaining their information about the pandemic, and what messages resonated with them as it related to their current need to be together, yet apart. The survey was posted to social media on April 22 and closed May 1. The social media engagement was very high initially and continued to grow. The message reached 25 830 people, 3 053 individuals engaged with the message, 277 shared it, and 92 commented. A total of 680 youth and young adults completed the survey. An infographic has been created with these data. The data will be used to support the development of messaging directed toward youth, and shared with partners, who had initially requested more concentrated work to happen with youth in our community.

Substance use and tobacco

The Community Drug Strategy Steering Committee met on April 21 to speak to the status of services and supports being offered throughout the community during COVID-19. Most partners continue to offer services, either virtually or practicing physical distancing with the use of Personal Protective Equipment to ensure safety of staff and clients. Naloxone information has been shared to ensure the community is aware of its availability.

The Quit Smoking Clinic services in Sudbury and Sudbury-East transitioned from face-to-face, to one-on-one telephone support with provision of vouchers which clients can use towards the purchase of nicotine replacement therapy in order to provide modified services and assist clients with tobacco cessation during our COVID-19 response. Services continue to be offered remotely to support clients on their quit journey. In May, a partnership was also established between Public Health Sudbury & Districts and the Sudbury District Nurse Practitioner Clinic to support the provision of nicotine replacement therapy for individuals diagnosed with COVID-19 who are residing in the supported isolation centre and require cessation supports.

2. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

Staff supported the launch of the new Dietitians of Canada Sustainable Food Systems Network. The Network has shared information on COVID-19 and the importance of sustainable and resilient food systems, hosted a webinar on the Dietitians of Canada paper on the Role of the Dietitian in Sustainable Food Systems and provided members with a newsletter.

Mental health promotion

The proposal for a Sudbury youth wellness hub was finalized with community partners.

Seniors dental care

The Oral Health program staff has supported enrolled seniors to access emergency treatment during the pandemic. Only emergency care was available during the period that dental offices were closed by the government. The program staff also assisted seniors with enrollment into the program.

3. Healthy Growth and Development

Breastfeeding

During the months of April and May, the Breastfeeding Clinic continued to provide services to new mothers in the Sudbury and Manitoulin districts. A total of 173 appointments were delivered, the majority of which were held via Skype to ensure safety of staff, as well as mothers and infants. In extenuating circumstances, a small number of mothers came for face-to-face clinic appointments on the condition that they did not show any signs of illness (e.g., fever, cough). Both mothers and public health nurses wore masks to ensure source control.

Health Information Line

Throughout the months of April and May, there was a total of 162 calls to the Health Information Line. The calls that were made, were with regards to pregnancy (18), breastfeeding (28), healthy growth and development, infant feeding (10), car seat safety information (11), lack of primary care provider (5), mental health concerns (1), and general health information (58).

Healthy Babies Healthy Children

During the months of April and May, the Health Babies Healthy Children program continued to provide services to 205 active clients in the program across the Sudbury and Manitoulin district areas. In total, the public health nurses and family home visitors provided 166 home visits through Skype, as well as in-home where needed. However, also worth noting is that 2 407 interactions that included phone calls, emails, and text messages were provided.

Through assessments and work with clients, the public health nurses made 61 referrals to other programs (e.g., 28 to the Breastfeeding Clinic, 14 to other Public Health Sudbury & Districts programs, 4 to the Pregnancy Care Centre, 2 to Health Sciences North, 1 to the Canadian Mental Health Association, and 1 to counselling services).

Healthy pregnancies

During the months of April and May, our regularly scheduled in-person prenatal classes were cancelled as a result of COVID-19 in our community. However, 168 expectant mothers, support persons and health care providers were provided with continued education through Public Health Sudbury & District's free prenatal education class offered online. This virtual program offers information on *Understanding Your Pregnancy, Understanding Labour and Delivery, What to Expect the First Hours After Birth and Learning About Life With Your New Baby*.

Positive parenting

During the months of April and May, 13 online Positive Parenting Program (Triple P) was provided to parents across the district area. Eleven parents were of children between the ages of 2–12. These parents received Triple P “primary” modules which provide parents information and education on topics, such as encouraging good behaviour, managing misbehaviour, how to settle tantrums, and teaching your child new skills for young children. The remaining 2 parents were those who had teens between the ages of 13–17. The Triple P Teen course helps parents understand how to build stronger relationships, negotiate boundaries and expectations, deal calmly with conflict, and prepare their teens for risky situations and skills to handle life's problems.

4. School Health

Healthy eating behaviours

The emergency closure of educational settings has meant educators and families have had to transition to teaching and learning from home. In response to the need to support parents and

educators in helping students' virtual learning, School Health program staff registered dietitians collaborated with other Ontario public health unit dietitians to create and distribute food literacy curriculum supports and resource materials that connect the health and physical education, numeracy, and literacy curriculum requirements. Completed educational resources were shared with teachers, parents, and students through the provincial Brightbites website.

Mental health promotion

Participation in distant virtual classrooms has reportedly been stressful for the school community, and thus, can impact the mental and emotional health of students and adults-alike. Public Health Sudbury & Districts shared a curated list of skill building resources to help Directors of Education and school boards in supporting families learning from home within the catchment area, with the focus on mental health and social-connectedness topics. The School Health program staff also provided educators with teaching resources to promote personal hygiene practices, and health promoting activities during the COVID-19 pandemic.

Oral health

The Oral Health program staff continued to support children and families in accessing financial assistance for the Healthy Smiles Ontario Program and to find a dentist for emergency care during the period that dental offices were closed for routine care.

Vision

In March, senior kindergarten children participated in the vision screening program. At the time of the closure of schools, most of the elementary schools had participated in the program.

5. Substance Use and Injury Prevention

Alcohol and cannabis

Throughout the month of May, social media posts were also developed to remind the community of the risks associated with alcohol and cannabis use during the COVID-19 pandemic. Two posts were shared to remind the public of the Low-Risk Alcohol Drinking Guidelines (LRADG) and one to educate on the Lower Risk Cannabis Use Guidelines. The program staff also conducted a scan of alcohol-related provincial and municipal policies that have changed amidst the COVID-19 pandemic in order to inform programming.

Comprehensive tobacco control

In response to COVID-19, the Quit Smoking Clinic services transitioned to one-on-one telephone support exclusively to assist clients with tobacco cessation. Prior to the cancellation of all in-person visits, a total of 12 initial visits and 29 return visits were conducted at the Sudbury Quit Smoking clinics and 3 initial visits and 2 return visits to the Quit Smoking Clinic site in Sudbury East. From mid-March to the end of May, a total of 13 initial visits and 20 return visits were conducted for Sudbury clients once all Quit Smoking Clinic services had transitioned to

telephone support only. In Sudbury East, there was 1 initial visit and 24 return visits from mid-March to the end of May.

In March, nicotine replacement therapy was dispensed at a total of 43 in-person occurrences across all clinic locations (34 in Sudbury and 9 in Sudbury-East). Once in-person services were suspended, a total of 139 nicotine replacement therapy vouchers were distributed (117 in Sudbury and 22 in Sudbury East) from mid-March to end of May. The tobacco information line call volume also continued to be high with a total of 171 calls received and 1 email inquiry between March and May. Free telephone support continues to be made available to our community to support clients who would like to quit smoking and support clients that have embark in their quit journey.

Falls

Throughout the agency's COVID-19 pandemic response, staff members continued to sustain partnerships and support local work for the Sudbury & Manitoulin Districts Stay on Your Feet Coalition. A summary of last year's activities was presented to the coalition in March. The group is now exploring opportunities for virtual exercise programs to continue to support older adults in our communities.

Road safety

Since March, staff have continued to support community road safety initiatives through ongoing partnerships and virtual committee meetings. The Sudbury Road Safety Committee continues to plan for the implementation of the Road Safety Community Partnership grant (\$3,900) to reduce the burden of preventable injuries and develop road safety programming. Grant funding has been extended to 2021 and will be used to create awareness and influence local road users to reduce high-risk behaviours and implement protective practices.

Substance use

In May, a drug alert was issued following multiple overdoses in our communities. Additional promotional messages have been shared on social media to support our community partners and community members.

We are finalizing our work with community partners on the Needs Assessment & Feasibility Study for Supervised Consumption Sites.

Harm reduction – Naloxone

Requests for naloxone continue to grow. A number of naloxone kits were sent to organizations in the districts in order to support their needs.

Smoke-Free Ontario strategy

The North East Tobacco Control Area Network (NE TCAN) has partnered with the North West and East TCANs in the promotion of the True North Strong young adult commercial tobacco

prevention campaign which targets the Outdoor peer crowd via social media. The objective is to increase public awareness of healthy behaviours and the risk factors associated with the use of commercial tobacco, e-cigarettes, and other emerging products. The first flight of this social media initiative resulted in > 3.2 million impressions and the engagement of > 619 000 individuals and > 601 000 video views throughout the 3 regions.

Within the North East region, planning continues for public education initiatives respectful of the current circumstances of COVID-19. Initiatives include building capacity, identifying supportive data, and addressing needs and gaps across the region.

In light of the COVID-19 response and the various public health measures in place, the NE TCAN also modified the planning and delivery of their programming. Virtual options are being explored for the fall regional youth summit and partnerships are continuing with Indigenous communities to create a virtual summit series in support of the work with Indigenous young people across the NE TCAN region for the “Keep the Promise” initiative. The NE TCAN is also considering messaging about tobacco use and vaping as they relate to COVID-19.

Health Protection

1. Control of Infectious Diseases (CID)

As part of our response to COVID-19, staff from across the agency have continued to respond to reports of COVID-19 cases and to follow-up with their contacts. We have also ensured that a robust Long-Term Care Home and Retirement Home surveillance system is in place to protect vulnerable residents, and that processes are in place to support timely public reporting of local data. This work has been carried-out by our dedicated staff as part of multidisciplinary teams that include public health nurses, public health inspectors, and health promoters, who have worked in shifts, 7-days per week.

On April 8, 2020, Public Health Sudbury & Districts determined that an Infection Prevention and Control (IPAC) lapse had occurred at a local medical dermatology clinic. This finding was informed by a thorough investigation, including consultation with the Ministry of Health and Public Health Ontario. In accordance with the Ontario Public Health Standards, the lapse was posted on our website on May 22, 2020, to align with patient notification. Approximately 4 300 patients were notified of this IPAC lapse.

Public Health Sudbury & Districts initiated the investigation under the authority of the Infection Prevention and Control Complaint Protocol of the Ontario Public Health Standards after having been advised by the clinic owner on March 12, 2020, of an IPAC concern. The investigation found that from June 21, 2006, to June 30, 2010 inclusive, and from March 5, 2018, to January 24, 2020 inclusive, syringes were reused to withdraw additional doses of local anesthetic from multi-dose vials for the same patient. This practice could result in the contamination of the multi-dose vials with blood-borne pathogens. The multi-dose vials containing anesthetic could

then be used to fill other syringes for use on other patients resulting in the risk of transmission of blood-borne pathogens. The use of previously used contaminate syringes to access multi dose vials is considered an IPAC lapse.

Also during the months of April and May, seven sporadic enteric cases and seven infection control complaints related to COVID-19 precautions were investigated. Twelve respiratory outbreaks were declared in institutions. The causative organism of one of the respiratory outbreaks was identified as seasonal coronavirus, eight outbreaks were due to COVID-19, and three respiratory outbreaks had no known organisms identified as causative agents.

2. Sexual Health/Sexually Transmitted Infections (STI) including HIV and other Blood Borne Infections

Sexual health clinic

The Rainbow Office site completed a total of 582 telephone assessments related to STIs, blood-borne infections and/or pregnancy counselling in April and May, resulting in 169 on-site visits.

Needle exchange program

In April, harm reduction supplies were distributed, and services received through 2 346 client visits across the Public Health Sudbury & Districts' region.

3. Health Hazard

In April and May, 51 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

4. Ontario Building Code

During the months of April and May, 54 sewage system permits, 24 renovation applications, and 3 consent applications were received.

One Order to Comply was issued to a home owner for sewage being discharged from the septic tank onto the ground.

5. Rabies Prevention and Control

Forty-nine rabies-related investigations were carried out in the months of April and May. Two specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

Three individuals received rabies post-exposure prophylaxis following exposure to wild or stray animals.

6. Safe Water

During April and May, 34 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 9 regulated adverse water sample results, and 1 drinking water order was issued.

7. Smoke-Free Ontario Act, 2017 Enforcement

In April and May, Smoke-Free Ontario Act Inspectors charged one individual for smoking in a prohibited place.

8. Vector Borne Diseases

Seven ticks were received and submitted, five of which have been identified as black legged tick (*Ixodes scapularis*).

9. Emergency Preparedness & Response

A media release was issued on May 26, 2020, in response to a Heat Warning being issued by Environment and Climate Change Canada, providing the public with tips to prevent heat-related illness.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

Indigenous engagement

Work continues to build and strengthen relationships with First Nations and Indigenous organizations, including meetings with First Nations, Indigenous-governed agencies, or staff leading Indigenous portfolios within organizations, including: Sagamok, Health Sciences North, Shkagamik-Kwe Health Centre, and N'Swakamok Native Friendship Centre. Staff participated in the Northeast Cancer Centre's Indigenous Health Navigators meeting and Kina Gbezhgomi Child & Family Services' fourth Annual Youth Conference both held in February. Staff also organized a learning and sharing luncheon with the Métis Nation of Ontario staff in March.

Racial equity

The anti-racism youth-led "Woke" project continues with modifications due to COVID-19. This has included a shift to virtual sessions three times per week for the youth mentorship program designed to support Black and racialized youth in our service area, as well as anyone who wants to learn about and support anti-racist practice. The allyship component of the project has been shifted to online training formats. On-demand training modules have been developed for use by agency staff, and interactive virtual training sessions are being offered to community partners. Staff are also collaborating with Collège Boréal to co-deliver French training sessions in the community.

The Circles program continues with modifications due to COVID-19. This has included a shift to virtual program sessions with participants and volunteers and regular phone and virtual connects in the form of social support and service navigation to support participants. The Partners to End Poverty steering committee continues to meet at this time and has focused on support for the Circles initiative and community responses to support individuals living in low income during COVID-19.

COVID-19 pandemic response

Health Equity Team staff have engaged in multiple activities and participated on planning tables in collaboration with staff across the agency and with partners across Public Health Sudbury & Districts' service area to support priority populations, including meaningful engagement, communication activities, planning support, and internal coordination. Efforts have focused on priorities including First Nation communities, homelessness and shelters, mental health and addictions, domestic violence, community volunteer mobilization, older adults, congregate settings, community cohesion, poverty, and food security. Staff have also supported external requests from public health partners to share materials and strategies during this time.

Over the past month, the agency hosted two round-table meetings to engage with Health Directors from urban Indigenous organizations and First Nation communities to identify needs and areas where our agency can support their local COVID-19 response efforts. An [Indigenous Peoples](#) page was also made available on the agency COVID-19 webpage.

Agency staff have also been working with the Regional Outbreak Response Table and Ontario Health North to support COVID-19 planning, preparation and response for congregate facilities within Public Health Sudbury & Districts' service area. This has included the development of a risk assessment tool from the Ministry of Health's guidance document for congregate settings later updated with the release of Public Health Ontario's checklist for congregate settings. Proactive supportive assessments to review policies, practices, and resources related to Infection Prevention and Control, Personal Protective Equipment, and Staffing are ongoing with all congregate living facilities within the service area to identify and address concerns within facilities.

2. Population health assessment and surveillance

Knowledge and Strategic Services produces a Daily Epidemiology Summary including local, regional, and provincial epidemiological information on COVID-19. The first daily summary was posted on Public Health Sudbury & Districts' website on April 18, 2020.

3. Research and evaluation

To better understand the impacts of COVID-19, we are surveying residents in our area through online and telephone surveys. The results from our first survey reveal:

- The primary source of COVID-19 information by all age groups (16–55+ years) was reported as news outlets, such as local, national, and international sources.
- Regular hand washing to reduce the risk of exposure to COVID-19 was the most reported precaution taken by participants.
- The primary sentiment from participants in all age categories (16–55+ years) was the feeling of having a supportive family and/or friend(s).

The impact of COVID-19 on the mental health of self or others in the same household was identified as a primary concern.

4. Strategic engagement unit and communications

Responding to COVID-19 required the agency to adapt its programming to allow Public Health to deliver essential services in new ways to reduce the risk of virus spread. To this end, an infographic was developed to depict Public Health's COVID-19 response. It describes key aspects of the agency's work since early March, the resources that have been required to do this work, and the resulting public health service adjustments.

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts

STATEMENT OF REVENUE & EXPENDITURES

For The 4 Periods Ending April 30, 2020

Cost Shared Programs

| | Annual Budget | Budget YTD | Current Expenditures YTD | Variance YTD (over)/under | Balance Available |
|--|---------------------|--------------------|--------------------------------|---------------------------------|----------------------|
| Revenue: | | | | | |
| MOH - General Program | 14,983,563 | 4,994,521 | 4,994,521 | 0 | 9,989,042 |
| MOH - Other Related Program | 1,993,653 | 664,551 | 664,551 | 0 | 1,329,102 |
| MOH - One Time Revenue | 600,000 | 0 | 0 | 0 | 600,000 |
| MOH - Unorganized Territory | 826,000 | 275,333 | 275,333 | 0 | 550,667 |
| Municipal Levies | 8,080,180 | 2,693,397 | 2,693,397 | 0 | 5,386,783 |
| Municipal Levies - SFO TCAN | 0 | 36,274 | 36,274 | 0 | (36,274) |
| Interest Earned | 140,000 | 82,918 | 82,917 | 0 | 57,083 |
| Total Revenues: | \$26,623,396 | \$8,746,995 | \$8,746,993 | 1 | \$17,876,403 |
| Expenditures: | | | | | |
| Corporate Services: | | | | | |
| Corporate Services | 4,219,935 | 1,486,914 | 1,608,406 | (121,492) | 2,611,529 |
| Office Admin. | 115,350 | 26,467 | 24,847 | 1,620 | 90,503 |
| Espanola | 117,509 | 37,401 | 36,074 | 1,328 | 81,435 |
| Manitoulin Island | 127,187 | 40,130 | 35,641 | 4,490 | 91,546 |
| Chapleau | 104,631 | 33,724 | 31,463 | 2,261 | 73,168 |
| Sudbury East | 17,940 | 5,980 | 6,090 | (110) | 11,850 |
| Intake | 337,278 | 103,778 | 106,151 | (2,373) | 231,127 |
| Facilities Management | 574,599 | 191,533 | 151,922 | 39,611 | 422,677 |
| Volunteer Resources | 3,850 | 571 | 203 | 368 | 3,648 |
| Total Corporate Services: | \$5,618,279 | \$1,926,497 | \$2,000,796 | \$(74,299) | \$3,617,483 |
| Health Protection: | | | | | |
| Environmental Health - General | 1,254,612 | 367,196 | 366,099 | 1,097 | 888,513 |
| Enviromental | 2,626,013 | 858,879 | 802,817 | 56,062 | 1,823,196 |
| Vector Borne Disease | 87,545 | 9,733 | 10,013 | (280) | 77,532 |
| Small Drinking Water Systems | 178,774 | 55,007 | 56,966 | (1,959) | 121,808 |
| CID | 1,266,024 | 401,265 | 452,323 | (51,058) | 813,701 |
| Districts - Clinical | 223,123 | 69,634 | 67,850 | 1,785 | 155,273 |
| Risk Reduction | 185,942 | 19,561 | 18,856 | 705 | 167,086 |
| Sexual Health | 1,231,693 | 367,107 | 348,631 | 18,476 | 883,062 |
| MOHLTC - Influenza | 0 | 0 | 96 | (96) | (96) |
| MOHLTC - Meningittis | 0 | 0 | (8) | 8 | 8 |
| MOHLTC - HPV | 0 | 0 | (17) | 17 | 17 |
| SFO: E-Cigarettes Protection and Enforcement | 36,700 | 6,999 | 4,686 | 2,313 | 32,014 |
| SFO: Protection and Enforcement | 259,800 | 61,780 | 52,138 | 9,642 | 207,662 |
| Infectious Diseases Contol Initiatives | 479,100 | 147,307 | 147,306 | 1 | 331,794 |
| Food Safety: Haines Funding | 36,500 | 0 | 0 | 0 | 36,500 |
| | \$7,865,826 | \$2,364,469 | \$2,327,756 | \$36,713 | \$5,538,070 |
| Health Promotion: | | | | | |
| Health Promotion - General | 1,433,104 | 429,106 | 397,162 | 31,944 | 1,035,942 |
| School | 1,459,229 | 449,581 | 469,585 | (20,004) | 989,644 |
| Districts - Espanola / Manitoulin | 336,364 | 103,871 | 102,666 | 1,205 | 233,698 |
| Nutrition & Physical Activity | 1,127,320 | 320,698 | 237,979 | 82,718 | 889,340 |
| Districts - Chapleau / Sudbury East | 402,549 | 124,083 | 121,491 | 2,592 | 281,057 |
| Injury Prevention | 524,894 | 157,058 | 117,314 | 39,744 | 407,580 |
| Tobacco, Vaping, Cannabis & Alcohol | 488,047 | 151,365 | 130,815 | 20,550 | 357,232 |
| Family Health | 635,138 | 196,437 | 177,693 | 18,744 | 457,445 |
| Reproductive & Child Health | 988,657 | 298,717 | 190,936 | 107,781 | 797,721 |
| Substance Misuse Prevention | 19,600 | 325 | 310 | 15 | 19,290 |
| Mental Health and Addictions | 624,320 | 176,205 | 178,086 | (1,881) | 446,234 |
| Dental | 452,214 | 132,384 | 132,306 | 78 | 319,908 |
| Healthy Smiles Ontario | 612,200 | 179,257 | 177,981 | 1,276 | 434,219 |
| Vision Health | 68,977 | 1,583 | 826 | 757 | 68,151 |
| SFO: TCAN Prevention | 97,200 | 4,800 | 3,287 | 1,513 | 93,913 |
| SFO: TCAN Coordination | 285,800 | 87,372 | 84,030 | 3,342 | 201,770 |
| SFO: Tobacco Control Coordination | 100,000 | 30,654 | 30,654 | 0 | 69,346 |
| SFO: Youth Tobacco Use Prevention | 80,000 | 24,633 | 23,287 | 1,346 | 56,713 |
| Northern Fruit and Vegetables Program | 176,100 | 88,055 | 86,535 | 1,520 | 89,565 |
| Harm Reduction Program Enhancement | 150,000 | 43,741 | 48,847 | (5,106) | 101,153 |
| Diabetes Prevention | 175,000 | 35,262 | 30,744 | 4,518 | 144,256 |
| Total Health Promotion: | \$10,236,712 | \$3,035,186 | \$2,742,534 | \$292,652 | \$7,494,177 |
| Knowledge and Strategic Services: | | | | | |
| Knowledge and Strategic Services | 2,673,900 | 826,990 | 777,025 | 49,965 | 1,896,875 |
| Workplace Capacity Development | 23,507 | 2,001 | 2,001 | (0) | 21,506 |
| Health Equity Office | 14,440 | 5,728 | 6,200 | (472) | 8,240 |
| Social Determinants of Health Nurses Initiatives | 180,500 | 54,381 | 54,381 | 0 | 126,119 |
| Strategic Engagement | 10,232 | 2,008 | 2,090 | (82) | 8,142 |
| Total Knowledge and Strategic Services:: | \$2,902,579 | \$891,108 | \$841,698 | \$49,410 | \$2,060,881 |
| Total Expenditures: | \$26,623,396 | \$8,217,260 | \$7,912,784 | \$304,476 | \$18,710,612 |
| Net Surplus/(Deficit) | \$0 | \$(529,734) | \$834,210 | \$304,475 | |
| COVID-19 Pandemic Response | 0 | 0 | 437,832 | - 437,832 | |
| Net Surplus/(Deficit) net of COVID-19 Pandemic Response | | | | \$(133,357) | |

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 4 Periods Ending April 30, 2020

| | BOH Annual Budget | Budget YTD | Current Expenditures YTD | COVID-19 Expenditures YTD | Variance YTD (over) /under | Budget Available |
|--|-------------------------|---------------|--------------------------------|---------------------------------|----------------------------------|---------------------|
| Revenues & Expenditure Recoveries: | | | | | | |
| Funding | 26,681,234 | 8,804,832 | 8,813,781 | - | (8,949) | 17,867,453 |
| Other Revenue/Transfers | 727,153 | 163,989 | 202,467 | - | (38,477) | 524,687 |
| Total Revenues & Expenditure Recoveries: | 27,408,387 | 8,968,821 | 9,016,248 | - | (47,426) | 18,392,140 |
| Expenditures: | | | | | | |
| Salaries | 17,838,211 | 5,505,384 | 5,324,290 | 295,528 | (114,434) | 12,513,921 |
| Benefits | 5,119,654 | 1,567,386 | 1,581,302 | 26,226 | (40,142) | 3,538,352 |
| Travel | 307,412 | 47,109 | 32,922 | | 14,187 | 274,490 |
| Program Expenses | 1,140,315 | 275,986 | 246,350 | 13,244 | 16,392 | 893,965 |
| Office Supplies | 67,459 | 21,860 | 16,611 | | 5,249 | 50,848 |
| Postage & Courier Services | 64,972 | 20,124 | 18,908 | 1,277 | (61) | 46,064 |
| Photocopy Expenses | 31,367 | 7,786 | 9,399 | | (1,613) | 21,968 |
| Telephone Expenses | 65,266 | 20,648 | 20,491 | 8,624 | (8,467) | 44,775 |
| Building Maintenance | 372,135 | 122,878 | 118,364 | 35,493 | (30,979) | 253,771 |
| Utilities | 219,249 | 63,083 | 59,041 | | 4,042 | 160,208 |
| Rent | 323,584 | 103,139 | 102,039 | | 1,100 | 221,545 |
| Insurance | 117,849 | 114,516 | 115,712 | | (1,196) | 2,137 |
| Employee Assistance Program (EAP) | 35,000 | 11,667 | 23,494 | | (11,827) | 11,506 |
| Memberships | 29,889 | 11,976 | 11,849 | | 127 | 18,040 |
| Staff Development | 247,099 | 21,152 | 16,180 | | 4,972 | 230,919 |
| Books & Subscriptions | 9,345 | 2,671 | 2,171 | | 500 | 7,174 |
| Media & Advertising | 148,450 | 28,149 | 17,925 | 31,922 | (21,698) | 130,525 |
| Professional Fees | 436,203 | 112,228 | 76,513 | | 35,715 | 359,689 |
| Translation | 50,240 | 17,348 | 14,371 | 9,743 | (6,766) | 35,869 |
| Furniture & Equipment | 21,270 | 5,445 | 8,853 | | (3,408) | 12,417 |
| Information Technology | 763,418 | 358,558 | 365,259 | 15,775 | (22,476) | 398,159 |
| Total Expenditures | 27,408,387 | 8,439,094 | 8,182,045 | 437,832 | (180,783) | 19,226,342 |
| Surplus (Deficit) net of COVID-19 Pandemic Response | 0 | 529,727 | 834,203 | (437,832) | (133,357) | |

Sudbury & District Health Unit

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended April 30, 2020

| Program | FTE | Annual Budget | Current YTD | Balance Available | % YTD | Program Year End |
|---|-----|------------------|----------------|----------------------|----------|---------------------|
| 100% Funded Programs | | | | | | |
| Pre/Postnatal Nurse Practitioner | 704 | 139,000 | 10,804 | 128,196 | 7.8% | Mar 31/2020 |
| OTF - Getting Ahead and Circles | 706 | - | 23,726 | (23,726) | #DIV/0! | Mar 31/2020 |
| CGS - Local Poverty Reduction Evaluation | 707 | - | 11,352 | (11,352) | #DIV/0! | Mar. 31/2021 |
| WOKE Age: Youth Driven Racial Equity | 708 | - | 38,076 | (38,076) | #DIV/0! | Mar 31/2021 |
| LHIN - Falls Prevention Project & LHIN Screen | 736 | - | 3,576 | (3,576) | #DIV/0! | Mar 31/20 |
| Triple P Co-Ordination | 766 | 100,000 | 10,148 | 89,852 | 10.1% | Dec 31 |
| Supervised Consumption Study | 770 | - | 80 | (80) | #DIV/0! | Dec 31 |
| Healthy Babies Healthy Children | 778 | 1,476,897 | 118,001 | 1,358,896 | 8.0% | Mar 31/20 |
| Anonymous Testing | 788 | 61,193 | 5,099 | 56,094 | 8.3% | Mar 31/20 |
| Ontario Senior Dental Care Program | 786 | 810,200 | 67,647 | 742,553 | 8.3% | Dec 31 |
| Total | | 2,587,290 | 288,510 | 2,298,780 | | |



Services de santé du

TIMISKAMING

Health Unit

Enhancing your health in so many ways.

