



Board of Health Meeting 05-20

Public Health Sudbury & Districts

Thursday, September 17, 2020

1:30 p.m.

via Skype

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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

Ministère de la Santé

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777, rue Bay, 5^e étage
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July 27, 2020

Dr. James Crispo
2115 South Bay Road
Sudbury ON P3E 6H7

Dear Dr. Crispo:

I would like to take this opportunity to thank you for the time and effort you have given while serving on the Board of Health for the Sudbury and District Health Unit.

Your commitment as a member of the board has been invaluable and the work you have done has left a lasting impact on all Ontarians. I truly appreciate your contribution and I hope you have found your tenure both challenging and rewarding.

Please accept my best wishes. I hope that you will continue to offer your time and talent in serving the people of Ontario.

Sincerely,

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

Christine Elliott
Deputy Premier and Minister of Health

c: Medical Officer of Health



**Public Health
Santé publique**
SUDBURY & DISTRICTS

August 4, 2020

Mr. James Crispo
Provincial Appointment
Board of Health
Public Health Sudbury & Districts

Dear Mr. Crispo:

Re: Public Health Sudbury & Districts Board of Health End of Term

Further to the thank you letter from the Deputy Premier and Minister of Health to you dated July 27, 2020, I am extending my sincere gratitude on behalf of the Board of Health for your service as a committed member of our Board from May 31, 2017, until May 30, 2020.

You have been a valued and respected Board of Health member. Your contributions to the Board of Health as well as the Board Executive Committee and Joint Board of Health/Staff Accountability Working Group have been appreciated. Although your term on the Board of Health was not renewed, we know we have a passionate public health ambassador in our community.

On behalf of the entire Board of Health, please accept my gratitude for your contributions and my well wishes for the future.

Sincerely,

Original signed by

René Lapierre, Chair
Board of Health

cc: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Board of Health, Public Health Sudbury & Districts
Public Appointments, Agency Coordination & Corporate Initiatives Unit,
Ministry of Health

Sudbury

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phsd.ca



Healthier communities for all.
Des communautés plus saines pour tous.

Dr. James A.G. Crispo

2115 South Bay Road, Sudbury, ON

Phone: (705) 923-7085

Email: jcris021@uottawa.ca

August 14, 2020

Via Email: lapierre@phsd.ca

Mr. René Lapierre
Chair, Board of Health
Public Health Sudbury & Districts
1300 Paris Street, Sudbury, ON

Re: Public Health Sudbury & Districts Board of Health End of Term

Dear Mr. Lapierre,

I thank you for your letter dated August 4, 2020. It has been a pleasure to serve as a citizen representative on the Public Health Sudbury & Districts Board of Health for the past three years.

During my tenure as a member of the Board of Health, I have witnessed first-hand the incredible and essential upstream work that Public Health Sudbury & Districts is performing to improve determinants of health and the lives of individuals within our local communities. Such achievements truly highlight the exceptional governance and leadership, as well as the abilities and dedication of staff, at Public Health Sudbury & Districts.

While I recognize that public appointments to the Board of Health are the prerogative of the Minister, I believe that the Board and I would mutually benefit from a greater understanding of why my application for reappointment was not renewed. Such information may be particularly valuable as the Board continues to closely follow and provide input on the modernization of public health in Ontario.

I remain committed to positively contributing to local public health. Accordingly, I welcome the opportunity to volunteer at Public Health Sudbury & Districts and assist with ongoing and future initiatives, as appropriate.

Keep up the great work!

Sincerely,



James A.G. Crispo, MSc., PhD

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

Public Appointments, Agency Coordination & Corporate Initiatives Unit,
Ministry of Health

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September 1, 2020

Ms. Nicole Sykes
4429 Long Lake Road
Sudbury ON P3G 1K4

Dear Ms. Sykes:

I would like to take this opportunity to thank you for the time and effort you have given while serving on the Board of Health for the Sudbury and District Health Unit.

Your commitment as a member of the board has been invaluable and the work you have done has left a lasting impact on all Ontarians. I truly appreciate your contribution and I hope you have found your tenure both challenging and rewarding.

Please accept my best wishes. I hope that you will continue to offer your time and talent in serving the people of Ontario.

Sincerely,

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

Christine Elliott
Deputy Premier and Minister of Health

c: Medical Officer of Health



**Public Health
Santé publique**
SUDBURY & DISTRICTS

September 4, 2020

Ms. Nicole Sykes
Provincial Appointment
Board of Health
Public Health Sudbury & Districts

Dear Ms. Sykes:

Re: Public Health Sudbury & Districts Board of Health End of Term

Further to the thank you letter from the Deputy Premier and Minister of Health to you dated September 1, 2020, I am extending my sincere gratitude on behalf of the Board of Health for your service as a committed member of our Board from May 31, 2017, until May 30, 2020.

You have been a valued and respected Board of Health member. Your contributions to the Board of Health as well as the Board Executive Committee and Joint Board of Health/Staff Accountability Working Group have been appreciated. Although your term on the Board of Health was not renewed, we know we have a passionate public health ambassador in our community.

On behalf of the entire Board of Health, please accept my gratitude for your contributions and my well wishes for the future.

Sincerely,

René Lapierre, Chair
Board of Health

cc: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Board of Health, Public Health Sudbury & Districts
Public Appointments, Agency Coordination & Corporate Initiatives Unit,
Ministry of Health

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Board of Health Manual Public Health Sudbury & Districts Information Sheet

Category

Board of Health Structure & Function

Section

Board of Health Committees

Subject

Board of Health Executive Committee Terms of Reference

Number

C-II-10

Approved By

Board of Health

Original Date

March 23, 1989

Revised Date

June 21, 2018

Review Date

June 21, 2018

Information

Purpose

The Executive Committee functions as an advisory and standing committee of the Board to develop, review and oversee Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services.

Reporting Relationship

The Executive Committee reports to the Board of Health.

Membership

Board Members at Large must be assigned annually by majority vote of the full Board.

- Board of Health Chair (1)
- Board of Health Vice-Chair (1)

- Board of Health Members at Large (3)
- Medical Officer of Health/Chief Executive Officer
- Director of Corporate Services
- Board Secretary

Board of Health Executive Committee Chair: As elected annually by the committee at the first meeting of the Executive Committee of the Board of Health.

Only Board of Health members have voting privileges. All staff members are ex officio.

Responsibilities

The Executive Committee provides advice to the Board on the development, review, and oversight of Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services, in areas such as: policy, personnel, and property.

The Executive Committee may also undertake specific responsibilities of the Board if so assigned by majority vote of the Board. Assigned responsibilities must be delegated by majority vote of the full Board.

The Executive Committee assumes governance of the Board between Board meetings.

Executive Committee shall in between meetings of the Board, exercise the full powers of the Board in all matters of administrative urgency, reporting every action at the next meeting of the Board.

Committee Proceedings

The rules governing the procedure of the Board shall be observed by the Executive Committee insofar as applicable.

Meetings are normally at the call of the Chair but may be requested by two or more members of the Executive Committee, subject to approval of the Chair.

Meetings are held at the health unit at a time mutually agreed upon by the committee. Members must attend in-person in order to be counted towards quorum.

An agenda is developed by the Chair with the support of the Medical Officer of Health/Chief Executive Officer and distributed by the Secretary one week in advance of a scheduled meeting, whenever possible.

Unapproved meeting minutes, recommendations and supporting documentation are forwarded by the Secretary to the Board for inclusion in the agenda of the next Board meeting.

Agenda packages are made available to the public via the Public Health Sudbury & Districts website.

Closed session minutes are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes must be approved at a subsequent meeting of the Board Executive Committee.

APPOINTMENT TO BOARD OF HEALTH EXECUTIVE COMMITTEE

THAT the Board of Health appoint the following individuals to the Board Executive Committee for the remainder of the year 2020, replacing members whose provincial appointee terms were not renewed.

- 1. _____, Board Member at Large**
- 2. _____, Board Member at Large**

AGENDA – FIFTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
VIA SKYPE
THURSDAY, SEPTEMBER 17, 2020 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- Thank you letter from the Deputy Premier and Minister of Health to James Crispo dated July 27, 2020
- Thank you letter from the Board of Health Chair to James Crispo dated August 4, 2020
- Letter from James Crispo to Board of Health Chair dated August 14, 2020
- Thank you letter from the Deputy Premier and Minister of Health to Nicole Sykes dated September 1, 2020
- Thank you letter from the Board of Health Chair to Nicole Sykes dated September 1, 2020

i) Election of Officer – Board of Health Executive Committee

- Board of Health Executive Committee Terms of Reference, Board of Health Manual C-II-10

APPOINTMENT TO BOARD OF HEALTH EXECUTIVE COMMITTEE

MOTION

THAT the Board of Health appoint the following individuals to the Board Executive Committee for the remainder of the year 2020, replacing members whose provincial appointee terms were not renewed.

- 1. _____, Board Member at Large**
- 2. _____, Board Member at Large**

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

- i) **COVID-19 – Public Health Sudbury & District's response to support safe school re-openings**
 - Brenna Eastick, Program Manager, School Health & Behaviour Change, School Health, Vaccine Preventable Diseases and COVID Prevention Division
 - David Groulx, Program Manager, COVID in Schools, School Health, Vaccine Preventable Diseases and COVID Prevention Division

5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
 - a. Fourth Meeting – June 18, 2020
- ii) **Business Arising From Minutes**
- iii) **Report of Standing Committees**
 - a. Board of Health Executive Committee, Unapproved Minutes dated July 29, 2020
- iv) **Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, September 2020
- v) **Correspondence**
 - a. 2020-21 Provincial Funding
 - Letter from the Deputy Premier and Minister of Health to the Board of Health Chair, Public Health Sudbury & Districts, dated August 21, 2020
 - b. Funding Health Units during COVID-19
 - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Deputy Premier and Minister of Health and Long-Term Care, dated August 19, 2020
 - c. Decriminalization of Personal Possession of Illicit Drugs
 - Letter from Board of Health Chair, Chatham-Kent Public Health, to the Federal Minister of Health and the Minister of Justice and Attorney General of Canada, dated July 30, 2020
 - d. Provincial Approach to Face Coverings
 - Letter from the alPHa President, Council of Ontario Medical Officers of Health Chair and the Boards of Health Section Chair, to the Minister of Health, dated July 23, 2020
 - e. Public Health Modernization
 - Letter from the Board of Health Chair, Renfrew County and District Health Unit, to the Minister of Health, dated July 16, 2020

- Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Minister of Health, dated June 19, 2020
 - f. 2020 Municipal Cost Share of Public Health Funding
 - Letter from the Board of Health Chair, Renfrew County and District Health Unit, to the Minister of Health, dated July 16, 2020
 - Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Minister of Health, dated June 19, 2020
 - g. Public Health Ontario Leadership
 - Letter to Dr. Peter Donnelly from the Public Health Sudbury & Districts Medical Officer of Health and Chief Executive Officer dated July 9, 2020
- vi) **Items of Information**
- a. alPHA Information Break August 21, 2020

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

- i) **COVID-19 Pandemic**
 - a. Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated September 10, 2020
 - Chief Medical Officer of Health memo on School-Focused Nursing Initiative dated August 11, 2020
 - Revised Program Accountability Chart dated August 24, 2020
 - COVID-19 First Wave Response Evaluation – Staff Survey – Summary of Results
 - Public Health System Evaluation and Lessons from the First Peak of COVID-19: A Report on Behalf of the Council of Ontario Medical Officers of Health, September 1, 2020
 - Thank you letter from Windsor-Essex County Health Unit to Public Health Sudbury & Districts, dated August 25, 2020
 - Deputy Minister memo on Pandemic Response dated August 20, 2020
- ii) **Sudbury & District Medical Officer of Health**

SUDBURY & DISTRICT MEDICAL OFFICER OF HEALTH

MOTION:

WHEREAS the Sudbury & District Board of Health Executive Committee passed motion 05-14 that provides for the appointment of individuals as

**Acting Medical Officers of Health for the Sudbury & District Health Unit;
and**

**THAT Board of Health motion 41-14 updated paragraph five of motion
05-14**

**THEREFORE BE IT RESOLVED THAT the following paragraph amends
motion 41-14 by replacing paragraph five of motion 05-14 with the
following paragraph:**

**BE IT THEREFORE FURTHER RESOLVED THAT for the duration of an
absence or inability to act of the Medical Officer of Health and Associate
Medical Officer of Health, the following individuals be eligible for
appointment as Acting Medical Officers of Health for the Sudbury &
District Health Unit:**

- Medical Officer of Health, Public Health Sudbury & Districts**
- Medical Officer of Health, North Bay Parry Sound District Health Unit**
- Medical Officer of Health, Porcupine Health Unit**
- Medical Officer of Health, Thunder Bay District Health Unit**
- Medical Officer of Health, Northwestern Health Unit**
- Medical Officer of Health, Algoma Public Health**
- Dr. Alex Hukowich, Medical Officer of Health (retired)**
- Dr. Ian Gemmill, Medical Officer of Health (retired)**

iii) Guaranteed Basic Income

- Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated September 10, 2020
- Letter from the Board of Health Chair, Chatham-Kent Public Health, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated July 27, 2020
- Letter from the Board of Health Chair, Renfrew County and District Health Unit, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated July 16, 2020
- Letter from the Board of Health Chair, Porcupine Health Unit, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated June 29, 2020
- Letter from the Board of Health Chair, Peterborough Public Health, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated June 25, 2020
- Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Prime Minister of Canada, Deputy Prime Minister and the Minister of Finance, dated June 19, 2020

BASIC INCOME FOR INCOME SECURITY DURING THE COVID-19 PANDEMIC AND BEYOND

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts endorse correspondence from Ontario boards of health recommending the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians during the COVID-19 pandemic and beyond.

AND FURTHER THAT relevant individuals and organizations be apprised of this motion and supporting materials.

iv) Annual Board of Health Self-Evaluation

- 2020 Board Self-Evaluation Questionnaire
(*Electronic survey is available to Board members in BoardEffect*)

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS / ENQUIRIES

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

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

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

BOARD MEMBERS PRESENT

Randy Hazlett	Bill Leduc	Jacqueline Paquin
Jeffery Huska	Glenda Massicotte	Mark Signoretti
Robert Kirwan	Paul Myre	Natalie Tessier
René Lapierre	Ken Noland	Carolyn Thain

STAFF MEMBERS PRESENT

Sandra Laclé	Rachel Quesnel	Dr. Penny Sutcliffe
Stacey Laforest	France Quirion	Renée St. Onge

GUESTS/OBSERVERS

**Due to virtual meetings, we are unable to confirm all guest attendees*

James Crispo	Dr. Imran Khan (NOSM resident)
Nicole Sykes	Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:31 p.m.

2. ROLL CALL

Natalie Tessier has been appointed by the Township of Chapleau to the Board of Health, replacing Rita Pilon. A warm welcome was extended to N. Tessier who is attending her first Board of Health meeting as well as to Jacqueline Paquin who is attending her second meeting.

Staff are maintaining contact with the Ministry of Health's Public Appointment Secretariat regarding the status of reappointments for James Crispo and Nicole Sykes as their terms on the Board of Health ended on May 31, 2020. The Ministry has confirmed that they received all the documentation required for processing their reappointment and that the review and approval process may be further delayed. It was suggested that

James and Nicole be invited as observers for today's Board of Health meeting; however, they should not participate in any decision making until reappointments are officially renewed.

R. Lapierre reviewed the process for today's virtual meeting. Roll call votes will be used for each motion as a way to record voting in the context of the virtual meeting.

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict 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

Dr. Sutcliffe shared that today's presentation will summarize Public Health Sudbury & Districts' planned next steps given much of program plans have been put aside since March 2020 to focus on the pandemic response. Since March 2020, at least half of the staff have been redeployed from their regular work to COVID-19 work. It is recognized that diversion and deferral of programming due to the focus on pandemic response poses risks to health. In addition to the economic and fiscal impacts of COVID-19, examples of health risks and risk impacts relating to the deferral of programs include immunization, domestic violence, substance abuse, comprehensive tobacco control, etc.

Having a systematic approach to plan for scalable programming will help balance and mitigate COVID-19 risks along with risks due to other threats to public health.

Dr. Sutcliffe noted that proactive planning based on needs and set on clear criteria, even during unprecedented times, ensure transparency and accountability for COVID and non-COVID work and assist the Board in ensuring its duties are fulfilled.

Dr. Sutcliffe thanked the senior managers and recognized their collective wisdom as well as their skills and ability to effectively chart a PHSD course during these uncertain times.

R. St Onge reviewed the timelines of COVID-19 since January 2020 and number of total confirmed cases within our catchment area. As of 1 p.m. today, June 18, there have been no new confirmed cases since May 14.

Within the current context, planning that is underway will help identify these key focus areas:

1. Understand and plan for the repercussions of relaxed public health measures.
2. Mitigate the health impacts associated with the COVID-19 response and the deferral of public health work.

Planning assumptions include that we will continue efforts to maintain an effective response to COVID-19 and be prepared to adjust rapidly to changing circumstances.

Drivers of informed decision-making were reviewed and include government direction, literature, epidemiological data, our strategic plan, survey data, etc.

A priority setting exercise has been undertaken using the enterprise risk management tool which was slightly adjusted for this purpose. The prioritization approach was summarized, and the overall results are outlined in the heat map included in today's Board meeting package, through color-leveled risk from higher to lower risks - red, yellow and green.

Program directors, S. Laforest, S. Laclé, and R. St Onge, summarized each of their divisional program areas that have been identified as high priority to resume.

Next steps will include:

- program directors will be mapping capacity to priorities, starting with high priorities identified as red on the heat map
- ongoing assessment of priority needs and context with adjustments as needed
- continued planning for the fall and beyond, future wave scenario planning
- ongoing evaluation

Questions and comments were entertained. Staff were thanked for this planning and congratulated for a great job recognizing we have never experienced a pandemic.

P. Sutcliffe provided clarification regarding authority for public health measures, the COVID-19 government directives, guidelines and requirements as well as local and northern health unit practices that are put in place to adjust to local needs. Discussion was held regarding the risks and health impacts of COVID-19 and non-COVID-19. It is important to continue to prevent further illnesses, such as through flu vaccines, for our most vulnerable populations, such as elders. The importance of simple public health measures was reinforced, and public messaging continues. In the fullness of time, it would be helpful to conduct an evaluation of effectiveness of our overall response.

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

13-20 APPROVAL OF CONSENT AGENDA

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

CARRIED UNANIMOUSLY THROUGH A ROLL CALL VOTE

6. NEW BUSINESS

i) 2018–2022 Accountability Monitoring Plan

– Public Health Sudbury & Districts Strategic Priorities Narrative Report, May 2020
Normally, a member of the Joint Board of Health/Staff Accountability Working Group is invited to present the twice yearly produced narrative report; however, for this report, Dr. Sutcliffe shared that feedback was sought from the Working Group via email. The feedback has been incorporated and the report, shared for information, will also be shared broadly after today's Board of Health meeting. It was recapped that the stories in the report outline actions on the four strategic priorities. Staff were commended for this work and Board members on the working group were thanked for their time and contributions.

ii) 2019 Audited Financial Statements

– Public Health Sudbury & Districts Audited Financial Statements for 2019
C. Thain, Chair of the Board of Health Finance Standing Committee, reported that the committee met on June 4, 2020 and reviewed the 2019 draft audited financial statements. Derek D'Angelo from KPMG joined the Finance meeting via Skype to review the audit processes and present the auditors findings report.

Board members were reminded that the government announced several changes to Public Health throughout 2019 including structural and financial. On the structural side, it was announced that the 35 boards of health, at that time, would be dissolved, and 10 new regional public health entities would be formed.

Already into its second quarter at the time of these announcements, PHSD immediately implemented a freeze on all non-essential spending and initiated significant organizational restructuring to mitigate the announced within-year reductions and expected 2020 budget impacts. The landscape continued to evolve in 2019 with the announcement in May that the retroactive cuts would be cancelled and the confirmation in August that as of January 1, 2020, the funding policy of up to 70% provincial funding would be implemented for most programs. Further, it was announced that the planned restructuring of the public health system would be halted and that a review and extensive consultation would be undertaken.

Throughout this time, PHSD navigated through these changing decisions and adjusted its spending approach to ensure the organization would be in the best financial position possible while maintaining required services to the extent possible. The 2019 audited financial statements includes a surplus for 2019 and reflect that changing landscape.