June 9, 2020

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister
Privy Council Office
Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5

Dear Prime Minister Trudeau, Deputy Prime Minister Freeland and Minister Morneau:

Re: Basic Income for Income Security during Covid-19 Pandemic and Beyond

On June 3, 2020, at a regular meeting of the Board for the Timiskaming Health Unit, the Board supported the enclosed correspondence of Simcoe Muskoka District Health Unit, dated May 20, 2020 and passed the following motion:

MOTION #26R-2020

Moved by: Kim Gauthier

Seconded by: Patrick Kiely

BE IT RESOLVED that the Board of Health endorses the Simcoe Muskoka District Health Unit (SMDHU) call for the federal government to 'take swift and immediate action on the evolution of the CERB Benefit into legislation for a basic income as an effective long-term response to the problems of income insecurity, persistent poverty and household food insecurity, as well as a response to the economic impact of the COVID-19 pandemic'; AND

FURTHER THAT Prime Minister Trudeau, Deputy Prime Minister Freeland and Minister Morneau, Timiskaming's MPs, MPPs and Chief Medical Officer of Health, and all Ontario boards of health are so advised.

CARRIED

Sincerely,

Carman Kidd, Board of Health Chair

Head Office:

247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:

Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

Enclosure

cc Mr. John Vanthof, MPP - Timiskaming-Cochrane
 Mr. Anthony Rota, MP – Timiskaming-Nipissing
 Dr. David Williams, Chief Medical Officer of Health
 Mrs. Loretta Ryan, Association of Local Public Health Agencies
 Ontario Boards of Health
 Ms. Pegeen Walsh, Executive Director, Ontario Public Health Association
 Mr. Doug Jelly, Chairman of District of Timiskaming Social Services Administration Board

May 20, 2020

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister
Privy Council Office
Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5

Dear Prime Minister Trudeau, Deputy Prime Minister Freeland and Minister Morneau:

Re: Basic Income for Income Security during Covid-19 Pandemic and Beyond

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to convey our strong support for the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.

While we commend the federal government for the economic measures that have been put into place to support Canadians during this unprecedented time of the COVID-19 pandemic, we also know that many are falling through the cracks. Measures such as the CERB, the Canada Emergency Student Benefit (CESB) and the Canada Emergency Wage Subsidy (CEWS), though necessary and very important, have left many Canadians, who do not qualify for or not able to access these programs, vulnerable to household food insecurity and the negative consequences of income insecurity and poverty such as inadequate or unstable housing, and poorer mental and physical health, including chronic diseases. A basic income would address these gaps, offering support to the most vulnerable Canadians.

Before the COVID-19 pandemic, many Canadians were already experiencing household food insecurity. In 2017-18 approximately 4.4-million (1 in 8) Canadians reported being food insecure, including 1.2 million children under the age of 18.¹ As a result of COVID-19, this number is predicted to increase as many individuals are facing precarious employment, have had their hours reduced or have lost their jobs altogether. Many are relying on food banks and other charitable programs, however, this only meets the need on a temporary basis and is not a long term solution.

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

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

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

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

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

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

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

Examples of key Canadian initiatives that demonstrate the positive impact of basic income-like programs on health and well-being include the Old Age Security and Guaranteed Income Supplement through Canada's public pension system, the Canada Child Benefit, and the Newfoundland Poverty Reduction Strategy.

Basic income pilots for working-age adults in Canada have also led to promising findings, including the Mincome pilot in Manitoba and the recent Ontario Basic Income Pilot. The research study, [Southern Ontario's Basic Income Experience](#) released in March 2020, is based on Ontario's pilot. This pilot was implemented in three Ontario cities in 2018 by the provincial government, and the project was terminated in 2019 following a change in government. While the formal pilot evaluation was cancelled, this research study made use of surveys of individuals from Hamilton, Brantford and Brant County who had been enrolled in the pilot (217 individuals participated out of 1000 enrolled households), and interviews with 40 participants. Some of the key findings cited by participants in this report include improvements in physical and mental health; increased labour market participation; moving to higher paying and more secure jobs; reduced household food insecurity; housing stability; improved financial status and social relationships; less frequent visits to health practitioners and hospital emergency rooms; improved living standards; and an improved sense of self-worth and hope for a better future.

Additional evidence supporting the potential of a basic income for reducing the prevalence and severity of household food insecurity is presented in: [Implications of a Basic Income Guarantee for Household Food Insecurity](#), a research paper prepared for the Northern Policy Institute based on the Ontario Basic Income Pilot.

Moving forward during and following the COVID-19 pandemic is an opportune time for the federal government to take action to evolve the CERB into a basic income. This would provide income security to all Canadians during the economic challenges of the pandemic itself, the post-pandemic recovery, and into the future. This is particularly pertinent given the dramatic shifts in the labour market in recent decades, such that full-time permanent employment is no longer the norm. The current CERB has helped demonstrate the logistical feasibility of delivering a basic income, and it could be readily evolved into an ongoing basic income for anyone who falls below a certain income floor. There is evidence of growing support for this concept, as outlined in Appendix A. The Basic Income Canada Network has outlined [key features](#) of basic income design for Canada, which we support.

The SMDHU has been a strong proponent of basic income repeatedly since 2015. This includes having sponsored a resolution at the Association of Local Public Health Agencies (alPHA) general meeting endorsing the concept of basic income and requesting the federal and provincial governments jointly consider and investigate a basic income policy option for reducing poverty and income insecurity (2015), and expressing support and input into the Ontario Basic Income Pilot (2017). SMDHU has also been encouraging advocacy for income solutions to household food insecurity through our [No Money for Food is Cent\\$less](#) initiative since 2017.

In keeping with this, we strongly recommend your government take swift and immediate action on the evolution of the CERB Benefit into legislation for a basic income as an effective long-term

response to the problems of income insecurity, persistent poverty and household food insecurity, as well as a response to the economic impact of the COVID-19 pandemic.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CS:cm

Encl. (1)

cc. Hon. Doug Ford, Premier of Ontario
Simcoe and Muskoka MPs and MPPs
Simcoe Muskoka Municipal Councils
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health

Appendix A: Examples of Support for Basic Income in Response to COVID-19 and Beyond

On April 21, 2020, 50 members of Canada's Senate wrote a [letter](#) to the federal government calling for a restructuring of the CERB into a minimum basic income to "ensure greater social and economic equity", especially for those who are most vulnerable. In support of this letter, Senator McPhedran's Youth Advisory Council, the Canadian Council of Young Feminists, in collaboration with the Basic Income Canada Youth Network, sent their own [letter](#) to the federal government.

In our region, Simcoe North MP Bruce Stanton has expressed agreement that it's time to consider basic income. He is quoted as saying "Based on my reading of this, like Senator Boniface, I am persuaded that it could be very good public policy" ([News Story](#)).

The Ontario Dietitians' of Public Health (ODPH) have also written a [letter](#) to the federal government stating "We ask that you take immediate action to enact legislation for a basic income guarantee as an effective long-term response to the problem of persistent poverty and household food insecurity as well as shorter-term consequences of the economic fallout of the COVID-19 pandemic".

The Board of Health of the Kingston, Frontenac, Lennox and Addington Health Unit in Ontario also passed a motion requesting the federal government to provide a basic income support to all Canadians ([News Story](#)).

210 First Street North
Kenora, ON P9N 2K4

May 13, 2020

Rene Lapierre
Sudbury and District Health Unit

Dear Rene:

Sent Via Email

I am writing to let you know that, at its meeting of 24 April 2020, the Northwestern Board of Health passed the following motion:

That the Board of Health approve that the following MOHs may be called upon to be the Acting MOH for the Northwestern Board of Health, should the MOH for the Northwestern Board of Health be unable to perform her or his functions:

- ***The MOH for the Sudbury and District Board of Health***
- ***The MOH for the Timiskaming Board of Health***
- ***The MOH for the Porcupine Board of Health***
- ***The MOH for the North Bay Parry Sound District Board of Health***
- ***The MOH for the Algoma Board of Health***
- ***The MOH for the Thunder Bay District Board of Health; and***

That the Board of Health authorize the CEO of the Northwestern Board of Health to arrange for such coverage in the circumstances described.

This motion was passed to ensure that the Northwestern Board of Health would have flexibility to find an acting MOH to fill in for the short-term if the incumbent were unable to act. It does not require any action on the part of the Sudbury Board of Health, but simply allows the CEO for NWHU to approach another MOH in the north to provide short-term coverage, until another arrangement can be made. We believe that there are similar agreements in the northeast that provide for this type of situation, and this motion was based on them. In addition, it does not imply any liability for the Sudbury Board of Health, and the MOH who may be approached will have the right to decline, of course. This board fully expects to provide reciprocity on this issue.

We trust that this arrangement is agreeable to the Sudbury Board of Health, and we thank you for your collaboration.

Yours truly



Doug Lawrance
Chair, Northwestern Board of Health

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www.timiskaminghu.com

April 30, 2020

Hon. Todd Smith, Minister of Children, Community and Social Services
Ministry of Children, Community and Social Services, Hepburn Block, 6th Floor
80 Grosvenor St,
Toronto, ON M7A 1E9
Sent via e-mail: Todd.smithco@pc.ola.org

Dear Minister Smith,

Re: Consultation for a new Ontario Poverty Reduction Strategy

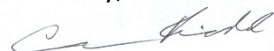
The Timiskaming Health Unit (THU) commends the Government of Ontario's interest in poverty reduction and applauds its public consultation to inform the development of a new provincial strategy.

THU recognizes that the prolonged stress of continually struggling to satisfy basic needs negatively impacts the physical and mental health of entire families; however, poverty doesn't just affect those experiencing it. Poverty costs the Ontario economy over \$27 billion annually, with the cost of maintaining poverty far outweighing the cost of addressing it.¹ Currently, there are 1.57 million Ontarians, including 382,000 children living in poverty.¹ Despite previous declines in childhood poverty, much work remains. In the district of Timiskaming, 18% of people continue to live in low-income households, including 20% of children under the age of 18 years.³

Poverty persists in the presence of low unemployment rates. While a strong economy and job creation are essential combatants of poverty, low educational attainment, precarious employment, low wages, disability, as well as a lack of affordable housing and child care contribute to its maintenance. A comprehensive poverty reduction strategy must address an entire gamut of issues - from a lack of individual resources and supports to political and economic structures.⁴

Poverty is a multi-dimensional phenomenon and requires a multi-dimensional approach. Based on this premise, we have included our recommendations for Ontario's new poverty reduction strategy in Schedule A. We are confident that implementation of these recommendations will have a positive impact on reducing poverty in Ontario. Thank you for providing us with the opportunity to contribute to this worthwhile endeavour.

Sincerely,



Carman Kidd
Board of Health Chair

Enclosure

c.c. Mr. John Vanthof, MPP, Timiskaming-Cochrane
Ontario Boards of Health

| ISSUE | RATIONALE | RECOMMENDATIONS |
|-----------|---|--|
| INCOME | <p>Jobs that pay a living wage are essential. Income is a significant determinant of health as it influences overall living conditions, including psychological functioning, health-related behaviours, food security, housing, and other prerequisites of health.⁵ Poor health is both the cause and the result of poverty. At present, poverty costs the Ontario health care system \$3.9 billion annually.¹ In the district of Timiskaming, 18% of people continue to live in low-income households, including 20% of children under the age of 18 years.³ Chronic stress resulting from the struggles to satisfy basic needs such as food, and shelter impacts the physical and mental health of low-income families. Increasing incomes for those living in poverty results in a reduction of stress, mental illness, and chronic disease resulting in overall health care spending⁶</p> | <p>THU recommends that the province of Ontario reinstate the guaranteed basic income pilot projects and an increase in the minimum wage for Ontario workers. We endorse Bill 60 and call for increases to income assistance rates for Ontario Works (OW), as well as Ontario Disability Supports Program (ODSP) recipients to sufficiently cover basic needs (i.e., shelter, food, clothing, and transportation). THU further recommends that future adjustments to minimum wages and social assistance rates align with inflation.</p> |
| EDUCATION | <p>Education invariably leads to better health as it is associated with higher incomes, increased civic engagement, and healthier lifestyles.⁵ Post-secondary education is protective against poverty. Compared to the rest of Ontario, residents in Timiskaming are less likely to complete high school or university.³ The Ontario Student Assistant Program (OSAP) financially assists students in obtaining a post-secondary education through loans and grants. While we commend the Government of Ontario's 10 percent decrease in tuition fees, the elimination of free tuition for low-income students is troublesome. Recent changes to the OSAP program may deter low-income students from pursuing post-secondary education and thus limiting their socioeconomic mobility.</p> | <p>THU recommends increasing access to post-secondary programs for low-income students through free tuition, a return to previous grant/loan amounts, and reinstatement of the six-month interest-free grace period following graduation.</p> |

| ISSUE | RATIONALE | RECOMMENDATIONS |
|---|--|---|
| ASSET & CAPACITY BUILDING | <p>Generational poverty is more than the mere absence of monetary resources and often includes insufficient support systems, role models, and coping strategies. A lack of resources hinders socioeconomic mobility while increasing the likelihood of remaining in poverty.⁴ Asset building programs have the potential to assist individuals to transition out of poverty through the use of mentors and peer support. These programs can save Ontarians a substantial amount of money but more research is required.⁷ It is essential for the Government of Ontario to continue to build capacity within Public Health Ontario and local public health that will facilitate the data collection, assessment and evaluation of unique initiatives such as the Bridges Out of Poverty – Circles program to assist and support individuals leaving poverty.</p> | <p>THU recommends that the Government of Ontario invest in the creation, expansion, and evaluation of asset building programs (e.g., Bridges Out of Poverty- Circles). It is also recommended that the Province of Ontario continue to invest in Public Health Ontario and local public health initiatives to permit the necessary data collection, and evidence gathering to understand, prevent, and mitigate poverty.</p> |
| CHILD CARE & EARLY CHILDHOOD EDUCATION | <p>Early childhood experiences influence later physical, social, emotional, and cognitive development, which impacts future learning, educational achievement, employment, and health. In 2018/19, throughout Ontario there were 446,596 spaces in licensed child care facilities – enough for 22.4% of Ontario’s children age 0-12 years.⁸ Ontario has the highest median full-time child care infant fees in the country at \$1,758 per month or \$21,096 annually.⁹ In rural northern Ontario, pre-school child care fees are approximately \$825 per month or \$9,900 per year.⁹ In 2019, approximately 29% of children in licensed child care centres qualified for subsidies compared to 68% of children in licensed home child care.⁸ Child care must be affordable, accessible, and of high-quality to permit parents to engage in paid work, ensure the attainment of developmental milestones, and address child & family poverty in Ontario.¹⁰</p> | <p>THU recommends the creation of a universal, high-quality, accessible, and affordable child care system provided by a well-trained and well-paid workforce.</p> |
| HOUSING | <p>Adequate housing is vital to one’s dignity, safety, and ability to contribute to society. Without proper shelter, people are not able to maintain employment, recover from mental illness, be part of their community, maintain custody of their children, leave abusive relationships, or escape situations involving human trafficking.¹¹ Rates of public assistance and minimum wage have not kept pace with rising rents in Ontario, which excludes vulnerable individuals from the rental market. In Timiskaming, 21% of households live in unaffordable housing, spending 30% or more of their income on shelter cost.¹²</p> | <p>THU recommends the province work with municipalities to develop a strategy to address affordable housing shortages and chronic homelessness, which includes the creation of new affordable housing. Further recommendations include an increase in provincial funding for the repair and maintenance of social housing units.</p> |

| ISSUE | RATIONALE | RECOMMENDATIONS |
|---------------------|---|--|
| DISABILITIES | <p>One in seven Ontarians (15%) live with a disability.¹³ People with disabilities continue to face barriers to education and employment opportunities. They are more likely to have low-income status, and less likely to live in adequate, affordable housing than people without disabilities.¹³ The Ontario government has proposed changing the definition of disability to align with the Federal government's much more stringent definition used to determine eligibility for Canada Pension Plan Disability Benefits.¹⁴ The change in definition would lead to a large number of Ontarians being ineligible for ODSP benefits. This change would lead to a greater dependence on OW, which pays much less and does not provide disability supports.</p> | <p>THU recommends the Ontario government maintain its current definition of disability to determine eligibility for ODSP benefits.</p> |
| PHARMACARE | <p>Approximately 2.2 million Ontarians have no prescription drug coverage.¹⁵ Too frequently, cost restrictions force Ontarians to fail to fill or renew their prescriptions, skip doses, or split pills to make their medications last longer.¹⁶ In 2015, 24% of Ontarians reported that they or someone in their household failed to take their medication as prescribed due to cost.¹⁶ Women are particularly disadvantaged as they are more likely to be prescribed medication than men, but are less likely to have medication coverage through paid work.¹⁷ Illness and disability prevent people from working, force many to live in poverty, and increase health care expenses.</p> | <p>THU recommends the Ontario government work with the Government of Canada to create and implement a universal and comprehensive Pharmacare program for all Ontarians.</p> |
| ORAL HEALTH | <p>Poor oral health negatively impacts general health and is associated with various health risks ranging from poor nutritional intake¹⁸ to coronary heart disease.¹⁹ Individuals in the lowest income group are less likely to receive preventive treatment and more likely to decline dental services due to costs compared to those with higher incomes.²⁰ In Timiskaming, only 56.7% of residents reported having insurance coverage for dental expenses,²¹ and a mere 54.9% of residents reported visiting the dentist in the past year.²² While THU recognizes the value of the Healthy Smiles Ontario program and commends the Government of Ontario for the implementation of the Ontario Seniors Dental Care Program, the dental needs of low-income workers age 18 to 64 years remain unmet. Facial pain, infection, and illness are barriers to employment and cost our health care system.</p> | <p>THU recommends the Government of Ontario create a publicly funded system for oral health care that is accessible to all individuals living in low-income households regardless of age.</p> |

| ISSUE | RATIONALE | RECOMMENDATIONS |
|-------------------------------|---|--|
| <p>PAID SICK LEAVE</p> | <p>When employees go to work sick, they not only risk their health, but they risk the health of their co-workers as well as the general public through the spread of infectious diseases (e.g., COVID-19). However, most low-income earners have a minimal choice due to a lack of paid sick days and financial obligations. Low-income earners such as those working in the food and hospitality industry are of particular importance because illnesses such as Norovirus, Samonella Typhi, Hepatitis A, etc., are transmittable to the general public during the food production and handling process.²³ Currently, in Ontario, employers are only required to provide three “<u>unpaid</u>” sick days per year. The average number of sick days taken in Canada by workers in the private sector is nine days per year.²⁴</p> | <p>THU recommends the Government of Ontario amend the Employment Standards Act to include a minimum of Seven (7) “paid” sick days per year for employees regularly scheduled to work 30 hours or more per week. Part-time and seasonal workers to receive paid sick days based on a pro-rata basis.</p> |

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April 30, 2020

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4

Sent via e-mail: Christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: Provincial Leadership in the Monitoring of Food Affordability and Food Insecurity

Household food insecurity is a serious public health problem in Ontario. Household food insecurity is the inadequate or insecure access to food due to financial constraints, and is experienced by 13.3% of Ontario households (Tarasuk & Mitchell, 2020). Monitoring local food insecurity and food affordability is critical for Peterborough Public Health and local public health agencies (LPHAs) across Ontario to assess trends over time, identify community needs, and support access to safe healthy food. The Board of Peterborough Public Health is also required to monitor Food Affordability, as specified by the Ontario Public Health Standards.

Health Canada recently updated the [National Nutritious Food Basket](#) based on the 2019 Canada's Food Guide. A Reference Guide and spreadsheet were released in February 2020. In order for this to be used for data collection, protocols must be developed at the regional/territorial level. We ask that the Ontario Ministry of Health take leadership in developing a protocol in collaboration with Ontario's LPHAs and the Ontario Dietitians in Public Health.

Peterborough Public Health would also like to express the importance of availability of local Household Food Insecurity data from the Canadian Community Health Survey. We ask that Household Food Insecurity be included as a core module in Ontario, and that Ministry release 2018 Household Food Insecurity Data to Ontario LPHAs. This is critical for our board of health to conduct population health assessment and interventions to address local needs.

Thank you for your attention to supporting local boards of health in addressing the important issues of food insecurity and food affordability.

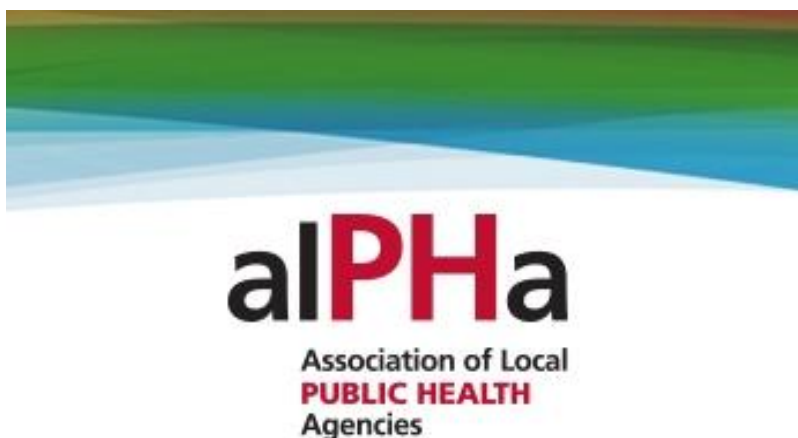
Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Dr. David Williams, Ontario, Ontario Chief Medical Officer of Health
Local MPPs
France G  linas, MPP, Health Critic
John Fraser, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

Reference: Tarasuk V, Mitchell A. (2020) Household food insecurity in Canada, 2017-18. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>



Information Break

April 22, 2020

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.

Postponement of 2020 alPHA Annual Conference

In light of the ongoing COVID-19 pandemic, declaration of emergency by the Province of Ontario and the associated emergency orders and restrictions, the 2020 alPHA Annual General Meeting and Conference that was scheduled to take place from June 7-9 in Toronto has been postponed.

The alPHA Board of Directors recognizes the essential need of members to focus on responding to the pandemic and has passed a motion to determine a new date, once applicable emergency orders have been lifted. Until the time that the AGM takes place, all Board positions will remain unchanged.

The alPHA Board and staff will continue to work hard on your behalf and provide members with ongoing information and updates. In the meantime, please note that alPHA is still accepting the following conference-related submissions by these specified dates:

April 23rd - Resolutions (non-Constitutional)

May 29th - Board of Health nominations to alPHA Board

[Visit the alPHA 2020 Annual Conference page](#)

COVID-19

alPHA would like to take a moment to extend its thanks to all 34 public health units and their outstanding staff for the incredible dedication and focus shown in the face of the challenges posed by COVID-19. alPHA would also like to say thank you to the hardworking Board of Health members who continue to support their communities through their volunteer activities. Never has the work of public health been more important.

alPHA remains committed to supporting member health units with information and resources on COVID-19 response, planning and preparedness. These include participating in daily briefings, sharing Ministry of Health situation reports, and communicating other key information. alPHA is also maintaining close contact with Ministry of Health officials and partners such as the Association of Municipalities of Ontario.

Below are important resources on COVID-19 for public health professionals:

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

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

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

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

Public Health Modernization

Given the COVID-19 pandemic, there has not been any recent news from the Ministry of Health regarding the consultations and next steps on the Modernization of Public Health and Emergency Health Services. alPHA will provide updates and information as these become available.

[Visit alPHA's Public Health Modernization resource web page](#)

Public Health News Roundup

[Ontario provides \\$11M to support seniors and persons with disabilities](#) - 2020/04/21

[Modelling shows Ontario COVID-19 cases may have peaked](#) - 2020/04/20

[Federal government requires non-medical masks and face coverings during air travel](#) - 2020/04/17

[Ontario expands childcare to more frontline workers](#) - 2020/04/17

[Province issues new emergency orders to allow for greater staffing flexibility](#) - 2020/04/17

[Ontario increases number of hospital acute and critical care beds to prepare for COVID-19 outbreak scenario](#) - 2020/04/16

[Health Canada launches new mental wellness portal](#) - 2020/04/15

[Canada updates requirements for travellers entering the country](#) - 2020/04/14

[Patricia Kosseim appointed next Information and Privacy Commissioner of Ontario](#) (effective July 1) - 2020/04/14

[Ontario extends declaration of emergency until May 12](#) - 2020/04/14

[Canada further facilitates enforcement of Federal Quarantine Act](#) - 2020/04/14

[PHAC releases IPAC guidance for long-term care homes](#) - 2020/04/13

[Ontario secures critical medical equipment and supplies](#) - 2020/04/13

[Statement from Chief Public Health Officer on COVID-19](#) - 2020/04/12

[Ontario develops new health data platform Pandemic Threat Response](#) - 2020/04/12

[Province extends emergency orders until April 23](#) - 2020/04/11

[Ontario considerably expands COVID-19 testing](#) - 2020/04/10

[CPHO releases national modelling on COVID-19 epidemic](#) - 2020/04/09

[Premier appoints team to develop plan for COVID-19 economic recovery](#) - 2020/04/09

[Province launches online portal to match available health care workers with employers](#) - 2020/04/07

[Ontario commits \\$37M to support outbreak efforts in Indigenous communities](#) - 2020/04/07

[Health Canada provides guidelines on use of non-medical masks and face coverings](#) - 2020/04/07

[Province issues emergency order to increase staffing flexibility for retirement homes](#) - 2020/04/03

[Ontario releases COVID-19 projections](#) - 2020/04/03

[Province orders more businesses closures](#) - 2020/04/03

[Ontario government increases health units' flexibility on staffing functions](#) and launches online portal for COVID-19 testing results and - 2020/04/03

[Province funds online and virtual mental health supports](#) - 2020/04/02

[People required to identify themselves if breaching emergency orders](#) - 2020/03/31

[Province issues directive on health/safety standards for frontline nurses](#) - 2020/03/30

[Ontario gives \\$10M to businesses and volunteers to support seniors during outbreak](#) - 2020/03/30

[CMOH urges Ontarians to stay home](#) - 2020/03/30

[Province launches dedicated website on COVID-19](#) - 2020/03/30

[Ontario prohibits gatherings of 5 people or more](#) - 2020/03/28

[Ontario opens select childcare centres for essential staff](#) (includes Public Health Unit employees) - 2020/03/22

Fitness Challenges

As reported in the last Information Break, the annual aPHa Fitness Challenges for health unit employees and board of health members have been put on hold.

Upcoming Events - Mark your calendars!

*****POSTPONED*** June 2020 Annual General Meeting & Conference** - Date and time to be determined. Go to the [conference page](#) for updates.



alPHa
Association of Local
PUBLIC HEALTH
Agencies

Information Break

May 20, 2020

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.

National Health Day Celebrations

In honour of National Health Day (May 12), alPHa released a statement and infographic in recognition of the vital role public health workers have played in the COVID-19 response. The statement and infographic highlight how public health protects and improves health by preventing illness and promoting well-being. alPHa followed up with a [letter to the Minister of Health](#) and a series of [Twitter posts](#) which resulted in our most successful tweets to date. Members are encouraged to help spread the word and distribute these materials broadly within their local communities. Special thanks to Toronto Public Health and Eastern Ontario Health Unit for partnering on the campaign materials.

[View the statement and infographic here](#)

[Download the English version infographic here](#)

[Download the French version infographic here](#)

COVID-19

On May 15, alPHa wrote the Premier of Ontario on the role of local boards of health and their legislated responsibilities and duty to govern with accountability during the pandemic. The letter notes that Boards of Health across the province are continuing to meet and engage with their health units and stakeholders as the public health system fights COVID-19.

[Read the letter to the Premier on boards of health's role](#)

At its meeting in April, the alPHa Board of Directors met with Dr. David Williams, Chief Medical Officer of Health, and Dr. David McKeown who gave an update on pandemic-

related issues. The Board is currently considering public health approaches to the reopening of Ontario and the lifting of current pandemic measures, while continuing to protect communities' health and preserving system capacity. On behalf of the public health system, alPHA will continue to provide leadership, input and feedback to the province.

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

[View the Ministry's website on the status of Ontario 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 Twitter: @PHAgencies

With almost 1,000 followers, alPHA's Twitter feed, [@PHAgencies](#), is your trusted source of the latest public health news and information. Connect with other health units, the public health community and the general public to get quick access to news, advice, and share ideas. Join the community and [follow us here](#). alPHA also has a [LinkedIn](#) page that members are encouraged to follow.

Public Health News Roundup

[Province cancels remainder of school year](#) - 2020/05/19

[Government of Ontario extends all emergency orders until May 29](#) - 2020/05/19

[Province announces independent commission into long-term care beginning in September](#) - 2020/05/19

[OMA releases paper on public health measures needed before reopening province](#) - 2020/05/15

[Ontario allows additional seasonal, retail and household businesses, health and community providers to reopen](#) - 2020/05/14

[Canada and Ontario support farm workers with \\$2.25M in funding](#) - 2020/05/14

[Minister Elliott reports on inflammatory illness in children with COVID-19](#) - 2020/05/13

[Province initiates voluntary redeployment of education sector workers to congregate care settings](#) - 2020/05/13

[Health Canada authorizes first COVID-19 serological test for use in Canada](#) - 2020/05/12

[Ontario extends state of emergency until June 2 and passes *COVID-19 Response and Reforms to Modernize Ontario Act, 2020*](#) - 2020/05/12

[ICES releases up-to-date COVID-19 testing dashboards to public](#) - 2020/05/11

[Smoke-Free Ontario Act, 2017 regulatory changes to O. Reg 268/18 to come into](#)

[effect July 1, 2020](#) - 2020/05/11

[Ontario retail stores open for curbside pickup and delivery](#) - 2020/05/11

[FAO forecasts record \\$41B provincial deficit in 2020-21](#) - 2020/05/11

[Province gives update on restarting economy](#) - 2020/05/08

[Provincial government releases plans to resume scheduled surgeries](#) - 2020/05/07

[Ontario eases restrictions on retail outlets and essential construction](#) - 2020/05/06

[Province expands virtual mental health services](#) - 2020/05/05

[Ontario increases daily lab testing and contact tracing capacity](#) - 2020/05/04

[Province issues new temporary order to increase flexibility for operational resourcing and frontline staffing](#) - 2020/05/01

[Ontario allows garden centres, car washes, some essential construction projects to re-open on May 4](#) - 2020/05/01

[Province makes more frontline workers eligible for emergency childcare](#) - 2020/04/29

[Ontario releases *A Framework for Reopening our Province*](#) - 2020/04/27

[Provincial government provides frontline staff with pandemic pay](#) - 2020/04/25

[Ontario parks to remain closed until May 31](#) - 2020/04/25

[Province allows redeployment of staff to long-term care homes and services for deafblind community](#) - 2020/04/25

[Ontario unveils *COVID-19 Action Plan for Vulnerable People*](#) - 2020/04/23

[Premier introduces more testing, screening and surveillance for long-term care homes](#) - 2020/04/22

Upcoming Events - Mark your calendars!

*****POSTPONED*** June 2020 Annual General Meeting & Conference** - Date and time to be determined. Please visit the [conference page](#) for updates.

From: Paul Roumeliotis
Sent: May 29, 2020 10:20 AM
To: Council of Ontario Medical Officers of Health (COMOH)
Subject: Letter to the Editor of the Toronto Star

Good morning colleagues:

Below is the letter to the Toronto Star editor that was just submitted.

Thanks

Paul

Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C), CCPE
Chair, Council of Ontario Medical Officers of Health (COMOH)

1000 rue Pitt Street, Cornwall, ON K6J 5T1
Tel/tél. : 613-933-1375 ext. 1202
Fax/télécopieur : 613-938-9707

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Dear Editor,

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, we are writing to correct a major misperception in a pair of articles written by Bruce Arthur (*'It's a mutiny. Wow.' Ontario's public health units are acting to protect their regions — and the province has to listen, May 28, 2020; As Ontario goes with one-size-fits-all, medical officers of health join forces to take back some local control, May 27, 2020*).

We are extremely disappointed that our collaborative actions to come up with a set of metrics for tightening or loosening public health restrictions as COVID-19 waxes and wanes in different regions of Ontario have been characterized as a "mutiny" and an attempt to "take control (for) ourselves". Such characterizations are false, and they demonstrate a misunderstanding of how public health is organized in this province. In fact, these indicators were based on and aligned with the 4 criteria set out in the province's "Framework for Reopening".

Local Medical Officers of Health have legislated authority to make decisions that are in the best interests of the health of their communities and they have exercised this authority throughout the pandemic. At the same time, they have been working collectively and closely with the Chief Medical Officer of Health and other provincial partners to inform the response at that level and to ensure the lines of communication are always open.

One of the key and unique benefits of the Ontario public health system is the ability to cooperate across health units to develop unified approaches to health protection that serve the desire for consistency while recognizing disparity. Medical Officers of Health, working with their local Boards of Health and community partners, have a unique understanding of the differences within and between their communities and are therefore best equipped to develop approaches that are the most likely to work

Letter to the Editor, Toronto Star, May 29, 2020

for everyone. This ability is considered one of the strong foundational pillars of our public health system and serves to provide “on the ground” information and insights to the Chief Medical Officer of Health.

A group of our members undertook such a task within the context of the Province’s reopening framework and shared it with the Chief Medical Officer of Health with the intent of collaboratively exploring how it could be adopted across Ontario. To describe this as a mutiny is absurd.

We have learned important lessons from past infectious disease outbreaks and will certainly learn more from this one. But we can say for certain that the public health system is working more like a system than it ever has before, and we thought it important to dispel the false narrative that there is some kind of conflict between the local and provincial public health leadership.

Sincerely

Carmen McGregor,
alPHa President

Dr. Paul Roumeliotis
Chair, Council of Ontario Medical Officers of Health

Trudy Sachowski
Chair, alPHa Boards of Health Section

**We are
Public
Health**



Anti-racism Statement – Public Health Sudbury & Districts

Public Health Sudbury & Districts stands firmly in support of racial equity and in solidarity with all who work for it.



We share our collective grief over the recent, tragic deaths of Regis Korchinski-Paquet in Toronto and George Floyd in Minneapolis. We mourn lives and the potential that has been lost. We are outraged at the injustices

caused by racism. However, we know that these tragedies must somehow transform into constructive action so that we can be part of the solution. We believe Public Health has a role to play in creating the equitable future we want for our children, our families, our communities, and ourselves.

We all must continue to speak out, to listen, to stand united, and act in ways that contribute to the elimination of all forms of racism, overt and hidden, in our communities and our institutions.

Racism and oppression harm mental and physical health. Public Health Sudbury & Districts is resolved to continue advancing racial equity within our own agency as well as across our service area. Racial equity and antidiscrimination are foundational to our work, embedded into our public health practice. Throughout our COVID-19 response, we have not weakened our resolve to prioritize racial equity and Indigenous engagement; both being especially important during times of increased vulnerability.

We are proud to work shoulder to shoulder with so many partners to build stronger communities, free of anti-Black racism and all forms of discrimination. It is by facing head-on critical and difficult conversations, by questioning our own unconscious biases, and by listening and amplifying the voices of all peoples affected by racism, that we will move forward to a future where no single human potential is lost.

Yesterday we grieved. Today we acknowledge and act. Tomorrow we rejoice.

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



Opposition au racisme – Santé publique Sudbury et districts

Santé publique Sudbury et districts appuie fermement l'équité raciale et affirme sa solidarité avec tous ceux et celles qui y travaillent.



Nous sommes tous peiné par le décès tragique et récent de Regis Korchinski-Paquet, à Toronto et de George Floyd, à Minneapolis. Nous pleurons les vies et le potentiel perdus. Nous sommes outragés par les injustices que cause le racisme. Cependant, nous savons que ces tragédies doivent se transformer d'une manière ou d'une autre en des gestes constructifs afin que nous puissions faire partie de la solution. Nous croyons que Santé publique a un rôle à jouer pour ce qui est de créer l'avenir équitable que nous voulons pour nos enfants, nos familles, nos collectivités et nous-mêmes.

Nous devons tous continuer à nous exprimer, à écouter, à nous unir et à poser des gestes afin de contribuer à éliminer toutes formes de racisme, manifeste ou caché, dans nos collectivités et nos institutions.

Le racisme et l'oppression nuisent à la santé mentale et physique. Et Santé publique Sudbury et districts entend continuer de prôner l'équité raciale en son sein et sur tout son territoire. Cette équité et la lutte contre la discrimination sont des fondements de notre travail, ancrés dans notre pratique. Tout au long de notre intervention contre la COVID-19, nous sommes demeurés tout aussi résolus à prioriser l'équité raciale et l'engagement auprès des Autochtones, les deux prenant une importance particulière en ces temps de vulnérabilité accrue.

C'est avec fierté que nous travaillons main dans la main avec tant de partenaires pour créer des collectivités plus fortes, exemptes de racisme à l'endroit des personnes noires et de toute forme de discrimination. C'est en engageant franchement les dialogues essentiels et difficiles, en remettant en question nos biais inconscients, mais aussi en écoutant et en amplifiant la voix des personnes touchées par le racisme que nous ferons en sorte qu'aucun potentiel humain ne se perde à l'avenir.

Hier, nous pleurons. Aujourd'hui, nous prenons acte du passé et nous agissons. Demain, nous nous réjouissons.

Penny Sutcliffe, MD, MHSc, FRCPC
Médecin-hygiéniste et directrice générale

APPROVAL OF CONSENT AGENDA

MOTION: THAT the Board of Health approve the consent agenda as distributed.

Public Health Sudbury & Districts 2018–2022 Accountability Monitoring Plan **Strategic Priorities: Narrative Report**

Strategic Priorities: Narrative Report
June 2020



**Public Health
Santé publique**
SUDBURY & DISTRICTS

Introduction

The Public Health Sudbury & Districts [2018-2022 Strategic Plan](#) includes four Strategic Priorities that represent key areas of focus. The Strategic Priorities build on past successes and direct future actions to create optimal conditions for health for all. The Strategic Priorities: Narrative Report highlights stories from Public Health Sudbury & Districts programs and services to paint a picture of our priorities in action. These Narrative Reports are provided to the Board of Health two times per year – in the spring and fall – as a component of the [2018-2022 Accountability Monitoring Plan](#).

It is important to note that narratives do not necessarily reflect a specific reporting timeline. Rather, they represent an ongoing monitoring component of our 2018–2022 Strategic Plan.

Strategic Priorities



Equitable Opportunities

We strive for health equity by championing equal opportunities for health.



Meaningful Relationships

We establish meaningful relationships that lead to successful partnerships, collaborations, and engagement.



Practice Excellence

We strive for ongoing excellence in public health practice including, program and service development and delivery.



Organizational Commitment

We advance organization-wide commitment and ensure that we are well positioned to support the work of public health.

Finding innovative ways to reduce stigma towards people who use drugs

Substance use affects us all, and is associated with poor health outcomes for individuals, families, and communities. Those who use substances also face stigma and, unfortunately, stigma is one of the largest, most impactful barriers that individuals who use drugs face daily.

In the fall of 2019 two campaigns: “We are Jeff” and “Those People are Us” were launched. “We Are Jeff” portrays those in our community who are most affected by drug use. The campaign is a call-out to our community, asking that we all do our part to challenge the stigma faced by people who use drugs.

“Those People are Us” highlights that any one of us can be affected by addiction and how important it is to start the conversation with our friends and families about substance use.

People who use drugs come from all walks of life, and we don’t know who might be struggling. These campaigns help to support those who may be using substances and help to create a healthier community for all.



Equitable Opportunities

We strive for health equity by championing equal opportunities for health.



Collaborative research that impacts the work we do

The [Louise Picard Public Health Research Grant](#) aims to encourage collaboration between academic and public health researchers to explore research areas of shared interest. Funded jointly by Laurentian University and Public Health Sudbury & Districts, each grant encourages partnership on research that is relevant to public health.

Since 2003, 57 Louise Picard Public Health Research Grant projects have been funded which have provided an opportunity for Public Health Sudbury & Districts and Laurentian University staff to learn from one another: Public Health staff have gained valuable experience and built their research skills, and Laurentian University faculty and students have had the opportunity to learn from practitioners to contribute to evidence-informed practice. Most importantly, findings from Louise Picard Public Health Grant funded projects have helped to close the gaps in evidence and have shaped our programming, from food security and housing investigations to injury prevention and workforce development, all to better meet the needs of the communities we serve.



Meaningful Relationships

We establish meaningful relationships that lead to successful partnerships, collaborations, and engagement.



The key to a coordinated response

In December 2019 and January 2020, two positive hepatitis A lab reports were confirmed in food handlers prompting the immediate activation of Public Health Sudbury & Districts' Emergency Control Group. Activation of the control group ensured a rapid and coordinated cross-agency response.

Key public health actions to reduce the risk of spreading the virus through food and person-to-person contact included:

- Closure of the affected food premises.
- Disposal of potentially contaminated food.
- Ensuring the cleaning and disinfecting of the premises was done before reopening.
- Excluding several food handlers from the workplace.
- Tracking and contacting all individuals who were close contacts of the food handlers with the Hepatitis A.
- Providing counselling and education to over 1 900 concerned individuals.
- Immunizing of over 2 800 people from December 17, 2019 to January 8, 2020.

Clear and open communication, dedicated staff, and the use of evidence to continually assess our public health actions during this situation made sure our agency was effectively prepared to respond to this situation. A thorough debrief with all involved ensured improvements to practice are in place for future community emergency responses.

3

Practice Excellence

We strive for ongoing excellence in public health practice including, program and service development and delivery.



Client Service Standards

In January of 2020, Public Health Sudbury & Districts launched our Client Service Standards. These standards outline the level of service clients can expect under normal circumstances and emphasizes our commitment to our citizens. The Client Service Standards not only meet Ministry requirements but, also help to clarify expectations for clients and employees, and ensure that we are providing timely, quality, transparent, and appropriate public health services to individuals across our service area.

Our standards focus on:

- Setting times for getting back to our clients to answer their questions, calls and emails.
- Ensuring the location, hours of service, and language we use make it easier for our clients to access our programs and services.
- Providing the public information in a way that is timely and accessible to them.
- Making it easier for our French speaking clients to access services in the language they are most comfortable with.

We recognize the importance of providing quality service to clients and partners and, with these standards, it is our goal that clients, partners, and the public are satisfied with the services received from our agency.

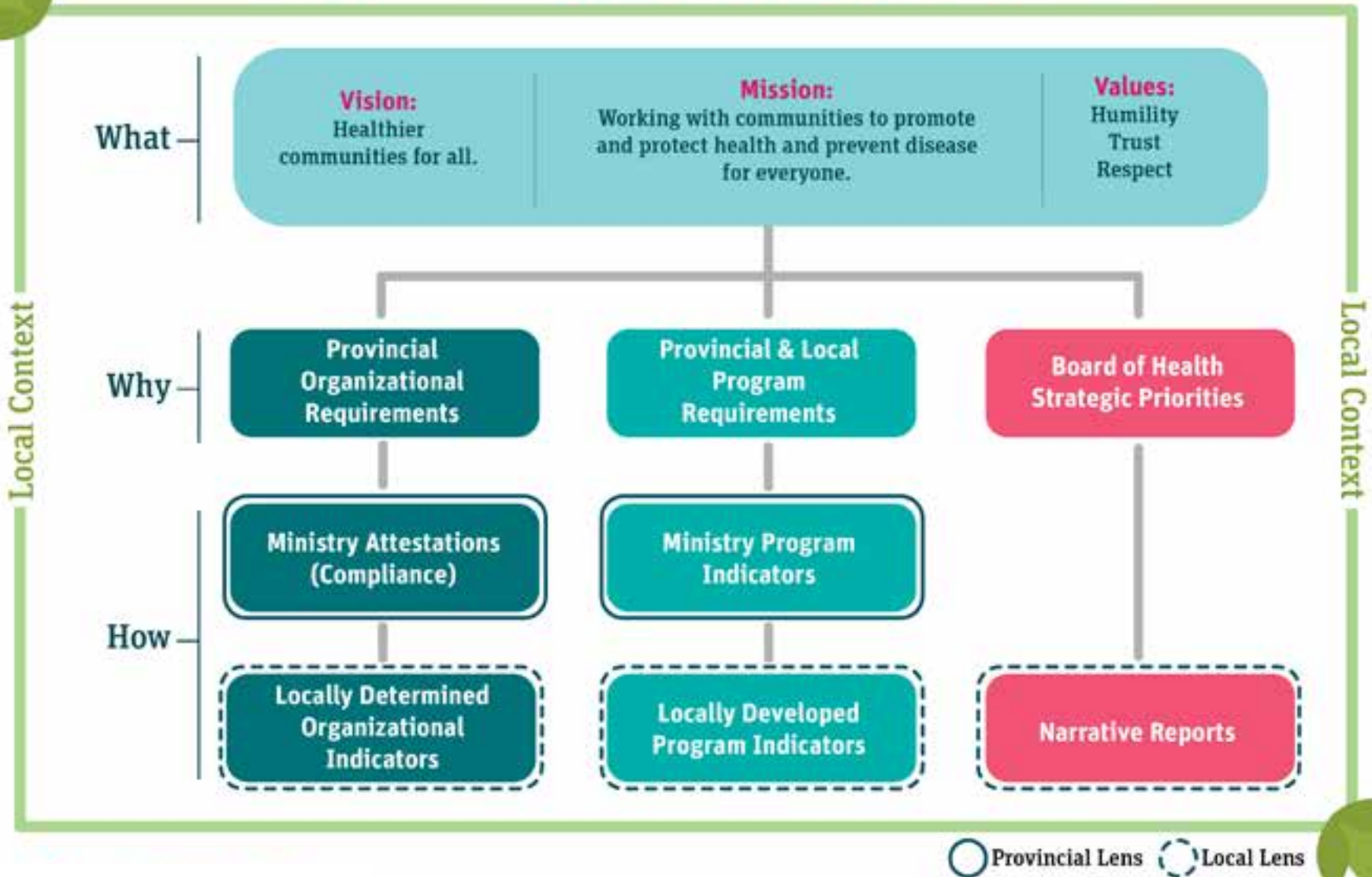


Organizational Commitment

We advance organization-wide commitment and ensure that we are well positioned to support the work of public health.



Public Health Sudbury & Districts Accountability Monitoring Framework





Public Health
Santé publique
SUDBURY & DISTRICTS

Financial Statements of

**BOARD OF HEALTH FOR THE
SUDBURY & DISTRICT
HEALTH UNIT**

**(OPERATING AS PUBLIC HEALTH SUDBURY
& DISTRICTS)**

And Independent Auditors' Report thereon

Year ended December 31, 2019



KPMG LLP
Claridge Executive Centre
144 Pine Street
Sudbury Ontario P3C 1X3
Canada
Telephone (705) 675-8500
Fax (705) 675-7586

INDEPENDENT AUDITORS' REPORT

To the Board Members of the Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts), Members of Council, Inhabitants and Ratepayers of the Participating Municipalities of the Board of Health for the Sudbury & District Health Unit

Opinion

We have audited the accompanying financial statements of The Board of Health for the Sudbury & District Health Unit operating as Public Health Sudbury & Districts (the Entity), which comprise:

- the statement of financial position as at December 31, 2019
- the statement of operations and accumulated surplus for the year then ended
- the statement of changes in net financial assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2019, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "*Auditors' Responsibilities for the Audit of the Financial Statements*" section of our report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditors' Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

Date

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2019, with comparative information for 2018

| | 2019 | 2018 |
|---|----------------------|----------------------|
| Financial assets | | |
| Cash and cash equivalents | \$ 16,710,305 | \$ 14,762,030 |
| Accounts receivable | 358,227 | 532,377 |
| Receivable from the Province of Ontario | 286,617 | 176,059 |
| | 17,355,149 | 15,470,466 |
| Financial liabilities | | |
| Accounts payable and accrued liabilities | 1,807,946 | 1,325,291 |
| Deferred revenue | 362,121 | 314,736 |
| Payable to the Province of Ontario | 532,065 | 496,461 |
| Employee benefit obligations (note 2) | 2,956,463 | 2,905,078 |
| | 5,658,595 | 5,041,566 |
| Net financial assets | 11,696,554 | 10,428,900 |
| Non-financial assets: | | |
| Tangible capital assets (note 3) | 5,097,476 | 5,241,436 |
| Prepaid expenses | 325,038 | 312,561 |
| | 5,422,514 | 5,553,997 |
| Commitments and contingencies (note 4) | | |
| Subsequent event (note 11) | | |
| Accumulated surplus (note 5) | \$ 17,119,068 | \$ 15,982,897 |

See accompanying notes to financial statements.

On behalf of the Board:

_____ Board Member

_____ Board Member

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2019, with comparative information for 2018

| | Budget | Total | Total |
|--|---------------|---------------|---------------|
| | 2019 | 2019 | 2018 |
| | (unaudited) | | |
| Revenue (note 9): | | | |
| Provincial grants | \$ 21,218,505 | \$ 20,934,817 | \$ 21,129,320 |
| Per capita revenue from municipalities (note 7) | 7,345,618 | 7,345,618 | 7,133,674 |
| Other: | | | |
| Plumbing inspections and licenses | 317,000 | 290,514 | 302,316 |
| Interest | 105,000 | 300,985 | 216,090 |
| Other | 1,095,489 | 883,397 | 819,733 |
| | 30,081,612 | 29,755,331 | 29,601,133 |
| Expenses (note 9): | | | |
| Salaries and wages | 19,785,169 | 18,295,647 | 18,230,108 |
| Benefits (note 6) | 5,414,309 | 5,041,211 | 5,140,502 |
| Administration (note 8) | 2,290,327 | 2,287,486 | 2,016,169 |
| Supplies and materials | 1,602,073 | 1,532,008 | 1,637,528 |
| Amortization of tangible capital assets (note 3) | - | 691,091 | 627,567 |
| Small operational equipment | 603,910 | 464,669 | 454,933 |
| Transportation | 385,824 | 307,048 | 309,907 |
| | 30,081,612 | 28,619,160 | 28,416,714 |
| Annual surplus | - | 1,136,171 | 1,184,419 |
| Accumulated surplus, beginning of year | 15,982,897 | 15,982,897 | 14,798,478 |
| Accumulated surplus, end of year | \$ 15,982,897 | \$ 17,119,068 | \$ 15,982,897 |

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2019, with comparative information for 2018

| | 2019 | 2018 |
|---|---------------|---------------|
| Annual surplus | \$ 1,136,171 | \$ 1,184,419 |
| Purchase of tangible capital assets | (547,131) | (494,391) |
| Amortization of tangible capital assets | 691,091 | 627,567 |
| Change in prepaid expenses | (12,477) | 123,472 |
| Change in net financial assets | 1,267,654 | 1,441,067 |
| Net financial assets, beginning of year | 10,428,900 | 8,987,833 |
| Net financial assets, end of year | \$ 11,696,554 | \$ 10,428,900 |

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2019, with comparative information for 2018

| | 2019 | 2018 |
|--|---------------|---------------|
| Cash provided by (used in): | | |
| Cash flows from operating activities: | | |
| Annual surplus | \$ 1,136,171 | \$ 1,184,419 |
| Adjustments for: | | |
| Amortization of tangible capital assets | 691,091 | 627,567 |
| Employee benefit obligations | 51,385 | 148,799 |
| | 1,878,647 | 1,960,785 |
| Changes in non-cash working capital: | | |
| Decrease in accounts receivable | 174,150 | 256,307 |
| Increase (decrease) in receivable from the Province of Ontario | (110,558) | 188,976 |
| Increase in accounts payable and accrued liabilities | 482,655 | 35,595 |
| Increase (decrease) in deferred revenue | 47,385 | (53,628) |
| Increase (decrease) in payable to the Province of Ontario | 35,604 | (197,538) |
| Increase (decrease) in prepaid expenses | (12,477) | 123,472 |
| | 2,495,406 | 2,313,969 |
| Cash flows from investing activity: | | |
| Purchase of tangible capital assets | (547,131) | (494,391) |
| Increase in cash | 1,948,275 | 1,819,578 |
| Cash and cash equivalents, beginning of year | 14,762,030 | 12,942,452 |
| Cash and cash equivalents, end of year | \$ 16,710,305 | \$ 14,762,030 |

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

The Board of Health for the Sudbury & District Health Unit, (operating as Public Health Sudbury & Districts), (the "Health Unit") was established in 1956, and is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence informed practice. The Health Unit is funded through a combination of Ministry grants and through levies that are paid by the municipalities to whom the Health Unit provides public health services. The Health Unit works locally with individuals, families and community and partner agencies to promote and protect health and to prevent disease. Public health programs and services are geared toward people of all ages and delivered in a variety of settings including workplaces, daycare and educational settings, homes, health-care settings and community spaces.

The Health Unit is a not-for-profit public health agency and is therefore exempt from income taxes under the Income Tax Act (Canada).

1. Summary of significant accounting policies:

These financial statements are prepared by management in accordance with Canadian public sector accounting standards established by the Public Sector Accounting Board. The principal accounting policies applied in the preparation of these financial statements are set out below.

(a) Basis of accounting:

The financial statements are prepared using the accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they are earned. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Cash and cash equivalents:

Cash and cash equivalents include guaranteed investment certificates that are readily convertible into known amounts of cash and subject to insignificant risk of change in value.

Guaranteed investment certificates generally have a maturity of one year or less at acquisition and are held for the purpose of meeting future cash commitments.

Guaranteed investment certificates amounted to \$2,303,303 as at December 31, 2019 (2018 - \$2,258,052) and these can be redeemed for cash on demand.

(c) Employee benefit obligations:

The Health Unit accounts for its participation in the Ontario Municipal Employee Retirement Fund (OMERS), a multi-employer public sector pension fund, as a defined contribution plan.

Vacation and other compensated absence entitlements are accrued for as entitlements are earned.

Sick leave benefits are accrued where they are vested and subject to pay out when an employee leaves the Health Unit's employ.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

1. Summary of significant accounting policies (continued):

(c) Employee benefit obligations (continued):

Other post-employment benefits are accrued in accordance with the projected benefit method pro-rated on service and management's best estimate of salary escalation and retirement ages of employees. The discount rate used to determine the accrued benefit obligation was determined with reference to the Health Unit's cost of borrowing at the measurement date taking into account cash flows that match the timing and amount of expected benefit payments.

Actuarial gains (losses) on the accrued benefit obligation arise from the difference between actual and expected experiences and from changes in actuarial assumptions used to determine the accrued benefit obligation. These gains (losses) are amortized over the average remaining service period of active employees.