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as of December 31, 2019. The auditors note that they did not identify any material misstatements, illegal acts or fraud and no internal control issues. As such, the auditors propose to issue an unqualified report on the financial statements subject to the approval today of the draft statements. Considering the impact of the provincial announcements that were made starting in April 2019, the year-end position is a testament to the hard work and strategic management of Dr. Sutcliffe and her entire team for responding to the changes and ending the year on a solid financial footing.

The Board Finance Standing Committee recommends that the Board of Health approve the 2019 audited financial statements.

P. Sutcliffe concluded that 2019 was a tumultuous year requiring adjustments to respond to the provincial announcements and maximize our programs and services. She also thanked the Board Finance Standing Committee members for their thorough review of statements.

14-20 ADOPTION OF THE 2019 AUDITED FINANCIAL STATEMENTS

MOVED BY THAIN – SIGNORETTI: WHEREAS at its June 4, 2020~~2~~, 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.

CARRIED UNANIMOUSLY THROUGH A ROLL CALL VOTE

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

The briefing note summarizes information shared in today's presentation outlining 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. 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 and course correct.

The agency's existing risk management framework was used for decision-making to identify sequencing, timeliness and priorities for program and service continuation or reimplementation. In addition to the Directors who presented earlier, kudos were extended to F. Quirion and her team as well as the management team who considered program planning in the context of COVID-19 with no guideposts or route for this type of assessment and planning. Through the risk management lens, staff were able to determine the sequence of resuming programs and services, identify timelines and priorities through resulting priorities as identified in the heat map.

- Timeline summary

A timeline summarizing public health actions relating to COVID-19 has been created to document significant events since January 2020. Dr. Sutcliffe noted it is important to document what we knew when and what has continued to evolve, as it is easy to forget and will be helpful for when look back. The timeline will continue to document and track the federal, provincial and local actions related to COVID-19.

- [Epi Summary](#)

Regular epidemiology updates are available on the phsd.ca website. R. St Onge and the Knowledge and Strategic Services team were acknowledged for ensuring that timely reporting of data is made available for the public. Given the lower number of confirmed cases in our area, the reporting may be reduced to three times weekly.

- Infographic

A Public Health Sudbury & Districts COVID-19 Response infographic is a tool, from an accountability perspective, that is shared with the Board and the community, for all to keep informed of the PHSD's COVID-19 response, such as, redeployment and recruitment of staff, while adjusting and balancing regular programs and services prevent the spread of COVID-19 and address local needs.

- Chief Medical Officer of Health (CMOH) memo inspections dated May 29, 2020

A memo to all Medical Officers of Health and Associate Medical Officers of Health from the Chief Medical Officer of Health outlines the provincial government's expectations relating to Phase 2 of Ontario's Framework for Reopening and public health restrictions are loosened. P. Sutcliffe noted that the direction provided regarding inspections has been taken into consideration when PHSD assessed programs and services priorities.

These attachments, along with today's presentation, provide a full picture of what PHSD has done, is doing and is planning for the future.

Additional information is provided under today's addendum regarding the provincial government's pandemic pay and we have yet to receive additional info for reimbursement of extraordinary COVID-19-related costs.

Questions and comments were entertained. Dr. Sutcliffe was congratulated on a job well done for her television interview with S. Paikin on The Agenda.

It was pointed out that insurance companies are putting COVID-19 disclaimers on hospital insurance policies noting that they won't be covering liabilities that deal with COVID-19 and other diseases; however, this has not been the case in the public health sector that we are aware of.

The Board Chair congratulated all PHSD staff for doing a fantastic job in its COVID-19 response. It was observed that the pandemic has helped shine a light on public health work. Dr. Sutcliffe and the Board Chair connect regularly and there has been regular public communication which helps maintain public confidence and showcase PHSD's work.

iv) Public Health Modernization Project / Reserve

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

Dr. Sutcliffe provided highlights from the briefing note. Board members were reminded that infrastructure projects are not budgeted for within the Board's annual operating budget and that, over the course of several years, a reserve fund has been established for this purpose. Due to the reserve fund, there is no need to seek additional funding for the infrastructure modernization projects.

Per the briefing note at the February 2020 Board of Health meeting, staff has followed the internal procurement policies and procedures and per By-Law G-I-70, the motion on today's agenda is seeking approval for transfer up to \$6.5 million from reserve to the operating budget to offset expenses for the infrastructure modernization projects.

Included in today's agenda package are the two requests for proposals (RFP) 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. There were four proponents for the 1300 Paris Street work and the successful proponent has been advised with next steps involving contract development. The second RFP for work at the Rainbow Centre received nine proponents and the selected

proponent has also been advised. The work includes physical infrastructure changes for the Senior Dental Clinic and the Health Services & Treatment Clinic, including the Needle Exchange Program, the growing family health and sexual health clinics.

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.

With the majority of the PHSD workforce working remotely, there is an opportunity for less disruption and less movement of staff during the construction phase and an opportunity to incorporate new norms for physical distancing with the modernization plans.

As for the financial implications, the financial reserves would be used to fund these projects. Given the aging infrastructure and rising costs of failing building systems, there are unknowns; however, estimates take into consideration higher costs associated with worse case scenarios.

As noted in the February 12, 2020, briefing note, a capital funding application has been submitted for the Dental Clinic and if successful, we will use this funding to offset the physical infrastructure changes to the Rainbow Centre office. Dr. Sutcliffe described the two project components of the Rainbow Centre. The recommended amount in the motion of \$6.5 million to be transferred from the reserve funds does not include the \$1.6 million for the dental component as it is expected we will be funded by the province for dental clinic. Dr. Sutcliffe summarized the stages of the implementation of the dental program. The costs for the Health Services & Treatment Clinic component of the Rainbow Centre project is estimated to be \$1.4M and funded through reserves for a total project cost of \$3M. It is hoped that we can leverage the work on both of these at the same time and build in efficiencies, such as a common space, etc.

The \$6.5 million transfer from the Facility and Equipment Repairs and Maintenance and Public Health Initiatives Reserve Funds will offset the budget as expenses are incurred to complete the modernization projects. Work that needs to be completed will be prioritized based on risk and various factors.

Questions and comments were entertained and additional information provided regarding contingencies, current reserve, and it was noted that the provincial

modernization of public health is currently on pause. Board members noted we have a responsibility to continue with our current operations until we hear differently from the province.

Board member were pleased with management's sound long-term planning for infrastructure expenses through the establishment of a reserve. The board agreed that the timing is good to build in social distancing layout, etc.

P. Sutcliffe clarified that the Board will be kept apprised through regular reports on the status of the projects, including operations and financial, through the MOH reports to the board.

15-20 PUBLIC HEALTH SUDBURY & DISTRICTS INFRASTRUCTURE MODERNIZATION PROJECT AND TRANSFER OF FUNDS FROM RESERVES

MOVED BY MYRE – HUSKA: 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.

CARRIED UNANIMOUSLY THROUGH A ROLL CALL VOTE

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

The 2019 annual organizational risk management report is shared for information and is the final report reporting requirement for the 2017-2019 risk management plan. The next report will be through the 2020-2022 risk management plan.

The annual report provides 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. It was recapped that the 14 risk categories previously identified aim to identify future events that may impact the achievement of the agency's vision and mission. Also attached as a reminder is the organization risk management plan for 2020-2022. The financial risk update was outlined. Board members were reminded that the risks highlighted in blue were identified as transition risks at a time where the provincial government had undertaken the modernization of public health. These risks will be reviewed as it is too dynamic to make any recommendation at this point.

The annual report succinctly provides updates on the staff quarterly data collection and mitigation strategies and staff were thanked for preparing the report.

7. ADDENDUM

16-20 ADDENDUM

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

CARRIED UNANIMOUSLY THROUGH A ROLL CALL VOTE

i) Needs Assessment and Feasibility Study (NAFS)

- Executive Summary and Highlights, English and French, June 15, 2020

Dr. Sutcliffe noted that the Needs Assessment and Feasibility Study report was released on June 15 and is available on the phsd.ca website, with French version to be posted once translation is finalized. The NAFS, undertaken by the City of Greater Sudbury Community Drug Strategy, explored the need for and feasibility of implementing supervised consumption services in the City of Greater Sudbury. Dr. Sutcliffe noted that a small and dynamic Public Health Sudbury & Districts team helped pulled this work together despite the work pressures of COVID-19. The Executive Summary highlights that the City of Greater Sudbury would benefit from supervised consumption services

and that supervised consumption services may be a feasible strategy but there are some concerns that need to be addressed.

ii) **Pandemic Pay Initiative**

- Letter from the Minister of Health to the Sudbury & Districts Board of Health Chair, dated June 15, 2020

The provincial government will be providing one-time funding for 2020-21 funding year to support the temporary pandemic pay initiative as part of the COVID-10 response in the public health sectors. Funding will be subject to provincial criteria and reporting requirements being met. Certain workers, largely public health nurses in our organization, will meet the criteria of having consistent and ongoing risk of exposure to COVID-19 will be eligible. We have been asked to determine who is eligible based on the criteria to receive the temporary pandemic pay initiative from April 24, 2020 up to and including August 13, 2020. However, certain staff groupings who would have had risk of exposure do not meet the provincial eligibility requirement which is limited to public health nurses. PHSD can receive up to \$229,000 in one-time funding and the sign-back agreement has been returned to the Ministry.

8. ANNOUNCEMENTS / ENQUIRIES

Board of Health members were reminded to complete the evaluation for today's meeting.

The Board Chair reminded everyone of the summer hiatus and that this is the last regular meeting until September. It was noted that governance is important, and all members were thanked for their hard work, commitment, as well adaptability in using videoconferencing due to the pandemic. Everyone was wished a safe summer.

9. ADJOURNMENT

17-20 ADJOURNMENT

MOVED BY THAIN – KIRWAN: THAT we do now adjourn. Time: 3:02 p.m.

CARRIED UNANIMOUSLY THROUGH A ROLL CALL VOTE

(Chair)

(Secretary)

**UNAPPROVED MEETING NOTES
BOARD OF HEALTH EXECUTIVE COMMITTEE
WEDNESDAY, JULY 29, 2020 – 8:30 A.M. TO 9:30 A.M.
TELECONFERENCE**

BOARD MEMBERS PRESENT

Jeff Huska

Ken Noland

René Lapierre

STAFF MEMBERS PRESENT

Rachel Quesnel

France Quirion

Dr. Penny Sutcliffe

J. HUSKA PRESIDING

1. CALL TO ORDER

The meeting was called to order at 8:35 a.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 May 22, 2020

11-20 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOVED BY NOLAND – LAPIERRE: THAT the meeting notes of the Board of Health Executive Committee meeting of May 22, 2020, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 Infrastructure Modernization Project

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated July 28, 2020

P. Sutcliffe shared that the Board Chair was consulted last week about the infrastructure modernization project and associated costs. The briefing note included in today's agenda package outlines the additional work and associated resources that have been identified subsequent to the initial estimate provided at the June Board of Health meeting.

F. Quirion was invited to provide highlights of the briefing note. She remarked that the 1300 Paris Street building is almost 50 years old and significant investments will be required to address the infrastructure failures that are growing.

Since the last Board of Health meeting on June 11, the architects and the mechanical and electrical engineering consultants have reviewed the condition of the building and further estimated the 1300 Paris Street project to be significantly greater from the estimate that was based on the description provided in the Request for Proposal (RFP). The RFP provided information so that all proponents could bid on the same project and created a level playing field upon which to assess the submissions.

F. Quirion outlined the required reconfiguration of staff space to complete the HVAC work in a densely populated, highly utilized building.

The age and condition of the building, the HVAC system as well as related mechanical and engineering work and significant space reconfiguration means a significant increase from the original project estimate and the Board of Health approved transfer of up to \$6.5M. Today's motion request an additional transfer from reserves of \$4.5M.

F. Quirion noted that a number of different financing options have been explored as well as different options to address the HVAC system. However, none of the options are satisfactory to accomplish all the issues that the infrastructure modernization project was designed to address.

The motion on today's agenda requests an additional \$4.5 million transfer from reserve to take advantage of the timing to proceed with work and complete the project.

Questions and comments were entertained. Staff were thanked for being proactive with this work. In response to an inquiry, F. Quirion further described the Request for Proposal process and clarified that in our exploration of alternative options for the additional work related to the HVAC, we have received pricing from another source and the results are comparable.

P. Sutcliffe clarified that the balance of our reserves once \$4.5 million would be allocated to the project would be \$3.97 million. Board Executive Committee members were reminded that application will be made to the Ministry for one-time funding to support this initiative. To restart this project or divide the work would be more costly and create more delays.

It was recapped that in June the Board of Health approved a transfer from reserve of up to \$6.5M to fund the estimated costs of the infrastructure modernization project.

It was remarked that we are following the standards of practice for tender processes as it relates to adjustments in the project scope. It was also noted that although perhaps desirable, a new building is not feasible. P. Sutcliffe reiterated that the original estimate was based on the RFP and what is presented today does not represent errors or anything that was missed as we did not know or have those details at the time.

The Board Executive Committee members agreed that this work is important. Minutes of today's meeting as well as a project update will be included in the September Board of Health agenda package.

**12-20 PUBLIC HEALTH SUDBURY & DISTRICTS INFRASTRUCTURE
MODERNIZATION PROJECT AND TRANSFER OF FUNDS FROM
RESERVES**

MOVED BY LAPIERRE – NOLAND: BE IT RESOLVED that the Board of Health Executive Committee, per By-Law G-I-70, authorize the Medical Officer of Health/CEO to transfer \$4.5M (total of up to \$11M) from the Reserves Funds to the operating budget to offset expenses related to the infrastructure modernization projects.

CARRIED

In response to an inquiry regarding the Board of Health Executive Committee membership, it was shared that James Crispo has not been reappointed to the Board of Health. A letter was sent on July 27 by the Minister of Health to J. Crispo, thanking him for his work on the Board of Health. We have not yet received confirmation from the Public Appointment Secretariat regarding the reappointment of Nicole Sykes. Election(s) will be held at the September Board of Health meeting membership on the Board of Health Executive Committee.

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

6. ADJOURNMENT

13-20 ADJOURNMENT

MOVED BY NOLAND – LAPIERRE: THAT we do now adjourn. Time: 9:12 a.m.

CARRIED

(Chair)

(Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, September 2020

Words for thought

"Experts" share tips on return to school



"Experts" share tips on return to school/Des «experts» donnent des conseils sur le retour à l'école

Source: School Mental Health Ontario
<https://www.youtube.com/watch?reload=9&v=PNZwnRn2Rh0&feature=youtu.be>

Date: Retrieved September 8, 2020

Welcome back to Board of Health members!

I hope that you have enjoyed a healthy summer break. You will not be surprised to see that this Board of Health meeting again finds us focusing on our COVID-19 response. As you will have seen from various media coverage over the summer, Public Health has been very busy assessing and learning from our response to wave 1 of the pandemic, responding to cases and contacts, and ensuring we and our communities continue to flatten the curve and prepare for safe school reopening. My September Board report and other agenda items share details of this work along with other non-COVID-19 highlights. I also highly recommend to you take a moment to view the short video clip cited above—expert advice on return to school.

We are prepared for a busy fall ahead!

General Report

1. Board of Health

Membership

The Public Appointment Secretariat has advised that provincial appointees, James Crispo and Nicole Sykes, will not be reappointed to the Board of Health. Letters of appreciation from the Board of Health Chair on behalf of the Board are attached to today's agenda package. Upon inquiry as to whether any provincial appointments are pending for our Board, the PAS advised that they have one new appointment currently in process and that they would be in touch with us soon.

The Health Protection and Promotion Act stipulates under 49 (3) *The Lieutenant Governor in Council may appoint one or more persons as members of a board of health, but the number of members so appointed shall be less than the number of municipal members of the board of health.*

Annual Training Requirements

All Board members are asked to review these two mandatory annual Board of Health training materials before December 1, 2020:

Baby-Friendly Initiative

Public Health Sudbury & Districts has received Baby-Friendly designation from the Breastfeeding Committee for Canada. To maintain this designation, all Board of Health Members must undertake annual training with new members receiving training within six months. Training consists of reviewing four Baby Friendly policies and procedures and key messages. You are also required to complete the online module.

The BFI Policies & Procedures (four), key messages and the online module will be emailed to Board of Health members and you will be asked to email quesnelr@phsd.ca once you have completed the training.

Emergency preparedness

The Ontario Public Health Standards require that boards of health effectively prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines. A key component of emergency preparedness is training of Board of Health members and staff. In order to capture our commitment to emergency preparedness, Public Health Sudbury & Districts reports percentage of Board of Health members and staff who complete mandatory emergency preparedness training annually as part of the Accountability Monitoring Plan (Indicator #5).

The emergency preparedness Power Point is attached to the September 17 BoardEffect event and can also be found in BoardEffect under Libraries – Board of Health – Annual Mandatory Training: Emergency Preparedness Training for Board Members.

Please email guesnelr@phsd.ca to confirm completion of the annual mandatory training.

2. COVID-19 and PHSD

A comprehensive briefing note is included in the meeting agenda. The briefing note reviews details of our work and related organizational, financial, and programming implications. Of note is the establishment of a temporary new division supporting COVID response in schools and with that I am pleased to welcome Stacey Gilbeau, as the new Director of the School Health, Vaccine Preventable Diseases, and COVID Prevention Division.

3. Staff Appreciation

It was important more than ever this year to ensure the agency recognized staff who have reached milestones. The month of June was dedicated to staff service recognition. Any staff member who reached a milestone received an e-card of congratulations and thanks from their Division Director. “Kind words” were also shared internally via Insight and Inside Edition to highlight the accomplishments and achievements of staff who reached milestones. As the agency was unable to host a celebration luncheon for the 25 Year Club recipients, each recipient received a beautiful gift basket from Regency Bakery with a note of appreciation from Dr. Sutcliffe and the Board Chair. Unfortunately we were unable to host an in-person staff appreciation coffee break due to the current circumstances, however, the Human Resources team is eager to explore other means of communicating the agency’s appreciation of staff.

4. Infrastructure Modernization Project

As the Board is aware, work is underway to modernize our 1300 Paris Street site and the Elm Place (Rainbow Centre) site. This update describes key developments for the projects which are proceeding concurrently.

The project timelines are compressed to ensure we get to the construction tendering phase prior to end of year, recognizing that we expect significant pressure on the construction industry in 2021. Solidifying the resources required for this project before the New Year will enhance our ability to keep construction costs at a reasonable level.

Financial

Following the June Board of Health meeting, where the Board approved the transfer of up to \$6.5M to fund the estimated costs of the infrastructure modernization project, the architectural team engaged for the 1300 Paris Street project, including the mechanical and electrical engineering consultants, submitted a revised estimate based on a more detailed

understanding of the site work required for our aging infrastructure. This resulted in an increase of \$4.5M (for a total of up to \$11M) to the estimated cost of this project.

The critical timelines of this project required the Board Executive Committee to convene on July 29, 2020, to review the recommendation to proceed. The BOH Executive Committee approved the recommendation to fund the project through additional transfers from the reserve fund.

1300 Paris Street

The formal agreement engaging the services of 3rd Line Studio was negotiated and signed. The project is nearing the end of the pre-design phase. This phase includes establishing project goals, developing a workplan along with schedules, undertaking a detailed investigation and audit of the existing facility and existing reports, capturing information on how the spaces are used, how they interact with one another, and it outlines the needs and requirements moving forward. This work culminates in the development of a detailed functional program. The architects have met with the Senior Executive Committee, as well as with each Director one-on-one. Follow up meetings with specific managers are required to outline specific program/client needs which will complete the final components of the functional program. Following pre-design, we will move into schematic design phase which will involve the development of concept design layout options based on the data collected in pre-design.

Elm Place (Previously Rainbow Centre)

The formal agreement engaging the services of Yallowega, Bélanger Salach Architects was negotiated and signed. The project is also nearing the end of the pre-design phase with the functional program for this site being completed. A phasing plan will be provided in this phase for this project. Combining the current services with the new Senior Dental Program involves relocating our services within the mall. Available locations were assessed and a space located across from our current space has been selected. The architects are currently developing the ‘as built drawings’ of the new space which will be followed by the schematic design phase.

5. Annual Board of Health Self-Evaluation

As part of the Board of Health’s commitment to good governance and continuous quality improvement, and in accordance with Board of Health Manual policy C-I-12 and C-I-14, the Board of Health conducts an annual self-evaluation of its governance practices and outcomes.

The completion rate for the annual Board of Health member self-evaluation is included as one of the indicators in the 2018–2022 Accountability Monitoring Plan. This indicator, which also includes the completion rate for the monthly meeting evaluations, is a measure of the level of commitment and engagement of the members of the Board of Health, and is part of our demonstration of accountability to good governance practices.