(d) Non-financial assets:

Tangible capital assets and prepaid expenses are accounted for as non-financial assets by the Health Unit. Non-financial assets are not available to discharge liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

(e) Tangible capital assets:

Tangible capital assets are recorded at cost, and include amounts that are directly related to the acquisition of the assets. The Health Unit provides for amortization using the straight-line method designed to amortize the cost, less any residual value, of the tangible capital assets over their estimated useful lives. The annual amortization periods are as follows:

| Asset | Basis | Rate |
|-----------------------------------|---------------|------|
| Building | Straight-line | 2.5% |
| Land improvements | Straight-line | 10% |
| Computer hardware | Straight-line | 30% |
| Leasehold improvements | Straight-line | 10% |
| Website design | Straight-line | 20% |
| Vehicles and equipment | Straight-line | 10% |
| Equipment – vaccine refrigerators | Straight-line | 20% |
| Computer software | Straight-line | 100% |

(f) Prepaid expenses:

Prepaid expenses are charged to expenses over the periods expected to benefit from them.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

1. Summary of significant accounting policies (continued):

(g) Accumulated surplus:

Certain amounts, as approved by the Board of Directors, are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

This represents the net book value of the tangible capital assets the Health Unit has on hand.

- Unfunded employee benefit obligations:

This represents the unfunded future employee benefit obligations comprised of the accumulated sick leave benefits, other post-employment benefits and vacation pay and other compensated absences.

The accumulated surplus consists of the following reserves:

- Working capital reserve:

This reserve is not restricted and is utilized for the operating activities of the Health Unit.

- Public health initiatives:

This reserve is restricted and can only be used for public health initiatives.

- Corporate contingencies:

This reserve is restricted and can only be used for corporate contingencies.

- Facility and equipment repairs and maintenance:

This reserve is restricted and can only be used for facility and equipment repairs and maintenance.

- Sick leave and vacation:

This reserve is restricted and can only be used for future sick leave and vacation obligations.

- Research and development:

This reserve is restricted and can only be used for research and development activities.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

Revenue from government grants and from municipalities is recognized in the period in which the events giving rise to the government transfer have occurred as long as: the transfer is authorized; the eligibility criteria, if any, have been met except when and to the extent that the transfer gives rise to an obligation that meets the definition of a liability for the recipient government; and the amount can reasonably be estimated. Funding received under a funding arrangement, which relates to a subsequent fiscal period and the unexpended portions of contributions received for specific purposes, is reflected as deferred revenue in the year of receipt and is recognized as revenue in the period in which all the recognition criteria have been met.

Other revenues including certain user fees, rents and interest are recorded on the accrual basis, when earned and when the amounts can be reasonably estimated and collection is reasonably assured.

(i) Budget figures:

Budget figures have been provided for comparison purposes and have been derived from the budget approved by the Board of Directors. The budget figures are unaudited.

(j) Use of estimates:

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty. The effect of changes in such estimates on the financial statements in future periods could be significant. Accounts specifically affected by estimates in these financial statements are estimated amounts for uncollectible accounts receivable, employee benefit obligations and the estimated useful lives and residual values of tangible capital assets.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

2. Employee benefit obligations:

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2017 and forms the basis for the estimated liability reported in these financial statements. The next full valuation of the plan will be as of December 31, 2020.

| | 2019 | 2018 |
|--|--------------|--------------|
| Accumulated sick leave benefits | \$ 710,365 | \$ 753,705 |
| Other post-employment benefits | 1,348,868 | 1,234,500 |
| | 2,059,233 | 1,988,205 |
| Vacation pay and other compensated absence | 897,230 | 916,873 |
| | \$ 2,956,463 | \$ 2,905,078 |

The significant actuarial assumptions adopted in measuring the Health Unit's accumulated sick leave benefits and other post-employment benefits are as follows:

| | 2019 | 2018 |
|--------------------------|-------|-------|
| Discount | 4.00% | 4.00% |
| Health-care trend rate: | | |
| Initial | 6.42% | 6.42% |
| Ultimate | 3.75% | 3.75% |
| Salary escalation factor | 2.75% | 2.75% |

The Health Unit has established reserves in the amount of \$675,447 (2018 - \$675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2019 are \$2,112,718 (2018 - \$2,035,409).

| | 2019 | 2018 |
|--------------------------------|------------|------------|
| Benefit plan expenses: | | |
| Current service costs | \$ 169,489 | \$ 162,089 |
| Interest | 81,336 | 78,323 |
| Amortization of actuarial loss | (6,282) | (4,819) |
| | \$ 244,543 | \$ 235,593 |

Benefits paid during the year were \$173,515 (2018 - \$164,052). The net unamortized actuarial loss of \$53,485 (2018 - \$47,203) will be amortized over the expected average remaining service period.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

3. Tangible capital assets:

Cost:

| | | Land | Building | Leasehold Improvements | Computer Hardware | Computer Software | Website Design | Furniture and Equipment | Parking Lot Resurfacing | 2019 Total |
|----------------------------|----|--------|-----------|---------------------------|----------------------|----------------------|-------------------|-------------------------------|-------------------------------|---------------|
| Balance, January 1, 2019 | \$ | 26,939 | 7,068,782 | 396,739 | 2,363,856 | 374,825 | 69,845 | 2,486,251 | 242,596 | 13,029,833 |
| Additions | | - | 85,053 | - | 322,585 | 35,777 | - | 93,966 | 9,750 | 547,131 |
| Balance, December 31, 2019 | \$ | 26,939 | 7,153,835 | 396,739 | 2,686,441 | 410,602 | 69,845 | 2,580,217 | 252,346 | 13,576,964 |

Accumulated amortization:

| | | Land | Building | Leasehold Improvements | Computer Hardware | Computer Software | Website Design | Furniture and Equipment | Parking Lot Resurfacing | Total |
|----------------------------|----|------|-----------|---------------------------|----------------------|----------------------|-------------------|-------------------------------|-------------------------------|-----------|
| Balance, January 1, 2019 | \$ | - | 2,932,343 | 396,739 | 1,788,440 | 374,825 | 69,845 | 2,099,775 | 126,430 | 7,788,397 |
| Amortization | | - | 176,720 | - | 334,391 | 35,777 | - | 119,943 | 24,260 | 691,091 |
| Balance, December 31, 2019 | \$ | - | 3,109,063 | 396,739 | 2,122,831 | 410,602 | 69,845 | 2,219,718 | 150,690 | 8,479,488 |

Net book value

| | | Land | Building | Leasehold Improvements | Computer Hardware | Computer Software | Website Design | Furniture and Equipment | Parking Lot Resurfacing | Total |
|----------------------|----|--------|-----------|---------------------------|----------------------|----------------------|-------------------|-------------------------------|-------------------------------|-----------|
| At December 31, 2018 | \$ | 26,939 | 4,136,439 | - | 575,416 | - | - | 386,476 | 116,166 | 5,241,436 |
| At December 31, 2019 | | 26,939 | 4,044,772 | - | 563,610 | - | - | 360,499 | 101,656 | 5,097,476 |

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

3. Tangible capital assets (continued):

Cost:

| | | Land | Building | Leasehold Improvements | Computer Hardware | Computer Software | Website Design | Furniture and Equipment | Parking Lot Resurfacing | 2018 Total |
|----------------------------|----|--------|-----------|---------------------------|----------------------|----------------------|-------------------|-------------------------------|-------------------------------|---------------|
| Balance, January 1, 2018 | \$ | 26,939 | 7,068,782 | 396,739 | 1,993,435 | 357,579 | 69,845 | 2,379,527 | 242,596 | 12,535,442 |
| Additions | | - | - | - | 370,421 | 17,246 | - | 106,724 | - | 494,391 |
| Balance, December 31, 2018 | \$ | 26,939 | 7,068,782 | 396,739 | 2,363,856 | 374,825 | 69,845 | 2,486,251 | 242,596 | 13,029,833 |

Accumulated amortization:

| | | Land | Building | Leasehold Improvements | Computer Hardware | Computer Software | Website Design | Furniture and Equipment | Parking Lot Resurfacing | Total |
|----------------------------|----|------|-----------|---------------------------|----------------------|----------------------|-------------------|-------------------------------|-------------------------------|-----------|
| Balance, January 1, 2018 | \$ | - | 2,755,623 | 394,660 | 1,497,616 | 357,579 | 62,861 | 1,990,321 | 102,170 | 7,160,830 |
| Amortization | | - | 176,720 | 2,079 | 290,824 | 17,246 | 6,984 | 109,454 | 24,260 | 627,567 |
| Balance, December 31, 2018 | \$ | - | 2,932,343 | 396,739 | 1,788,440 | 374,825 | 69,845 | 2,099,775 | 126,430 | 7,788,397 |

Net book value

| | | Land | Building | Leasehold Improvements | Computer Hardware | Computer Software | Website Design | Furniture and Equipment | Parking Lot Resurfacing | Total |
|----------------------|----|--------|-----------|---------------------------|----------------------|----------------------|-------------------|-------------------------------|-------------------------------|-----------|
| At December 31, 2017 | \$ | 26,939 | 4,313,159 | 2,079 | 495,819 | - | 6,984 | 389,206 | 140,426 | 5,374,612 |
| At December 31, 2018 | | 26,939 | 4,136,439 | - | 575,416 | - | - | 386,476 | 116,166 | 5,241,436 |

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

4. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2018 - \$500,000). There is \$Nil balance outstanding on the line of credit at year end (2018 - \$Nil).

(b) Lease commitments:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2019 are as follows:

| | | |
|---|----|-----------|
| No later than one year | \$ | 231,301 |
| Later than one year and no later than 5 years | | 403,556 |
| Later than five years | | 505,680 |
| | \$ | 1,140,537 |

(c) Contingencies:

The Health Unit is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. Management is of the opinion that these matters are mitigated by adequate insurance coverage.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

5. Accumulated surplus:

| | Balance, Beginning of year | Annual Surplus (Deficit) | Purchase of Tangible Capital Assets | Transfer to (from) Reserves | Balance, end of year |
|---|----------------------------------|--------------------------------|--|-----------------------------------|----------------------------|
| Invested in tangible capital assets | \$ 5,241,434 | (691,089) | 547,131 | — | \$ 5,097,476 |
| Unfunded employee benefit obligation | (2,905,078) | (51,385) | — | — | (2,956,463) |
| Working capital reserve | 8,032,668 | 1,878,645 | (547,131) | (3,618,434) | 5,745,748 |
| Public health initiatives | 1,521,119 | — | — | 978,881 | 2,500,000 |
| Corporate contingencies | 500,000 | — | — | — | 500,000 |
| Facility and equipment repairs and maintenance | 2,860,447 | — | — | 2,639,553 | 5,500,000 |
| Sick leave and vacation | 675,447 | — | — | — | 675,447 |
| Research and development | 56,860 | — | — | — | 56,860 |
| | \$ 15,982,897 | 1,136,171 | — | — | \$ 17,119,068 |

6. Pension agreements:

The Health Unit makes contributions to OMERS, which is a multi-employer plan, on behalf of its members. The plan is a defined contribution plan, which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

The amount contributed to OMERS for 2019 was \$1,766,045 (2018 - \$1,771,788) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

7. Per capita revenue from municipalities:

| | 2019 | 2018 |
|---|---------------------|------------------|
| City of Greater Sudbury | \$ 6,317,974 | \$ 6,135,677 |
| Township of Espanola | 195,030 | 189,406 |
| Township of Sables and Spanish River | 119,811 | 116,354 |
| Municipality of French River | 106,148 | 103,085 |
| Municipality of Markstay-Warren | 104,091 | 101,088 |
| Township of Northeastern Manitoulin & The Islands | 95,203 | 92,456 |
| Township of Chapleau | 85,654 | 83,182 |
| Township of Central Manitoulin | 76,545 | 74,337 |
| Municipality of St. Charles | 51,717 | 50,225 |
| Township of Assiginack | 33,720 | 32,747 |
| Town of Gore Bay | 33,059 | 32,105 |
| Township of Baldwin | 22,555 | 21,904 |
| Township of Billings (and part of Allan) | 22,408 | 21,762 |
| Township of Gordon (and part of Allan) | 20,057 | 19,479 |
| Township of Nairn & Hyman | 17,707 | 17,196 |
| Township of Tehkummah | 16,238 | 15,769 |
| Municipality of Killarney | 15,503 | 15,056 |
| Township of Burpee | 12,198 | 11,846 |
| | \$ 7,345,618 | 7,133,674 |

8. Administration expenses:

| | Budget 2019 (unaudited) | 2019 | 2018 |
|-------------------------------|-------------------------------|---------------------|---------------------|
| Professional fees | \$ 746,543 | \$ 527,202 | \$ 346,853 |
| Building maintenance | 366,785 | 525,514 | 426,730 |
| Rent | 259,105 | 262,925 | 262,386 |
| Advertising | 140,695 | 231,679 | 161,676 |
| Telephone | 198,936 | 188,322 | 192,055 |
| Utilities | 214,325 | 181,854 | 190,190 |
| Staff education | 130,226 | 167,605 | 224,873 |
| Liability insurance | 115,636 | 109,903 | 99,833 |
| Postage | 69,322 | 59,469 | 64,635 |
| Memberships and subscriptions | 44,754 | 32,980 | 42,607 |
| Strategic planning | 4,000 | 33 | 4,331 |
| | \$ 2,290,327 | \$ 2,287,486 | \$ 2,016,169 |

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

9. Revenues and expenses by funding sources:

| | OLHA | UIIP | Men C | HPV | Unorganized Territories | NFVP | Enhanced Safe Water | Ontario Sr. Dental Care Program | Nursing Initiatives | Diabetes Prevention | SFO | Enhanced Safe Food | Harm Reduction Enhancement | HSO | Indigenous Communities Indigenous Partnership | Sub-Total |
|---|---------------|--------|--------|--------|-------------------------|---------|---------------------|---------------------------------|---------------------|---------------------|---------|--------------------|----------------------------|---------|---|------------|
| Revenue: | | | | | | | | | | | | | | | | |
| Provincial grants | \$ 15,298,700 | 18,572 | 15,657 | 28,271 | - | 145,447 | 16,200 | 90,598 | 392,100 | 155,770 | 790,997 | 36,500 | 129,322 | 557,442 | 47,182 | 17,722,758 |
| Provincial grants - one-time | - | - | - | - | - | 8,796 | - | - | - | - | - | - | - | - | - | 8,796 |
| Unorganized territories | - | - | - | - | 826,000 | - | - | - | - | - | - | - | - | - | - | 826,000 |
| Municipalities | 7,345,618 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 7,345,618 |
| Plumbing and inspections | 290,514 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 290,514 |
| Interest | 300,985 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 300,985 |
| Other | 497,323 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 497,323 |
| | 23,733,140 | 18,572 | 15,657 | 28,271 | 826,000 | 154,243 | 16,200 | 90,598 | 392,100 | 155,770 | 790,997 | 36,500 | 129,322 | 557,442 | 47,182 | 26,991,994 |
| Expenses: | | | | | | | | | | | | | | | | |
| Salaries and wages | 14,296,372 | 16,065 | 13,709 | 24,454 | 501,053 | 77,153 | 12,150 | 36,148 | 312,400 | 79,068 | 465,608 | 9,146 | 81,816 | 405,929 | 36,845 | 16,367,916 |
| Benefits | 4,023,480 | 1,596 | 1,370 | 2,437 | 133,368 | 19,306 | 4,050 | 9,795 | 79,700 | 21,691 | 133,698 | 2,561 | 25,293 | 115,252 | 9,971 | 4,583,568 |
| Transportation | 103,942 | - | - | - | 118,259 | 413 | - | - | - | 2,345 | 26,785 | - | 4 | 2,524 | 366 | 254,638 |
| Administration (note 8) | 2,104,088 | - | - | - | - | 392 | - | (1,555) | - | 34,684 | 16,054 | 583 | 21,440 | 397 | - | 2,176,083 |
| Supplies and materials | 943,342 | 911 | 578 | 1,380 | 73,320 | 56,979 | - | 40,995 | - | 17,982 | 148,852 | 24,210 | 769 | 33,340 | - | 1,342,658 |
| Small operational equipment | 434,654 | - | - | - | - | - | - | 5,215 | - | - | - | - | - | - | - | 439,869 |
| Amortization of tangible capital assets | 691,091 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 691,091 |
| | 22,596,969 | 18,572 | 15,657 | 28,271 | 826,000 | 154,243 | 16,200 | 90,598 | 392,100 | 155,770 | 790,997 | 36,500 | 129,322 | 557,442 | 47,182 | 25,855,823 |
| Annual surplus | \$ 1,136,171 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1,136,171 |

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

Nursing Initiatives - Chief Nursing Officer, Infection Prevention and Control Nurses, Social Determinants of Health PHN

HSO - Healthy Smiles Ontario

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCCSS - Ministry of Children, Community and Social Services: Health Babies Healthy Children/Prenatal Postnatal Nurse Practitioner

SFO - Smoke Free Ontario

NFVP - Northern Fruit and Vegetable Program

Non-Ministry - Non-Ministry Funded Initiatives

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

9. Revenues and expenses by funding sources (continued):

| | 2018-19 One-time Funding | | | | | | | | |
|--|-----------------------------------|--------------|--------------------|--------------------------|----------------------------------|-----------------------------------|-------------------------------|-------------------|---------------|
| | Infectious Diseases Control | MOH/ AMOH | Needle Exchange | MCCSS: HBHC & PPNP | HIV-Aids Anonymous Testing | Mandatory Built Environment | Needle Exchange Program | Vaccine Fridge | Sub- Total |
| Revenue: | | | | | | | | | |
| Provincial grants | \$ 389,000 | 110,681 | 87,100 | 1,593,529 | 60,198 | - | - | - | 2,240,508 |
| Provincial grants - one-time | - | - | - | - | - | 11,984 | 37,282 | 24,800 | 74,066 |
| Unorganized territories | - | - | - | - | - | - | - | - | - |
| Municipalities | - | - | - | - | - | - | - | - | - |
| Plumbing and inspections | - | - | - | - | - | - | - | - | - |
| Interest | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - |
| | 389,000 | 110,681 | 87,100 | 1,593,529 | 60,198 | 11,984 | 37,282 | 24,800 | 2,314,574 |
| Expenses: | | | | | | | | | |
| Salaries and wages | 303,296 | 94,978 | - | 1,227,166 | 49,133 | 10,903 | - | - | 1,685,476 |
| Benefits | 81,860 | 15,703 | - | 308,317 | 10,537 | 1,081 | - | - | 417,498 |
| Transportation | 352 | - | - | 51,294 | - | - | - | - | 51,646 |
| Administration (note 8) | 488 | - | - | 1,772 | 28 | - | - | - | 2,288 |
| Supplies and materials | 3,004 | - | 87,100 | 4,980 | 500 | - | 37,282 | - | 132,866 |
| Small operational equipment | - | - | - | - | - | - | - | 24,800 | 24,800 |
| Amortization of tangible capital assets | - | - | - | - | - | - | - | - | - |
| | 389,000 | 110,681 | 87,100 | 1,593,529 | 60,198 | 11,984 | 37,282 | 24,800 | 2,314,574 |
| Annual surplus | \$ - | - | - | - | - | - | - | - | - |

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

Nursing Initiatives - Chief Nursing Officer, Infection Prevention and Control Nurses, Social Determinants of Health PHN

HSO - Healthy Smiles Ontario

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCCSS - Ministry of Children, Community and Social Services: Health Babies Healthy Children/Prenatal Postnatal Nurse Practitioner

SFO - Smoke Free Ontario

NFVP - Northern Fruit and Vegetable Program

Non-Ministry - Non-Ministry Funded Initiatives

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

9. Revenues and expenses by funding sources (continued):

| | 2018-19 One-time Funding | | | | | | Total |
|---|--------------------------|--|-----------------------------------|------------------------|---------------|--------------|------------|
| | Mandatory Disclosure | Mandatory Effective Public Health Practice | Healthy Menu Choices: Enforcement | Indigenous Communities | PHI Practicum | Non-Ministry | |
| Revenue: | | | | | | | |
| Provincial grants | \$ - | - | - | - | - | - | 19,963,266 |
| Provincial grants - one-time | 533 | 24,959 | 411 | 33,218 | 3,568 | - | 145,551 |
| Unorganized territories | - | - | - | - | - | - | 826,000 |
| Municipalities | - | - | - | - | - | - | 7,345,618 |
| Plumbing and inspections | - | - | - | - | - | - | 290,514 |
| Interest | - | - | - | - | - | - | 300,985 |
| Other | - | - | - | - | - | 386,074 | 883,397 |
| | 533 | 24,959 | 411 | 33,218 | 3,568 | 386,074 | 29,755,331 |
| Expenses: | | | | | | | |
| Salaries and wages | 485 | 22,290 | 374 | 26,803 | 3,261 | 189,042 | 18,295,647 |
| Benefits | 48 | 2,669 | 37 | 4,107 | 307 | 32,977 | 5,041,211 |
| Transportation | - | - | - | 117 | - | 647 | 307,048 |
| Administration (note 8) | - | - | - | 1,493 | - | 107,622 | 2,287,486 |
| Supplies and materials | - | - | - | 698 | - | 55,786 | 1,532,008 |
| Small operational equipment | - | - | - | - | - | - | 464,669 |
| Amortization of tangible capital assets | - | - | - | - | - | - | 691,091 |
| | 533 | 24,959 | 411 | 33,218 | 3,568 | 386,074 | 28,619,160 |
| Annual surplus | \$ - | - | - | - | - | - | 1,136,171 |

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

Nursing Initiatives - Chief Nursing Officer, Infection Prevention and Control Nurses, Social Determinants of Health PHN

HSO - Healthy Smiles Ontario

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCCSS - Ministry of Children, Community and Social Services: Health Babies Healthy Children/Prenatal Postnatal Nurse Practitioner

SFO - Smoke Free Ontario

NFVP - Northern Fruit and Vegetable Program

Non-Ministry - Non-Ministry Funded Initiatives

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2019

10. Comparative information:

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect the prior year surplus.

11. Subsequent event:

Subsequent to December 31, 2019, the COVID-19 outbreak was declared a pandemic by the World Health Organization and has had a significant financial, market and social dislocating impact. The situation is dynamic and the ultimate duration and magnitude of the impact on the economy and the financial effect on the Health Unit is not known at this time.

DRAFT

ADOPTION OF THE 2019 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS at its June 4, 2020, meeting, the Board of Health Finance Standing Committee reviewed the 2019 audited financial statements and recommended them to the Board for the Board's approval;

THEREFORE BE IT RESOLVED THAT the 2019 audited financial statements be approved as distributed.

Briefing Note

To: Chair, Board of Health

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: June 11, 2020

Re: Program Planning: Priority Setting Within the Context of COVID-19

☐ For Information

☒ For Discussion

☐ For a Decision

Issue:

Boards of health are responsible for the assessment, planning, delivery, management and evaluation of a range of public health programs and services that address multiple health needs and respond to the contexts in which these need to occur. (Ontario Public Health Standards (OPHS), 2018)

Fulfilling this obligation has been a challenge as the agency has been laser focused on its COVID-19 response. Further, no guideposts exist to determine what public health programs and services should be reintroduced, with what intensity and over what timeframe, as we navigate the uneven course of the pandemic and the resulting uneven requirements for local public health.

This briefing note summarizes the PHSD process for planning and prioritizing our work and the outcome of this work, thus charting a course to guide programming decisions as we go through different phases of the COVID-19 pandemic.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts receive this update on the process and outcome for prioritizing public health programs and services in the context of COVID-19, as per the mandated requirements of the Ontario Public Health Standards (2018).

Background:

Public Health Sudbury & Districts has been actively planning, coordinating and responding to COVID-19 since the beginning of 2020, with even more focus since the first case was confirmed in our service area on March 10, 2020 and the declaration of COVID-19 as a global pandemic by the World Health Organization on March 11, 2020. As a result of this focused response, all programs and services were adapted and many were reduced or paused in compliance with the Government of Ontario province-wide state of emergency, declared on March 17.

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

More recently, planning has been underway to identify key areas of focus beyond the first wave of COVID-19. Program planning and priority setting is not only mandated under the Ontario Public Health Standards (2018), but essential for determining the sequence of resuming programs and services within the context of COVID-19.

Within this current context, two areas of focus for program planning were identified by the Senior Management Executive Committee:

1. Understanding and planning for the repercussions of relaxed public health measures; and
2. Mitigating the health impacts associated with the COVID-19 response and the deferral of public health work

The planning has assumed that the agency must continue to maintain an effective response to COVID-19 and be prepared to adjust rapidly to changing circumstances.

Consideration was also given to the drivers of informed decision-making, such as government direction, past agency priorities and areas of focus, literature, epidemiological data, survey data, and other situational factors.

As part of the program planning process, directors and their respective teams used the current context and drivers for decision-making to identify sequencing, timeliness and priorities for program and service continuation or reimplementation. This inclusive and agency-wide process provided the framework for priority setting. Programs and services were categorized into short-term (3 months), medium-term (6 months) and long-term (6 months +) priorities. Subsequent to that, all programs, regardless of timeframe, were assessed using a risk management approach in order to further determine priority levels.

A risk management lens, informed by the established agency risk management framework, was used to confirm that timelines and risks were proportional, that is, consideration was given to impact and likelihood (see table below). Again, directors, managers, and key staff were involved with the process by assessing and validating the rank of each program and service. Each program and service was then placed into a heat map according to the established rank, which then depicted priorities by colour (red/high, yellow/medium, green/low). Those programs and services in red are deemed high priority for continued or immediate reimplementation. Understanding the priority level for each of the program areas identified will assist us with determining the amount of focus, time, and resources required to address these areas, while also helping us to readjust in real time as COVID-19 circumstances and the need and intensity of the public health COVID-19 response changes.

The results of this assessment and process are found in the attached COVID-19 (post-peak) program priority map. From the results, it is evident there are a number of areas requiring immediate action in order to prevent further health impacts to our community. These include programming related to immunizations and control of infectious diseases, along with seasonal inspections and the resumption of routine inspections. These also include the reintroduction of programming related to schools, and ongoing priority programming in areas such as mental health promotion, substance use, and domestic

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violence. The continuation and reintroduction of programs and services for high risk populations is another identified priority, for example in areas related to sexual health, dental health, families, seniors, and opioids. Programming related to poverty reduction and racial equity, as well as municipal engagement, has also been ranked high, as has health promotion programming to encourage “COVID-safe” behavior in our communities. It should be noted that all of the priority programs continue to be informed and supported by work in the Foundational Standards, and continue to be aligned with our Strategic Plan, client service standards, and principles of ongoing professional development and continuous quality improvement.

Program planning in the context of COVID-19 is a challenge. There is no set criteria, formula, or process for determining priorities. This work completed by Public Health Sudbury & Districts used existing evidence and risk management tools to create a process that includes knowledge and experience at different levels of the organization.

Table:

| Values | Likelihood that the impact will occur if work is not done | Impact to health (of community/community members) if work is not done |
|--------|---|---|
| 1 | Unlikely to occur | Negligible impact on health |
| 2 | May occur occasionally | Minor impact on health |
| 3 | Is as likely as not to occur | Notable impact on health |
| 4 | Is likely to occur | Substantial impact on health |
| 5 | Is almost certain to occur | Threatens the health of community |

Financial Implications:

None

Ontario Public Health Standard:

All

Strategic Priority:

Organizational Commitment

Contact:

Dr. Penny Sutcliffe

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

Program priority map – COVID-19 (post-peak)
(June 2020)

| | | | | | | |
|------------|---|--|---|--|--|---|
| Impact | 5 | | | Emergency preparedness and response | Control of infectious diseases outbreak management Sexual health case management and contact tracing Municipal engagement | Onsite clinic services, community-based immunizations, school-based immunization services Needle Exchange Program Healthy Babies Healthy Children family visits COVID-19 health promotion campaigns Racial equity |
| | 4 | | Tuberculosis prevention and control: case and contact management of latent tuberculosis infection (LTBI) and tuberculosis (TB) cases Food environments | Vaccine cold chain inspection Recreational water/ public beaches inspection and enforcement Growing Family Health Clinic Life promotion and suicide prevention Positive parenting Healthy eating: food insecurity, food literacy Access to recreation | Inspection and enforcement: food safety, small drinking water systems, infection control related inspections Health hazard response School health collaboration/partnerships Resilient schools Dental health: case management for referred children, preventive care for children in need, Ontario Seniors' Dental Care Program (OSDCP) Community drug strategy partnerships/collaboration Opioid Early Warning System Surveillance Framework Alcohol/cannabis use prevention Comprehensive tobacco control Breastfeeding clinic Health information line Healthy pregnancies (prenatal) Age friendly communities/seniors' strategy Public mental health Domestic violence and intimate partner violence Indigenous engagement Poverty advocacy | Ontario Naloxone Program Community drug strategy: harm reduction programming District drug strategies: Lacloche Foothills, Sudbury East, Manitoulin |
| | 3 | | Immunization of Schools Pupil Act Part VIII Healthy growth & development Eating disorder promotion prevention & early intervention Preconception health and substance use | Tuberculosis prevention and control – access to tuberculin skin test Inspections of camps in unorganized territories, recreational camps, migrant farm workers Peers program Nutrition programming in schools Dental health school screening Sustainable mobility North East Tobacco Control Area Network Road safety: substance use & distracted driving Falls prevention (Stay on Your Feet) | Control of infectious diseases: sporadic diseases of public health significance, case and contact management (including Environmental Health) Blue green algae Substance use and harm reduction in schools Healthy Smiles Ontario and Ontario Seniors Dental Care Program (OSDCP) navigation and enrolment OSDCP preventive care OSDCP clinic build | Community drug strategy: supervised consumption services |
| | 2 | Car seat safety | Rabies programming Seasonal inspections and monitoring: vector borne diseases Heat alerts Community safety & wellbeing plans Physical literacy | Tobacco/E cigarette enforcement Climate change | | |
| | 1 | Healthy Menu Choices Act Vision screening Baby Friendly Initiative Healthy Eating – Manitoulin Community Fresh Food Initiative & Indigenous Food Sovereignty Evaluation | | | | |
| | | 1 | 2 | 3 | 4 | 5 |
| Likelihood | | | | | | |

Low priority

Medium priority

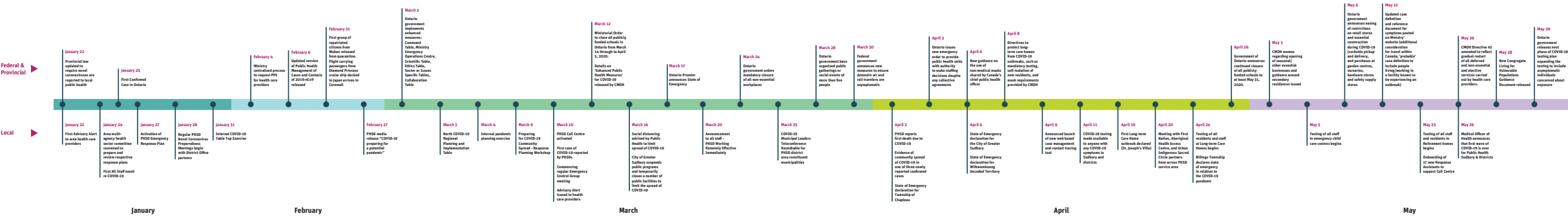
High priority

Negligible/minor impact on health of our community/community member (or to our agency) if this work is not done

Notable impact on health of our community/community member (or to our agency) if this work is not done

Substantial impact or threatens the health of the community/community member (or our agency) if this work is done

COVID-19 – Public health actions timeline – January to May 2020



Public Health Sudbury & Districts

COVID-19 Response

Since early March 2020, Public Health Sudbury & Districts has been actively responding to the COVID-19 pandemic. Direct local public health actions combined with our strong relationships with communities and partner agencies mean that everyone benefits from the best system possible to protect us all from COVID-19.

The response to the COVID-19 pandemic has meant many changes for all sectors. For Public Health we have:



Redeployed over half of all staff members to COVID-19.



Focused on critical services to meet urgent and time-sensitive needs.



Adopted extra screening, virtual programming, and physical distancing processes.

These changes allow us to deliver essential services in new ways that reduce the risk of virus spread.

They permit us to concentrate on the critical public health response to COVID-19 while keeping our communities safe.

The adaptation of our services to the current situation is regularly reassessed and adjusted as needed.

Staff redeployment and recruitment

Over the last two months, more than **250** public health professionals worked to reduce the spread of COVID-19 and deliver essential public health services across Greater Sudbury and the Sudbury and Manitoulin districts.

Public health nurses, inspectors, dietitians, nutritionists, dental hygienists, health promoters and support staff refocused their efforts to pandemic response or adapted essential public health programs and services.

***111%**

current working capacity

196

active staff members working on COVID-19 response

77%

of our staff members have been redeployed to support our pandemic response

253

total active staff members

- ★ This number has fluctuated throughout our pandemic response based on response requirements and community need. While we have recently seen a decrease in our operating capacity, this number was much higher in the earlier days of our response.

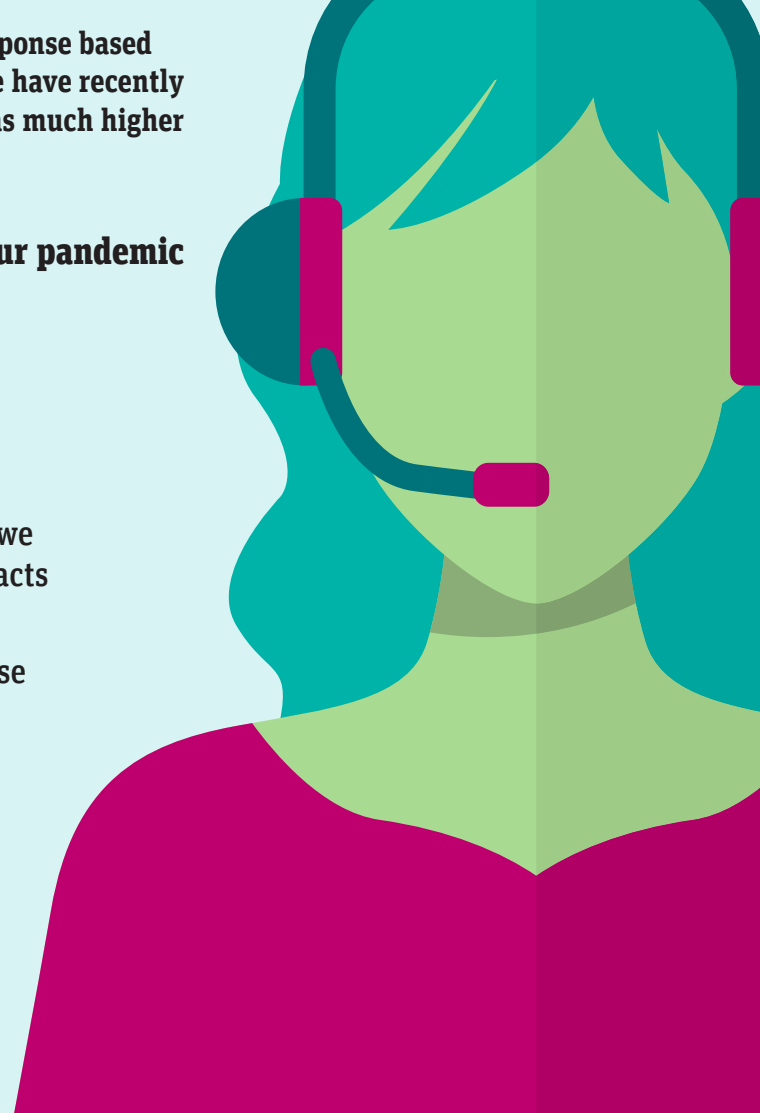
Additional resources are also required to support our pandemic response, including:

Staffing supports:

- Additional students and volunteers
- Newly recruited COVID-19 response assistants to support the public health call centre and ensure we keep up our ability to connect with all close contacts of cases
- Staff overtime hours to support COVID-19 response and essential services

Financial implications

- The current financial impact of our COVID-19 response is **\$588,500**
- Salaries & Benefits amount to **\$414,000**
- Operational expenses in the amount of **\$174,100**



Response activities

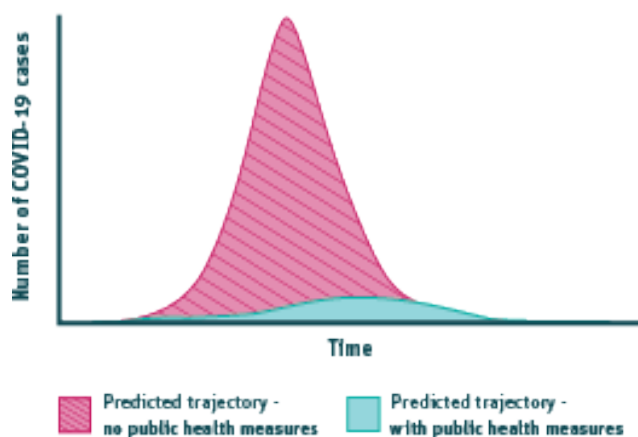
- Over **9,600** calls received and responded to in our COVID-19 call centre.
- Contacted all **64** cases within **24** hours to discuss test results and explore possible exposure settings.
- Identified, traced, and advised **418** people who had come into contact with confirmed cases of COVID-19.
- Conducted post-test follow-up calls.
- Provided support to prevent spread and respond to outbreaks in community settings.
- Coordinated targeted surveillance in **13** long-term care homes and **4** emergency child care centres.
- Posted daily status updates about testing and cases.
- Issued **20** news releases and **28** public service announcements on the latest COVID-19 developments with over **730,000** unique web page views.
- Processed and/or responded to over **182** media requests on COVID-19.
- Posted over **335** messages to Facebook. Reached **over 1,825,270** people and generated over **281,390** comments, clicks, reactions, or shares.

- Tweeted over **280** times. Had over **541,580** impressions and **over 36,800** clicks, retweets, likes, and replies.
- Developed and updated COVID-19 website content for over **689,000** unique page views.
- Encouraged testing with the development of **3** radio ads, **9** digital display ad series, and **1** search ad campaign.
- Launched health promotion and health protection campaigns to promote mental health, community supports, physical distancing, and handwashing.
- Engaged with community agencies and local partners including Indigenous partners, First Nation communities, municipalities, and partners supporting vulnerable populations.
- Conducted online and phone surveys of residents to better understand the public health impacts of COVID-19 in our community as well as how certain audiences are practising physical distancing.
- Maintained critical Public Health programs and services throughout COVID-19 response.

We are all making a difference

Public Health Sudbury & Districts works alongside stakeholders to coordinate activities at a local, provincial, and national level with the assistance of health care professionals and other agencies. Our combined response efforts are making a difference.

The combined effort of public health, our community and local partners is making a difference.



The **pink curve** shows the volume of COVID-19 cases that we would have experienced without public health measures.

The **blue curve** shows how public health measures, like physical distancing, help to contain the spread of COVID-19 and avoid a large spike in cases that could have overwhelmed the health care system.

But there is more work to do...

Adapted with permission from Halton Region Public Health.

Public health programs and services during COVID-19

Programs and services that are continuing (includes modified services)

- Immunization programming: by appointment only, with enhanced screening
- Needle Exchange Program, with enhanced screening
- Sexual Health Clinic: limited service, by appointment only, with enhanced screening
- Growing Family Clinic: limited service, by appointment only, with enhanced screening
- Healthy Babies Healthy Children home visiting: limited service, by appointment only
- Healthy Babies Healthy Children 48-hour postpartum calls
- Health Information Line
- Breastfeeding Clinic: limited service, by appointment only, with enhanced screening for clients
- Online prenatal classes: available via phsd.ca
- Quit Smoking Clinic: free one-on-one support by phone
- Circles Sudbury programming: limited services, by phone and modified for virtual platforms
- Dental:
 - Healthy Smiles Ontario: triaging for emergency care by phone
- Seniors Dental Program: triaging for emergency care and new applications by phone
- Health Protection programming including:
 - Food Safety: limited service
 - Communicable and Infectious Diseases Response and Control: by appointment only, with enhanced screening
 - Duty Inspector: by appointment only, with enhanced screening
 - Emergency Response
 - Safe Water Response (drinking/recreational water)
 - Rabies Control: enhanced screening measures for clients
 - On-site Sewage System Inspection: by appointment only
 - Health Hazard Response, including OBC complaints: by appointment only
 - Sporadic outbreak investigations
- Naloxone training, provision of kits, and reporting
- Redistributed deliveries from the Northern Fruit and Vegetable Program
- Stakeholder and partner engagement
- Community Drug Strategy work, including surveillance of local opioid-related events and community engagement
- North East Tobacco Control Area Network (NE TCAN) partnership, modified work
- Stay On Your Feet partnership; modified work
- Age Friendly Communities partnerships, modified work
- Support for food access initiatives such as community gardens
- Health promotion campaign development for topics such as mental health promotion, substance use, injury prevention, healthy eating, physical activity, and parenting
- Health promotion school-based and community-based programming, modified for virtual platforms



Public health programs and services that are temporarily suspended

- Car seat inspections
- School dental health screening
- School health
- Vision screening
- Parenting programs including Triple P and Bounce Back and Thrive
- Reaching In Reaching Out (RIRO) programming
- Onsite and mobile preventive dental clinics for Healthy Smiles Ontario
- Onsite preventive dental clinics for clients of the seniors dental program
- Non publicly funded and travel vaccination
- Smoke-Free Ontario Act enforcement
- Tuberculosis (LTBI/active)
- Exposure to ultraviolet radiation/sun safety programming

Moving forward together

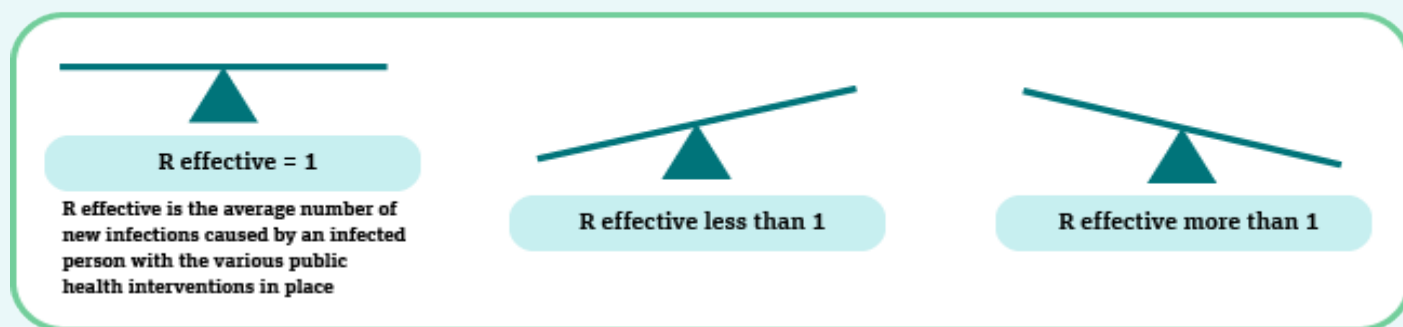
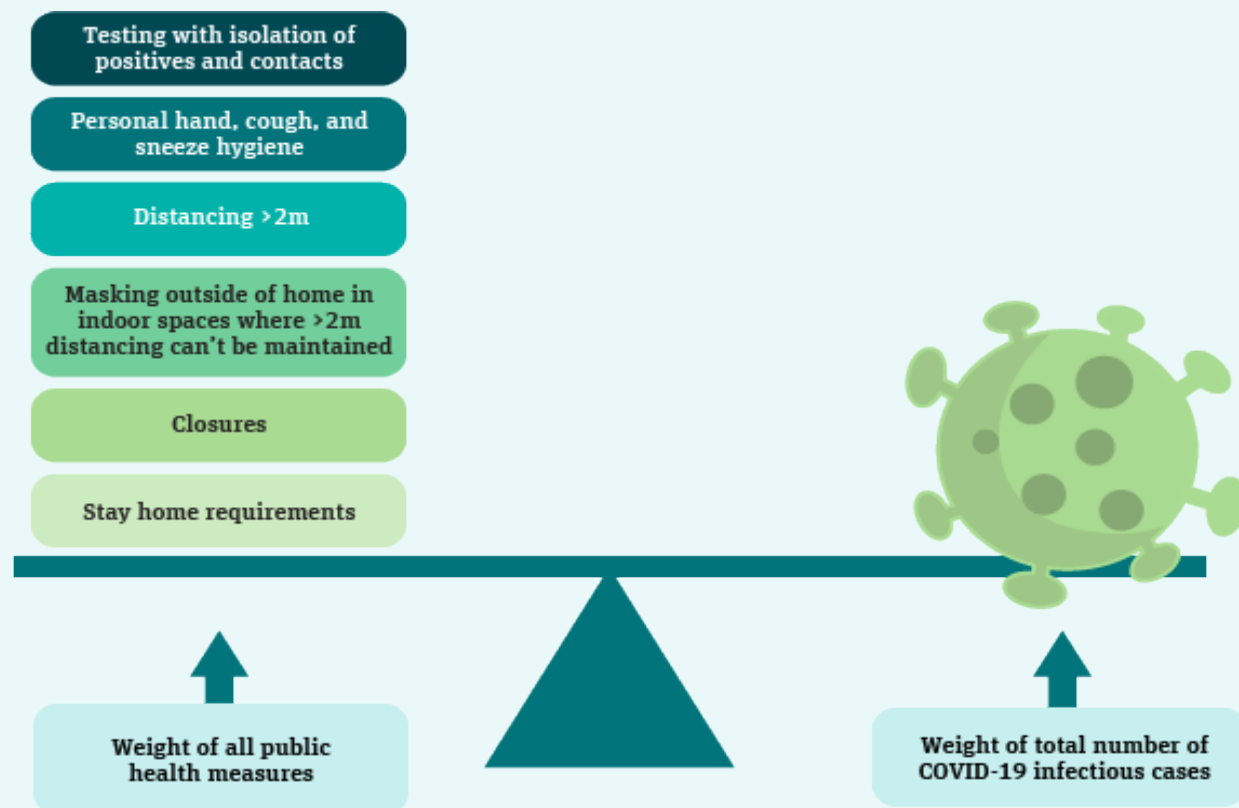
As public health measures scale back and businesses begin to open, we need to keep working together to prevent the spread of COVID-19.

We will assess local needs and relaunch public health programs and services as appropriate. We will aim to have the right balance of public health measures to keep COVID-19 cases in check.

It's important to keep following public health advice so that we can get through this together and stronger than ever!



Tipping the scales against COVID-19: Public Health measures need to be strong enough to keep COVID-19 cases in check



Adapted with permission from Ottawa Public Health.

Objectives:

- Get the economy going again by decreasing closures and stay home requirements
- Keep R effective less than 1 so that each day there will be fewer and fewer new cases

Strategy:

- Offset the decreases in weights of closures and stay home requirements by increasing the weights of the other public health measures

Intervention de Santé publique Sudbury et districts contre la COVID-19

Depuis le début du mois de mars 2020, Santé publique Sudbury et districts intervient activement contre la pandémie de COVID-19. Grâce à des mesures directes de santé publique à l'échelle locale, jumelées à nos solides rapports avec les collectivités et les organismes partenaires, tout le monde profite du meilleur système possible pour se protéger contre la COVID-19.

L'intervention contre la pandémie de COVID-19 s'est traduite par de nombreux changements dans tous les secteurs. À Santé publique, nous avons :



réaffecté plus de la moitié de nos effectifs à la COVID-19



concentré nos efforts sur les services cliniques afin de répondre aux besoins urgents



adopté des processus supplémentaires de triage, de programmation virtuelle et de distanciation physique

Ces changements nous permettent de fournir des services essentiels selon des méthodes nouvelles qui réduisent le risque de propagation du virus. Ainsi, nous pouvons nous concentrer sur l'intervention critique de Santé publique contre la COVID-19 tout en assurant la sécurité de nos collectivités. L'adaptation de nos services à la situation actuelle est régulièrement réévaluée et adaptée, au besoin.

Redéploiement et recrutement de personnel

Au cours des deux derniers mois, plus de **250** professionnels de la santé publique ont travaillé à réduire la propagation de la COVID-19 et à fournir des services essentiels de santé publique à l'échelle du Grand Sudbury et des districts de Sudbury et de Manitoulin.

Les infirmières-hygiénistes et infirmiers-hygiénistes, les inspecteurs de la santé publique, les diététistes, les nutritionnistes, les hygiénistes dentaires et le personnel de soutien ont recentré leurs efforts sur l'intervention contre la pandémie ou adapté les programmes et services essentiels de santé publique.

*** 111 %**

de notre capacité

196

employés actifs sont affectés à l'intervention contre la COVID-19

77 %

de nos effectifs ont été redéployés pour soutenir l'intervention contre la pandémie

253

employés actifs

★ À l'heure actuelle, nous fonctionnons à 111 % de notre capacité. Ce nombre a fluctué tout au long de notre intervention contre la pandémie en fonction des exigences de la situation et des besoins de la population. Bien que nous ayons récemment assisté à une diminution de notre capacité opérationnelle, il était bien plus élevé au début de notre intervention.

Des ressources supplémentaires doivent aussi être affectées à l'intervention contre la pandémie :

Dotation :

- Étudiants et bénévoles supplémentaires
- Assistants ou assistants à l'intervention contre la COVID-19 nouvellement recrutés pour soutenir le centre d'appels de Santé publique et s'assurer que nous maintenons notre capacité à communiquer avec toutes les personnes ayant eu des contacts étroits avec des personnes atteintes
- Heures supplémentaires pour soutenir l'intervention contre la COVID-19 et les services essentiels

Répercussions financières

- L'incidence financière de notre intervention contre la COVID-19 se chiffre actuellement à **588 500 \$**
- Les salaires et les avantages sociaux s'élèvent à **414 000 \$**
- Les frais d'exploitation s'établissent à **174 100 \$**

Activités d'intervention

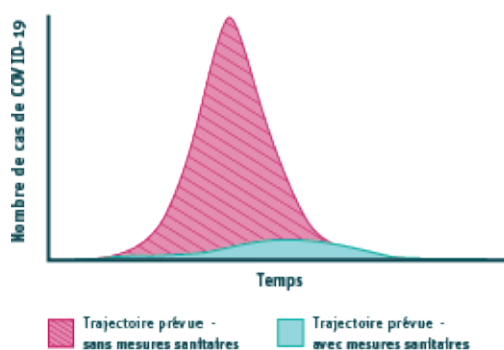
- Nous avons reçu plus de **9 600** appels à notre centre d'appels pour la COVID-19 et y avons répondu.
- Nous avons communiqué avec les **64** personnes atteintes dans un délai de **24** heures pour discuter des résultats de test et examiner les cadres d'exposition possibles.
- Nous avons identifié, recherché et conseillé **418** personnes qui avaient eu des contacts avec des cas confirmés de COVID-19.
- Nous avons effectué des appels de suivi post-test.
- Nous avons offert du soutien pour prévenir la propagation et réagir aux éclosions dans des cadres communautaires.
- Nous avons coordonné une surveillance ciblée dans **13** maisons de soins de longue durée et **4** garderies d'urgence.
- Nous avons publié des mises à jour quotidiennes sur le dépistage et les cas.

- Nous avons publié **20** communiqués et **28** messages d'intérêt public sur les dernières nouvelles qui concernaient la COVID-19 et avons récolté plus de **730 000** visionnements sur notre page Web.
- Nous avons traité plus de **182** demandes des médias sur la COVID-19.
- Nous avons publié plus de **335** messages sur Facebook, et nous avons touché **plus de 1 825 270** personnes et généré plus de **281 390** commentaires, clics, réactions ou partages.
- Nous avons produit plus de **280** gazouillis. Nous avons enregistré plus de **541 580** impressions et **plus de 36 000** clics, gazouillis partagés, mentions j'aime et réponses.
- Nous avons élaboré et mis à jour du contenu Web sur la COVID-19 qui a engendré plus de **689 000** visionnements de page.
- Nous avons encouragé le dépistage en mettant au point **3** annonces à la radio, **9** séries d'annonces par affichage numérique et **1** campagne publicitaire de recherche.
- Nous avons lancé des campagnes de promotion et de protection de la santé afin de promouvoir la santé mentale, le soutien communautaire, la distanciation physique et le lavage des mains.
- Nous nous sommes engagés auprès d'organismes communautaires et de partenaires locaux, y compris des organismes autochtones, des groupes des Premières Nations, des municipalités et des partenaires qui aident les populations vulnérables.
- Nous avons mené des sondages en ligne et par téléphone auprès des résidents et résidentes afin de mieux comprendre les effets de la COVID-19 du point de vue de la santé publique dans notre collectivité, et la manière dont certaines tranches de la population pratiquent la distanciation physique.
- Nous avons maintenu des programmes et services essentiels de Santé publique tout au long de l'intervention contre la COVID-19.

Nous changeons tous les choses

Santé publique Sudbury et districts collabore avec des parties prenantes afin de coordonner les activités à l'échelle locale, provinciale et nationale, avec l'aide de professionnels de la santé et d'autres organismes. Nos efforts combinés changent les choses.

L'effort combiné de Santé publique, de notre collectivité et des partenaires locaux change les choses.



La **courbe rose** montre le volume de cas de COVID-19 que nous aurions enregistré sans mesures sanitaires.

La **courbe bleue** montre en quoi les mesures sanitaires comme la distanciation physique aident à contenir la propagation de la COVID-19 et permettent d'éviter qu'une grande pointe de cas crée peut-être un engorgement du système de santé.

Mais il y a encore du travail à faire...

Programmes et services de Santé publique pendant la pandémie de COVID-19

Programmes et services poursuivis (incluant les services modifiés)

- Programmes d'immunisation : sur rendez-vous seulement, avec triage accru
- Programme d'échange de seringues, avec triage accru
- Clinique de santé sexuelle : service restreint, sur rendez-vous seulement, avec triage accru
- Clinique de santé de la famille en croissance : service restreint, sur rendez-vous seulement, avec triage accru
- Visite à domicile dans le cadre de Bébés en santé, enfants en santé : service restreint, sur rendez-vous seulement
- Appels post-partum dans les 48 heures dans le cadre de Bébés en santé, enfants en santé
- Ligne info-santé
- Clinique d'allaitement : service restreint, sur rendez-vous seulement, avec triage accru
- Cours prénataux en ligne : offerts par phsd.ca
- Clinique de renoncement au tabac : soutien individuel gratuit par téléphone
- Programmes de Cercles Sudbury : services restreints, par téléphone et adaptés aux plateformes virtuelles.
- Soins dentaires :
 - Beaux sourires Ontario : triage pour les soins urgents par téléphone
- Programme de soins dentaires pour les aînés : triage pour les soins urgents et les nouvelles demandes par téléphone
- Programmes de protection de la santé :
 - Sécurité alimentaire : service restreint
 - Intervention et contrôle pour les maladies transmissibles et infectieuses : sur rendez-vous seulement, avec triage accru
 - Inspecteur de garde : sur rendez-vous seulement, avec triage accru
 - Intervention en cas d'urgence
 - Intervention pour la qualité de l'eau (eau potable ou utilisée à des fins récréatives)
 - Contrôle de la rage : mesures de triage accrues
 - Inspection sur place des réseaux d'égout : sur rendez-vous seulement
 - Intervention en cas de danger pour la santé, y compris pour les plaintes liées au Code du bâtiment de l'Ontario : sur rendez-vous seulement
 - Enquêtes sur les éclosions sporadiques
- Formation sur la naloxone, fourniture de trousse et signalement
- Livraisons redistribuées provenant du Programme de distribution de fruits et de légumes dans le Nord de l'Ontario
- Mobilisation des parties prenantes et des partenaires
- Travail concernant la Stratégie communautaire contre les drogues, y compris la surveillance des événements liés aux opioïdes à l'échelle locale et la mobilisation communautaire
- Réseau de contrôle du tabac du Nord-Est (travail modifié)
- Avancez de pied ferme (travail modifié)
- Partenariats pour des collectivités amies des aînés (travail modifié)
- Soutien des initiatives d'accès à la nourriture comme les jardins communautaires
- Campagne de promotion de la santé (p. ex., promotion de la santé mentale, consommation d'alcool et d'autres drogues, prévention des blessures, saine alimentation, activité physique et art d'être parent)
- Programmes de promotion de la santé en milieu scolaire et communautaire, adaptés aux plateformes virtuelles



Programmes et services de Santé publique temporairement suspendus

- Inspections de sièges d'auto
- Dépistage des problèmes de santé dentaire en milieu scolaire
- Santé en milieu scolaire
- Dépistage des troubles de la vue
- Programmes sur l'art d'être parent, dont Triple P et Bounce Back and Thrive
- Programmes Reaching In Reaching Out (RIRO)
- Cliniques de soins dentaires préventifs sur place et mobiles pour Beaux sourires Ontario
- Cliniques de soins dentaires préventifs sur place pour les personnes participant au Programme de soins dentaires pour les aînés
- Vaccins non financés par le secteur public et pour les voyageurs
- Application de la Loi favorisant un Ontario sans fumée
- Tuberculose (infection tuberculeuse latente ou maladie tuberculeuse active)
- Exposition au rayonnement ultraviolet et programmes de sécurité au soleil

Avancer ensemble

Alors que les mesures sanitaires sont réduites et que les entreprises commencent à rouvrir leurs portes, nous devons continuer de collaborer afin de prévenir la propagation de la COVID-19.