Board of Health members are asked to complete the annual 2020 self-evaluation questionnaire in BoardEffect (under the Board of Health workroom – Collaborate – Surveys) by Tuesday,

October 20, 2020. Results of the annual Board of Health member self-evaluation of performance evaluation will be presented at the November Board meeting.

6. Annual Medical Officer of Health and Chief Executive Officer Performance Appraisal

Feedback regarding the MOH/CEO's annual performance appraisal, as per Board of Health Policy and Procedure I-VI-10, will be sought shortly from the Board of Health and Senior Management members through an electronic survey in BoardEffect on your iPad. This annual evaluation has been delayed this year due to COVID-19. The deadline to complete the survey will be by Monday, September 28.

The review process includes feedback from all Board of Health members and the positions that report directly to the MOH/CEO. This feedback is reviewed by the Board Executive Committee, followed by a meeting between the Board Chair and the MOH/CEO. A Board Executive Committee meeting is being scheduled for this purpose on October 17 following the Board of Health meeting. The Board of Health is advised once the performance appraisal process is completed.

7. Financial Report

The July 2020 year-to-date cost-shared financial statements report a positive variance of \$801,266 without COVID related expenses. With COVID-19 expenses of \$1,045,532, the net financial position is a negative variance of \$-244,266 for the period ending July 31, 2020. Gapped salaries and benefits account for 4% (\$-9,881) and operating expenses and other revenue account for 96% (\$-234,385) of the variance. Monthly reviews of the financial statement ensure that shifting demands are adjusted in order to mitigate the variances caused by the timing of activities.

On August 21, 2020, we received correspondence from the Ministry confirming the Board's funding for 2020. Also on this date, we received information from the Ministry about the COVID-19 Extraordinary Costs Reimbursement Request Process. We continue to analyse the impact of these communications on the 2020 budget.

Budget deliberations at the staff level are underway in preparation for the fall Finance Standing Committee meeting and November Board of Health meeting. We are actively pursuing up to date information from the Ministry to inform our budget assumptions.

8. Accountability Monitoring Plan

The 2018–2022 Accountability Monitoring Plan demonstrates how we are working to achieve our vision, mission, and values, as part of our day to day work, provincial mandates, and local commitments. A Joint Board of Health/Staff Accountability Working Group is responsible for

reviewing draft Accountability Monitoring reports for content and format, including providing interpretive comments on results where appropriate, and for presenting reports to the full Board of Health. As per the Terms of Reference of the committee, membership shall include up to three (3) Board of Health members and Public Health Sudbury & Districts staff. There are two Board member vacancies with recent changes to Board membership. Board members are asked to indicate their interest to the Secretary to the Board of Health by Thursday, September 24. The term for membership coincides with the term of the 2018–2022 Strategic Plan.

9. 2020 Public Health Sudbury & Districts Annual Report

In accordance with the public reporting requirements in the *Ontario Public Health Standards (2018)*, the 2019 Annual Report for Public Health Sudbury & Districts will be published the week of the Board of Health meeting. The report highlights, for example, our agency's efforts in school health, with the Community Drug Strategy, managing of enteric outbreaks, including the public health response to managing Hepatitis A cases in our community, research and evaluation initiatives, and workforce and competency development to support Indigenous engagement and racial equity. An electronic copy of the report will be provided the day of the September 17, 2020, Board of Health meeting. In addition, the report, available in both English and French, will be posted online and shared through our social media channels.

10. 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 August 21, 2020. The Employer Health Tax has been paid as required by law to August 31, 2020. The Workplace Safety and Insurance Board premiums have also been paid, as required by law to August 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.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Mental health promotion

The Mental Health and Addictions team continues to support and promote mental health promotion messaging through the Reconnect Campaign and referral to resources to support the mental health of the community. The Reconnect Campaign video series has shared two videos via social media and includes three additional videos to be shared. The video series includes interviews conducted by Public Health staff with prominent figures in our service area to discuss mental health and how they are reconnecting to support their mental health.

In consultation with our partner agencies, the final report/proposal for the Youth Hub was submitted to the City of Greater Sudbury.

Oral Health

Over the summer months, members of the Oral Health team completed case management follow-ups for children identified to be in need of urgent oral health care through the school screening program. Staff also continued to provide enrollment assistance for the Healthy Smiles Ontario (HSO) Program and oral health navigation support to the public. Since June, staff responded to 135 telephone calls, and enrolled 26 new clients into the preventive stream of the HSO program and 40 new emergency-only clients.

The Oral Health team also resumed the provision of on-site preventive dental services on July 13. As of August 12, program staff provided 82 preventive appointments at the Main Office for children enrolled in the Healthy Smiles Ontario Program.

Of note, in response to the closure of non-urgent dental services during the COVID-19 response in Ontario, the Ministry of Health has extended the benefit period for currently enrolled HSO clients for an additional year.

Seniors Dental Care

Throughout the month of June, the Oral Health team prepared for the safe re-opening of preventive oral health services at the Main Office. Such preparation involved making required modifications to service delivery practices and clinic rooms to mitigate the risk of COVID-19 for staff and clients. The provision of on-site preventive services resumed on July 13, and as of August 12, 26 preventive appointments were provided to clients of the Ontario Seniors Dental Care Program (OSDCP).

Oral Health Program staff also continued to provide enrollment assistance to low-income seniors into the OSDCP and service navigation to enrolled clients. Over the summer, 42 newly enrolled OSDCP clients contacted our office to request dental care. In addition, 39 appointments for dental treatment and denture services were provided to OSDCP clients by our contracted dental providers in the community.

Of note, the OSDCP requires that enrolled clients re-apply for the program annually. However, in response to the closure of non-urgent dental services during the COVID-19 response in Ontario, the Ministry of Health announced that clients will not have to re-apply this year and will have their benefits extended until July 31, 2021.

Substance use

A radio ad speaking to the impacts of alcohol use on chronic disease and the Low-risk Alcohol Drinking Guidelines was launched in late August.

2. Healthy Growth and Development

Breastfeeding

During the months of June–August 2020, the breastfeeding clinic continued to provide services to new mothers in the Sudbury and Manitoulin districts. A total of 232 appointments were delivered, the majority of which were done virtually to ensure safety of staff as well as mothers and infants. In qualifying circumstances, mothers came for face-to-face clinic appointments on the condition that they did not show any signs of illness (e.g., fever, cough) and wore a face covering.

Health Information Line

During the months of June–August 2020, there was a total of 268 calls to the information line. The majority of incoming calls were with regards to breastfeeding, healthy growth and development, infant feeding and care, car seat information/inspection, and general health inquiries and community resources. A small number of calls were with regards to mental health resources, finding a family physician, help with drug abuse, and family violence.

Healthy Babies Healthy Children

During the month of June, two public health nurses from the Healthy Families team shared updates regarding the Healthy Babies Healthy Children (HBHC) program via a virtual meeting with 40 partner agencies from child and family service agencies across the Sudbury and Manitoulin catchment area. Highlights included information on what the program can offer, how the program is delivered, and who can benefit by being referred. All child and family sector agencies provided service updates as a result of changes that each agency had been required to make in the context of the COVID-19 pandemic.

During the months of June–August 2020, the HBHC program continued to provide services to 200 active clients in the program across the Sudbury and Manitoulin district areas. In total, the public health nurses and family home visitors provided 376 visits virtually as well as in home where needed.

Noteworthy were the 69 referrals made to other programming (e.g., 38 referrals to the Breastfeeding Clinic, 16 for Public Health Sudbury & Districts' programming, 2 to the Good Food Box program, 1 to Sudbury Housing, 1 to Sudbury Tax Services, 1 to Canadian Mental Health and 1 to Rainbow District Multiple Births).

Finally, 24 new clients are now receiving support from the HBHC program.

Healthy pregnancies

Due to COVID-19, in-person prenatal classes were cancelled to adhere to the social and physical distancing measures. However, the Healthy Families team continued to offer services and instead promoted the use of Public Health Sudbury & Districts' online prenatal class. As a result, 185 expectant parents, their partners, and other health professionals registered for the virtual

prenatal class during the month of July (close to double the number of parents that had registered in June). 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

Due to staff redeployment and restrictions to protect the public during the COVID-19 pandemic, all scheduled in-person parenting sessions were postponed (i.e., Bounce Back and Thrive and Triple P). However, online Triple P programming has been continuously promoted and, as a result, 11 parents registered for the program throughout the months of June, July, and August.

3. Substance Use and Injury Prevention

Comprehensive tobacco control

Following the implementation of the new federal regulations to protect youth from exposure to vapour product advertising and promotion in July 2020, a letter of congratulations was sent to the federal Minister of Health.

In July 2020, in-person services for the Quit Smoking Clinic were once again made available through the main office with additional screening precautions and COVID-19 safety protocols. One-on-one telephone services also continued to be available to assist clients across Sudbury and districts with their quit attempts.

From June to end of July 2020, a total of 22 initial visits and 26 return visits were conducted via telephone through the Sudbury Quit Smoking clinics. For Sudbury East, there were 5 return telephone visits. Also, throughout June and July, a total of 70 nicotine replacement therapy (NRT) vouchers were distributed (64 in Sudbury and six in Sudbury East) and a total of 15 were redeemed. There were also 13 occurrences where NRT was dispensed to clients.

The tobacco information line call volume continued to be high with a total of 66 calls received and 5 email inquiries from June to July. 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.

Throughout the summer months, the comprehensive Tobacco Control team also continued to promote smoke-free patios and enforcement of the Smoke-Free Ontario Act through social media messaging.

Falls

Staff members continue to sustain partnerships and support the Sudbury & Manitoulin Districts Stay on Your Feet Coalition. Workplans were created for the 2020–2021 year and committees continue to meet virtually. On July 9, staff members attended a virtual SOYF Regional

Stakeholder's meeting to review and confirm priorities for the 2020–2021 year to guide regional work.

The group also shared that The Stay of Your Feet (SOYF) Communications Working Group led the development of a website and Facebook page. The website plans to house general information with links to local initiatives/programs, etc., for each of the five North East public health units. The website will also serve as an interactive tool and resource hub while the Facebook page will be used to promote the website and provide messaging related to healthy ageing. Additional opportunities continue to be developed to support older adults in our communities during COVID-19 response.

Mental health promotion

The Mental Health and Addictions team continues to work on stigma as it relates to mental health and addictions. This includes resharing the *We Are Jeff* video and other social media messages that help combat stigma, specifically as it interconnects with substance use.

Road safety

In partnership with the Sudbury Road Safety Committee, the *Do The Bright Thing*, 12-week pedestrian campaign was launched as a result of a successful Ministry of Ontario grant. The funding enabled weekly social media messaging along with 10 bus backs and daily radio commercials that concentrated on staying sober, staying focused and staying safe while out on the roadways. The goal of the campaign was to create public awareness aimed at influencing safe driver and road safety practices and promote protective behaviours.

Substance Use

The results of the Needs Assessment and Feasibility Study for supervised consumption services were shared and validated at a June 15 meeting with key community partners and stakeholders. The study concluded that Greater Sudbury would benefit from supervised consumption services (SCS). The Community Drug Strategy received a letter of support from the mayor and council to proceed with the implementation of supervised consumption services. Réseau ACCESSS Network will be the lead agency for the implementation. To operate a supervised consumption site for medical purposes in Canada, an exemption under Section 56.1 of the Controlled Drugs and Substances Act is necessary. The Community Drug Strategy created an Application Advisory Committee to work toward the key components required in the application for both a federal exemption as well as the provincial application for funding and to run a supervised consumption service in Ontario. The first meeting of the Application Advisory Committee was July 6, 2020. One of the major requirements in the applications is specification of a location for supervised consumption services and the committee is currently consulting to determine the most appropriate location.

Harm reduction – Naloxone

In the first quarter of 2020 (April to June), 231 trainings were provided to individuals to administer naloxone, and 1,312 doses of naloxone were distributed. The Mental Health and

Addictions team continues to promote naloxone and is working on innovative ways to complete naloxone training during the pandemic.

Smoke Free Ontario Strategy

The North East Tobacco Control Area Network continues to collaborate with regional partners to share information and promote smoke-free environments.

In June, Public Health Sudbury & Districts staff chaired the North East Cessation Network teleconference for staff and partners across northeastern Ontario.

Planning is underway for a virtual youth summit this fall and engagement with local youth was conducted to identify key summit themes. The summit plans to focus on addiction, smoking and vaping during COVID, coping with stress and anxiety, and mental health as the main topics.

True North Strong, an initiative to reduce and prevent commercial tobacco use among young adults, continues its efforts across Eastern, North Eastern and North Western Ontario. Media packages have been created and distributed, and there is increasing engagement with the public.

Health Protection

1. Control of Infectious Diseases (CID)

Vaccine preventable diseases

On Thursday, July 9, 2020, Public Health Sudbury & Districts held its first mass immunization clinic since the beginning of the COVID-19 pandemic, signaling a return to a “new normal” for our immunization program and its services.

In an effort to catch up students with vaccines that they missed during the initial months of the pandemic, staff reviewed immunization records to identify all students overdue for their booster dose of the vaccine that protects against tetanus, diphtheria, and pertussis. These individuals were contacted and encouraged to attend the mass immunization clinic held on July 9. Public health nurses immunized a total of 207 students at the clinic.

This clinic provided a valuable opportunity to complete training and refresher training on mass immunization for nurses across the organization, in anticipation of seasonal influenza immunization and pending vaccine development for SARS-CoV-2.

Additionally, in the month of August, immunizations were also offered to students at the Lockerby and Lo-Ellen Park Secondary School gymnasiums. A variety of social and traditional media were utilized to advertise the availability of vaccines for students. Immunizations were by appointment only and all clinics were offered in a COVID-safe manner.

We continue to offer vaccines on-site, by appointment, for infants and children requiring primary series vaccines, for those with medical conditions requiring high risk vaccines, and all provincially funded vaccines for people without a primary health care provider.

Alternate clinic spaces for immunization that adhere to COVID-19 infection prevention and control requirements are currently being explored for the fall influenza and school vaccination programs.

Control of infectious diseases

Three thousand, six hundred, and four COVID-19 related calls were received and responded to by response agents, public health nurses, and public health inspectors during the months of June, July, and August. Furthermore, public health inspectors followed-up on 65 complaints related to lack of compliance with COVID-19 preventative measures.

Respiratory outbreaks

Three respiratory outbreaks were declared in the months of June, July, and August. The causative organism for two of these outbreaks was identified as COVID-19. Staff continue to monitor all reports of respiratory illness at local Long-Term Care Homes and retirement homes.

During the months of June, July, and August, 31 sporadic enteric cases were investigated.

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

Sexual health promotion

An Advisory Alert was issued to local health care providers on July 24, 2020, to provide education on the Canadian Guidelines on Sexually Transmitted Infections for management and treatment of Chlamydia.

Sexual health clinic

The Elm Place office site completed a total of 1,262 telephone assessments related to STIs, blood-borne infections and/or pregnancy counselling in June, July, and August, resulting in 663 onsite visits.

Needle exchange program

In May, June, and July, harm reduction supplies were distributed, and services received through 8,490 client visits across the Public Health Sudbury & Districts' service area.

3. Food Safety

During the months of June, July, and August, 1 food product recall prompted public health inspectors to conduct checks of 114 local premises. All affected establishments had been notified, and subsequently had removed the recalled products from sale.

During the months of June, July, and August, public health inspectors issued 1 closure order to a food premises due to lack of potable water. The closure order has since been rescinded following corrective action, and the premises allowed to reopen.

4. Health Hazard

In June, July, and August, 91 health hazard complaints were received and investigated. Five of these complaints involved marginalized populations. One order to comply was issued due to significant mould growth in a rental home and has yet to be rescinded.

5. Ontario Building Code

During the months of June, July, and August, 135 sewage system permits, 82 renovation applications, and 7 consent applications were received. Number and type of applications received and permits issued to-date are in line with previous years.

6. Rabies Prevention and Control

One hundred and nine rabies-related investigations were carried out in the months of June, July, and August. Six specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis. One specimen was reported as positive and resulted in one individual requiring rabies post-exposure prophylaxis. A media release was issued on August 14, 2020, informing members of the public that a local bat had tested positive for rabies, and reminding the public to report animal bites to public health, of preventative measures to take to bat-proof homes, and of the requirement for cat and dog owners to keep rabies vaccinations up to date.

In unrelated incidents, 12 individuals received rabies post-exposure prophylaxis following exposure to wild or stray animals.

7. Safe Water

During the months of June, July, and August, 33 beaches were sampled with a total of 1,010 samples collected during 186 visits. Re-sampling was conducted in response to 4 sampling results that exceeded the provincial recreational water quality standard. No beaches were posted over the summer months due to elevated levels of *E.coli*, however, 3 swimming advisories were posted due to blue-green algae sightings.

Public health inspectors investigated 15 blue-green algae complaints in the months of June, July, and August, 1 of which was subsequently identified as blue-green algae capable of producing toxin.

During June, July, and August, 218 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 33 regulated adverse water sample results, as well as drinking water lead exceedances at 6 local schools.

Eighteen boil water orders, 2 drinking water orders, and 3 health information notices for sodium were issued. Furthermore 16 boil water orders, and 3 drinking water orders were rescinded.

One pool closure order was issued due to adverse water chemistry. The order has since been rescinded following corrective action and satisfactory water sample results. The operator of this pool was also issued 1 charge as a result of not maintaining adequate water chemistry.

8. Smoke-Free Ontario Act, 2017 Enforcement

In June, July, and August, Smoke-Free Ontario Act Inspectors charged two individuals for smoking in a prohibited place or area (workplace vehicle), and two individuals for smoking in a prohibited place or area (public place). Six charges were laid for smoking on hospital property.

One charge was issued under the City of Greater Sudbury by-law to an individual for smoking or vaporizing within 9m of an entrance or exit to a public building.

9. Vector Borne Diseases

In June, July, and August, a total of 5,752 mosquitoes were trapped and sent for analysis, with a total of 110 mosquito pools being tested. All pools tested negative for West Nile virus.

In July and August, 2 local ticks tested positive for the bacteria that can cause Lyme disease. Media releases were issued following both reports, reminding the public of the importance of taking measures to prevent Lyme disease.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

This new temporary division was created to ensure capacity to respond to COVID-19 in a sustainable and effective manner.

1. School Health and Behaviour Change

Healthy eating behaviours

The team worked with staff from Better Beginnings Better Futures to support the opening of seven Good Food Markets for the 2020 season. Good Food Markets are currently offered in Wahnapiatae First Nation, Markstay Warren Sagamok Anishnawbek First Nation, Atikameksheng Anishnawbek First Nation, Copper Cliff, Levack, and at Morel Park in the City of Greater Sudbury.

Mental health promotion

The School Health Promotion team has met with Mental Health Leads from all local school boards to take part in joint planning for the upcoming school year. Priorities were identified and work will continue during the school year to provide training, support, and resources to school staff, parents, and students.

The School Health Promotion team has partnered with one school board to support the creation of videos for their school community members. These videos will focus on COVID-19 related topics such as preventing the spread of COVID-19, managing stress, self-care, and talking to children about returning to school. These videos will be shared on their school's social media channels.

2. COVID and Schools

This team provides dedicated capacity to support school communities throughout the 2020–2021 school year. Twelve (12) school-focused nurses, funded by recent provincial and federal announcements, will work closely with schools to support the planning and operationalization of the provincial guidance documents related to COVID-19 management in schools. To date, the team has worked closely with local school boards to provide up-to-date resources and training to school staff prior to the start of the school year. The team will continue to work with school principals, staff, and parents to ensure a safe and healthy return to school.

The team developed social media and website content on the “do’s and don’ts” of wearing a mask, when to wear a mask, and how face coverings protect others. Two videos were also shared with the public. The first video featured step-by-step instructions on how to wear and remove your mask safely and the other featured every day heroes explaining why they choose to wear their masks while out in the community. Many media interviews were also conducted on face covering use and to discourage mask shaming.

In July and August, additional staff members were assigned to support the COVID-safe task team and planned COVID-behaviour initiatives focusing on youth and older adults. The group continued to develop social media posts outlining different behaviour-based scenarios for how to be COVID-safe and reduce risk. New website content on COVID-safety was also created and

posted. The team continues to establish partnerships with agencies or community stakeholders supporting older adults and youth to inform local initiatives.