Nous évaluerons les besoins locaux et relancerons les programmes et services de santé publique, le cas échéant. Nous nous efforcerons de bien équilibrer les mesures de santé publique afin de contrôler les cas de COVID-19.

Il est important de continuer à suivre les conseils de santé publique afin que nous puissions nous en sortir ensemble et plus fort que jamais!



Faire pencher la balance contre la COVID-19 : les mesures de santé publique doivent être suffisamment rigoureuses pour permettre de contrôler les cas de COVID-19.

Dépistage avec isolement des personnes atteintes et des personnes avec qui elles ont eu des contacts

Hygiène personnelle relative aux mains, à la toux et aux éternuements

Distanciation de plus de deux mètres

Port du masque à l'extérieur du foyer dans les lieux intérieurs où la distance de plus de deux mètres ne peut être maintenue

Fermetures

Obligations de rester chez soi



Poids de toutes les mesures de santé publique

Poids du nombre total de cas infectieux de COVID-19

Taux réel de reproduction égal à 1

Un taux réel de reproduction de 1 correspond au nombre moyen de nouvelles infections causées par une personne atteinte, compte tenu des différentes mesures de santé publique en place.

Taux réel de reproduction inférieur à 1

Taux réel de reproduction supérieur à 1

Adapté avec la permission de Santé publique Ottawa.

Objectifs :

- Relancer l'économie en diminuant les fermetures et les obligations de rester chez soi.
- Garder le taux réel de reproduction inférieur à 1 afin que chaque jour les nouveaux cas soient de moins en moins nombreux.

Stratégie :

- Compenser la diminution du poids des fermetures et des obligations de rester chez soi en augmentant celui des autres mesures de santé publique.

Ministry of Health

Office of Chief Medical Officer of
Health, Public Health
393 University Avenue, 21st Floor
Toronto ON M5G 2M2

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

Ministère de la Santé

Bureau du médecin hygiéniste en
chef, santé publique
393 avenue University, 21^e étage
Toronto ON M5G 2M2

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

May 29, 2020

MEMORANDUM

TO: Medical Officers of Health and Associate Medical Officers of Health

RE: Public Health Inspection of Programs

Dear Colleagues:

As Ontario begins to loosen public health restrictions and allow certain businesses, services, and public spaces to re-open, we wanted to provide minimum guidance regarding public health inspections. While there have been no decisions with regard to when facilities may be permitted to re-open, public health units may want to consider the following in preparation for the phased approach as outlined in *A Framework for Reopening our Province*:

- Continue to respond to COVID-19, allocating resources where necessary;
- Continue to conduct investigations in response to injury or illness reports (e.g., foodborne illness, IPAC lapses);
- Consider a risk-based inspection approach for re-opening and routine inspections including seasonal or new premises/facilities;
- Where possible, consider using phone consultations prior to on-site inspection; and
- While conducting inspections in accordance with applicable legislation/regulations, consider sharing COVID-19 related guidance (listed below) with business operators and direct any workplace questions or concerns to the appropriate ministry or municipal by-law as needed.

In accordance with the Ontario Public Health Standards and related protocols, the following do not need re-opening inspections:

- Food premises;
- Personal service settings;
- Child care settings;
- Day camps;
- Small drinking water systems;
- Splash pads; and
- Wading pools.

Although there are no decisions at this time regarding when some of these facilities may be permitted to re-open, at a minimum, facilities that require inspection prior to re-opening include public pools, spas and public beaches.

When conducting inspections, in accordance with the applicable legislation/regulations, please refer business operators to [Sector-Specific Guidance Documents](#) that are made available by the Ministry of Labour, Training and Skills Development. These documents cover a variety of settings, including:

Restaurant and food services sector; Food processing sector; Food retail; Personal Service Settings; Restaurant servers, cooks and dishwashers, to name a few. If unavailable, please refer business operators to the Ministry of Health [Guidance Document for Essential Workplaces](#).

Sincerely,

Original signed by

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

cc: Dr. Barbara Yaffe, Associate Chief Medical Officer of Health
Dr. David McKeown, Associate Chief Medical Officer of Health
Nina Arron, Director, Health Protection and Surveillance and Programs Branch
Colleen Kiel, Director, Strategy and Planning Branch

Briefing Note

To: René Lapierre, Chair, Board of Health

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: June 11, 2020

Re: Infrastructure Modernization Projects

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

The Board of Health was apprised at its February 12, 2020, meeting of the various assessments conducted to inform the agency's need for physical and technological infrastructure modernization. This modernization is grounded in the need to ensure efficient operations and maintain alignment with evolving legislative requirements and service needs.

Infrastructure projects are not budgeted for within the Board's annual operating budget. However, the Board of Health has established reserve funds for this purpose and there is no need to seek additional funding to complete this critical work. As per the February 12 briefing note, staff has followed agency procurement policies and procedures and per By-Law G-I-70, is seeking approval for transfers from reserve for infrastructure modernization projects previously described.

Recommended Action:

That the Board of Health, per By-Law G-I-70, authorize the Medical Officer of Health/CEO to transfer up to \$6.5M from the *Facility and Equipment Repairs and Maintenance* and *Public Health Initiatives* Reserve Funds to the operating budget to offset expenses related to the infrastructure modernization projects.

Background:

As per the organization's Invitational Competitive Process for Procurement of Goods and Services Policy E-IX-15 and Procedure E-IX-16, two requests for proposals (RFP) were issued for the provision of architectural services, including the pre-design, basic services and project management services, construction administration and oversight for the physical modernization of Public Health Sudbury & Districts main office and Rainbow Centre locations. The RFPs are attached for information.

The RFP for the physical infrastructure modernization of 1300 Paris Street was posted on March 3, 2020. At closing on April 16, four proponents had submitted proposals.

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

Following a public opening of the proposals on April 17, 2020, an evaluation/selection committee was established to review and assess the proposals based on established and published criteria. Using the data collected, the evaluation committee selected their preferred proponent and a recommendation was submitted to MOH/CEO. The successful proponent has been advised with next steps involving contract development.

Public Health also issued a separate RFP for the Senior Dental Clinic and Public Health Services & Treatment Clinic Project on March 3, 2020. At closing on April 23, a total of 9 proposals were received. Following a public opening of the proposals on April 24, 2020, an evaluation/selection committee was established to review and assess the proposals. Using the data collected, the evaluation committee selected their preferred proponent and a recommendation was submitted to MOH/CEO. The successful proponent has been advised with next steps involving contract development.

COVID Considerations:

The provincial measures implemented in response to COVID-19 included the stoppage of many construction projects that were considered non-essential. Although those restriction have now been lifted and some construction projects have resumed, many projects have been delayed to 2021. As the economy reopens slowly within the COVID-19 environment, we have been advised that the timing of these projects will provide us with access to the needed labour at fair prices. With many construction projects being delayed to 2021, and the likely infusing of dollars to stimulate the economy through infrastructure funding, it is anticipated that demand for labour and materials will increase in 2021.

PHSD moved the majority of its workforce to work remotely at the onset of COVID-19. This has created an opportunity that will be extremely valuable during the construction phase of this project. With the ability to have staff work remotely, many of our programs and services will continue to be supported with less disruption than if all our staff were working on site.

Lastly, the timing of this project provides us the opportunity to incorporate the new norms of physical distancing within our modernization plans.

Financial Implications:

The Board of Health has long recognized the importance of establishing reserve funds with the understanding that reserves form an integral part of sound financial management. Financial reserves are a prudent way to provide the organization with resources for known future infrastructure investments and future planned projects that support the vision and mission of the organization.

Based on the aging infrastructure and rising costs of failing building systems, changing program needs, and legislative requirements, the organization must invest in its physical and technological infrastructure. This briefing note addresses the physical infrastructure needs.

1300 Paris Street

Renovating an old building can involve challenges not experienced in a new build. Initial estimates based on a review of project deliverables is estimated to be between \$3 to \$5.5M. The higher end costs would entail a full and complete replacement of the HVAC system should that been deemed necessary.

The agency will be submitting a capital infrastructure funding application for this project. The process takes time and based on the current provincial financial constraints, is unlikely to yield any support. Having said that, all funding opportunities will be explored as additional support to this initiative.

Rainbow Centre

As noted in the February 12th briefing note, Public Health Sudbury & Districts has submitted a capital funding application for the Dental Clinic and if successful, we will use this funding to offset the physical infrastructure changes to the Rainbow Centre office. The initial estimate for the Dental Clinic is \$1.6M. The costs for the Health Services & Treatment Clinic component of the Rainbow Centre project is estimated to be \$1.4M (funded through reserves) for a total project cost of \$3M.

The Ministry has delayed its assessment of applications during the current COVID-19 response. As the Ministry begins to turn its attention to outstanding program and funding decisions, we anticipate that we will see a response in late summer early fall.

The Board of Health can expect to receive regular reports on the status of the projects through the MOH reports to the board.

Ontario Public Health Standard:
Organizational Requirements**Strategic Priority:**
Organizational Commitment**Contact:**
France Quirion, Director, Corporate Services

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment



Public Health
Santé publique
SUDBURY & DISTRICTS

***The Board of Health for the Sudbury
and District Health Unit, operating as
PUBLIC HEALTH
SUDBURY & DISTRICTS***

Request for Proposal

**1300 Paris Street
Infrastructure Modernization Project**

Date Issued: March 3, 2020

Proposal Submission Deadline: April 16, 2020

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Part 1 – Introduction

1.1 Invitation to Proponents

This Request for Proposals ("RFP") is an invitation to prospective Proponents to submit Proposals for the provision Project Management services required as further described in Part 2 - The Deliverables (the "Deliverables"). This RFP is issued by Public Health Sudbury & Districts.

1.2 RFP Not Tender

This RFP is not a tender call. This RFP does not commit Public Health Sudbury & Districts in any way to select a Preferred Proponent to proceed to negotiations for an Agreement, or to award any Agreement. Public Health Sudbury & Districts reserves the complete right to, at any time, reject all Proposals and to terminate this RFP process. This RFP is not intended to create, and should not be construed as creating, contractual relations between Public Health Sudbury & Districts and any Proponent.

1.3 Definitions

Unless otherwise specified in this RFP, capitalized words and phrases have the following meaning in this RFP.

"Agreement" means a formal written contract between Public Health Sudbury & Districts and a Preferred Proponent for the delivery of the Deliverables.

"Conflict of Interest" includes, but is not limited to, any situation or circumstance where:

- (a) in relation to the RFP process, the Proponent has an unfair advantage or engages in conduct, directly or indirectly, that may give it an unfair advantage, including but not limited to (i) having or having access to information in the preparation of its Proposal that is confidential to Public Health Sudbury & Districts and not available to other Proponents; (ii) communicating with any person with a view to influencing preferred treatment in the RFP process; or (iii) engaging in conduct that compromises or could be seen to compromise the integrity of the open and competitive RFP process and render that process non-competitive and unfair; or
- (b) in relation to the performance of its contractual obligations in an Public Health Sudbury & Districts contract, the Proponent's other commitments, relationships or financial interests (i) could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of its independent judgment; or (ii) could or could be seen to compromise, impair or be incompatible with the effective performance of its contractual obligations.

"Deadline for Issuing Addenda" means the date specified as such in Section 5.1.1.

"Deliverables" has the meaning specified in Section 1.1.

"Delivery Address" means the address specified in Section 5.1.1.

"Public Health Sudbury & Districts Contact" means Public Health Sudbury & Districts representative identified in Section 1.4.

"Personal Information" means recorded information about an identifiable individual or that may identify an individual.

"Preferred Proponent" means the Proponent selected by Public Health Sudbury & Districts to enter into negotiations for an Agreement.

"Proponent" means an entity that submits a Proposal.

"Proponent's Deadline for Questions" means the date specified as such in Section 5.1.1.

"Proposal" means a proposal submitted in response to this RFP.

"Proposal Submission Deadline" means the date specified as such in Section 5.1.1.

"Reference Form" means the Reference Form attached as Appendix B.

"Registration Form" means the Registration Form attached as Appendix A.

"RFP" has the meaning specified in Section 1.1. "Service Provider" means the Preferred Proponent that ultimately executes an Agreement.

1.4 Public Health Sudbury & Districts Contact

All Proposal submission must be sent in confidence to:

RFP – 1300 Paris Street Infrastructure Modernization Project
Public Health Sudbury & Districts
1300 Paris Street
Sudbury, ON P3E 3A3
Attention: Purchasing Department – Finance Clerk

Questions about submitting a Proposal or submission status may be sent to:

Katarina Skilliter – Finance Clerk
Email: purchasing@phsd.ca
Telephone: 705.522.9200, ext. 485
Toll-free: 1.866.522.9200

Questions relating to the Scope of Work and the Deliverables must be sent in writing via email to:

France Quirion, Director, Corporate Services
Email: quirionf@phsd.ca

Part 2 – The Deliverables

2.1 Overview

This RFP is an invitation to prospective Proponents to submit Proposals for the provision of architectural services including design, preparation of construction documents, and construction administration and overall project management services for the modernization of Public Health Sudbury & Districts' main location of 1300 Paris Street, Sudbury, Ontario.

1300 Paris Street is the head office for Public Health Sudbury & Districts. It has 47,000 square feet and houses approximately 220 staff members. It offers a host of services such as:

- Breastfeeding Clinic
- Car Seat Inspections
- Family Health Clinic
- Food Handler Training and Certification Class
- Immunization (Vaccination) Clinic
- Parenting Classes
- Prenatal Classes
- Quit Smoking Clinic
- Skate Exchange
- Travel immunization
- Needle Exchange Program

1300 The main office was built 47 years ago in 1973 with extensive renovations conducted in 2002 where a new section was added to the building growing the space to 47,000 square feet.

2.2 Description of Deliverables

The Service Provider will provide overall project management services, architectural services including design, preparation of construction documents, tendering of projects, and construction administration for the modernization of current infrastructure.

Please refer to **Schedule A** for a detailed description of the work.

2.3 Background

2.3.1 Public Health Sudbury & Districts

Public Health Sudbury & Districts is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence-informed practice. With a head office in the City of Greater Sudbury and four branch offices throughout the districts of Sudbury and Manitoulin, Public Health Sudbury & Districts has a staff of over 250 who deliver provincially legislated public health programs and services. Public Health Sudbury & Districts is governed by an autonomous Board of Health and has strong community and inter-agency partnerships including the Northern Ontario

School of Medicine and Laurentian University. Public Health Sudbury & Districts has an enriched public health practice environment that fosters research, ongoing education, and the development of innovative programs and services.

Public Health Sudbury & Districts is part of a provincial network of 35 non-profit public health agencies, funded jointly by local and provincial governments. These health units, together with the Public Health Branch of the Ministry of Health and Long-Term Care, public health laboratories, and primary health care providers comprise the formal public health system of the province.

Public Health Sudbury & Districts operates on five (5) sites with our main office in Sudbury, and satellite offices in Chapleau, Espanola, Manitoulin Island, and St. Charles. Public Health Sudbury & Districts spans 46,475 square kilometers on the northern shore of Georgian Bay. The area includes the City of Greater Sudbury, and the Sudbury and Manitoulin districts.

Public Health Sudbury & Districts works with individuals, families, within these communities, partnering with agencies to promote and to protect health and to prevent disease. Public health programs and services are geared toward people of all ages and are delivered in a variety of settings including workplaces, day care and educational settings, homes, health care settings and community spaces.

Part 3 – Proposal Submission Requirements

3.1 Proposal Contents

Proponents are encouraged to submit Proposals that conform to the following section headings and requirements. Failure to conform may impair the Proposal review process, possibly to the detriment of the Proponent.

- 3.1.1 An "Introduction" giving a brief description of the Proponent's relevant experience, comments on the proposed scope of work, overall approach to the work and identification of any sub-consultants.
- 3.1.2 A "Project Management" section showing how the required Deliverables will be provided.
- 3.1.3 A "Fees and Costs" section showing a breakdown of costs.

This section is to allow for a detailed cost analysis if applicable. If costing for the project is expected to be "fee for service only, then no need to elaborate with breakdown other than applicable taxes. The evaluation of the costing element of a project is always done from the amount before taxes. Please provide costing by project deliverables.

| Deliverables | Fees & Costs |
|--|-------------------------|
| Overall Project Management (including contract administration) | |
| Architectural Services (including all required permits) | |
| Preparation of Contract Documents | |
| Tendering of projects construction/leasehold improvements | |
| Other: | |
| Subtrade/Contractor/Construction Costs | |
| Total (does not include applicable Taxes) | |

Public Health Sudbury & Districts will not pay or reimburse consultants for hospitality, food and incidental expenses, and such items should not be included in submissions.

- 3.1.4 A "Subcontractor Section", if the Proponent is proposing to employ a subcontractor, describing the Proponent's arrangements with the subcontractor (and including a copy of the subcontractor's Proposal to perform that portion of the work).
- 3.1.5 An "Experience Section" describing the Proponent's relevant experience, supported by illustrative material relating to past projects.
- 3.1.6 An "Appendix" showing the curricula vitae of professional staff of the Proponent and any subcontractor.
- 3.1.7 A Registration Form (Appendix A), separate from the Proposal, signed by an authorized officer.
- 3.1.8 A Reference Form (Appendix B), separate from the Proposal, listing three persons for whom the Proponent has provided goods and/or services similar to the Deliverables within the past five years.

Part 4 – Evaluation of Proposals and Selection

4.1 Stage I – Compliance with Submission Criteria

Stage I of the evaluation process will consist of a review to determine which Proposals comply with all of the submission criteria of this RFP. Proposals that do not comply with all of the submission criteria, may, subject to the express and implied rights of Public Health Sudbury & Districts, be disqualified and not evaluated further.

Submission requirements, which Proponents are requested to provide in their Proposals, are listed below.

4.1.1 Registration Form (Appendix A) – Mandatory

Each Proposal should include a Registration Form completed and signed by the Proponent.

In addition to the other information and representations made by each Proponent in the Registration Form, each Proponent must declare whether it has an actual or potential Conflict of Interest.

If, at the sole and absolute discretion of Public Health Sudbury & Districts, the Proponent is found to be in a Conflict of Interest, Public Health Sudbury & Districts may disqualify the Proposal submitted by the Proponent.

The Proponent, by submitting the Proposal, warrants that to its best knowledge and belief no actual or potential Conflict of Interest exists with respect to the submission of the Proposal or performance of the contemplated Agreement other than those disclosed in the Registration Form. Where Public Health Sudbury & Districts discovers a Proponent's failure to disclose all actual or potential Conflicts of Interest, Public Health Sudbury & Districts may disqualify the Proponent or terminate any contract awarded to that Proponent pursuant to this procurement process.

4.1.2 Reference Form (Appendix B) – Mandatory

Each Proposal should include a Reference Form completed by the Proponent according to the instructions contained in that form. The name and telephone number of a contact person for each reference and a brief outline of the nature of the goods and/or services provided should be included.

Public Health Sudbury & Districts, in its sole discretion, may confirm the Proponent's experience and/or ability to provide the Deliverables by checking the Proponent's references.

4.2 Stage II – General Criteria

Stage II of the evaluation process will consist of evaluating Proposals based on the following general criteria:

| | Category | Weight |
|-------|--|--------|
| 4.2.1 | Experience, Skills, and Qualifications: Experience, satisfactory performance on similar completed projects. Number, qualifications and relevant experience of personnel to be assigned to the proposed team. | 30 |
| 4.2.2 | Proposal: The depth and detail of the Proposal, which indicates an understanding of the scope, size, and complexity of the Deliverables. | 20 |

| | Category | Weight |
|--------------|--|--------|
| 4.2.3 | Project Management: The proposed schedule for delivery of the Deliverables, management of the work, delegation of responsibility, work plans, cost control, reporting and quality control, and subcontracting arrangements. | 30 |
| 4.2.4 | Fees and Costs: The Proponent's proposed fees and costs. All prices quoted shall be in Canadian Dollars. Prices shall also be quoted net of the Harmonized Sales Tax (HST) and any other federal or provincial taxes, if any, which may apply. | 20 |

The scoring criteria and weighting may be changed based on RFP needs.

Public Health Sudbury & Districts will not be limited to the criteria referred to above, and Public Health Sudbury & Districts may consider other criteria that Public Health Sudbury & Districts identifies as relevant during the evaluation process. Public Health Sudbury & Districts may apply the evaluation criteria on a comparative basis, evaluating the Proposals by comparing one Proponent's Proposal to another Proponent's Proposal. All criteria considered will be applied evenly and fairly to all Proposals. In the event of a tie score, the selected Proponent will be determined on the basis of the Proponent with the highest rated score for pricing.

Public Health Sudbury & Districts reserves the right and discretion to divide up the Deliverables, either by scope, geographic area, or other basis as Public Health Sudbury & Districts may decide, and to select one or more Preferred Proponents to enter into discussion with Public Health Sudbury & Districts for one or more Agreements to perform a portion or portions of the Deliverables. If Public Health Sudbury & Districts exercises its discretion to divide up the Deliverables, Public Health Sudbury & Districts will do so reasonably having regard for the RFP and the basis of Proposals.

In addition to any other provision of this RFP, Proposals may be evaluated on the basis of advantages and disadvantages to Public Health Sudbury & Districts that might result or be achieved from Public Health Sudbury & Districts dividing up the Deliverables and entering into one or more Agreements with one or more Proponents.

4.3 Stage III – Short List and Further Evaluation

Public Health Sudbury & Districts may, in its sole and absolute discretion, short list one or more Proponents for further evaluation, including by way of interview, presentation and/or demonstration.

4.4 Stage IV – Selection of Preferred Proponent

At the conclusion of Stage III, a Preferred Proponent or Preferred Proponents may be selected.

4.5 Stage V – Negotiation of Agreement(s) and Award

If Public Health Sudbury & Districts selects a Preferred Proponent or Preferred Proponents, then it may:

- a) enter into an Agreement with the Preferred Proponent(s); or
- b) enter into discussions with the Preferred Proponent(s) to clarify any outstanding issues and attempt to finalize the terms of the Agreement(s), including financial terms. If discussions are successful, Public Health Sudbury & Districts and the Preferred Proponent(s) will finalize the Agreement(s); or
- c) if at any time Public Health Sudbury & Districts reasonably forms the opinion that a mutually acceptable Agreement is not likely to be reached within a reasonable time, give the Preferred Proponent(s) written notice to terminate discussions, in which event Public Health Sudbury & Districts may then either open discussions with another Proponent or terminate the RFP and retain or obtain the Deliverables in some other manner.

Part 5 – Terms and Conditions of the RFP Process

5.1 General Information and Instructions

5.1.1 Timetable

The following is the schedule for this RFP:

| Issue Date of RFP, RFQ or RFT | March 3, 2020 |
|--------------------------------------|--|
| Management Site visit | March 12, 2020 |
| Proponents – Deadline for Questions | March 20, 2020 |
| Posting of Responses to Questions | March 27, 2020 |
| Proposal Submission Deadline | April 16, 2020, 15:30 EDT |
| Public Opening of RFP Submissions | April 17, 2020, 3:00 EDT 1300 Paris Street, Sudbury |

The RFP timetable is tentative only and may be changed by Public Health Sudbury & Districts in its sole discretion.

5.1.2 Proponents to Follow Instructions

Proponents should structure their Proposals in accordance with the instructions in this RFP. Where information is requested in this RFP, any response made in a

Proposal should reference the applicable section numbers of this RFP where that request was made.

5.1.3 Proposals in English

All Proposals should be in English only. Any Proposals received by Public Health Sudbury & Districts that are not entirely in the English language may be disqualified.

5.1.4 Public Health Sudbury & Districts' Information in RFP Only an Estimate

Public Health Sudbury & Districts and its advisors make no representation, warranty or guarantee as to the accuracy of the information contained in this RFP or issued by way of addenda. Any quantities shown or data contained in this RFP or provided by way of addenda are estimates only and are for the sole purpose of indicating to Proponents the general size of the work.

It is the Proponent's responsibility to avail itself of all the necessary information to prepare a Proposal in response to this RFP.

5.1.5 Proponents Shall Bear Their Own Costs

The Proponent shall bear all costs associated with or incurred in the preparation and presentation of its Proposal including, if applicable, costs incurred for interviews, presentations, or demonstrations.

5.2 Communication after Issuance of RFP

5.2.1 Proponents to Review RFP

Proponents are advised to examine all of the documents comprising this RFP and:

- a) are requested to report any errors, omissions, or ambiguities; and
- b) may direct questions or seek additional information,

in writing by email to Katarina Skilliter, Finance Clerk at purchasing@phsd.ca on or before the Proponents' Deadline for Questions to Public Health Sudbury & Districts. All questions submitted by Proponents by email to Public Health Sudbury & Districts Contact shall be deemed to be received once the email has entered into Public Health Sudbury & Districts Contact's email inbox. No such communications should be directed to anyone other than Public Health Sudbury & Districts Contact.

It is the responsibility of the Proponent to seek clarification from Public Health Sudbury & Districts Contact on any matter it considers to be unclear. Public Health Sudbury & Districts shall not be responsible for any misunderstanding on the part of the Proponent concerning this RFP or its process.

Public Health Sudbury & Districts is under no obligation to provide additional information but may do so at its sole discretion.

To ensure consistency and quality of information provided to Proponents, Public Health Sudbury & Districts will collect all inquiries and respond to all inquiries by way of a written response that will be communicated to all Proponents, either by (a) posting on Public Health Sudbury & Districts website and on any other site on which this RFP was posted, or (b) sending an email or facsimile if the RFP was not posted, on the date specified in Section 5.1.1, without revealing the sources of the inquiries.

5.2.2 All New Information to Proponents by Way of Addenda

This RFP will only be amended by an addendum in accordance with this section. If Public Health Sudbury & Districts, for any reason, determines that it is necessary to provide additional information (including responses to questions) relating to this RFP, such information will be communicated to all Proponents by addenda either (a) posted on Public Health Sudbury & Districts website and on any other site on which this RFP was posted, or (b) emailed or transmitted by facsimile if the RFP was not posted, by the date specified in Section 5.1.1.

Each addendum shall form an integral part of this RFP.

Such addenda may contain important information including significant changes to this RFP. Proponents are responsible for obtaining all addenda issued by Public Health Sudbury & Districts.

5.2.3 Post-Deadline Addenda and Extension of Proposal Submission Deadline

If any addendum is issued after the Deadline for Issuing Addenda, Public Health Sudbury & Districts may at its discretion extend the Proposal Submission Deadline for a reasonable amount of time.

5.3 Submission of Proposals

5.3.1 Proposals Submitted Only in Prescribed Manner

Proposals should be submitted by the following method:

A Proponent should submit one, password protected, electronic copy and four original copies of the Proposal, with the Registration Form signed by an authorized representative of the Proponent, (prominently marked "Original") to:

Electronic copy to:
purchasing@phsd.ca

and

Password to:
France Quirion, Director Corporate Services
quirionf@phsd.ca

Four original copies to:
1300 Paris Infrastructure Modernization
Public Health Sudbury & Districts
1300 Paris Street, Sudbury, ON P3E 3A3
Attention: Purchasing Department – Finance Clerk

In the event of a conflict or inconsistency between the hard copy and the electronic copy of the Proposal, the hard copy of the Proposal shall prevail.

5.3.2 Proposals Should Be Submitted on Time at Prescribed Location

Proposals should be submitted in the manner set out above on or before the Proposal Submission Deadline. Proposals submitted in another manner or after the Proposal Submission Deadline will be deemed late and may be disqualified. For the purpose of calculating time, Public Health Sudbury & Districts time of receipt of the electronic copy from the prescribed manner for submission will be used.

5.3.3 Amending or Withdrawing Proposals Prior to Proposal Submission Deadline

At any time prior to the Proposal Submission Deadline, a Proponent may amend or withdraw a submitted Proposal. The right of Proponents to amend or withdraw includes amendments or withdrawals wholly initiated by Proponents and amendments or withdrawals in response to subsequent information provided by addenda.

Any amendment should clearly indicate what part of the Proposal the amendment is intended to replace.

A notice of amendment or withdrawal should be sent to the Delivery Address prior to the Proposal Submission Deadline and should be signed by an authorized representative.

Public Health Sudbury & Districts is under no obligation to return amended or withdrawn Proposals.

5.3.4 Proposal Not to Be Amended After Proposal Submission Deadline

Proposals may not be amended following the Proposal Submission Deadline.

5.3.5 No Incorporation by Reference by Proponent

The entire content of the Proponent's Proposal should be submitted in a fixed form and the content of web sites or other external documents referred to in the Proponent's Proposal will not be considered to form part of its Proposal.

5.3.6 Public Health Sudbury & Districts May Contact Proponent for Clarification

Public Health Sudbury & Districts may contact the Proponent to request clarification (or the submission of supplementary written information in relation thereto) with respect to the Proposal and incorporate a Proponent's response to the request for clarification into the Proponent's Proposal.

5.3.7 Proposal to Be Retained by Public Health Sudbury & Districts

Public Health Sudbury & Districts will not return the Proposal, or any accompanying documentation submitted by a Proponent.

5.4 Notification of Outcome

5.4.1 Notification to Proponents of Outcome of Procurement Process

Once the Preferred Proponent(s) and Public Health Sudbury & Districts execute the Agreement, the other Proponents will be notified by Public Health Sudbury & Districts in writing of the outcome of the procurement process, including the name of the Preferred Proponent(s).

Insert 5.5 re: bid protest procedure then renumber from here on.

5.5 General Guidelines

5.5.1 Prohibited Proponent Communications

The Proponents shall not engage in any communication that would constitute or create a Conflict of Interest and should take note of the Conflict of Interest declaration set out in the Registration Form.

Communication by a Proponent with any Public Health Sudbury & Districts representative other than Public Health Sudbury & Districts Contact may result in disqualification of the Proponent's Proposal.

5.5.2 Proponent Not to Communicate with Media

A Proponent should not at any time directly or indirectly communicate with the media in relation to this RFP or any contract awarded pursuant to this RFP without first obtaining the written permission of Public Health Sudbury & Districts Contact.

5.5.3 Freedom of Information and Protection of Privacy Act

The Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31, as amended, applies to information provided to Public Health Sudbury & Districts by a Proponent. Subject to Section 5.6.1(a), a Proponent should identify any information in its Proposal or any accompanying documentation that is supplied in confidence and for which confidentiality is to be maintained by Public Health Sudbury & Districts. The confidentiality of such information will be maintained by Public Health Sudbury & Districts, except as otherwise required by law or by

order of a court or tribunal. Proponents are advised that their Proposals will, as necessary, be disclosed on a confidential basis to Public Health Sudbury & Districts' advisers retained for the purpose of evaluating or participating in the evaluation of their Proposals.

By submitting any Personal Information requested in this RFP, Proponents are agreeing to the use of such information as part of the evaluation process, for any audit of this procurement process and for contract management purposes.

5.5.4 Make Public Proponent Names

Public Health Sudbury & Districts may make public the names of any or all Proponents.

5.5.5 Acceptance of Non-Compliant Proposals

Public Health Sudbury & Districts may accept Proposals that do not comply with the requirements of this RFP.

5.5.6 No Contract

By submitting a Proposal and participating in the process as outlined in this RFP, Proponents expressly agree that no contract or agreement of any kind is formed under, or arises from, this RFP, prior to the signing of a formal written Agreement.

5.5.7 Governing Law of RFP Process

This RFP process shall be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.

5.5.8 Bid Protest Procedure

Proponents are encouraged to contact Public Health Sudbury & Districts' Accounting Manager to seek a resolution of any complaint prior to initiating a formal bid protest. Upon initial contact with Public Health Sudbury & Districts' Accounting Manager the proponent will have ten (10) business days in which to lodge a formal complaint in writing. If not received by that time, Public Health Sudbury & Districts' Accounting Manager will consider the issue resolved. Upon receiving a written complaint, Public Health Sudbury & Districts' Accounting Manager will discuss the matter and issue a timely response to the proponent. Any protest in writing that is not received in a timely manner will not be considered and the proponent will be notified in writing.

A protest in writing shall include the following:

- a) a specific identification of the provision and/or procurement procedure that is alleged to have been breached;
- b) a specific description of each act alleged to have breached the procurement process;
- c) a precise statement of the relevant facts;
- d) an identification of the issues to be resolved;
- e) the proponent's arguments and supporting documentation; and
- f) the proponent's requested remedy.

5.5.9 Bid Protest Procedure

If a proponent wishes to challenge the outcome of the RFP process, it should provide written notice to Public Health Sudbury & Districts contact within sixty (60) days of notification of award, and Public Health Sudbury & Districts will respond in accordance with its bid protest procedures.

Schedule A – Description of Deliverables

The Service Provider will provide overall project management services, architectural services including design, preparation of construction documents, tendering of projects, and construction administration and management for projects which receive approval for implementation.

Working with PHSD Leadership team, this will include the following:

Ground Level

Conceptualize and re-designing the ground level to incorporate a community kitchen, central storage capacity for the organization, a central records storage room, a shipping and receiving area including mail services, a facilities maintenance room and office, and office space to accommodate IT services. The ground level is the current location for Emergency Operation Centre which includes a boardroom with five breakout rooms. This functionality needs to be maintained in the re-design. Client and staff washrooms will need to be incorporated as well.

First Level

Conceptualize and re-design main reception area including the reception desk, client waiting areas, client washrooms and community and staff meeting and training areas. The reception area redesign will need to consider infection control, crowd control and client privacy. Additionally, vaccine fridges location should be considered within the re-design. Their current location is not conducive to the delivery of services.

Second Level

Conceptualize and re-design of washroom facilities as well as the spaces required for the delivery of administrative services located on this level.

Other Spaces

Conceptualize and redesign program staff work space configurations to make better use of space, facilitate team-based work while providing private/quiet work space for staff.

Overall Requirements

All spaces must be designed to:

- meet the needs of our clients;
 - including considerations related to IPAC, crowd control and privacy
- be respectful of social norms, specifically, washrooms facilities need to be universal and gender neutral;
- meet the Accessibility and Built Environment Standards;
- incorporate current best practices relating to workplace ergonomics;
- include environmental sustainability principles to reduce waste and future costs such as energy efficient methods for lighting, and
- incorporate optimum heating and ventilation requirements.



Public Health
Santé publique
SUDBURY & DISTRICTS

***The Board of Health for the Sudbury
and District Health Unit, operating as
PUBLIC HEALTH
SUDBURY & DISTRICTS***

Request for Proposal

**Senior Dental Clinic and Public Health Services &
Treatment Clinic Project**

Date Issued: March 3, 2020

Proposal Submission Deadline: April 23, 2020

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Part 1 – Introduction

1.1 Invitation to Proponents

This Request for Proposals ("RFP") is an invitation to prospective Proponents to submit Proposals for the provision Project Management services required as further described in Part 2 - The Deliverables (the "Deliverables"). This RFP is issued by Public Health Sudbury & Districts.

1.2 RFP Not Tender

This RFP is not a tender call. This RFP does not commit Public Health Sudbury & Districts in any way to select a Preferred Proponent to proceed to negotiations for an Agreement, or to award any Agreement. Public Health Sudbury & Districts reserves the complete right to, at any time, reject all Proposals and to terminate this RFP process. This RFP is not intended to create, and should not be construed as creating, contractual relations between Public Health Sudbury & Districts and any Proponent.

1.3 Definitions

Unless otherwise specified in this RFP, capitalized words and phrases have the following meaning in this RFP.

"Agreement" means a formal written contract between Public Health Sudbury & Districts and a Preferred Proponent for the delivery of the Deliverables.

"Conflict of Interest" includes, but is not limited to, any situation or circumstance where:

- (a) in relation to the RFP process, the Proponent has an unfair advantage or engages in conduct, directly or indirectly, that may give it an unfair advantage, including but not limited to (i) having or having access to information in the preparation of its Proposal that is confidential to Public Health Sudbury & Districts and not available to other Proponents; (ii) communicating with any person with a view to influencing preferred treatment in the RFP process; or (iii) engaging in conduct that compromises or could be seen to compromise the integrity of the open and competitive RFP process and render that process non-competitive and unfair; or
- (b) in relation to the performance of its contractual obligations in an Public Health Sudbury & Districts contract, the Proponent's other commitments, relationships or financial interests (i) could or could be seen to exercise an improper influence over the objective, unbiased and impartial exercise of its independent judgment; or (ii) could or could be seen to compromise, impair or be incompatible with the effective performance of its contractual obligations.

"Deadline for Issuing Addenda" means the date specified as such in Section 5.1.1.

"Deliverables" has the meaning specified in Section 1.1.

"Delivery Address" means the address specified in Section 5.1.1.

"Public Health Sudbury & Districts Contact" means Public Health Sudbury & Districts representative identified in Section 1.4.

"Personal Information" means recorded information about an identifiable individual or that may identify an individual.

"Preferred Proponent" means the Proponent selected by Public Health Sudbury & Districts to enter into negotiations for an Agreement.

"Proponent" means an entity that submits a Proposal.

"Proponent's Deadline for Questions" means the date specified as such in Section 5.1.1.

"Proposal" means a proposal submitted in response to this RFP.

"Proposal Submission Deadline" means the date specified as such in Section 5.1.1.

"Reference Form" means the Reference Form attached as Appendix B.

"Registration Form" means the Registration Form attached as Appendix A.

"RFP" has the meaning specified in Section 1.1. "Service Provider" means the Preferred Proponent that ultimately executes an Agreement.

1.4 Public Health Sudbury & Districts Contact

All Proposal submission must be sent in confidence to:

RFP – 1300 Paris Street Infrastructure Modernization Project
Public Health Sudbury & Districts
1300 Paris Street
Sudbury, ON P3E 3A3
Attention: Purchasing Department – Finance Clerk

Questions about submitting a Proposal or submission status may be sent to:

Katarina Skilliter – Finance Clerk
Email: purchasing@phsd.ca
Telephone: 705.522.9200, ext. 485
Toll-free: 1.866.522.9200

Questions relating to the Scope of Work and the Deliverables must be sent in writing via email to:

France Quirion, Director, Corporate Services
Email: quirionf@phsd.ca

Part 2 – The Deliverables

2.1 Overview

This RFP is an invitation to prospective Proponents to submit Proposals for the provision of architectural services including design, preparation of construction documents, and construction/ leasehold administration and overall project management services for the implementation of a Seniors Dental Care Clinic and Public Health Services & Treatment Clinic.

The total combined space for development is 8,300 square feet, with approximately 2,575 square feet required for the senior dental clinic and 5,691 square feet for the public health services treatment clinic area.

2.2 Description of Deliverables

The Service Provider will manage the development of both projects **concurrently** from inception to completion of all required leasehold improvements until such time as both projects are completed, and service delivery may begin.

Please refer to **Schedule A** for a description of space development by individual project and **Schedule B** for identified common area space.

2.3 Background

2.3.1 Public Health Sudbury & Districts

Public Health Sudbury & Districts is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence-informed practice. With a head office in the City of Greater Sudbury and four branch offices throughout the districts of Sudbury and Manitoulin, Public Health Sudbury & Districts has a staff of over 250 who deliver provincially legislated public health programs and services. Public Health Sudbury & Districts is governed by an autonomous Board of Health and has strong community and inter-agency partnerships including the Northern Ontario School of Medicine and Laurentian University. Public Health Sudbury & Districts has an enriched public health practice environment that fosters research, ongoing education, and the development of innovative programs and services.

Public Health Sudbury & Districts is part of a provincial network of 35 non-profit public health agencies, funded jointly by local and provincial governments. These health units, together with the Public Health Branch of the Ministry of Health and Long-Term Care, public health laboratories, and primary health care providers comprise the formal public health system of the province.

Public Health Sudbury & Districts operates on five (5) sites with our main office in Sudbury, and satellite offices in Chapleau, Espanola, Manitoulin Island, and St. Charles. Public Health Sudbury & Districts spans 46,475 square kilometers on the northern shore of Georgian Bay. The area includes the City of Greater Sudbury, and the Sudbury and Manitoulin districts.

Public Health Sudbury & Districts works with individuals, families, within these communities, partnering with agencies to promote and to protect health and to prevent disease. Public health programs and services are geared toward people of all ages and are delivered in a variety of settings including workplaces, day care and educational settings, homes, health care settings and community spaces.

Public Health Sudbury & Districts (PHSD) offers a variety of treatments and services to a diverse population across their life span which may include; health promotion, disease prevention, health maintenance, counseling, client education, diagnosis and treatment of health concerns. We also provide harm reduction services and materials to individuals within our catchment area. Treatments and services are performed and managed by various health care professionals including physicians, nurse practitioners, and public health nurses.

The dental clinic will provide comprehensive dental treatment to seniors. Treatment will consist of assessment and counseling, treatment planning, x-rays, delivery of dental services by a dentist and a dental hygienist. There will be an onsite lab to fabricate stone models, a large x-ray unit (panorex) plus a full sterilization centre. We are anticipating that some patients will have varying levels of mobility many of whom will require a wheelchair or walker for assistance.

Part 3 – Proposal Submission Requirements

3.1 Proposal Contents

Proponents are encouraged to submit Proposals that conform to the following section headings and requirements. Failure to conform may impair the Proposal review process, possibly to the detriment of the Proponent.

- 3.1.1 An "Introduction" giving a brief description of the Proponent's relevant experience, comments on the proposed scope of work, overall approach to the work and identification of any sub-consultants.
- 3.1.2 A "Project Management" section showing how the required Deliverables will be provided.
- 3.1.3 A "Fees and Costs" section showing a breakdown of applicable taxes.

"this section is to allow for a detailed cost analysis if applicable. If costing for the project is expected to be "fee for service only, then no need to elaborate with breakdown other than applicable taxes. The evaluation of the costing element of a project is always done from the amount before taxes.

Using Schedules A and B as reference, please provide costing for the management of all related project development and execution of construction / leasehold improvements by the following components:

| Deliverables | Fees & Costs |
|--|-------------------------|
| Overall Project Management (including contract administration) | |
| Architectural Services (including all required permits) | |
| Preparation of Contract Documents | |
| Tendering of projects construction/leasehold improvements | |
| Other: | |
| Subtrade/Contractor/Construction Costs | |
| Total (does not include applicable Taxes) | |

Public Health Sudbury & Districts will not pay or reimburse consultants for hospitality, food and incidental expenses, and such items should not be included in submissions.

- 3.1.4 A "Subcontractor Section", if the Proponent is proposing to employ a subcontractor, describing the Proponent's arrangements with the subcontractor (and including a copy of the subcontractor's Proposal to perform that portion of the work).
- 3.1.5 An "Experience Section" describing the Proponent's relevant experience, supported by illustrative material relating to past projects.
- 3.1.6 An "Appendix" showing the curricula vitae of professional staff of the Proponent and any subcontractor.
- 3.1.7 A Registration Form (Appendix A), separate from the Proposal, signed by an authorized officer.
- 3.1.8 A Reference Form (Appendix B), separate from the Proposal, listing three persons for whom the Proponent has provided goods and/or services similar to the Deliverables within the past five years.

Part 4 – Evaluation of Proposals and Selection

4.1 Stage I – Compliance with Submission Criteria

Stage I of the evaluation process will consist of a review to determine which Proposals comply with all of the submission criteria of this RFP. Proposals that do not comply with all of the submission criteria, may, subject to the express and implied rights of Public Health Sudbury & Districts, be disqualified and not evaluated further.

Submission requirements, which Proponents are requested to provide in their Proposals, are listed below.

4.1.1 Registration Form (Appendix A) – Mandatory

Each Proposal should include a Registration Form completed and signed by the Proponent.

In addition to the other information and representations made by each Proponent in the Registration Form, each Proponent must declare whether it has an actual or potential Conflict of Interest.

If, at the sole and absolute discretion of Public Health Sudbury & Districts, the Proponent is found to be in a Conflict of Interest, Public Health Sudbury & Districts may disqualify the Proposal submitted by the Proponent.

The Proponent, by submitting the Proposal, warrants that to its best knowledge and belief no actual or potential Conflict of Interest exists with respect to the submission of the Proposal or performance of the contemplated Agreement other than those disclosed in the Registration Form. Where Public Health Sudbury & Districts discovers a Proponent's failure to disclose all actual or potential Conflicts of Interest, Public Health Sudbury & Districts may disqualify the Proponent or terminate any contract awarded to that Proponent pursuant to this procurement process.

4.1.2 Reference Form (Appendix B) – Mandatory

Each Proposal should include a Reference Form completed by the Proponent according to the instructions contained in that form. The name and telephone number of a contact person for each reference and a brief outline of the nature of the goods and/or services provided should be included.

Public Health Sudbury & Districts, in its sole discretion, may confirm the Proponent's experience and/or ability to provide the Deliverables by checking the Proponent's references.

4.2 Stage II – General Criteria

Stage II of the evaluation process will consist of evaluating Proposals based on the following general criteria:

| | Category | Weight |
|-------|--|--------|
| 4.2.1 | Experience, Skills, and Qualifications: Experience, satisfactory performance on similar completed projects. Number, qualifications and relevant experience of personnel to be assigned to the proposed team. | 30 |
| 4.2.2 | Proposal: The depth and detail of the Proposal, which indicates an understanding of the scope, size, and complexity of the Deliverables. | 20 |
| 4.2.3 | Project Management: The proposed schedule for delivery of the Deliverables, management of the work, delegation of responsibility, work plans, cost control, reporting and quality control, and subcontracting arrangements. | 30 |
| 4.2.4 | Fees and Costs: The Proponent's proposed fees and costs. All prices quoted shall be in Canadian Dollars. Prices shall also be quoted net of the Harmonized Sales Tax (HST) and any other federal or provincial taxes, if any, which may apply. | 20 |

The scoring criteria and weighting may be changed based on RFP needs.

Public Health Sudbury & Districts will not be limited to the criteria referred to above, and Public Health Sudbury & Districts may consider other criteria that Public Health Sudbury & Districts identifies as relevant during the evaluation process. Public Health Sudbury & Districts may apply the evaluation criteria on a comparative basis, evaluating the Proposals by comparing one Proponent's Proposal to another Proponent's Proposal. All criteria considered will be applied evenly and fairly to all Proposals. In the event of a tie score, the selected Proponent will be determined on the basis of the Proponent with the highest rated score for pricing.

Public Health Sudbury & Districts reserves the right and discretion to divide up the Deliverables, either by scope, geographic area, or other basis as Public Health Sudbury & Districts may decide, and to select one or more Preferred Proponents to enter into discussion with Public Health Sudbury & Districts for one or more Agreements to perform a portion or portions of the Deliverables. If Public Health Sudbury & Districts exercises its discretion to divide up the Deliverables, Public Health Sudbury & Districts will do so reasonably having regard for the RFP and the basis of Proposals.

In addition to any other provision of this RFP, Proposals may be evaluated on the basis of advantages and disadvantages to Public Health Sudbury & Districts that might result or be achieved from Public Health Sudbury & Districts dividing up the Deliverables and entering into one or more Agreements with one or more Proponents.

4.3 Stage III – Short List and Further Evaluation

Public Health Sudbury & Districts may, in its sole and absolute discretion, short list one or more Proponents for further evaluation, including by way of interview, presentation and/or demonstration.

4.4 Stage IV – Selection of Preferred Proponent

At the conclusion of Stage III, a Preferred Proponent or Preferred Proponents may be selected.

4.5 Stage V – Negotiation of Agreement(s) and Award

If Public Health Sudbury & Districts selects a Preferred Proponent or Preferred Proponents, then it may:

- a) enter into an Agreement with the Preferred Proponent(s); or
- b) enter into discussions with the Preferred Proponent(s) to clarify any outstanding issues and attempt to finalize the terms of the Agreement(s), including financial terms. If discussions are successful, Public Health Sudbury & Districts and the Preferred Proponent(s) will finalize the Agreement(s); or
- c) if at any time Public Health Sudbury & Districts reasonably forms the opinion that a mutually acceptable Agreement is not likely to be reached within a reasonable time, give the Preferred Proponent(s) written notice to terminate discussions, in which event Public Health Sudbury & Districts may then either open discussions with another Proponent or terminate the RFP and retain or obtain the Deliverables in some other manner.

Part 5 – Terms and Conditions of the RFP Process

5.1 General Information and Instructions

5.1.1 Timetable

The following is the schedule for this RFP:

| | |
|--|---|
| Issue Date of RFP, RFQ or RFT | March 3, 2020 |
| Management Site visit (Mandatory) | March 19, 2020 (13:30 – 15:30 p.m.) |
| Proponents – Deadline for Questions | March 27, 2020 |
| Posting of Responses to Questions | April 3, 2020 |
| Proposal Submission Deadline | April 23, 2020, 15:30 EDT |
| Public Opening of RFP Submissions | April 24, 2020, 15:30 EDT 1300 Paris Street, Sudbury |

The RFP timetable is tentative only and may be changed by Public Health Sudbury & Districts in its sole discretion.

5.1.2 Proponents to Follow Instructions

Proponents should structure their Proposals in accordance with the instructions in this RFP. Where information is requested in this RFP, any response made in a Proposal should reference the applicable section numbers of this RFP where that request was made.

5.1.3 Proposals in English

All Proposals should be in English only. Any Proposals received by Public Health Sudbury & Districts that are not entirely in the English language may be disqualified.

5.1.4 Public Health Sudbury & Districts' Information in RFP Only an Estimate

Public Health Sudbury & Districts and its advisors make no representation, warranty or guarantee as to the accuracy of the information contained in this RFP or issued by way of addenda. Any quantities shown, or data contained in this RFP or provided by way of addenda are estimates only and are for the sole purpose of indicating to Proponents the general size of the work.

It is the Proponent's responsibility to avail itself of all the necessary information to prepare a Proposal in response to this RFP.

5.1.5 Proponents Shall Bear Their Own Costs

The Proponent shall bear all costs associated with or incurred in the preparation and presentation of its Proposal including, if applicable, costs incurred for interviews, presentations, or demonstrations.

5.2 Communication after Issuance of RFP

5.2.1 Proponents to Review RFP

Proponents are advised to examine all of the documents comprising this RFP and:

- a) are requested to report any errors, omissions, or ambiguities; and
- b) may direct questions or seek additional information,

in writing by email to Katarina Skilliter, Finance Clerk at purchasing@phsd.ca on or before the Proponents' Deadline for Questions to Public Health Sudbury & Districts. All questions submitted by Proponents by email to Public Health Sudbury & Districts Contact shall be deemed to be received once the email has entered into Public Health Sudbury & Districts Contact's email inbox. No such communications should be directed to anyone other than Public Health Sudbury & Districts Contact.

It is the responsibility of the Proponent to seek clarification from Public Health Sudbury & Districts Contact on any matter it considers to be unclear. Public Health Sudbury & Districts shall not be responsible for any misunderstanding on the part of the Proponent concerning this RFP or its process.

Public Health Sudbury & Districts is under no obligation to provide additional information but may do so at its sole discretion.

To ensure consistency and quality of information provided to Proponents, Public Health Sudbury & Districts will collect all inquiries and respond to all inquiries by way of a written response that will be communicated to all Proponents, either by (a) posting on Public Health Sudbury & Districts website and on any other site on which this RFP was posted, or (b) sending an email or facsimile if the RFP was not posted, on the date specified in Section 5.1.1, without revealing the sources of the inquiries.

5.2.2 All New Information to Proponents by Way of Addenda

This RFP will only be amended by an addendum in accordance with this section. If Public Health Sudbury & Districts, for any reason, determines that it is necessary to provide additional information (including responses to questions) relating to this RFP, such information will be communicated to all Proponents by addenda either (a) posted on Public Health Sudbury & Districts website and on any other site on which this RFP was posted, or (b) emailed or transmitted by facsimile if the RFP was not posted, by the date specified in Section 5.1.1.

Each addendum shall form an integral part of this RFP.

Such addenda may contain important information including significant changes to this RFP. Proponents are responsible for obtaining all addenda issued by Public Health Sudbury & Districts.

5.2.3 Post-Deadline Addenda and Extension of Proposal Submission Deadline

If any addendum is issued after the Deadline for Issuing Addenda, Public Health Sudbury & Districts may at its discretion extend the Proposal Submission Deadline for a reasonable amount of time.

5.3 Submission of Proposals

5.3.1 Proposals Submitted Only in Prescribed Manner

Proposals should be submitted by the following method:

A Proponent should submit one, password protected, electronic copy and four original copies of the Proposal, with the Registration Form signed by an authorized representative of the Proponent, (prominently marked "Original") to:

Electronic copy to:
purchasing@phsd.ca

and

Password to:
France Quirion, Director Corporate Services
quirionf@phsd.ca

Four original copies to:

Senior Dental Clinic and Public Health Services & Treatment Clinic Project
Public Health Sudbury & Districts
1300 Paris Street, Sudbury, ON P3E 3A3
Purchasing Department – Finance Clerk

In the event of a conflict or inconsistency between the hard copy and the electronic copy of the Proposal, the hard copy of the Proposal shall prevail.

5.3.2 Proposals Should Be Submitted on Time at Prescribed Location

Proposals should be submitted in the manner set out above on or before the Proposal Submission Deadline. Proposals submitted in another manner or after the Proposal Submission Deadline will be deemed late and may be disqualified. For the purpose of calculating time, Public Health Sudbury & Districts time of receipt of the electronic copy from the prescribed manner for submission will be used.

5.3.3 Amending or Withdrawing Proposals Prior to Proposal Submission Deadline

At any time prior to the Proposal Submission Deadline, a Proponent may amend or withdraw a submitted Proposal. The right of Proponents to amend or withdraw includes amendments or withdrawals wholly initiated by Proponents and amendments or withdrawals in response to subsequent information provided by addenda.

Any amendment should clearly indicate what part of the Proposal the amendment is intended to replace.

A notice of amendment or withdrawal should be sent to the Finance Clerk – Purchasing prior to the Proposal Submission Deadline and should be signed by an authorized representative.

Public Health Sudbury & Districts is under no obligation to return amended or withdrawn Proposals.

5.3.4 Proposal Not to Be Amended After Proposal Submission Deadline

Proposals may not be amended following the Proposal Submission Deadline.

5.3.5 No Incorporation by Reference by Proponent

The entire content of the Proponent's Proposal should be submitted in a fixed form and the content of web sites or other external documents referred to in the Proponent's Proposal will not be considered to form part of its Proposal.