Knowledge and Strategic Services

1. Health Equity and Racial Equity

Public Health staff continues to put into action the Racial Equity Action Framework, which was endorsed by the Board of Health in September and serves as a foundation for our public health work to reduce systemic racism to ensure those affected have equal opportunities for health. In response to the recent tragic deaths and increased reported incidents of police violence against black people, the agency released an anti-racism statement in June and continues work to support addressing anti-black racism, including via the youth-led anti-black racism “Woke” project. Work on this project includes ongoing virtual youth mentorship sessions led by the grassroots youth group ULU, designed to support black and racialized youth and anyone who wants to learn about and support anti-racist practice. Connected with this initiative is Allyship training designed to increase agency and community understanding of an individual’s complex relationship to identity, the experiences of marginalized groups, and practical tools to engage in anti-racist practice and be an ally. Seven pilot workshops were held in the first part of 2020, and workshops will be launched with all agency staff this fall. These sessions will also be open to community partners and members.

COVID-19 support

Members of the Health Equity team have continued to support COVID-19 planning, preparation, and response for congregate living facilities and community agencies that support priority populations. This included participating in planning tables, liaising with community partners and developing website materials to support congregate living facilities within Public Health Sudbury & Districts’ service area. Team members also researched and liaised with provincial partners to explore the collection of sociodemographic data for positive COVID-19 cases within the Public Health Sudbury & Districts’ service area.

The Partners to End Poverty steering committee led by the agency continues to meet with partners across the community with a shared commitment to poverty reduction. During COVID-19, the steering committee has focused on community needs and responses to support individuals living in low income during COVID-19.

Circles Project

The Circles poverty reduction program has continued through virtual supports and sessions facilitated with Leaders (participants) due to COVID-19. Weekly group sessions in the Circles program continued virtually throughout the summer. The program also provided all Leaders with large Good Food Boxes each month over the summer in efforts to minimize food insecurity during the pandemic.

2. 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. Public Health partnered with the N'Swakamok Native Friendship Centre to create a video to celebrate Indigenous People's Day on June 21, 2020. The video featured agency staff sharing insights about what National Indigenous People's Day means to them and was launched on the Friendship Centre's Facebook page as part of their virtual event celebrations. The team also supported internal capacity building efforts and partnered with the School team to develop health education posters that incorporate the Seven Grandfather Teachings as it relates to COVID-19.

3. Population Health Assessment and Surveillance

The Population Health Assessment and Surveillance team has been producing detailed COVID-19 Epidemiology summaries since April 2020. These reports include local, regional, and provincial epidemiological information on COVID-19. These summaries were produced daily and posted to the website during the first wave of COVID-19, and reporting frequency was reduced to three times per week over the summer. Reporting frequency is constantly assessed to ensure that Public Health is providing the community with timely, relevant information.

Team members led and facilitated a Rapid Risk Factor Surveillance System (RRFSS) Module Development Working Group with members of the RRFSS Partnership (Institute for Social Research (ISR), Halton, Durham and Simcoe Muskoka) to develop a series of modules on COVID-19. A total of 13 modules were developed.

4. Research and Evaluation

To better understand the impacts of COVID-19, we continue to survey residents in our area. To date, we have initiated 5 surveys on themes ranging from physical distancing, safe behaviours, mental health and personal experiences. In total, over 4,000 responses have been received. Additional survey releases are planned on topics related to perinatal and family practices during the pandemic. Survey results are used by public health staff for planning and they are also posted online.

Public Health is evaluating our agency response to the first wave of COVID-19. The evaluation includes gathering feedback from various perspectives including community members, partners, and stakeholders, as well as from staff. There were a total of 788 respondents to the community survey and 145 respondents for the staff survey. The data are being analyzed and reviewed, and reports will be shared with stakeholders once analysis is complete. This comprehensive evaluation approach to assessing ongoing and changing needs has ensured that Public Health is well positioned to respond to future waves of COVID-19.

5. Staff Development

Due to COVID-19 response, all staff development opportunities were put on hold. Planning is underway for some relevant training in the fall.

6. Student Placement Program

Due to our agency's COVID-19 response, our capacity to take students has been impacted since the spring. Two nursing students were on placement supporting our COVID-19 response over the summer; the hours totaled 561 preceptorship hours. For the fall of 2020, the Student Placement Program will host 8 nursing students, some of whom will support the COVID in schools program. Additionally, our agency will host students from various disciplines includes Masters in Public Health and medicine.

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 7 Periods Ending July 31, 2020

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	14,983,563	8,740,412	8,740,412	(0)	6,243,151
MOH - Other Related Program	1,993,653	1,162,969	1,162,967	2	830,686
MOH - One Time Revenue	600,000	-	-	-	600,000
MOH - Unorganized Territory	826,000	481,833	481,833	0	344,167
Municipal Levies	8,080,180	4,713,444	4,713,445	(0)	3,366,735
Municipal Levies - SFO	-	-	36,274	(36,274)	(36,274)
Interest Earned	140,000	99,239	99,239	(0)	40,761
Total Revenues:	26,623,396	15,197,897	15,234,170	(36,272)	11,389,226
Expenditures:					
Corporate Services:					
Corporate Services	4,348,917	2,678,007	2,643,546	34,460	1,705,371
Office Admin.	115,350	40,117	39,269	847	76,081
Espanola	117,509	67,789	64,089	3,701	53,420
Manitoulin	127,187	73,545	65,627	7,918	61,560
Chapleau	104,631	60,748	56,052	4,695	48,579
Sudbury East	17,940	10,465	10,650	(185)	7,290
Intake	337,278	195,583	194,552	1,032	142,726
Facilities Management	574,599	359,131	357,610	1,520	216,989
Volunteer Resources	3,850	1,533	203	1,331	3,648
Total Corporate Services:	5,747,261	3,486,918	3,431,599	55,319	2,315,663
Health Protection:					
Environmental Health - General	1,246,804	676,878	679,110	(2,231)	567,694
Environmental	2,527,907	1,467,594	1,428,623	38,971	1,099,284
Vector Borne Disease	87,545	20,148	16,228	3,920	71,317
Small Drinking Water Systems	178,774	103,139	107,484	(4,345)	71,290
CID	1,266,024	760,869	807,089	(46,220)	458,935
Districts - Clinical	223,123	130,110	127,609	2,500	95,513
Risk Reduction	185,942	63,544	63,488	57	122,454
Sexual Health	1,231,693	691,822	640,297	51,525	591,396
MOHLTC - Influenza	-	-	346	(346)	(346)
MOHLTC - Meningitis	-	-	(119)	119	119
MOHLTC - HPV	-	-	(408)	408	408
SFO: E-Cigarettes Protection and Enforcement	36,700	14,962	8,632	6,329	28,068
SFO: Protection and Enforcement	259,800	113,534	83,804	29,730	175,996
Infectious Diseases Control Initiatives	479,100	276,258	276,407	(149)	202,693
Food Safety: Haines Funding	36,500	-	-	-	36,500
	7,759,912	4,318,858	4,238,591	80,267	3,521,321
Health Promotion:					
Health Promotion - General	1,434,506	780,239	702,776	77,463	731,730
School	1,476,141	848,540	860,538	(11,999)	615,603
Districts - Espanola / Manitoulin	336,364	192,363	190,159	2,204	146,206
Nutrition & Physical Activity	1,139,448	598,350	487,887	110,463	651,562
Districts - Chapleau / Sudbury East	402,549	233,603	230,364	3,239	172,185
Injury Prevention	516,438	282,048	234,801	47,247	281,637
Tobacco, Vaping, Cannabis & Alcohol	479,591	261,678	254,234	7,444	225,357
Family Health	635,138	367,153	337,770	29,383	297,368
Reproductive & Child Health	988,657	554,486	359,932	194,554	628,725
Mental Health and Addictions	607,321	317,267	261,044	56,223	346,277
Dental	452,214	246,061	231,730	14,331	220,483
Healthy Smiles Ontario	612,200	336,050	326,554	9,496	285,646
Vision Health	68,977	1,333	826	507	68,151
SFO: TCAN Prevention	97,200	7,009	6,301	708	90,899
SFO: TCAN Coordination	285,800	153,149	148,194	4,955	137,606
SFO: Tobacco Control Coordination	100,000	57,613	56,942	671	43,058
SFO: Youth Tobacco Use Prevention	80,000	44,117	43,579	538	36,421
Northern Fruit and Vegetables Program	176,100	121,397	116,580	4,817	59,520
Harm Reduction Program Enhancement	150,000	83,474	80,866	2,608	69,134
Diabetes Prevention	175,000	68,902	56,184	12,718	118,816
Total Health Promotion:	10,213,644	5,554,832	4,987,261	567,571	5,226,382
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,673,900	1,489,233	1,425,258	63,975	1,248,642
Workplace Capacity Development	23,507	2,001	2,001	(0)	21,506
Health Equity Office	14,440	5,440	8,140	(2,700)	6,300
Social Determinants of Health Nurses Initiatives	180,500	103,374	103,374	-	77,126
Strategic Engagement	10,232	2,774	2,211	563	8,021
Total Knowledge and Strategic Services:	2,902,579	1,602,822	1,540,985	61,838	1,361,595
Total Expenditures:	26,623,396	14,963,430	14,198,436	764,994	12,424,961
Net Surplus/(Deficit)	(0)	234,468	1,035,734	801,266	
COVID-19 Pandemic Response			1,045,532	(1,045,532)	
Surplus/(Deficit) net of COVID-19 Pandemic Response				(244,266)	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 7 Periods Ending July 31, 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	15,255,730	15,327,801		(72,070)	11,353,434
Other Revenue/Transfers	740,032	352,573	415,033		(62,460)	324,999
Total Revenues & Expenditure Recoveries:	27,421,266	15,608,303	15,742,834		(134,530)	11,678,433
Expenditures:						
Salaries	17,865,957	10,278,419	9,791,077	523,204	(35,862)	7,551,676
Benefits	5,139,311	2,966,544	2,876,569	63,994	25,981	2,198,748
Travel	303,964	80,331	60,653	5,214	14,464	238,097
Program Expenses	1,147,723	361,240	331,390	38,913	(9,063)	777,420
Office Supplies	67,459	32,065	22,034	4,443	5,588	40,982
Postage & Courier Services	64,972	33,075	32,075	5,119	(4,119)	27,778
Photocopy Expenses	31,367	12,428	15,057	12,171	(14,800)	4,139
Telephone Expenses	65,266	37,545	34,772	38,503	(35,730)	(8,009)
Building Maintenance	465,467	301,582	298,030	71,613	(68,061)	95,824
Utilities	219,249	122,895	101,050		21,845	118,199
Rent	323,584	184,037	182,387		1,651	141,198
Insurance	117,849	115,766	115,712		54	2,137
Employee Assistance Program (EAP)	35,000	29,247	31,770		(2,523)	3,230
Memberships	29,889	26,885	28,884		(1,999)	1,005
Staff Development	204,768	30,379	18,530	198	11,651	186,040
Books & Subscriptions	9,345	2,911	2,295		616	7,050
Media & Advertising	148,850	32,071	26,732	149,796	(144,457)	(27,678)
Professional Fees	342,871	130,650	128,243	30,458	(28,051)	184,170
Translation	50,240	20,586	24,540	33,367	(37,321)	(7,667)
Furniture & Equipment	24,718	10,373	11,747	5,158	(6,532)	7,813
Information Technology	763,418	564,827	573,573	63,381	(72,127)	126,464
Total Expenditures	27,421,266	15,373,856	14,707,119	1,045,532	(378,796)	11,668,615
Net Surplus (Deficit)	(0)	234,448	1,035,714	(1,045,532)	(244,266)	

Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended July 31, 2020

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End
100% Funded Programs						
Pre/Postnatal Nurse Practitioner	704	139,000	48,491	90,509	34.9%	Mar 31/2021
OTF - Getting Ahead and Circles	706	112,271	56,267	56,004	50.1%	Mar 31/2021
CGS - Local Poverty Reduction Evaluation	707	67,771	28,332	39,439	41.8%	Mar. 31/2021
WOKE Age: Youth Driven Racial Equity	708	82,037	80,778	1,259	98.5%	Mar 31/2021
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	18,014	81,986	18.0%	Mar 31/21
Triple P Co-Ordination	766	59,663	27,014	32,649	45.3%	Dec 31
Supervised Consumption Study	770	12,920	21,197	(8,277)	164.1%	Dec 31
Healthy Babies Healthy Children	778	1,476,897	468,226	1,008,671	31.7%	Mar 31/21
Ontario Senior Dental Care Program	786	810,200	156,011	654,189	19.3%	Dec 31
Anonymous Testing	788	61,193	15,248	45,945	24.9%	Mar 31/21
Total		2,921,952	919,578	2,002,374		

Ministry of Health

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Ministère de la Santé

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et du ministre de la Santé

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



eApprove-72-2020-101

AUG 21 2020

Mr. René Lapierre
Chair, Board of Health
Sudbury and District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

Dear Mr. Lapierre:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Sudbury and District Health Unit up to \$2,249,900 in one-time funding for the 2020-21 funding year, and up to \$1,179,500 in one-time funding for the 2021-22 funding year, to support the provision of public health programs and services in your community.

Dr. David Williams, Chief Medical Officer of Health, will write to the Sudbury and District Health Unit shortly concerning the terms and conditions governing the funding.

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19.

Therefore, the Ministry of Health is providing further stability to municipalities with additional one-time mitigation funding for public health units, if required, for both 2020 and 2021 funding years. This funding ensures that municipalities do not experience any increase as a result of the cost-sharing change.

This is in addition to the \$100 million increased investment to support the public health sector's response to COVID-19. Following receipt of this letter, the ministry will be initiating the process for public health units to request reimbursement of one-time extraordinary costs incurred in managing the response to COVID-19.

Page 51 of 153

.../2

Mr. René Lapierre

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

Sincerely,

A handwritten signature in black ink that reads "Christine Elliott". The script is fluid and cursive, with the first name and last name clearly distinguishable.

Christine Elliott
Deputy Premier and Minister of Health

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit

August 19, 2020

The Honourable Christine Elliott
Deputy Premier
Minister of Health and Long-Term Care
Hepburn Block
80 Grosvenor Street, 10th Floor
Toronto, ON M7A 2C4

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit I commend the provincial government for its leadership in bringing COVID-19 under control throughout Ontario. Through the definitive leadership of the provincial government, and with the concerted action of local public health units, Ontario has achieved a cumulative incidence of disease that is less than half of our neighbouring states, and a daily incidence at present that is less than 10% of theirs. The rapid action of the province putting in place public health measures in March, and their careful withdrawal since that time have been essential to our success. Also essential has been the redirection of almost all the resources within local health units to enable the timely identification of cases and their contacts for home isolation, management of outbreaks in workplaces, Long Term-Care facilities and retirement homes, and the provision of guidance and direction to municipalities, businesses, organizations and the general public supporting physical distancing, hand hygiene, and face coverings. All of these actions have enabled our communities to flatten the curve without which we would have had the same experience as our neighbouring jurisdictions to the south.

Local public health units, with the leadership of their boards of health, are completely dedicated to the successful control of COVID-19 moving forward until our provision of mass vaccination and with it the hoped-for end to the pandemic. If necessary, we will continue this struggle for years.

In order to continue to be successful, additional resources are needed, and the promise of additional resources by the province has been very much appreciated. This includes the \$100 million to public health communicated earlier in the year (the *COVID-19 Extraordinary Expenses*), and recently the \$50 million (500 nurses) for the public health support to the recommencement of the schools (the *School-Focused Nurses*).

This additional funding will be essential to enable the success of the local public health response to the pandemic; however, its timely provision is also critical to our success. Through communication with Ministry of Health staff we have learned that the *COVID-19 Extraordinary Expenses* will be provided late in 2020 as reimbursement for extraordinary expenditures related to the pandemic response. This approach requires boards of health to take on these expenditures throughout the year without certainty as to the actual amount that they will be reimbursed. Some boards do not have reserve funds, and others have depleted their reserves

□ **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

already in their response (including our Board of Health). Without the provision of the funds at this time, these boards will not be able to maintain the level of their response needed to fully control COVID-19. In addition, the boards have been instructed to proceed with hiring the additional *School-Focused Nurses* without having the additional funding at this time required to do so; those boards that do not have remaining reserve funds will not be in a position to do so until they receive these additional funds.

Local public health has performed extraordinary work with the province to flatten the curve, and to enable the opening of the economy and soon the school system. This is a critical time for us all as we strive to maintain these achievements while avoiding a resurgence of cases that would threaten these gains. Therefore, the Board of Health urges the immediate provision of the funding allocations to local boards of health regarding the *COVID-19 Extraordinary Expenses* and for the *School-Focused Nurses* in order to enable a response by local public health units that is unobstructed by local financial shortfalls.

Thank you for your consideration of this request, and for your exemplary leadership.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:CG:cm

cc. Dr. David Williams, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka

July 30, 2020

The Honourable Patty Hajdu. P.C., M.P.
Minister of Health
House of Commons
Ottawa, ON K1A 0A6
Sent via email: Patty.Hajdu@parl.gc.ca

The Honourable David Lametti
Minister of Justice and Attorney General of Canada
Department of Justice Canada
284 Wellington Street
Ottawa, ON K1A 0H8
Sent via email: David.Lametti@parl.gc.ca

Dear Minister Hajdu and Minister Lametti:

RE: The Decriminalization of Personal Possession of Illicit Drugs

This builds on the Board's September 2018 endorsement of a similar motion from Toronto Public Health. In making this endorsement, the Board joins a growing movement to pursue a public health approach to drug policy.

Opioid use and its related harms is a growing problem here in Chatham-Kent. From 2003 to 2017 the rate of emergency room visits for opioid poisoning among Chatham-Kent residents increased 225% and the rate of hospitalizations increased by 45%. Since the declaration of the COVID-19 pandemic, there have been an increasing number of calls to local EMS and emergency department visits related to opioid overdoses.

Page 55 of 153

Evidence from other countries that have pursued decriminalization, demonstrate, that in order for it to be effective, this approach must be accompanied by investments in harm reduction, treatment, and mental health supports and services.¹

The Board strongly supports the decriminalization of personal possession of illicit drugs together with comminuted commitment of resources to effectively address problematic substance use and reduce related harms in our community and calls on the federal government to create a national task force to research drug policy reform.

Sincerely,



Joe Faas
Chair, Chatham-Kent Board of Health

C: Association of Local Public Health Agencies
Ontario Association of Chiefs of Police
Honourable Dave Epp, MP, Chatham-Kent-Leamington
Honourable Rick Nicholls, MPP, Chatham-Kent-Leamington
Honourable Monte McNaughton, MPP, Lambton-Kent-Middlesex
Chatham-Kent Municipal Council

¹ Hughes, C. and Stevens, A. (2011). Harm Reduction Digest (44) A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalization of illicit drugs. Drug And Alcohol

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

July 23, 2020

Hon. Christine Elliott
Minister of Health
5th Floor
777 Bay St.
Toronto, ON M7A 2J3

Re: Provincial Approach to Face Coverings

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 today to request a clear provincial approach to support mandatory face coverings in indoor places accessed by the public during the COVID-19 pandemic.

There is an increasing body of evidence that demonstrates that wearing face coverings reduces the amount and distance of droplet discharge from the wearer, thereby reducing the likelihood of transmission of droplet-borne disease from the wearer to others.

While physical distancing and isolating when ill remain the most effective public health interventions to minimize the transmission of COVID-19, the clearly demonstrated infectiousness of COVID-19 in the asymptomatic or presymptomatic presentations of the disease has introduced a confounding factor to our containment efforts. This is a critical consideration as the Province seeks to reopen as much of the economy as possible, with risk of transmission increasing along with the number of human interactions.

There is no disputing the value of striking a balance between controlling the spread of COVID-19 and restarting the economy, which is itself a key determinant of both physical and mental health. Face coverings have emerged as an additional public health measure that has gained significant and widespread public, political and medical support in recent months, especially as interactions with people outside of our own homes increase because of this balance.

To that end, some local medical officers of health have issued class orders for mandatory face covering in certain circumstances under Section 22 of the Health Protection and Protection Act; others have issued directions to employers, businesses and operators to require face coverings under the Emergency Management and Civil Protection Act; and several municipalities have issued similar mandates using their by-law mechanisms. At the same time, public health authorities have been clear about the purpose, namely that "my mask protects you; your mask protects me", and that masks also serve as a social reminder of COVID-19's ever-present threat to health as well as a sign of regard for the health and wellbeing of those around us.

While a regional approach may appear sensible based on local case counts and trends, we know that these numbers represent only a fraction of the actual prevalence and incidence of the virus. Given that the strongest argument in favour of face coverings is their potential for reducing transmission of COVID-19 from individuals who don't know they are infected, we would submit that a consistent, province-wide approach to mandating them and communicating their value would be preferable.

We are fully aware of the controversial nature of the discourse around requiring face coverings in Ontario and understand the need to be cautious and considerate in the development of a policy that will be widely accepted. We are more than willing to assist with this, bringing the local perspective from the various communities in Ontario to inform a comprehensive provincial approach and we hope that you will be amenable to discussing this further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,



Carmen McGregor
alPHA President



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



Trudy Sachowski, Chair
Boards of Health Section

COPY: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health
Dr. David McKeown, Co-Lead, Public Health Measures Table

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

July 16, 2020

The Honourable Christine Elliott
Minister of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3
email: christine.elliottco@ola.org

Dear Minister Elliott,

Re: Endorsement of the Association of Local Public Health Agencies' Response to the Public Health Modernization Discussion Paper

At the Regular Board meeting held on June 30, 2020, the Board of Health for the Renfrew County and District Health Unit unanimously agreed to support the following motion by the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit:

"THAT the Association of Local Public Health Agencies' response to the Public Health Modernization Discussion Paper be endorsed and THAT a letter of support be sent to The Honourable Christine Elliott".

Sincerely,

Chair, Board of Health
Renfrew County and District Health Unit

cc: Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Advisor, Public Health Modernization
Ontario Boards of Health
Association of Local Public Health Agencies

June 19, 2020

The Honourable Christine Elliott
Minister of Health
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3
(Sent via email to: christine.elliottco@ola.org)

Dear Minister Elliott

RE: Endorsement of the Association of Local Public Health Agencies' Response to the Public Health Modernization Discussion Paper

At its meeting held on June 18, 2020, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit passed the following motion:

"THAT the Association of Local Public Health Agencies' response to the Public Health Modernization Discussion Paper be endorsed and THAT a letter of support be sent to The Honourable Christine Elliott".

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT



Doug Elmslie
Chair, Board of Health

DE/aln/ed

Cc (via email): Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Advisor, Public Health Modernization
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)

Attachment

PROTECTION · PROMOTION · PREVENTION

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

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

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



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

July 16, 2020

The Honourable Christine Elliott
Minister of Health
5th Floor, 777 Bay Street
Toronto, ON M7A 2J3
email: christine.elliottco@ola.org

Dear Minister Elliott,

Re: Endorsement of correspondence regarding the 2020 Municipal Cost Share of Public Health Funding from Eastern Ontario Health Unit and correspondence regarding COVID-19 and Reconsiderations Related to Public Health Modernization from the Association of Local Public Health Agencies

At the Regular Board meeting held on June 30, 2020, the Board of Health for Renfrew County and District Health Unit agreed to support the following motion by the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR District Health Unit):

"THAT the correspondence sent by the Eastern Ontario Health Unit to the Minister of Health regarding the 2020 Municipal Cost Share of Public Health Funding (attached), and the correspondence sent by the Association of Local Public Health Agencies to the Minister of Health requesting consideration of a pause on the Public Health Modernization initiative (attached) be endorsed; and THAT the provincial share of public health funding be reinstated to its previous level; and THAT a letter of support be sent to The Honourable Christine Elliott".

The Board of Health for Renfrew County and District Health Unit agrees with the Eastern Ontario Health Unit and the Association of Local Public Health Agencies that the Public

Health Modernization process should be deferred until after the COVID-19 response is examined and that public health funding should be restored to its previous level for 2020.

Sincerely,

A handwritten signature in cursive script that reads "Janice Visneskie Moore".

Janice Visneskie Moore
Chair, Board of Health

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Advisor, Public Health Modernization
Association of Municipalities of Ontario (AMO)
Ontario Boards of Health
Association of Local Public Health Agencies (ALPHA)

June 19, 2020

The Honourable Christine Elliott
Minister of Health
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3
(Sent via email to: christine.elliottco@ola.org)

Dear Minister Elliott

RE: Endorsement of correspondence regarding the 2020 Municipal Cost Share of Public Health Funding from Eastern Ontario Health Unit and correspondence regarding COVID-19 and Reconsiderations Related to Public Health Modernization from the Association of Local Public Health Agencies

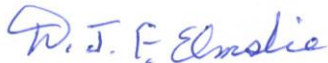
At its meeting held on June 18, 2020, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR District Health Unit) passed the following motion:

“THAT the correspondence sent by the Eastern Ontario Health Unit to the Minister of Health regarding the 2020 Municipal Cost Share of Public Health Funding (attached), and the correspondence sent by the Association of Local Public Health Agencies to the Minister of Health requesting consideration of a pause on the Public Health Modernization initiative (attached) be endorsed; and THAT the provincial share of public health funding be reinstated to its previous level; and THAT a letter of support be sent to The Honourable Christine Elliott”.

The Board Health agrees with the Eastern Ontario Health Unit and the Association of Local Public Health Agencies that the Public Health Modernization process should be deferred until after the COVID-19 response is examined and that public health funding should be restored to its previous level for 2020.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT



Doug Elmslie
Chair, Board of Health
DE/aln/ed

Cc (via email): Dr. David Williams, Ontario Chief Medical Officer of Health
Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Advisor, Public Health Modernization
Association of Municipalities of Ontario (AMO)
Jennifer Moore, CAO, Northumberland County
Mike Rutter, Chief Administrative Officer, County of Haliburton
Ron Taylor, Chief Administrative Officer, City of Kawartha Lakes
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)

Attachments: 2

PROTECTION · PROMOTION · PREVENTION

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Phone · 1-866-888-4577
Fax · 705-457-1336

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



**Public Health
Santé publique**
SUDBURY & DISTRICTS

July 9, 2020

Dr. Peter Donnelly
c/o Public Health Ontario
480 University Avenue, Suite 300
Toronto ON M5G 1V2

Dear Dr. Donnelly:

It was with regret that I learned on July 2, 2020, of your departure from Public Health Ontario (PHO). As the circumstances of this decision did not provide me an opportunity to speak with you, I am writing now to express my sincere appreciation for your leadership and your collegiality over your years at the helm of PHO.

Thank you, Peter, for your pivotal role in Ontario's Public Health System. Especially noteworthy for me as a local Medical Officer of Health and in my former roles as Chair of COMOH and President of alPHA, is your commitment to understanding and supporting the needs of local public health in this province.

PHO under your leadership effectively balanced the exigencies of provincial priority public health issues with the in-the-field matters that preoccupied us and called for expert support.

On behalf of Public Health Sudbury & Districts, know that your leadership and commitment have been greatly appreciated.

I wish you the very best of health and personal and professional fulfilment as you navigate your future path.

Sincerely,

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

cc: Helen Angus, Deputy Minister, Ministry of Health
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health
Linda Rothstein, Chair, Board of Directors, Public Health Ontario
René Lapierre, Chair, Board of Health, Public Health Sudbury & Districts

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre

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Sudbury ON P3C 5N3
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f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca





Information Break

August 21, 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. Visit us at alphaweb.org

COVID-19

The COMOH Executive (regional representation) are members of the Public Health Measures Table that advises the Chief Medical Officer of Health on a variety of public health issues, including reopenings and surge preparedness. Their presence has provided, and continues to provide, a voice for public health while also ensuring regional and local voices are heard at this important table.

Recently, alPHA wrote the Minister of Health to request a clear provincial approach to mandatory face coverings. The letter was sent following Section 22 orders issued by some local medical officers of health requiring face coverings.

[Read alPHA's letter on mandatory face coverings here](#)

The alPHA Board of Directors will be reviewing a draft communications strategy at its next meeting in September. In support of the Association's strategic plan, the communications strategy will build upon public health successes related to the pandemic response and increase the sector's influence among decision-makers. The strategy further aims to raise public awareness of the value of public health's work. Look for further updates on this important initiative in this space.

alPHA continues participating in stakeholder briefings and sharing Ministry of Health Situation Reports as well as COVID-19-related news with the membership. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alPHA.

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

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

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

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

Ministerial Remarks on Public Health

Earlier this week, the Hon. Christine Elliott, Minister of Health, gave remarks at the 2020 Conference of the Association of Municipalities of Ontario, a video of which is available ([link below](#)). In her speech she noted that the province will resume and complete the Public Health Modernization consultations once the pandemic is over (at the 10:26 mark in the video). She also announced \$47 million in one-time mitigation funding to health units over the next two years to ensure the 70/30 funding split is maintained (see 11:46 mark).

[Go to Minister Elliott's video remarks at AMO conference](#)

Ontario's Minister of Municipal Affairs and Housing also spoke at the virtual AMO event. A text of Minister Clark's remarks is available by clicking the link below. In his speech he referenced provincial assistance to help municipal efforts to focus on local public health needs.

[View the text of Minister Clark's speech at AMO conference](#)

Membership Renewal

Membership renewal is now complete for this year. alPHA sincerely thanks all of its members for their ongoing support as we look ahead to continue strengthening public health together in this province.

Don't Forget to Update Our Contact Information

Please ensure that all staff have alPHA's current mailing address:

480 University Avenue, Suite 300
Toronto ON M5G 1V2

Public Health News Roundup

[Ontario extends emergency orders under Reopening Ontario Act](#) - 2020/08/20

[Canada begins consultation on supervised consumption sites and services](#) - 2020/08/20

[Province to conduct climate change impact assessment](#) - 2020/08/14

[Ontario reopens more spaces at gyms and recreation centres](#) - 2020/08/14

[Canadian Armed Forces provides province with final report on long-term care](#) - 2020/08/14

[Province gives \\$500M to school boards to support safe reopening and issues directive on remote learning](#) - 2020/08/13

[Ontario provides municipalities with up to \\$1.6B in first round of emergency funding](#) - 2020/08/12

[Province moves Windsor-Essex to Stage 3](#) - 2020/08/10

[Federal and provincial governments gives \\$234.6M to licensed child care and early years programs for safe reopening](#) - 2020/08/07

[Canada announces plans to secure future supply of COVID-19 vaccine and therapies](#) - 2020/08/05

[Canadian government gives \\$58.6M to further address COVID-19 outbreaks on farms](#) - 2020/07/31

[Federal and Ontario privacy commissioners support use of COVID alert app](#) - 2020/07/31

[Prime Minister and Ontario Premier unveil COVID alert app](#) - 2020/07/31

[Province implements additional measures at bars, restaurants](#) - 2020/07/31

[Ontario allows licensed child care centres to operate at full capacity on Sept. 1](#) - 2020/07/30

[Province releases reopening plan for 2020/21 school year](#) - 2020/07/30

[Ontario launches independent long-term care COVID-19 commission](#) - 2020/07/29

[Province moves Toronto and Peel Region into Stage 3](#) - 2020/07/29

[Health groups release report on COVID-19 response in long-term care](#) - 2020/07/27

[New Canadian study on COVID antibodies in adults releases initial results](#) - 2020/07/23

[Province announces five new Health Teams](#) - 2020/07/23

[Ontario Legislature adjourns until Sept. 14](#) - 2020/07/22

[Province passes *Reopening Ontario \(A Flexible Response to COVID-19\)* Act and others](#) - 2020/07/22

Upcoming Events - Mark your calendars!

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

Association of Local Public Health Agencies
480 University Avenue, Suite 300 | Toronto ON | M5G 1V2
416-595-0006 | www.alphaweb.org | info@alphaweb.org



This email was sent to lerouxh@phsd.ca from the Association of Local Public Health Agencies (info@alphaweb.org).
To stop receiving email from us, please UNSUBSCRIBE by visiting: <http://www.alphaweb.org/members/EmailOptPreferences.aspx?id=15240578&e=lerouxh@phsd.ca&h=0b1f91a077e346d5bed9cd025f143f3a53130c97>
Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPha.

APPROVAL OF CONSENT AGENDA

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

Briefing Note

To: R. Lapierre, Chair, Board of Health
From: Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: September 10, 2020
Re: COVID-19 – Key Updates

☒ For Information

☐ For Discussion

☐ For a Decision

Issue:

Given the significant impact of the COVID-19 pandemic on the operations of Public Health Sudbury & Districts, this briefing note provides the Board of Health with key updates since the June 2020 Board of Health meeting. Note that our organization continues to be focused on the COVID-19 response, meaning a significant diversion from other public health programs and services and a significant reallocation and investment of resources.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts receive this summary of key updates on the Public Health Sudbury & District COVID-19 response, including:

1. Situational assessment (epi, stage 3, schools)
2. Organizational changes
3. Planning and programming
4. Evaluation
5. Financial

1. Situational Assessment:

All of Ontario is currently in Stage 3 of the provincial [Framework for Reopening our Province](#). The [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) came into effect on July 24, 2020, ending the declared provincial emergency but maintaining, with limited exceptions, the orders made under the *Emergency Management and Civil Protection Act*.

A [return to school direction](#) was issued by the Ministry of Education on July 30, 2020 under the Reopening Ontario Act, 2020 and related documents, [COVID-19 Management Guidance](#) and [Outbreak Management Guidance](#), were released on August 26.

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

Provincially, COVID-19 new cases per day fell to below 100 in late July and into August, however, have been rising to just below 200 per day in early fall. Locally, a total of 94 confirmed cases of COVID-19 have been reported, as well as 10 COVID-19 outbreaks in Long-Term Care Facilities.

Within the jurisdiction of Public Health Sudbury & Districts, Medical Officer of Health instructions to wear a face covering when in indoor enclosed public spaces and when outdoors if distance cannot be maintained, remain in effect. Area municipalities have been gradually reopening facilities and services in accordance with Stage 3 requirements.

Public Health staff continue to work remotely unless required on site to provide services (e.g. immunizations in Public Health offices, premises inspections as required, meetings that require face to face interaction, etc.). Any face to face work is conducted in strict compliance with public health measures and active screening is in place. Restricted vacation time was permitted for staff over the summer months, balancing the need to ensure sustainability and service needs.

2. Organizational Changes:

We continue to assess our capacity to respond to COVID-19 in the context of a rapidly changing environment and with a goal to balance this work with prioritized public health programs and services. These priorities were determined through the priority setting process using the agency's risk management framework, as outlined at the June Board of Health meeting.

Our new responsibilities to support safe school reopening have resulted in a significant organizational change. The creation of the new *School Health, Vaccine Preventable Diseases and COVID Prevention Division* (attached) means that we have dedicated leadership and resources to prevent and manage cases in the school setting, in addition to other responsibilities. Stacey Gilbeau, formerly manager of school health in Health Promotion Division, is the new Director and leads a team of three managers (one net new and two through reassignment) to focus on:

- School Health and Behaviour Change
- Vaccine Preventable Diseases and COVID Case and Contact Management
- COVID and Schools

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This structure is currently in place to the end of the school year. The newly announced 100% funded school-focused nursing initiative (attached) is managed through this Division and includes an addition of 12 full time positions to support schools.

Hiring 12 FTE School-focused nurses: On July 30, 2020 the provincial government announced \$50 million to hire up to 500 school-focused nurses in public health units. On August 26, it was announced that federal funding of \$12.5 million would support additional nurses. This has translated into an additional 12 full time nursing positions for Public Health Sudbury & District to the end of the 2020/21 school year.

All 12 positions are in place and assigned specific schools to be the direct contact with the school to support their COVID-19 mitigation efforts.

On the first day of school the COVID school nurses reached out to schools they are assigned to and responded to questions and calls from various schools on a number of various topics.

As we strive to normalize and integrate our COVID-19 work, we have scaled back our Incident Management System and will ensure the important functions are addressed through our normal organizational structure and processes. The Senior Management Executive Committee meets on a weekly basis and the Emergency Control Group will scale up as needed. Medical Officer of Health responsibilities are unrelenting and as we explore the potential for future Associate MOH recruitment, locum coverage is being sought to assist with sustaining our ongoing response.

3. Planning and Programming:

Planning: As was shared with the Board of Health at its June 2020 meeting, a priority setting exercise was completed to identify priority programming areas within the context of our agency pandemic response. All topics and programs within the Ontario Public Health Standards (OPHS) were rated using a risk assessment process (heat map), with consideration of impact (negative) to the health of our community/community member (or to our agency) if this work is not done, and likelihood that this impact would occur if this work is not done. All of the priorities were classified as either short-term (≤ 3 months), mid-term (6 months), or long-term (≥ 1 year +) priorities. This rigorous process provided evidence to rank the highest priorities for action and informed staffing and structure decisions

Prioritizing: FTEs were identified for the highest priorities and staff working in medium or lower priority areas were redeployed to support the Public Health Sudbury & Districts COVID-19 response. This process allows us to continue to offer OPHS programs of higher local priority while maximizing our COVID-19 response. Examples of programs that will continue include: health protection, vaccine preventable disease, sexual health, Healthy Babies Healthy Children, breastfeeding support, and community drug strategy. Some programs will continue in more limited capacity, such as smoking cessation while some policy and planning initiatives will be placed on hiatus during this school year.

2018–2022 Strategic Priorities:

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O: October 19, 2001
R: January 2017

Processes have been identified for ongoing assessment of priority needs (OPHS programs or COVID-19 response) and adjustments will be made as needed.

Surveys: To better understand the impacts of COVID-19, we have conducted a number of surveys of residents in our area. To date, we have initiated five surveys on themes ranging from physical distancing, safe behaviours, mental health and personal experiences. In total, over 4,000 responses have been received. Additional survey releases are planned on topics related to perinatal and family practices during the pandemic. Survey results are used by public health staff for planning and they are also posted online.

Surveillance: Public Health Sudbury & Districts produces detailed [epidemiology reports](#) that are published to our website three times per week (initially published daily during the first wave of COVID-19). These reports include information on confirmed cases (including case characteristics), COVID-19 tests conducted (including total number, testing rate, and percent positivity), outbreaks in long-term care homes, and epidemiology curves which allow to understand the progression of cases counts in our communities. The detailed epidemiology reports are used to inform planning and decision-making for our own agency response and are shared publicly to inform community members and decision-makers. Production of these reports is in addition to the ongoing surveillance activities, which include active surveillance in long-term care homes and licensed child-care centres, and the building up of our existing school surveillance systems.

Coordination: The Northern Medical Officers of Health have weekly teleconferences and recently supported the development of a common site where we could post COVID related materials for all to use and adapt in support of our COVID response. PHSD created the Northern Public Health Collaborative – COVID SharePoint site. Senior staff and/or the MOH participate in twice weekly provincial coordination calls, weekly medical officer of health calls, and a number of other COVID-related regional and provincial committees and tables.

4. Evaluation:

Internal: Public Health is evaluating our agency response to the first wave of COVID-19. The evaluation includes gathering feedback from various perspectives including staff, community members, partners, and stakeholders. A total of 145 staff members responded to the staff evaluation survey; the report has been reviewed by senior management and shared with staff. The findings (attached) provided a number of helpful insights to help us manage internally and identify how best to support our staff throughout our agency response to COVID-19 and beyond.

Local: There were a total of 788 respondents to the community member and partner survey. The data for this survey are currently being analyzed and it is anticipated that a summary will be available for Board of Health members shortly.

Provincial: On September 1, 2020, the Council of Ontario Medical Officers of Health released the attached report on the Public Health System Evaluation and Lessons from the First Peak of COVID-19. This report was developed to: capture what happened during public health's prevention,

2018–2022 Strategic Priorities:

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O: October 19, 2001
R: January 2017

preparedness, and response efforts in the first six months of the COVID-19 pandemic; identify and learn from aspects of the public health system response that should continue or be enhanced during resurgences and future peaks; and apply lessons learned to prepare for resurgences of COVID-19, the upcoming influenza season, and future pandemics. This report will help the public health system leverage the strengths of the local public health system connections with community to ensure cross sector interventions; and to enhance collaborative efforts with the public health system and health system partners in the Ministry of Health, Ontario Health, Ministry of Long-Term Care, and Primary Care. The Medical Officer of Health for Public Health Sudbury & Districts and staff members contributed significantly to the leadership and content of the evaluation processes and report writing.

5. Financial

Pandemic Pay: The Ministry of Health provided directives on the issuance of pandemic pay in June 2020. The guidelines outlined the eligibility period of April 24 to August 13, 2020. They also prescribed eligible staff to be only nurses (Public Health Nurses, Infection Prevention and Control Nurses, Nurse Practitioners, Registered Nurses and Registered Practical Nurses) and further that these nurses must have consistent and ongoing risk of exposure (i.e. direct/in-person client interactions) to COVID-19. The total Pandemic Pay funding allocation for PHSD was set at \$229,000. Our initial estimates are 49 staff as being eligible with a total cost of \$25,143.