5.3.6 Public Health Sudbury & Districts May Contact Proponent for Clarification

Public Health Sudbury & Districts may contact the Proponent to request clarification (or the submission of supplementary written information in relation thereto) with respect to the Proposal and incorporate a Proponent's response to the request for clarification into the Proponent's Proposal.

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5.4 Notification of Outcome

5.4.1 Notification to Proponents of Outcome of Procurement Process

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Insert 5.5 re: bid protest procedure then renumber from here on.

5.5 General Guidelines

5.5.1 Prohibited Proponent Communications

The Proponents shall not engage in any communication that would constitute or create a Conflict of Interest and should take note of the Conflict of Interest declaration set out in the Registration Form.

Communication by a Proponent with any Public Health Sudbury & Districts representative other than Public Health Sudbury & Districts Contact may result in disqualification of the Proponent's Proposal.

5.5.2 Proponent Not to Communicate With Media

A Proponent should not at any time directly or indirectly communicate with the media in relation to this RFP or any contract awarded pursuant to this RFP without first obtaining the written permission of Public Health Sudbury & Districts Contact.

5.5.3 Freedom of Information and Protection of Privacy Act

The Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31, as amended, applies to information provided to Public Health Sudbury & Districts by a Proponent. Subject to Section 5.6.1(a), a Proponent should identify any information in its Proposal or any accompanying documentation that is supplied in confidence and for which confidentiality is to be maintained by Public Health Sudbury & Districts. The confidentiality of such information will be maintained by Public Health Sudbury & Districts, except as otherwise required by law or by order of a court or tribunal. Proponents are advised that their Proposals will, as necessary, be disclosed on a confidential basis to Public Health Sudbury & Districts' advisers retained for the purpose of evaluating or participating in the evaluation of their Proposals.

By submitting any Personal Information requested in this RFP, Proponents are agreeing to the use of such information as part of the evaluation process, for any audit of this procurement process and for contract management purposes.

5.5.4 Make Public Proponent Names

Public Health Sudbury & Districts may make public the names of any or all Proponents.

5.5.5 Acceptance of Non-Compliant Proposals

Public Health Sudbury & Districts may accept Proposals that do not comply with the requirements of this RFP.

5.5.6 No Contract

By submitting a Proposal and participating in the process as outlined in this RFP, Proponents expressly agree that no contract or agreement of any kind is formed under, or arises from, this RFP, prior to the signing of a formal written Agreement.

5.5.7 Governing Law of RFP Process

This RFP process shall be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.

5.5.8 Bid Protest Procedure

Proponents are encouraged to contact Public Health Sudbury & Districts' Accounting Manager to seek a resolution of any complaint prior to initiating a formal bid protest. Upon initial contact with Public Health Sudbury & Districts' Accounting Manager the proponent will have ten (10) business days in which to lodge a formal complaint in writing. If not received by that time, Public Health Sudbury & Districts' Accounting Manager will consider the issue resolved. Upon receiving a written complaint, Public Health Sudbury & Districts' Accounting Manager will discuss the matter and issue a timely response to the proponent. Any protest in writing that is not received in a timely manner will not be considered and the proponent will be notified in writing.

A protest in writing shall include the following:

- a) a specific identification of the provision and/or procurement procedure that is alleged to have been breached;
- b) a specific description of each act alleged to have breached the procurement process;
- c) a precise statement of the relevant facts;
- d) an identification of the issues to be resolved;
- e) the proponent's arguments and supporting documentation; and
- f) the proponent's requested remedy.

5.5.9 Bid Protest Procedure

If a proponent wishes to challenge the outcome of the RFP process, it should provide written notice to Public Health Sudbury & Districts contact within sixty (60) days of notification of award, and Public Health Sudbury & Districts will respond in accordance with its bid protest procedures.

Schedule A—Senior Dental Clinic Project

| Quantity | Description | Square Feet Allocated (per) | Total Square Feet |
|--------------|------------------------------|--------------------------------|-------------------|
| 3 | Dental Suites | 100 | 300 |
| 3 | Hand hygiene Stations | 10 | 30 |
| 1 | Sterilization Centre | 100 | 100 |
| 1 | Panorex (X-Ray equipment) | 40 | 40 |
| 1 | Pump & Lab Space | 120 | 120 |
| 4 | Staff workstations /cubicles | 65 | 260 |
| 1 | Office w/door | 120 | 120 |
| 1 | Meeting room | 180 | 180 |
| 1 | Dental Utility Room (soiled) | 50 | 50 |
| 1 | Secure Records Room | 150 | 150 |
| Total | | | 1350 |

Public Health Treatment and Services Project

| Quantity | Description | Square Feet Allocated (per) | Total Square Feet |
|--------------|---|--------------------------------|-------------------|
| 4 | Testing/Consultation Rooms | 120 | 480 |
| 4 | Examination/Treatment Rooms | 120 | 480 |
| 2 | Hand Hygiene Stations | 10 | 20 |
| 16 | Staff workstations/ cubicles | 65 | 1040 |
| 1 | Manager Office | 120 | 120 |
| 1 | Office with two workstations | 150 | 150 |
| 1 | Hoteling space | 200 | 200 |
| 1 | Vaccine Storage Room | 100 | 100 |
| 1 | Secure Records Room | 150 | 150 |
| 1 | Clinic Treatment Utility Room (soiled) | 50 | 50 |
| Total | | | 2790 |

Schedule B—Common Areas

| Quantity | Description | Square Feet Allocated (per) |
|--------------|---|--------------------------------|
| 1 | Dental Reception with waiting area and mobility assistive device alcove | 700 |
| 1 | Clinic Treatment Reception | 210 |
| 1 | Photocopy Alcove | 30 |
| 1 | Janitor / Housekeeping Closet | 150 |
| 1 | Server Room | 110 |
| 1 | Mechanical Room | 100 |
| 1 | Staff washroom facilities | 50 |
| 1 | Client washroom facilities | 200 |
| 1 | Staff lunch room | 200 |
| 1 | Storage room | 1690 |
| Total | | 3440 |

The allocated footprint in square feet is based on the Ministry of Health's Space Standards for Community Health Care Facilities.

**PUBLIC HEALTH SUDBURY & DISTRICTS INFRASTRUCTURE MODERNIZATION PROJECT
AND TRANSFER OF FUNDS FROM RESERVES**

MOTION:

WHEREAS the infrastructure of Public Health Sudbury & Districts has exceeded its expected lifespan and needs significant investments in order to ensure its continued efficient use and avoid short term and costly stop-gap measures; and

WHEREAS legislative requirements have changed since client spaces were constructed as have the needs of our clients; and

WHEREAS the physical infrastructure needs at the Rainbow Centre coincide with an opportunity presented by the newly mandated Ontario Seniors Dental Care (OSDC) program; and

WHEREAS motion 83-02 provides that the Medical Officer of Health shall be responsible for the management of the reserves in accordance with respective Board of Health motions and Board By-law 01-93; and

WHEREAS the approval of the Board of Health shall be required for any transfers from the Board's reserves that constitute part of the annual budget approval process or that are in excess of \$100,000 per transaction.

THEREFORE BE IT RESOLVED THAT the Board of Health, per By-Law G-I-70, authorize the Medical Officer of Health/CEO to transfer up to \$6.5M from the *Facility and Equipment Repairs and Maintenance* and *Public Health Initiatives* Reserve Funds to the operating budget to offset expenses related to the infrastructure modernization projects.

Briefing Note

To: René Lapierre, Chair, Board of Health for Public Health Sudbury & Districts

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: June 11, 2020

Re: 2019 Annual Organizational Risk Management Report

☒ For Information

☐ For Discussion

☐ For a Decision

Issue:

As per the final reporting requirement for the 2017-2019 risk management plan, the 2019 annual organizational risk management report, includes data collected for all four reporting quarters in 2019 and reflects the risks as identified and approved by the Board of Health in 2016. This is the final reporting requirement for the 2017-2019 risk management plan and further reporting will be for the 2020-2022 risk management plan.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts receive the 2019 Annual Organizational Risk Management Report.

Background:

The Ontario Public Health Standards require boards of health to provide governance and oversight of risk management activities, delegating to senior staff the responsibility of monitoring and responding to emerging issues and potential threats to the organization.

Since the beginning of 2016, Public Health Sudbury & Districts has been working to strengthen risk management practices. The Board of Health engaged with Senior Management to work through a risk management process and Senior Management continued the work with the Association of Local Public Health Authorities (alPHA) and a Senior Audit Manager from the Treasury Board Secretariat, to adopt and apply a five step risk management process for our organization.

After input from the Board of Health to identify agency-wide risks, staff finalized a risk management plan and in October 2016, the Board of Health approved the organizational risk management plan and Risk Management Framework (at the time titled, SDHU Risk Management Plan and Framework).

The 2019 annual risk management report follows the same structure as the previously submitted risk management annual reports for this plan's 2017-2019 term. It includes status and progress data for all of 2019. Organizational risks and ratings were adjusted in the spring of 2019 to reflect the changing environment and risk status' have varied throughout the quarters. The financial risk was escalated to a

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

level 3 '*concern*' in Q2 and remained at that level for the remainder of the year. A lot of effort and attention was spent developing mitigation strategies and monitoring expenses and the provincial landscape as a result of the provincial announcements to change the funding formula and the regionalization of Public Health in Ontario.

Financial Implications:

Additional costs may be identified with specific mitigation strategies and will be considered at that time.

Ontario Public Health Standard:

- Organizational Requirement; Common to All Domains; Requirement 4
- Organizational Requirement; Good Governance and Management Practices Domain; Requirement 14h.

Strategic Priority:

Organizational Commitment

Contact:

France Quirion, Director, Corporate Services Division

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

2019 Annual Organizational Risk Management Report

January – December 2019

| Organizational Risk Assessment | | |
|---|---|--------------|
| Overall Objective: To identify future events that may impact the achievement of the agency's vision and mission | | |
| Subordinate Objective: To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the organization | | |
| Risk Categories | | Rating Scale |
| 1. Financial Risks | | |
| 1.1 | The organization may be at risk as budget pressures are expected to increase over the next several years. | L5 I5 |
| 1.2 | The organization may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year. | L2 I2 |
| 1.3 | The organization may be at risk as internal controls do not ever fully eliminate all potential risks of fraud. | L1 I3 |
| 2. Governance / Organizational Risks | | |
| 2.1 | The organization may be at risk as BoH members, individually or collectively, may not have the required competencies for effective Board Governance. | L4 I5 |
| 2.2 | The organization may be at risk of not systematically ensuring that the governance implications of changes in statutes, policies, and directions have been considered. | L1 I3 |
| 2.3 | The organization may be at risk as the appetite for risk culture may not be clearly defined and articulated for staff or Board of Health members. | L1 I1 |
| 3. Human Resources | | |
| 3.1 | The organization may be at risk as a result of an insufficient investment in succession and business continuity planning. | L4 I4 |
| 3.2 | The organization may be at risk as staff may not have all of the necessary competencies to meet evolving needs. | L3 I4 |
| 3.3 | The organization may be at risk related to varying levels of staff engagement in the work of the organization. | L2 I3 |
| 3.4 | The organization may be at risk as some staff work offsite in uncontrolled environments. | L2 I4 |
| 4. Knowledge / Information | | |
| 4.1 | The organization may be at risk due to incomplete/inadequate information to make decisions or plan programs and services. | L2 I2 |

| | | |
|--|--|-------|
| 5. Technology | | |
| 5.1 | The organization may be at risk of a network outage. | L3 I5 |
| 5.2 | The organization may be at risk of not having a comprehensive and future oriented information technology plan and planning processes. | L4 I3 |
| 6. Legal / Compliance | | |
| 6.1 | The organization may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of Public Health Sudbury & Districts. | L2 I2 |
| 7. Service Delivery / Operational | | |
| 7.1 | The organization may be at risk of our service not being perceived as a value add to our clients. | L3 I4 |
| 8. Environment | | |
| 8.1 | The organization may be at risk of natural and anthropogenic disasters or hazards. | L3 I3 |
| 9. Political | | |
| 9.1 | The organization may be at risk of significant disruptions and high opportunity costs related to provincial policy changes with the new provincial government. | L5 I5 |
| 10. Stakeholder / Public Perception | | |
| 10.1 | The organization may be at risk of poorly defined relationships with indigenous communities. | L4 I4 |
| 10.2 | The organization may be at risk of uncertainty around managing the expectations and obligations of the public, ministries, stakeholders, municipalities and/or the media to prevent disruption of service or criticism of Public Health Sudbury & Districts and a negative public image. | L3 I3 |
| 11. Strategic / Policy | | |
| 11.1 | The organization may be at risk of developing a Strategic Plan that may need to be modified given the change in provincial government direction. | L1 I1 |
| 12. Security Risks | | |
| 12.1 | The organization may be at risk of threats to network security. | L3 I4 |
| 12.2 | The organization, staff and visitors may be at risk if security systems are offline. | L2 I2 |
| 13. Privacy Risks | | |
| 13.1 | The organization may be at risk as internal controls may not be sufficient to fully eliminate all potential risks of privacy breaches. | L4 I2 |
| 14. Equity Risks | | |
| 14.1 | The organization may be at risk of not effectively leveling up the health status with priority populations. | L5 I5 |

Annual Organizational Risk Assessment Progress Report

January – December 2019

| # | CATEGORY | TOP RISKS (RED) | Status* | | | | Progress Report/Comments |
|---|-----------------------------------|--|---------|--------|--------|--------|--|
| | | | Q 1 | Q 2 | Q 3 | Q 4 | |
| 1 | FINANCIAL | The organization may be at risk as budget pressures are expected to increase over the next several years. | 2 | 3 | 3 | 3 | <p>The organization continues to monitor all mitigation strategies associated with this risk e.g. hiring and non-essential spending. In 2019, the agency has investment additional resources for process improvements leading to efficiencies.</p> <p>The organization has worked through the preliminary budget for 2020 and the budget was approved at the November Board of Health meeting. This included projecting our financial position until 2022. The financial pressures are expected to increase as future mitigation funding may not be available.</p> |
| 2 | GOVERNANCE / ORGANIZATIONAL | The organization may be at risk as BOH members, individually or collectively, may not have the required competencies for effective Board Governance. | 1 | 1 | 1 | 2 | <p>As a result of municipal elections, there were changes to our board of health membership in Q1. The first board meeting in February 2019 included an orientation session for new and current board members.</p> <p>Provincial engagement opportunities arose in Q2 (alpha conference AGM) as well the Board of Health Chair has been appointed as the North East regional representative on the alpha board.</p> <p>The Board membership was unchanged in Q3 and Q4, however, it was learned at the end of December that one member will resign in 2020. Further the terms of the three provincial appointees to the Board will come to a close in spring 2020.</p> |
| 3 | HUMAN RESOURCES | The organization may be at risk as a result of an insufficient investment in succession and | 2 | 2 | 2 | 2 | <p>While mitigation strategies are ongoing, this risk continues to require attention. The succession planning toolkit was shared with Management Forum in December 2019 with plans to communicate in 2020.</p> |

| | | | | | | | |
|---|-------------------------------|---|---|---|---|---|--|
| | | business continuity planning. | | | | | *Note: The 2020-2022 Risk Management Plan includes a risk of potential staff turnover and/or re-structuring given the uncertain times we are facing with Public Health Modernization. |
| 4 | HUMAN RESOURCES | The organization may be at risk as staff may not have all of the necessary competencies to meet evolving needs. | 1 | 1 | 1 | 1 | HR continues to identify training and development opportunities for staff to prepare them for change and to meet new and emerging organizational demands. The organization will recruit for the skills and competencies required to meet the evolving needs. |
| 5 | TECHNOLOGY | The organization may be at risk of a network outage. | 2 | 2 | 1 | 2 | <p>Mitigation strategies are in place to address this risk. For example, the server room air conditioner was put on back-up generator, a new Storage Attached Network (SAN) and servers were deployed. We continue to reduce the footprint to minimize the load of power and cooling requirements within the server room.</p> <p>A network outage occurred in Q4. A debrief with IT identified lessons learned which will be used to inform the business continuity plan. Ongoing investigations to identify the root cause of the network outage are ongoing.</p> |
| 6 | TECHNOLOGY | The organization may be at risk of not having a comprehensive and future oriented information technology plan and planning processes. | 2 | 1 | 1 | 1 | Plans to implement a governance committee to inform information technology planning across the agency are currently on hold pending more information following the Ministry consultations. |
| 7 | SERVICE DELIVERY/ OPERATIONAL | The organization may be at risk of our services not being perceived as an added value to our clients. | 1 | 2 | 1 | 1 | Mitigation strategies are being applied to maintain or improve perceptions related to the value of the agency's services. For example, the agency continues to deliver effective, evidence-based public health programming and services and, where appropriate, does so in partnership with community agencies and members. |

| | | | | | | | |
|---|-----------|--|---|---|---|--|--|
| | | | | | | <p>In addition, the agency remains committed to offering clients opportunities to provide feedback about its services via the regular promotion of an online customer service survey. The agency has also adopted, and will communicate publicly, client service standards that will guide our interactions and set expectations for service delivery and responsiveness.</p> <p>We also remain mindful of the importance of regular communications to ensure the community is aware of the importance, role, and value of public health. Regular communications via traditional media and social media provide routine information about the wide range of public health programs and services. Examples of activities included materials leading up to the federal election, which included a resource (Primer) for local federal election candidates, and social media promotions that highlight specific public health issues of relevance and promote voter engagement.</p> <p>The agency has implemented an e-newsletter (Public Health in Focus) for community members and partner agencies to highlight key public health initiatives: distribution is by email and supported by social media promotions, and the content/timing coincides with similar information communicated to the Board of Health.</p> | |
| 8 | POLITICAL | The organization may be at risk of significant disruptions and high opportunity costs related to provincial policy changes with the new provincial government. | 1 | 3 | 2 | 2 | <p>After the April 11, 2019 Ministry announcement, the North Eastern Collaborative project re-focused its efforts to prepare recommendations on the government’s decision to regionalize Public Health. This project, NEPHTI (North Eastern Public Health Transformation Initiative), worked diligently to prepare recommendations, including a governance document called <i>Transforming Public Health for the people of NorthEastern Ontario</i> that inform the establishment of a regional public health entity. The Ministry’s Public Modernization Discussion Paper was</p> |

| | | | | | | | |
|---|---------------------------------|--|---|---|---|---|---|
| | | | | | | launched in November 2019 with consultations pending in the late fall/early winter. Although the outcome of the consultations is unknown, Ministry leads have communicated that the status quo is not acceptable. This combined with related and increasing financial sustainability issues mean that the risk remains at least at 2. | |
| 9 | STAKEHOLDER & PUBLIC PERCEPTION | The organization may be at risk of poorly defined relationships with Indigenous communities. | 2 | 1 | 1 | 1 | Work continues to move forward the elements of the Indigenous Engagement Strategy. -Internal staff roundtable sessions were held in May and June to identify opportunities for staff to advance the strategy beginning with socializing the strategy across the agency and maintaining existing and forging new relationships with Indigenous communities and organizations. - the approval of a new agency Indigenous Engagement policy with four protocols to support respectful engagement with Indigenous communities; the delivery of workshops on the protocols (tobacco giving, land acknowledgment, working respectfully with elders and language translation). -focused efforts on strengthening our capacity for a culturally competent workforce. This has included the delivery of cultural mindfulness and cultural competency training, along with 1-hour sessions on the history of colonization in Canada. -finalizing the Locally Driven Collaborative Project on First Nations and Public Health engagement in the North East. This included validating findings in all participating communities, including one in our service area (M’Chigeeng First Nation), which has led to further development of relationships. -Implementation of the Indigenous Engagement Strategy continues with The Special Advisor Indigenous Affairs as we reach out to community members to further discuss possible collaborations and to build relationships. In addition, the research partnership with M’Chigeeng First Nation continued, with processes to |

| | | | | | | | |
|----|----------|---|---|---|---|---|---|
| | | | | | | | validate and share findings and finalize reports underway. |
| 10 | SECURITY | The organization may be at risk of threats to network security. | 2 | 2 | 2 | 2 | <p>An information security plan (including policies and procedures) is being developed. The organization continues to monitor the external environment. Mitigation strategies are in place and are continually monitored and reviewed.</p> <p>A status report was developed to track the implementation of the security audit report recommendations. This will be shared with EC in early 2020. This report identifies all recommendations and provides next steps for implementation. This is also updated monthly and shared with the Medical Officer of Health.</p> <p>The security audit identified training for staff. A new software was purchased and will be deployed in 2020.</p> |
| 11 | EQUITY | The organization may be at risk of not effectively leveling up the health status with priority populations. | 1 | 1 | 1 | 1 | <p>The organization continues to lead and support several community-focused health equity activities. These include the implementation of the local Poverty Reduction Fund project (Circles, Leader Training, and Bridges out of Poverty) and the evaluation of the City of Greater Sudbury’s Local Poverty Reduction Fund project. An organizational racial equity action framework was approved by the Board of Health in September 2019 and a task group has been established to develop and advance an implementation plan. Related to this, the organization is lead agency on a federally funded community-focused youth-led initiative to support an anti-Black racism project in the community. Ongoing research projects to help inform public health practice to advance health equity are also underway and are focusing on topics such as health equity communication, perceptions of race relations, and public health needs of 2SLGBTQ populations.</p> |

* Status: 1 = No Concerns; 2 = Attention Required; 3 = Concern

Organizational Risk Management Plan: 2020 —2022

Organizational Risk Assessment

Overall Objective: To identify future events that may impact the achievement of the agency's vision and mission

Subordinate Objective: To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the organization

| Risk Categories | | Rating Scale |
|---|--|--------------|
| 1. Financial Risks | | |
| 1.1* | The organization may be at risk of uncertainty with government policy as it relates to public health thus expecting increased budget pressures over the next several years. | L5 I5 |
| 1.2 | The organization may be at risk of financial forecasting not providing sufficient information for decision making resulting in suboptimal financial management within year. | L3 I3 |
| 1.3 | The organization may be at risk as internal controls do not ever fully eliminate all potential risks of fraud. | L1 I3 |
| 1.4* | The organization may be at risk of financial costs related to transitioning to the new entity. | L5 I4 |
| 2. Governance / Organizational Risks | | |
| 2.1 | The organization may be at risk as Board of Health members, individually or collectively, may not have the required competencies for effective Board Governance. | L3 I3 |
| 2.2 | The organization may be at risk of not systematically ensuring that the governance implications of changes in statutes, policies, and directions have been considered. | L2 I3 |
| 2.3 | The organization may be at risk as the appetite for risk culture may not be clearly defined and articulated for staff or Board of Health members. | L1 I1 |
| 2.4* | The organization may be at risk of not leveraging the knowledge and experience of current Board of Health members as the agency transitions to a new entity under one board structure. | L1 I1 |
| 3. Human Resources | | |
| 3.1 | The organization may be at risk as a result of an insufficient investment in succession and business continuity planning. | L3 I3 |
| 3.2* | The organization may be at risk as staff may not have all of the necessary competencies, skills, and abilities to meet evolving needs, for example, health equity, racial equity, indigenous engagement, public mental health. | L2 I4 |
| 3.3 | The organization may be at risk as some staff work offsite in uncontrolled environments. | L2 I4 |
| 3.4* | The organization may be at risk of not maintaining our current staff complement, their expertise, and recruiting new staff related to uncertain provincial policy. | L4 I4 |
| 3.5* | The organization may be at risk of erosion of our current culture, staff disengagement, and low morale, related to uncertain provincial policy through the transition years to the new entity. | L5 I5 |

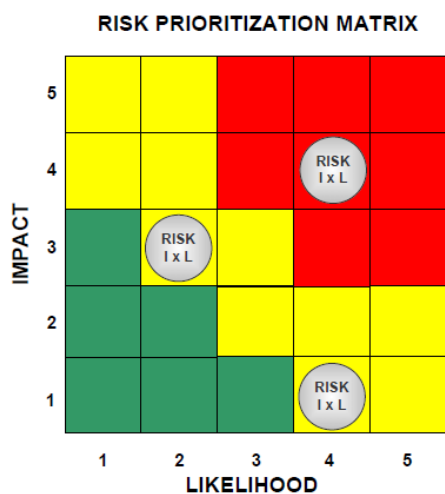
| Risk Categories | | Rating Scale |
|--|--|--------------|
| 4. Knowledge / Information | | |
| 4.1 | The organization may be at risk due to incomplete/inadequate information to make decisions or plan programs and services. | L3 I3 |
| 4.2* | The organization may be at risk of decreased support related to essential public health knowledge and information because of decreased capacity within the public health sector overall. | L5 I3 |
| 5. Technology | | |
| 5.1 | The organization may be at risk of a network outage. | L3 I5 |
| 5.2 | The organization may be at risk of not having a comprehensive and future oriented information technology plan and planning processes. | L4 I3 |
| 5.3* | The organization may be at risk of information technology system attacks including and/or resulting in significant data breaches. | L5 I5 |
| 6. Legal / Compliance | | |
| 6.1 | The organization may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of Public Health Sudbury & Districts. | L2 I2 |
| 7. Service Delivery / Operational | | |
| 7.1 | The organization may be at risk of our programs and services being under-recognized for their impact on improving the health of the population and their contribution to individual clients' health. | L4 I4 |
| 7.2* | The organization may be at risk of less effectively leading current programs and services as a result of leadership focus on public health transition. | L3 I3 |
| 8. Environment | | |
| 8.1 | The organization may be at risk of natural and anthropogenic (for example, climate change) disasters or hazards. | L5 I4 |
| 9. Political | | |
| 9.1 | The organization may be at risk of significant disruptions and high opportunity costs related to provincial policy changes with the provincial government. | L5 I5 |
| 9.2* | The work of public health may be at risk related to political climate. | L4 I4 |
| 10. Stakeholder / Public Perception | | |
| 10.1 | The organization may be at risk of poorly defined relationships with indigenous communities, related to ambiguous jurisdiction. | L4 I4 |
| 10.2 | The organization may be at risk of uncertainty around managing the expectations and obligations of the public, ministries, stakeholders, municipalities and/or the media to prevent disruption of service or criticism of Public Health Sudbury & Districts and a negative public image. | L3 I3 |

| Risk Categories | | Rating Scale |
|-------------------------------|---|--------------|
| 10.3* | The organization may be at risk of eroding relationships and profile with partners, communities, and municipalities, including Indigenous peoples and communities, as a result of public health transformation. | L4 I5 |
| 11. Strategic / Policy | | |
| 11.1* | The organization may be at risk of having inappropriate future oriented strategies because of the uncertainty of provincial policy direction. | L5 I5 |
| 12. Security Risks | | |
| 12.1 | The organization may be at risk of threats to network security. | L3 I4 |
| 12.2 | The organization, staff, and visitors may be at risk if security systems are offline. | L2 I2 |
| 13. Privacy Risks | | |
| 13.1 | The organization may be at risk as internal controls may not be sufficient to fully eliminate all potential risks of privacy breaches. | L4 I2 |
| 14. Equity Risks | | |
| 14.1 | The organization may be at risk of not effectively leveling up the health status with priority populations. | L5 I5 |
| 14.2* | The organization may be at risk of eroding or ineffectively building partnerships and relationships with indigenous communities. | L3 I3 |

 Transitional Risks

* New Risks

| VALUE | LIKELIHOOD | IMPACT | PROXIMITY | SCALE |
|-------|------------------------------|---|---------------------|-----------|
| 1 | Unlikely to occur | Negligible Impact | More than 36 months | Very Low |
| 2 | May occur occasionally | Minor impact on time, cost or quality | 12 to 24 months | Low |
| 3 | Is as likely as not to occur | Notable impact on time, cost or quality | 6 to 12 months | Medium |
| 4 | Is likely to occur | Substantial impact on time, cost or quality | Less than 6 months | High |
| 5 | Is almost certain to occur | Threatens the success of the project | Now | Very High |



ADDENDUM

MOTION: THAT this Board of Health deals with the items on the Addendum.

Please remember to complete the Board meeting evaluation in BoardEffect following the Board meeting.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____