COVID-19 Extraordinary Expenses: On March 25, 2020, the provincial government announced an investment of \$100M for the public health sector to support extraordinary costs incurred in support of COVID-19. As with similar previous processes, the ministry will be funding costs that are above what can be managed from within the Board of Health budget. As COVID-19 expenditures are admissible under the cost-shared budget, any outbreak-associated costs would be expected to be funded through our budget before being eligible for the extraordinary funding.

We have been carefully tracking all extraordinary COVID-19 expenses within a separate budget since the onset and presenting these costs within the financial statements. As of the end of July, a total of \$1,045,532 has been spent to support COVID-19 related costs. Salaries and benefits account of 56% while operating costs account for 44%.

The ministry issued the reporting requirements on August 21, 2020 with a request for health units to report 100% of costs related to COVID-19 for the period of January 1, 2020 to December 31, 2020. This includes forecasting estimated costs from September to December 31, 2020. Also required will be to submit the total estimated costs that can be managed from within the cost-shared budget. Our analysis of this and preparation for this reporting are underway.

Contact:

Dr. P. Sutcliffe

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3. Practice Excellence
4. Organizational Commitment

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August 11, 2020

MEMORANDUM

**TO: Medical Officers of Health
Associate Medical Officers of Health
Chief Nursing Officers**

**FROM: Dr. David Williams
Chief Medical Officer of Health - Ministry of Health**

RE: Planning and Recruitment for School-Focused Nurses in Public Health Units

We wish to express our sincere thanks and appreciation to all of you for the efforts you and your staff have made throughout the COVID-19 pandemic in keeping Ontario residents safe.

As we prepare for the reopening of schools in September, the health, safety and wellbeing of students and staff are of principal concern.

Ontario's Plan for Safe Reopening of Schools: School-Focused Nurses in Public Health Units

On July 30, 2020, as part of its plan for the safe reopening of schools in September, the Government of Ontario announced an investment of \$50 million to hire up to 500 additional school-focused nurses in public health units to provide rapid-response support to schools and boards in facilitating public health and preventative measures, including screening, testing, tracing and mitigation strategies.

Program Planning and Recruitment

Recognizing the urgent need for rapid implementation of this initiative, we are recommending that you initiate your local planning and recruitment processes for these additional nursing positions **immediately**. With the aim of having as many of these additional nurses in place by the start of the school year as possible, we recognize that there may be a need for a phased in approach over the coming weeks and months.

Public health units are reminded that O. Reg. 116/20 (work deployment measures for boards of health) under the *Reopening Ontario (a Flexible Response to Covid-19) Act, 2020*, authorizes boards of health to “take, with respect to work deployment and staffing, any reasonably necessary measure to respond to, prevent and alleviate the outbreak of the coronavirus.” This includes “employ[ing] extra part-time or temporary staff or contractors, including for the purposes of performing bargaining unit work.”¹

¹ As emergency measures may involve the temporary suspension of terms set out in your collective agreements, it is recommended public health units engage in good faith with bargaining agents in conjunction with these measures. If feasible, engagement could include advance notice and consultation with bargaining agents. If advance notice and/or consultation is not feasible, bargaining agents should be provided with notice upon adoption of the measures and should be informed that you seek and maintain a dialogue with them for their input and feedback with respect to measures for your consideration in good faith in so far as the exigencies of the situation permit.

In initiating your planning and recruitment processes, please consider the following priorities in terms of the role of the school-focused nurses:

- Providing support to school boards and schools in the development and implementation of COVID-19 health and safety plans;
- Providing sector specific support for:
 - Infection prevention and control;
 - Surveillance, screening and testing;
 - Outbreak management; and
 - Case and contact management.
- Supporting communication and engagement with parents and local communities, as well as the broader health care sector.

Additionally, please take into consideration:

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

While the priority focus will be on the COVID-19 response, with an emphasis on outbreak and case and contact management, the additional nurses may also support the fulfilment of board of health requirements to improve the health of school-aged children and youth as per the *School Health program standard and related guidelines and protocols under the Ontario Public Health Standards: Requirements for Programs, Services and Accountability, 2018*. The additional nurses may also support child care centres, home child care premises and other priority settings as needed.

Next Steps

We are working to provide you with further program details and supports, including specifics on funding, as soon as possible.

For planning purposes, please see Appendix A with estimated distribution of nursing FTEs by public health unit based on number of schools and school enrollment data provided by the Ministry of Education. Please note that these estimates are for planning purposes, do not reflect the potential blend of nursing positions within each public health unit, and are contingent on ministry funding approvals.

We will be conducting ongoing stakeholder engagement to support this initiative, through key forums such as those represented by Chief Nursing Officers and School Health Managers within public health units.

We thank you for your attention to this matter and wish you all the best during the planning and recruitment process.

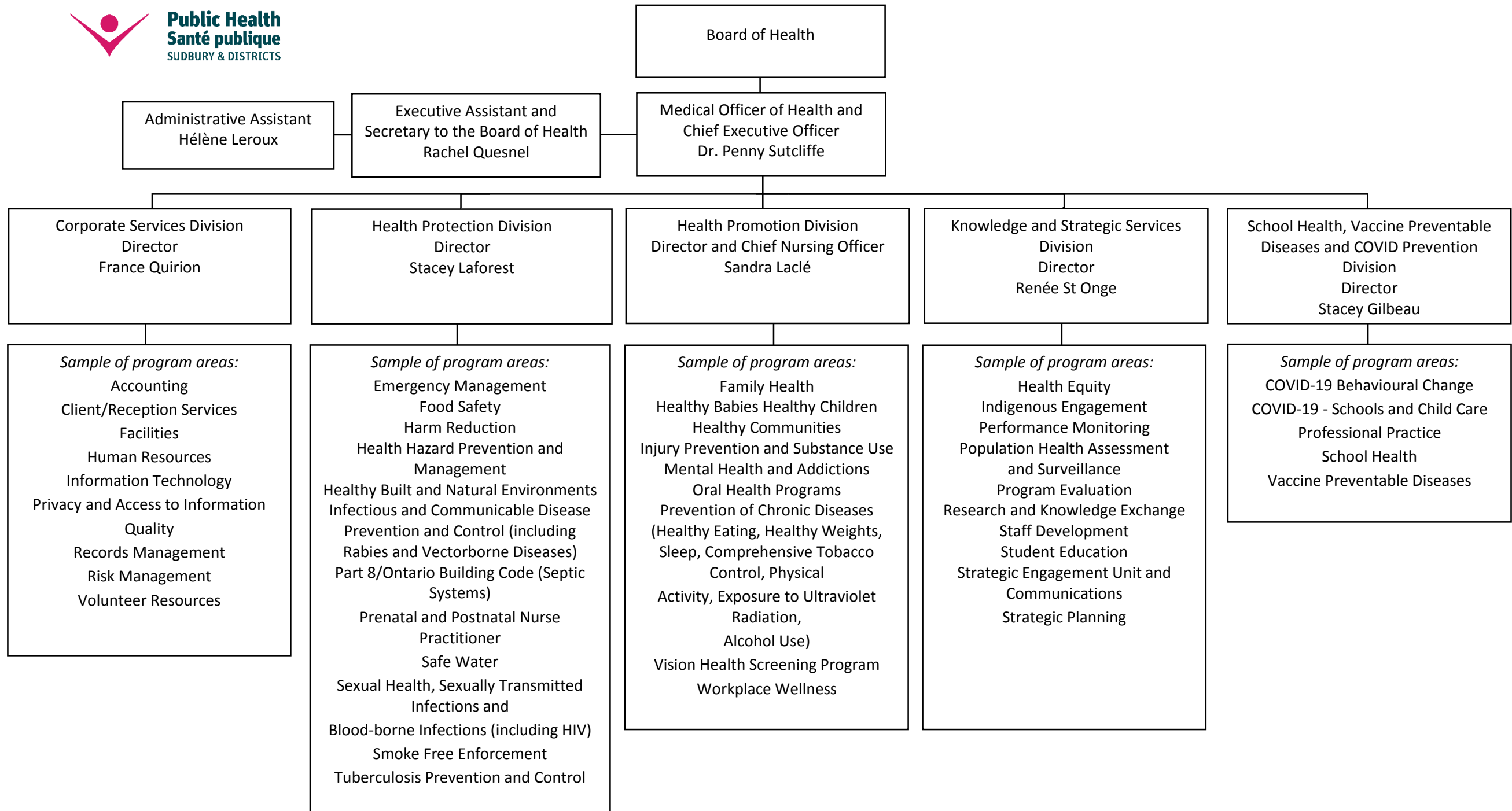
Sincerely,

A handwritten signature in cursive script, reading "D Williams".

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

PHU	Estimated # of additional FTEs*
Brant County Health Unit	5
Chatham-Kent Health Unit	4
City of Hamilton Health Unit	19
City of Ottawa Health Unit	36
City of Toronto Health Unit	82
Durham Regional Health Unit	26
Grey Bruce Health Unit	6
Haldimand-Norfolk Health Unit	4
Haliburton, Kawartha, Pine Ridge District Health Unit	6
Halton Regional Health Unit	23
Hastings and Prince Edward Counties Health Unit	6
Huron Perth Health Unit	6
Kingston, Frontenac and Lennox and Addington Health Unit	8
Lambton Health Unit	5
Leeds, Grenville and Lanark District Health Unit	8
Middlesex-London Health Unit	17
Niagara Regional Area Health Unit	16
North Bay Parry Sound District Health Unit	6
Northwestern Health Unit	4
Peel Regional Health Unit	53
Peterborough County-City Health Unit	5
Porcupine Health Unit	5
Renfrew County and District Health Unit	5
Simcoe Muskoka District Health Unit	20
Southwestern Health Unit	7
Sudbury and District Health Unit	10
The District of Algoma Health Unit	5
The Eastern Ontario Health Unit	9
Thunder Bay District Health Unit	6
Timiskaming Health Unit	2
Waterloo Health Unit	20
Wellington-Dufferin-Guelph Health Unit	11
Windsor-Essex County Health Unit	15
York Regional Health Unit	40

* These are estimated numbers only and are contingent on ministry funding approvals.



COVID-19 First Wave Response Evaluation

Staff Survey Results – Summary

Public Health Sudbury & Districts
August 2020



Public Health
Santé publique
SUDBURY & DISTRICTS

Public Health Sudbury & Districts COVID-19 First Wave Response Evaluation— Staff Survey Results - Summary

The overall purpose of this survey was to evaluate Public Health Sudbury & Districts' COVID-19 First Wave response from the perspective of all staff. The COVID-19 First Wave encompasses the period of March to end of June 2020. This evaluation includes exploring what worked well, challenges, and what could be improved in planning for and responding to further evolution of the COVID-19 pandemic and potentially other pandemics. The survey explored training and resources, supports, leadership and oversight, communication, workload, logistics, and ongoing programming. An online survey was open to all staff from July 13 to July 28, 2020.

Sample

- 145 surveys were completed
- 90.3% reported providing support for the agency's COVID-19 response
- 84.1% of respondents indicated that they were non-managerial staff
- 46.2% of respondents indicated that their home division was Health Promotion, followed by Health Protection (26.9%), Knowledge & Strategic Services (12.4%), and Corporate Services (11.0%)
- 40.0% of respondents reported being redeployed to assist in the agency's COVID-19 response activities
 - 74.1% of staff who were redeployed reported that it was only for a portion of the agency's response, while 25.9% were redeployed for the entire initial response
- 82.1% of respondents were from one of the two Sudbury offices while 6.9% were from district offices
- 31.1% of respondents worked mostly onsite during the first wave, 37.1% worked mostly offsite/remote, and 31.8% worked a mix of both

Highlights

- Staff were largely satisfied with Public Health Sudbury & Districts' response to the COVID-19 First Wave
- Over 60% of staff reported receiving proper training and resources, clear direction to complete assignments, and health and safety protocols including the appropriate use of PPE
- Almost 70% reported feeling supported by supervisors and colleagues
- Over 75% of staff thought that the leadership and oversight of our pandemic response effectively guided our local COVID-19 response
- At least 60% of staff thought they had been kept informed of changes in a timely manner with appropriate detail and that they had been able to effectively engage with peers, supervisors, partners, and clients regardless of work location
- Just over half of staff reported that their workload was appropriate and manageable and over 80% reported that they had the competencies to conduct COVID-19 related work
- 13% of staff were not able to adjust work schedules to accommodate changes in their personal situation and 5% indicated that their work location was not suitable to accommodate their personal situation
- 32% were able to continue supporting non-COVID-19 related projects despite the COVID-19 response
- Many staff thought that effective communication kept community spread low
- Many staff expressed the need for ongoing consideration for their physical and mental health with provision of physical distancing and availability of downtime

- Staff thought that clear COVID-19 messaging needs to be provided to staff before the public, with all messaging approved by Communications, so that consistent and clear information is available for delivery to the public
- Staffing should be divided between call centre and regular programming that allows programming to continue where possible

PUBLIC HEALTH SYSTEM EVALUATION AND LESSONS FROM THE FIRST PEAK OF COVID-19:

A Report on Behalf of the Council of Ontario Medical Officers of Health

Sept.1, 2020

INTRODUCTORY COMMENTS

I am pleased to share the attached report undertaken on behalf of the Council of Ontario Medical Officers of Health (COMOH) evaluating Ontario's local public health system response to the first peak of COVID-19.

Thanks to a colossal and unprecedented multisectoral effort led by the provincial government on advice from the Office of Chief Medical Officer of Health/Public Health and Public Health Ontario, our province was able to flatten the COVID-19 curve. The quick, province-wide implementation of public health measures, closures and emergency regulations all played an important collective role in preventing potentially devastating consequences including thousands more deaths and overwhelming hospital/ICU-use surges seen in other countries, even to this day. Recognizing the co-operation and sacrifices made by individual Ontarians and their families, and business/service sectors across provincial, local, and municipal levels we are now poised for the next phase of the COVID-19 pandemic.

It is the intent of this report to clearly describe the role of the local public health system during the 1st COVID-19 peak and provide lessons learned and identified opportunities that collectively form foundations to build upon in preparation for the next phase as we wait for an effective vaccine. This includes supporting a safe return to school, preparing for the upcoming flu season while we continue our timely contact tracing and surveillance activities to identify and contain new COVID-19 infections/outbreaks as rapidly as possible, and maintain our pandemic-related collaborations, partnerships and communications activities.

The report captures the vast array of work in response to the pandemic lead by local Medical Officers of Health (MOH) and their highly devoted, professional, and nimble public health staff working along side their local boards of health. The identified components of the local public health response include several key cornerstones: A collaborative approach, supportive community leadership, strategic partnerships, health equity and a vital communications role. Additionally, unique public health expertise in infectious disease control and outbreak management, contact tracing, epidemiology/surveillance, and working collaboratively with Ontario Health all contributed to protection of the community as well as preventing our acute healthcare system from being overwhelmed.

The key words here are collaboration, public health expertise, partnerships and trust, all hallmarks of public health. Due to their local presence and familiarity with area politicians, healthcare partners, stakeholders and the community, that public health units can effectively and efficiently tailor, deliver and/or implement provincial directives and policies locally.

In closing, I would like to gratefully acknowledge the group of MOHs that created this report and the tireless work and dedication of all my MOH and Associate MOH colleagues and their incredible public health staff.

Thank you for taking the time to review our report.



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

Public health system evaluation and lessons from the first peak of COVID-19

A report on behalf of
the Council of Ontario
Medical Officers of
Health

August 2020

The **Council of Ontario Medical Officers of Health**, a section of the Association of Local Public Health Agencies, is committed to improving the health of Ontarians and increasing health equity by strengthening Ontario's public health system. This report and supporting appendix are presented on behalf of the Council in an effort to achieve its mission through system leadership and coordination in collaboration with the provincial government and other organizations, and through evidence-informed advocacy on public health policy.

Context



- Local public health units have spent months **leading the response to the COVID-19 pandemic across sectors** in their communities
- Public health is evaluating its actions and **sharing lessons learned** from the first peak and resurgences
- These findings can be used to protect Ontario's communities by:
 - Building on aspects of the public health system response that should continue or be enhanced during resurgence and future peaks
 - Informing health system planning and preparedness for resurgence of COVID-19 and the upcoming influenza season
 - Leveraging the strengths of the local public health system connections with community to ensure cross sector interventions
 - Enhancing collaborative efforts with the public health system and health system partners in the Ministry of Health, Ontario Health, Ministry of Long-Term Care, and Primary Care

Impact of public health



- Contained COVID-19 and **prevented our health system from being overwhelmed**, despite seeing jurisdictions that demonstrated early control now facing significant resurgence^{1,2}
- Implemented widespread and timely public health measures and local public health responses that **prevented an estimated 220,000 cases and 4,400 deaths**³
- Local public health units kept **cases contained** by tackling challenges faced with re-opening and by tracing growing numbers of contacts for every case

1. Public Health Agency of Canada. Update on COVID-19 in Canada: Epidemiology and Modelling (August 14, 2020).

2. Government of Ontario. COVID-19 case data (August 14, 2020).

3. Office of the Premier of Ontario. Ontario provides full transparency by releasing COVID-19 modelling [press release] (2020 April 3).

Methods



- The Council of Ontario Medical Officers of Health (COMOH) initiated a sector-wide evaluation to:
 1. Capture what happened during public health's prevention, preparedness, and response efforts in the first six months of the COVID-19 pandemic
 2. Identify and learn from aspects of the public health system response that should continue or be enhanced during resurgences and future peaks
 3. Apply lessons learned to prepare for resurgences of COVID-19, the upcoming influenza season, and future pandemics
- Evaluations and continuous quality improvement processes have been carried out by local public health units through reviews, surveys, and interviews with their teams, the public, community partners, and stakeholders across sectors, which have been incorporated into this report.

Methods

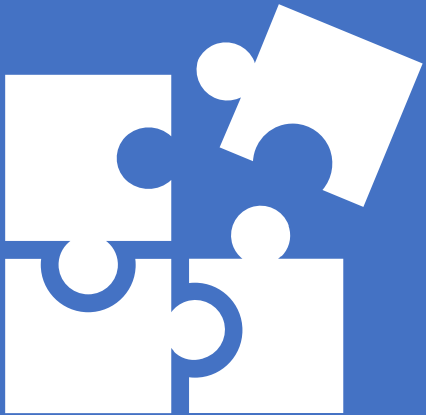


- All Medical Officers of Health invited to participate in the evaluation via email from COMOH on July 24, 2020
- 17/34 (50%) local public health units participated (60% rural, 40% urban), sharing insights on >100 local initiatives
- Working group members collated responses and used qualitative methods (thematic analysis) to synthesize findings
- Further input received from all COMOH membership at two meetings
- Appendix outlining local public health initiatives, partner feedback, and collaborative efforts accompanies this report

Key questions:

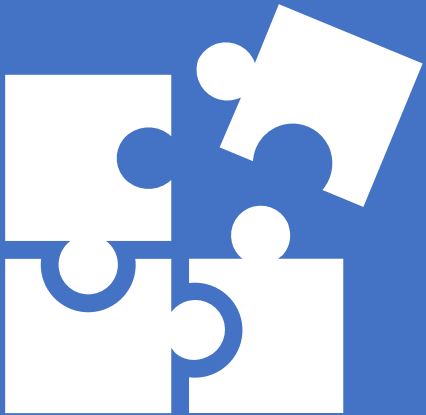
1. What **worked well** during the first peak?
2. What could be **improved**?
3. What should **continue** or **be enhanced**?
4. What else should we consider for **future COVID-19 planning** and **influenza** in the coming months?

Key components of local public health response



- **Protecting our communities** using public health measures to protect people from the virus, by minimizing transmission and deaths
- **Supporting sustainability of our health care system** by preventing cases and transmission
- **Protecting and supporting** those most adversely impacted by the pandemic due to poverty, social circumstance, or other discrimination
- **Leading and supporting recovery across our communities** to mitigate against the health, social, and economic harms of the virus, isolation, and restrictive measures
- **Partnering and collaborating to support** municipal, education, social service, health care, business, and community sectors
- **Communicating timely evidence-based information and data** to the public and partners

Key components of local public health response



- Using **surveillance and epidemiological analysis** to target public health action and inform local health partners
- **Synthesizing new scientific evidence, research and evaluation** to apply the most effective and up-to-date public health interventions locally
- Conducting **intensive and meticulous case management and contact tracing** while supporting isolation requirements
- **Preventing and rapidly responding to outbreaks** in community, workplace, congregate, and institutional settings
- Identifying key priorities and populations for **focused testing strategies**
- **Preparing for safe re-opening** of local schools, workplaces, daycares, personal service settings, restaurants, and other spaces
- **Planning and preparing** our health system and communities for resurgences, future peaks, and influenza

Sustaining the local public health response



- **Local public health leadership** has been critical to protecting health and **tailoring responses** to meet the needs of our communities during the first peak
 - **Experience** and **technical training** in public health emergencies and health protection prepared local public health to respond and built on existing pandemic preparedness and business continuity plans
 - **Public health measures** prevented illnesses and deaths that would have **overwhelmed our health care system** and continue to threaten to do so as seen in other jurisdictions
 - Public health leadership **brought communities together** to flatten the epidemic curve using preventive measures that continue to be a mainstay of the response
 - The most effective system in a public health emergency relies on **independent local public health authorities** that can leverage strong partnerships and community knowledge to adapt direction that is coordinated at the provincial level
- Public health holds a unique, **established, and trusted position that allows collaboration** with municipalities, schools, childcare settings, businesses, social services including congregational settings, health care and institutions, media, and community organizations to **effectively shape local response**
 - **Provincial and regional coordination** is critical to supporting the strong leadership and response undertaken by local public health units and boards of health
 - Pandemic response required rapid mobilization and scaling up of a **skilled public health workforce that will need ongoing investment** to respond to resurgence and increasing complexity of case management and contact tracing
 - Public health innovation and adoption of new **digital solutions** to improve effectiveness and efficiency have been vital to enhancing widespread detection and containment efforts

Themes identified in the public health system evaluation

Public
health's
effective
response
relied on



Early upstream interventions to **prevent** illness and **prepare** our communities



An approach to improving health of the whole population with a focus on **health equity**



Leveraging **local partnerships** to translate provincial direction into effective local action



Provincial and regional **coordination** to support local implementation



A highly skilled and agile **workforce** that will require ongoing investment



Digital **solutions** to optimize efficiency and support data sharing

Prevention and preparedness

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"Keep up the good work! We depend on you to keep us safe by keeping an eye on the important things that may affect our health while we do what we need to do."

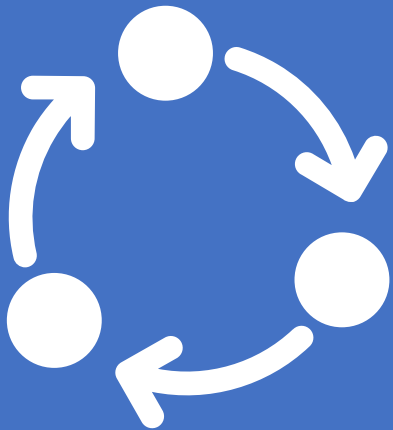
- Community partner feedback

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Local public health expertise focused on **community-wide pandemic preparedness** and **upstream prevention of illness and death**

- Worked with local partners to ensure health system capacity was not overwhelmed
- Rapidly moved to enhanced operations and IMS structures due to pandemic preparedness and continuity of operations planning
- Advocated for early interventions to address **personal protective equipment (PPE)** needs across sectors, **implementing testing** of all staff and residents within outbreak facilities, and for **universal masking** in hospitals, long term care and retirement homes, and community and primary care settings
- Conducted **proactive infection prevention and control (IPAC) assessments** with partners to prevent local outbreaks in congregate settings, essential workplaces, and institutional settings
- Shared **modelling projections** for transmission with the public and partners while tailoring surveillance and epidemiological analyses to support communication about local situation

Prevention and preparedness



Highlights from the field

- Due to concerns of community transmission, **Peel Public Health** along with other local health units across the province pre-emptively closed nightclubs, concert venues, theatres, and dine-in services at restaurants ahead of provincial direction.
- **Halton Region Public Health** worked closely with local hospitals and LHINs to lead a congregate setting strategy, which took a pro-active approach with all congregate and institutional settings in doing in-person IPAC visits and assisted these priority settings in ensuring appropriate IPAC measures were in place to reduce their risk level for COVID-19.
- **Simcoe Muskoka District Health Unit**, in partnership with primary care and hospitals, proactively established local assessment centres prior to provincial direction.
- **Hamilton Public Health Services** conducted proactive pre-opening inspections of all licensed childcare programs in the city, working with the Child System Services Manager to ensure the safe re-opening of all child care spaces.

Health Equity

“

"Our shelters have had relatively low numbers, and we expected to have numbers like long term care facilities. We should think about what we are doing right."

- Community partner feedback

”

- Public health applied **population-level interventions** that addressed **health equity** by considering the needs of settings that may be more vulnerable to COVID-19 and populations that would disproportionately experience the negative unintended consequences of public health measures
 - Identified and addressed needs of **people who may be more susceptible** to COVID-19 by providing IPAC and testing support to congregate settings such as **shelters and long term care homes**
 - Partnered to develop **isolation centres** for people experiencing homelessness, distributed non-medical masks to those with limited means, and mobilized volunteers to provide supports like **grocery or prescription delivery** to people in isolation or quarantine
 - Monitored and mitigated the **unintended consequences** of public health measures by providing PPE to **community agencies** serving priority populations, continued to distribute **naloxone kits** and other essential public health services, and partnered with local agencies to address rising **mental health and substance use** concerns
 - Developed new methods for engaging and collaborating with communities on the collection of local raced-based and socioeconomic data

Health Equity



Highlights from the field

- **Timiskaming Health Unit** convened a Community Support Collaborative to identify priority population needs arising from COVID-19, and partnered to access funds for cleaning supplies, PPE, and Plexiglas partitions for private transportation providers in rural communities without public transit.
- **York Region Public Health**, in collaboration with shelters, identified an increase in domestic violence rates and developed resources to support this population with guidance for individuals experiencing abuse during heightened times of isolation.
- **Public Health Sudbury & Districts** ensured local partners working with priority populations were trained in IPAC measures to continue to safely deliver services, supported the implementation of isolation shelter for people experiencing homelessness, and mobilized volunteers to provide supports to people in isolation.
- **North Bay Parry Sound District Health Unit** enhanced their community harm reduction work through promotion of new harm reduction messages within the context of COVID-19, redirecting clients when service disruptions occurred, and collaborated on a community alert when surges in adverse events related to drugs were detected in the community.

Partnerships

“

We as an organization depend on public health webpages, news releases, and phone calls for the advice we need to give the people we support a better quality of life.

- Community partner feedback

”

- Public health acted as a **bridge across health and social systems** to enhance **collective community action** for a strong and effective response
- **Leveraged existing local partnerships** with health care sector, municipalities, schools, and community organizations to facilitate:
 - Collaborative planning tables to ensure coordinated local responses and resources for **First Nations, Inuit, and Métis** community members
 - Provision of IPAC support to **hospitals, long term care and retirement homes, child care centres, and congregate settings like shelters, group homes, and detention centres**
 - Direct support for local implementation of public health measures including development of regulations and by-laws and **tailored guidance for schools, businesses, child care centres, and community organizations** in order to protect the health of **workers and their clients**

Partnerships



Highlights from the field

- **Public Health Sudbury & Districts** has a First Nations Community Partners Table to discuss community needs during the pandemic, share resources, and help make connections with other sectors (e.g., to support re-opening plans, surveillance testing, and community pandemic response plans).
- **Simcoe Muskoka District Health Unit's** past pandemic planning enabled a strong, collaborative relationship with municipalities when responding to COVID-19. Weekly teleconferences enabled a coordinated response to a number of challenges, including public crowding on beaches and use of face coverings in indoor public spaces.
- **North Bay Parry Sound District Health Unit** partnered with a local construction company to develop COVID-19 safety protocols well in advance of these being asked by the Ministry.
- **Hamilton Public Health Services** worked with local Indigenous service providers to launch an Indigenous peer-to-peer COVID-19 phone line to access public health information on COVID-19.
- **Ottawa Public Health's** relationship with the City of Ottawa enabled success in countless initiatives from redeploying city staff and infrastructure to the response, working rapidly to implement a bylaw for indoor masking, proactively building a safer approach for public transit and emergency child care centres, and working as a member of the city's Human Needs Task Force to plan for food security, housing, transportation, volunteer services, fundraising, and psychosocial supports.

Coordination

“

From the hospital perspective, most decisions made by health service partners have an impact on our operations. The coordination by [a local public health unit] to many, if not all, players at the same table at the same time, hearing the same message, enhanced our understanding and response

- Hospital partner feedback

”

- **Coordination** between local public health units helped strengthen the pandemic response, improve efficiency, and share work loads:
 - Public health units **shared human and digital resources, technical expertise and new methods, and collaborated** to promote regional consistency during times of uncertainty from the earliest phases of the pandemic
 - Increasing proportion of public health workforce **working remotely** while **embracing new technological platforms** for engagement has allowed greater coordination and collaboration across jurisdictions
 - Public health **implemented provincial strategies**, while allowing for local variation and adaptation due to different **local contexts** on issues such as community transmission, cross-border travel, masking, testing, and laboratory capacity
- **Provincial and regional information sharing** through channels such as Ministry Emergency Operations Committee calls, updates from Public Health Ontario, calls with Medical Officers of Health, and Ontario Health regional planning tables

Coordination



Highlights from the field

- **Eastern Ontario Health Unit, Leeds, Grenville and Lanark District Health Unit, Renfrew County and District Health, and Ottawa Public Health** coordinated to develop a mandatory masking policy to ensure consistency across the region and avoid duplication of efforts, with each public health unit then moving forward to adapt within their own local context.
- Since January 2020, the **Ontario Public Health Emergency Managers Network** shared updates, resources, consultations, and professional development information amongst its members to support local responses.
- Medical Officers of Health in the **Greater Toronto and Hamilton area** worked together during the pandemic to share information and where possible, coordinate their responses given the mobility of individuals within their geographic area.
- **Porcupine Health Unit** and **Timiskaming Health Unit** formed a working group to provide timely and consistent responses and support to School Boards that span their districts. The group also aims to reduce duplication of effort related to ongoing COVID-19 supports for schools.

Workforce

“

The ability of the IMS structure to be flexible and responsive to the emerging needs was extremely helpful. Training by the Rapid Response Team helped to ready people. I think we did amazing work, and I am very proud to have been part of it.

- Local public health unit staff

”

- **Local public health leadership** rapidly responded to COVID-19 by applying **years of experience in public health emergencies** and working with community partners on IPAC and outbreak management
- When redeployed to the COVID-19 response, public health's highly skilled workforce has **adapted quickly to new roles and technologies, demonstrating resilience**
- **Key public health skills and roles** highlighted in the response include epidemiology, emergency preparedness, IPAC, case management and contact tracing, health communications, community engagement, and focus on health equity implications of pandemic
- **Critical core services that protect the health of our communities**, such as public health inspections and responding to other infectious diseases, continued to be offered during the pandemic and must continue in order to prevent increased pressures on the health care system

Workforce



Highlights from the field

- *"From the time I received the call that I was positive to COVID-19, I ALWAYS felt like I had the support of **Algoma Public Health**... Having gone through the experience, the community should have complete faith in the process - I have never answered so many questions in my life and to say that your case management was thorough is an understatement. The nurses on your front line were remarkable... I truly felt like they cared about my physical and mental wellbeing."* – Community member feedback
- While many health system partners were scaling back and experiencing lower volumes, **Huron Perth Public Health and Brant County Health Unit** rapidly scaled up from a Monday to Friday 8:30 - 4:30 and 24/7 on-call operation to Monday to Friday two shifts with evenings, weekend shifts, and 24/7 on-call in order to respond to the need for support to the public, partners, and stakeholders.
- *"They received a call, they responded immediately. They gave accurate information and they followed up on each situation that I was involved in."* – Community partner feedback to **Public Health Sudbury & Districts**

Digital solutions

“

Excellent media and social media presence with clear, succinct, and recent evidence-based principles.

- Community partner feedback

”

- Local public health units adopted new **digital solutions** that were critical to **optimize the function, efficiency, and effectiveness** of case management, contact tracing, and outbreak investigation and management
- Dashboards were developed to **visualize data** while allowing for **real-time transparency** of public health efforts and health system pressures, including indicators for local monitoring and informing re-opening decisions
- Public health workforce rapidly adapted to new platforms for working remotely and continued supporting case and contact management efforts virtually

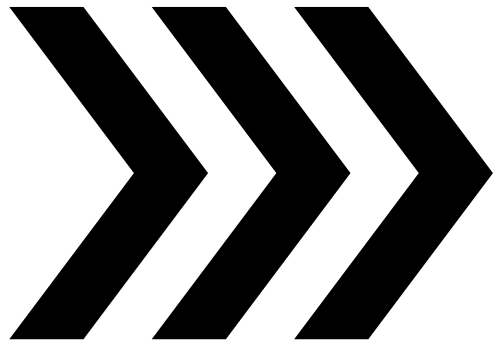
Digital solutions



Highlights from the field

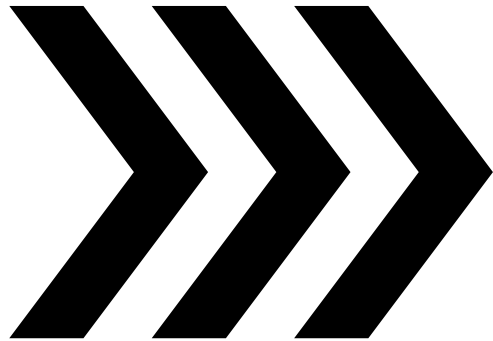
- **Ottawa Public Health** developed a dynamic disease reporting system. The COVID-19 Ottawa Database (known as “The COD”), adapted from a system used in Newfoundland and Labrador, supports local case management and contact tracing. Building from this database has led to development of novel epidemiological methods and technology to detect potential clusters earlier and mobilize resources to investigate.
- **KFL&A Public Health**, working with the Office of the CMOH, enabled the real-time capture of suspected COVID-19 emergency department visits across the province in the Acute Care Enhanced Surveillance (ACES) system and built the Pandemic Tracker as a public tool (<https://www.kflaphi.ca/aces-pandemic-tracker/>).
- Machine learning was developed by **York Region Public Health** to optimize the utility and interpretation of OLIS lab results data to support the automation of reporting and timely case follow up.
- **Hamilton Public Health Services** adapted existing technology used for routine inspections of food premises. Inspectors record COVID-19 IPAC observations and education data into the existing Hedgehog Inspection System to ensure all information is stored together.
- **Middlesex-London Health Unit** developed Azure software and several other local public health units were able to use this platform to facilitate the COVID-19 response.

Opportunities to sustain the public health response



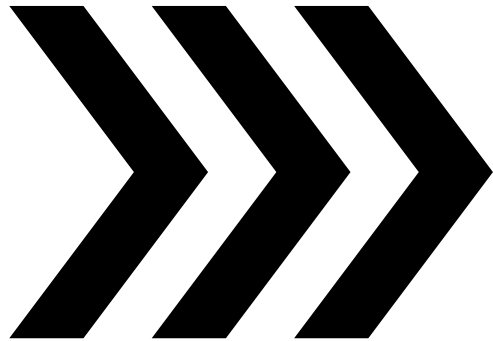
- Local public health must provide ongoing **leadership and guidance in all essential public health functions** to support sectors and tailor responses that meet the needs and strengths of our communities
 - Continue to lead planning and preparedness efforts in our communities using data-driven projections and evidence-informed interventions founded in public health expertise
 - Lead clear, concise, and engaging public health communications across traditional and social media platforms that enable the public to reduce their risk
- Local public health must build on **partnerships and collaboration** across sectors to **address new and complex community challenges** such as return to school, increased demand for health services, increase in visitors to long term care homes, re-opening of businesses, and larger social gatherings
 - Build well-resourced school health teams led by local public health to prepare and respond to new cases while supporting students and families with mental health and other health concerns

Opportunities to sustain the public health response



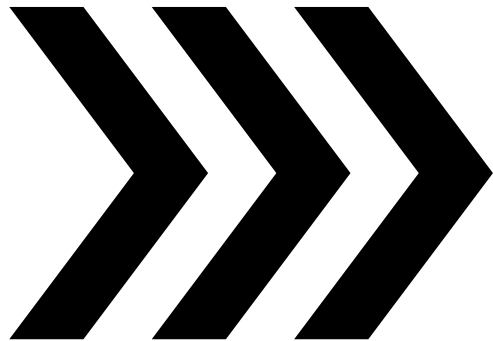
- There must be investment in **local public health workforce** to allow for surge capacity needed for increasing complexity of pandemic response and maintaining critical core public health services
 - Support collaboration between local public health units through new or existing public health “hubs” where resources can be shared and broader actions coordinated without reducing workforce
 - Enhance surge capacity for contact tracing and outbreak management by enabling rapid movement of workforce from one jurisdiction to another, based on local epidemiology
 - Enhance sharing of expert technical guidance, standards of practice, communications products, data analysis
 - Explore strategies to ensure and promote workforce resilience, while protecting mental and physical health

Opportunities to sustain the public health response



- There must be **increased resources for IPAC and outbreak management** in higher-risk settings and priority populations to minimize severe illness that would strain the health care system
 - Health system support and ongoing collaboration with Ontario Health for targeted and mobile testing strategies as part of early community cluster response
 - Proactive IPAC through audits and consultation with higher risk congregate and institutional settings in partnership with the broader health system
 - Review effective strategies to increase population uptake of influenza vaccine as added protection during resurgence and reduce potential strain of respiratory illness on the healthcare system

Opportunities to sustain the public health response



- **Local public health expertise and connections with community** must be capitalized on at regional and provincial tables
- Roles of **key health system players** must be clarified and mutually respected for maximum health gains
 - Clarify and align roles across Ontario pandemic response structure for public health and health system partners including local public health, Ministry of Health, Chief Medical Officer of Health, Public Health Ontario, Ontario Health, and Ministry of Long-Term Care
 - Ensure public health and acute care expertise are informing each other's separate but complimentary actions through partnerships at the five regional Ontario Health pandemic response tables, with clear lines of communication with local and provincial planning tables
 - Streamline reporting and coordination on pandemic response for medical officers of health with Chief Medical Officer of Health while maintaining local independence and accountability to boards of health
- **New technologies** must be developed and adapted to support case management, contact tracing, and outbreak investigations so local public health units can enhance effectiveness despite growing complexity
- Innovative technologies must be explored to help with **advanced planning, forecasting, and operational response** in dealing with resurgence and other respiratory illnesses

Community partner feedback

“

Thank you for the long hours and tireless work to try to get us through the pandemic. I know we have smart and innovative people who work for us to come up with solutions for us to live during this pandemic. We can get through this together.

”

Public health system evaluation and lessons from the first peak of COVID-19

Appendix of local public health
initiatives and feedback

A report on behalf of
the Council of Ontario
Medical Officers of
Health

August 2020

Public health's effective response relied on



Prevention and preparedness



Health equity



Partnerships



Coordination



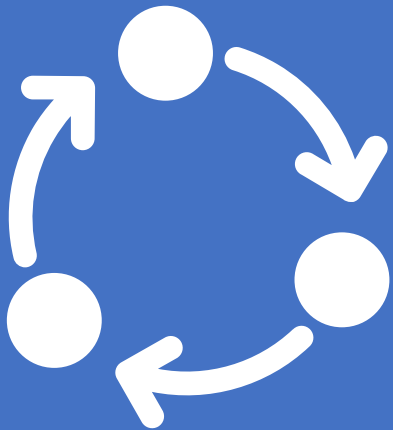
Workforce



Digital solutions

This document is provided as an Appendix to the '**Public health system evaluation and lessons from the first peak of COVID-19**' report and captures feedback provided by members of the Council of Ontario Medical Officers of Health on local public health unit initiatives, partner perspectives, and collaborative efforts across the public health system. The highlights received from the field are categorized across the six themes identified in the evaluation, though in many cases are cross-cutting.

Prevention and preparedness



Halton Region Public Health worked closely with local hospitals and LHINs to lead a congregate setting strategy, which took a pro-active approach with all congregate and institutional settings in doing in-person IPAC visits and assisted these priority settings in ensuring appropriate IPAC measures were in place to reduce their risk level for COVID-19.

Hamilton Public Health Services conducted proactive pre-opening inspections of all licensed childcare programs in the city, working with the Child System Services Manager to ensure the safe re-opening of all child care spaces.

KFL&A Public Health has worked to complete an After-Action Review using key informant interviews, focus groups, and a survey, to identify strengths and enhance agency's response moving forward.

KFL&A Public Health piloted mass testing surveillance activities.

Hospital partners highlighted they valued the "visibility, accessibility, and expertise" of **Ottawa Public Health** and its "outstanding" support for their

organizations. Relayed they appreciated the team "daily huddles" and an approach to infection prevention and control that recognized their own expertise as well.

- Hospital partner feedback

Ottawa Public Health's skilled team of epidemiologists collaborated with hospital and university partners to use modelling to project the impact of public health interventions on the local epidemic curve. This supported the health care system in planning for hospital admissions and use of intensive care unit resources like ventilators.

Due to concerns of community transmission, **Peel Public Health** along with other local health units across the province pre-emptively closed nightclubs, concert venues, theatres, and dine-in services at restaurants ahead of provincial direction.

Public Health Sudbury & Districts

supported hospitals, schools, daycares, and local businesses to help with informed decisions and safe practices:

- *"Public health proved very helpful!"*
"Keep up the good work! We depend on you to keep us safe by keeping an eye on the important things that may affect

our health while we do what we need to do." - Community partner feedback

Simcoe Muskoka District Health Unit, in partnership with primary care and hospitals, proactively established local assessment centres prior to provincial direction.

York Region Public Health provided direct support to long term care and congregate living settings through onsite infection prevention and control (IPAC) preparedness and outbreak assessment visits, IPAC educational support to staff in these settings, and the provision of emergency personal protective kits for interim supply while additional resources were acquired.

Health Equity



Halton Region Public Health partnered with paramedics to set up a community paramedic team for the purpose of testing people in the community who were unable to attend a community COVID-19 assessment centre due to physical mobility challenges.

Halton Region Public Health continued to deliver critical services to families and individuals throughout the pandemic (e.g. harm reduction services, Healthy Babies Healthy Children, telephone parenting supports).

Hamilton Public Health Services developed enhanced surveillance indicators for priority populations to monitor the societal impacts of COVID-19 and the response. Through a partnership with local hospitals and police, indicators are provided in as close to real-time as possible, and jointly monitored by the Public Health Emergency Control Group and Hamilton's EOC to enable a timely and collaborative response.

Huron Perth Public Health accessed United Way and private donor funding pots to provide grocery store cards to

families at increased risk and those self-isolating, as well as computer access to those living with low incomes in rural areas.

KFL&A Public Health maintained key programming (e.g., HBHC and Child and BabyTalk) to support families during the COVID-19 crisis and worked with municipalities, health, and social service partners to establish a self-isolation centre for individuals experiencing homelessness.

KFL&A Public Health coordinated IPAC activities with local partners working with priority populations (shelters) and higher-risk settings (correctional institutions).

KFL&A Public Health worked with Frontenac Paramedics to implement an outreach COVID-19 swabbing program to support rural populations, people with mobility issues and populations at higher risk.

Ottawa Public Health used their relationships with community organizations to support the work of collecting, analyzing and reporting on

race-based COVID-19 data, recognizing the critical importance of understanding how the health of certain communities has been disproportionately affected by the pandemic.

"Our shelters have had relatively low numbers, and we expected to have numbers like long term care facilities. We should think about what we are doing right." - Community partner feedback to **Ottawa Public Health**

Public Health Sudbury & Districts provided guidance to agencies working with priority populations on safe best practices, access to harm reduction equipment, and daily visits to support homeless populations.

Public Health Sudbury & Districts ensured local partners working with priority populations were trained in IPAC measures to continue to safely deliver services, supported the implementation of an isolation shelter for people experiencing homelessness, and mobilized volunteers to provide supports to people in isolation.

Health Equity



North Bay Parry Sound District Health Unit enhanced their community harm reduction work through promotion of new harm reduction messages within the context of COVID-19, redirecting clients when service disruptions occurred, and collaborated on a community alert when surges in adverse events related to drugs were detected in the community.

Simcoe Muskoka District Health Unit (SMDHU) employed locally specific strategies for engaging or staying in touch with priority populations. Communications were distributed to different priority population groups (e.g. guidance to shelters, congregate settings). SMDHU worked with social services, priority population planning committees, and individuals on a one-on-one basis to ensure:

- Mandatory requirements were met re: case and contact management
- Heat planning for priority populations and assessment of existing infrastructure
- Established testing options for priority populations (e.g. lower income), assessment centre outreach options, and worked with District of Muskoka to help with promotion of testing
- Communication strategy for priority

- population notification system
- Funeral homes included in listserv
- Worked with primary care and hospitals to establish local assessment centres prior to provincial direction and the Central Region Ontario Health

Timiskaming Health Unit convened a Community Support Collaborative for the purpose of identifying priority population needs arising from COVID-19, and partnered to access funds that provided cleaning supplies, PPE, and Plexiglas partitions for private transportation providers in rural communities without public transit.

Facilitated by **Timiskaming Health Unit**, the Community Support Collaborative meets weekly to identify and address priority population needs arising from COVID-19 and related public health measures. Initiatives linked to this collaborative include:

- Timiskaming Connections Initiative, including a phone line to link volunteers with those in need of support related to COVID-19 and public health measures.
- Partnered to access funds and provide masks/face coverings to those with barriers to access. Includes a wide

range of community partners serving as depots across the district including small, rural areas.

- Sourced funding and coordinated masks/face coverings for distribution to passengers with all transportation providers.
- Partnered to access funds to address the digital divide; a pre-existing equity issue exacerbated by COVID-19. This initiative will provide technology, Internet, and digital health literacy skills to individuals in need.

York Region Public Health, in collaboration with shelters, identified an increase of domestic violence rates and developed resources to support this population with guidance for individuals experiencing abuse during heightened times of isolation.

York Region Public Health supported local shelters via the provision of 6600 surgical masks as well as provided guidance and recommendations for the establishment of both transitional housing and an isolation shelter for priority populations along with emergency personal protective equipment kits

Partnerships



Hamilton Public Health Services worked with local Indigenous service providers to support the safe opening of various community-based supports; including a Friendship Centre, licensed child care and health care centre, as well as launch an Indigenous peer-to-peer COVID-19 phone line to access public health information on COVID.

Hamilton's Health Sector Emergency Management Committee is responsible for a collaborative multi-agency response and is chaired by **Hamilton Public Health's** MOH. This group developed a novel approach to assessment centres in the city – the collaborative model is a partnership between hospitals, primary care, public health and the City of Hamilton.

"Planning moved quickly, and there was a high level of trust between [organizations] despite uncertain times and at times uncertain funding resources. We just made it happen." - **Hamilton Health Sector Emergency Management Committee/Hamilton Health Team** debrief

Hamilton Public Health Services collaborated with partner hospitals to

complete virtual COVID-19 IPAC audits with all long term care facilities and retirement homes in the city. This work assessed COVID-19 preparedness in these facilities and prepared partner hospitals for rapid response should outbreak assistance be needed.

Hamilton Public Health Services provided extensive IPAC support to community partners, including staff educational webinars and IPAC assessments for the Ministry of Children, Community and Social Services, bi-weekly calls with Hamilton-Wentworth Detention Centre, consultation and IPAC assessments for the housing and shelter sector and congregate settings, proactive inspections of all licensed childcare settings, and consultations with workplaces for safe re-opening.

KFL&A Public Health initiated and coordinated the emergency response to ensure access to COVID-19 testing with health sector and municipal partners (e.g., primary care, paramedics, acute care and municipalities)

City partners have shared a strong support of the way public health has been working with the municipality and

encouraged **Ottawa Public Health** to "keep doing great things" with in local collaboration with city partners—this has been highlighted as a key theme of the "successes achieved together." – City of Ottawa feedback

Ottawa Public Health's relationship with the City of Ottawa has enabled success in countless initiatives with its municipal partners, from redeploying city staff and infrastructure to the response, working rapidly to implement a bylaw for indoor masking, proactively building a safer approach for public transit and emergency child care centres, and working as a member of the city's Human Needs Task Force to plan for food security, housing, transportation, volunteer services, fundraising, and psychosocial supports.

Partnerships



Public Health Sudbury & Districts

provided reliable information that local businesses, community organizations, and partners used to make best decisions for staff and the community:

- *"We as an organization depend on public health webpages, news releases and phone calls for the advice we need to give the people we support a better quality of life."*
- *"Collaboration with senior leaders to help make informed decisions related to staffing, procedure, etc."*

North Bay Parry Sound District Health Unit

partnered with a local construction company to develop COVID-19 safety protocols well in advance of these being asked for by the Ministry.

North Bay Parry Sound District Health Unit

provided enhanced surveillance data to local hospital partners, who were provided with weekly, customized syndromic surveillance reports that alerted hospitals when surges in specific syndromes were detected through the Emergency Department. Reports also included testing rates, outbreaks, and cases for their specific catchment area.

North Bay Parry Sound District Health Unit

Public Health Inspectors offered training, education, and recommendations for infection prevention and control to management at Nipissing Mental Health Housing and Support Services, and others supporting the local temporary homeless shelter.

Peel Public Health, in bringing public health expertise to a Regional integrated response table, was able to quickly initiate surveillance screening in Long-Term Care (LTC) homes and complete screening of all residents and staff at 28 LTCs one week ahead of the provincially mandated deadline. This response table was then able to quickly pivot into directing expanded community testing in workplaces and areas of high incidence.

Public Health Sudbury & Districts has a First Nations Community Partners Table to discuss community needs during the pandemic, share resources, and help make connections with other sectors (e.g., to support re-opening plans, surveillance testing, and community pandemic response plans).

Simcoe Muskoka District Health Unit's

past pandemic planning enabled a strong, collaborative relationship with municipalities when responding to COVID-19. Weekly teleconferences enabled a coordinated response to a number of challenges, including public crowding on beaches and use of face coverings in indoor public spaces.

Simcoe Muskoka District Health Unit

documented many examples of strong working relationships with community partners (e.g. hospitals, City of Barrie, Indigenous groups) including teleconferences with local municipal and health care system partners, partnerships with assessment centres, homeless shelter operations in hotels, local PPE donation management strategy, and strong relationships developed with Family Health Teams.

Simcoe Muskoka District Health Unit's

MOH acted as co-chair with the Central Region of Ontario Health to liaise with the MOHs of the public health units in the region in order to inform the Region and its health care leader of local public health responses, and to help coordinate actions among the players.

Partnerships



Simcoe Muskoka District Health Unit's MOH sat at the provincial Public Health Measures Table and liaised between the CMOH office and local MOHs in Central East Region on the changes in the provincially lead control measures.

Southwestern Public Health Units collaborated together with local Ontario Health partners to create epidemiology summaries for the region to inform local Health Care System Planning.

A Testing Policy Advisory Council was established early in the pandemic in the Southwest. Made of partners from **Southwestern Public Health Units and Ontario Health**, the Council developed testing guidance to ensure that testing was implemented in a fair and consistent manner across the southwest, taking into consideration local/regional capacity.

Timiskaming Health Unit convened health system partners weekly to provide situation updates and provide clarification on guidance and directives:

- *"From the Hospital perspective, most decisions made by health service*

partners have an impact on our operations. The coordination by THU to many, if not all, players at the same table at the same time, hearing the same message, enhanced our understanding and response" – Health system partner

As part of the structure of the Regional Municipality of York, **York Region Public Health** (YRPH) has been able to leverage many partnerships embedded within the regional structure like social services, paramedic, and seniors' services; enabling a collaborative and coordinated approach to the response from all service delivery areas. Pre- existing relationships with key partners in each municipality (i.e. Community Emergency Management Coordinators) allowed for close collaboration. YRPH collaborated rapidly with Ontario Health/LHIN and local hospitals to support the IPAC extender program to provide timely assessments and education. Partnership was also in place between YRPH, LHIN and the Ministry of Children, Community and Social Services to establish a coordinated approach to personal protective requirements.

Coordination



Algoma Public Health coordinated weekly teleconferences with the Community Emergency Management Coordinators of Algoma's 21 municipalities. Partners identified major sources of community health risk and worked together to communicate and mitigate risk. Early groundwork in emergency preparedness meant that days before Canada issued mandatory quarantine orders, Algoma returning travellers were already receiving and following local public health advice to stay home for 14 days, and they were well-supported to do this thanks to delivery services of groceries and essentials which were rapidly set up by Algoma municipalities.

Eastern Ontario Health Unit, Leeds, Grenville and Lanark District Health Unit, Renfrew County and District Health, and Ottawa Public Health coordinated to develop a mandatory masking policy to ensure consistency across the region and avoid duplication of efforts, with each public health unit then moving forward to adapt within their own local context.

Medical Officers of Health in the **Greater Toronto and Hamilton area** have worked together during the pandemic to share information and where possible, coordinate their responses given the mobility of individuals within their geographic area.

KFL&A Public Health has coordinated many initiatives over the course of the pandemic:

- Held weekly meetings with Medical Directors of all LTC and RH as well as weekly meetings with municipal partners.
- Ran an educational session for all area primary care physicians and conducted two continuing professional development webinars for area physicians.
- Coordinated enforcement activities in their region by bringing together Kingston Police, OPP and City of Kingston Bylaw Officers to reduce duplication of enforcement activities.
- Planned to conduct table top exercises with large institutions in their region: Queen's University, municipalities and other community services.

KFL&A Public Health worked with municipal partners, including mayors, wardens and CAOs to implement and enforce the Section 22 mask order.

Since January 2020, the **Ontario Public Health Emergency Managers Network** shared updates, resources, consultations, and professional development information amongst its members to support local responses.

The community and partners relied on public health statistics to keep them informed on the status of cases. Also, public health provided consistent messaging coordinated across the **North East**:

- *"The epidemiological statistics were very helpful. The collaboration between APH, PPH and PHSD so that we may have a consistent message in our schools is also helpful."* – Northeastern community partner speaking of the coordination between **Algoma Public Health, Porcupine Health Unit, and Public Health Sudbury & Districts**.

Coordination



Public Health Units in the North East worked together to share frameworks and templates for detailed epidemiological reports.

Simcoe Muskoka District Health Unit coordinated and supported other public health units in conducting rapid reviews of literature regarding the harms to physical, mental, and social wellbeing resulting from public health measures, both population-wide and from a health equity perspective. Findings will be used to inform enhanced efforts to help mitigate these harms, where possible, for the remainder of the pandemic.

Simcoe Muskoka District Health Unit played a lead role in planning coordination, liaison work and collaborative work with assessment centres, homeless shelters, Ontario Health Teams, and hospitals.

York Region Public Health (YRPH) provided ongoing infection prevention and control support to congregate settings in partnerships with York Region Social Services, Ministry of Health, and other stakeholders. YRPH has also

coordinated with private sector businesses such as corporate food operators to relay messaging, ensure policy compliance, and garner support in preventing further spread. In addition, ongoing coordination between the Regional Environmental Services Department and external stakeholders was led by YRPH to participate in pilot research and testing for COVID-19 in wastewater.

York Region Public Health (YRPH) partnered with local community partners (i.e. municipality), paramedic services and Ontario Health to host a mobile testing day in Georgina. In addition, YRPH coordinated a Customer Experience journey mapping with local assessment centre which has ensured open communication channels with hospitals and public health and allowed for quick implementation of changes in practice such as changing screening criteria. YRPH and the hospitals continue to work together to improve the customer experience of accessing testing to ensure York Region residents access testing when and where needed.

York Region Public Health (YRPH) coordinated weekly joint meetings with

the Public and Catholic School Boards to support school reopening strategies. Similarly, YRPH and Social Services partnered with childcare settings to ensure preparedness support is provided to these stakeholders to assist in the safe reopening of these facilities.

In addition to resource sharing and coordination, **York Region Public Health**, along with other public health units, combined efforts to implement a coordinated approach to responding to workplace-related investigations to identify effective public health measures for these unique investigations and to enable timely information sharing for impacted public health units.

Workforce



*"I've been meaning to reach out to you and say a big thanks and tell you how wonderful your staff are at APH. The support for reopening [child care centre location] as a whole and previous to that for emergency child care was beyond excellent! A special shout out to [APH employees] who are our Inspectors and have answered all of our many, many questions!" – Child care centre operator feedback to **Algoma Public Health**.*

*"From the time I received the call that I was positive for COVID-19, I ALWAYS felt like I had the support of **Algoma Public Health**...Having gone through the experience, the community should have complete faith in the process - I have never answered so many questions in my life and to say that your case management was thorough is an understatement. The nurses on your front line were remarkable...I truly felt like they cared about my physical and mental wellbeing." – Feedback from community member*

While many health system partners were scaling back and experiencing lower volumes, **Huron Perth Public Health and Brantford County Public Health** rapidly

scaled up from a Monday to Friday 8:30 - 4:30 and 24/7 on-call operation to Monday to Friday two shifts with evenings, weekend shifts, and 24/7 on-call in order to respond to the need for support to the public, partners, and stakeholders.

*"Camaraderie - in these trying times, [Public Health Nurses] have come together, problem solved, encouraged, and helped one another. It's been very inspiring and makes me proud to be a part of the COVID-19 response" - **Hamilton Public Health** employee*

KFL&A Public Health staff were cross-trained and deployed to implement work of the newly established COVID-19 functional units, including an Assessment Centre, Call Centre, Case and Contact Management, IPAC, and Enforcement.

KFL&A Public Health created nurse and public health inspector teams to provide sector specific IPAC guidance to high risk congregate settings, e.g., LTC/RH, childcare, and correctional institutions.

KFL&A Public Health has implemented CCM using a combination of nurse and non-nurse staff.

Ottawa Public Health has been in enhanced operations since January 28, 2020. By early June, >75% of staff were deployed to the response and many new team members were hired to address the pandemic. The team responded to >2000 cases, traced >7000 contacts, managed >30 outbreaks, collaborated on testing >20,000 individuals in long term care homes and congregate settings, fielded >24,000 inquiries from the community, and had >250,000 likes, comments, and shares on social media.

*"The ability of the IMS structure to be flexible and responsive to the emerging needs was extremely helpful. Training by the Rapid Response Team helped to ready people. I think we did amazing work, and I am very proud to have been part of it." - **Ottawa Public Health** employee*

Ottawa Public Health recruited nurses via a Registered Nurses Association of Ontario call-out, hired 4th year Nursing Students, and retired Public Health Nurses.

Workforce



The ability to adjust and scale the call centre processes, tools, and workforce, along with the various modes on media interaction highlighted the flexibility of the **North Bay Parry Sound District Health Unit**. This was necessary when comparing the challenges and addressing gaps of decisions made provincially vs. local interpretation and implementation. For example, 99% of staff members have been consistently using Microsoft Teams, which has enabled the workforce to work remotely, efficiently communicate and share information, and collaborate internally and externally with health care services in their district.

For the **North Bay Parry Sound District Health Unit**, a local connection to the communities helped inform the COVID-19 topics that resulted in the most inquiries, which directly informed the work of the Communications Department. Having locally informed data allowed for strategic messaging in specific pockets of the district.

At **Public Health Sudbury & Districts**, over ¾ of staff members have been redeployed to support the pandemic response. 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.

Community partner feedback about the professionalism of **Public Health Sudbury & Districts** staff, their immediate responses, provision of accurate information, and following-up on each situation:

- *"Public health Sudbury comes with professional staff who have many resources for organizations and people alike."*
- *"I have been really impressed with how helpful, thorough, and friendly every member of the public health team has been!"*
- *"Thank you for the long hours and tireless work to try to get us through the pandemic. I know we have smart and innovative people who work for us to come up with solutions for us to live during this pandemic. We can get through this together."*
- *"Great job!! Each and every one is to be commended!! Keep up the great work...and thank you all for your service to our community."*
- *"Personally, their response team. They*

received a call, they responded immediately. They gave accurate information and they followed up on each situation that I was involved in."
- Community partner feedback

Simcoe Muskoka District Health Unit formally activated the agency's Incidence Management System on January 24, 2020, and the agency began to implement the Infectious Diseases Emergency Response Plan. With the changes in the agency's operations and modifications in work, staff were redeployed to the Infectious Disease (ID) and Health Connection programs along with the provision of training, support, working at home, and staff recruitment.

Simcoe Muskoka District Health Unit developed a COVID-19 Business Continuity Plan (BCP) to manage the redeployment, recruitment, training, and repatriation (of staff back to their base programs). The BCP was not designed for the scope and scale of the COVID-19 pandemic, and thus had to be remade during the pandemic for this application. The BCP informed the subsequent development of a modified 2020 budget.

Workforce



Timiskaming Health Unit's diverse workforce was able to tap into affiliate networks for timely sharing of information, tools, and processes. This supported agile response and reduced duplication of effort during peak response time. OPHE, ODPH, APHEO, Business Administrators. This included assisting in areas to which they were redeployed.

York Region Public Health (YRPH) created a workgroup focusing on children and youth to ensure parents, caregivers, schools, and health care professionals had information and resources focused on the health and wellbeing of this population. In addition, YRPH has invested in developing a highly skilled infection prevention and control team. This has proved to be extremely valuable in quickly mobilizing these resources in providing rapid support to many stakeholders during the COVID-19 pandemic response. YRPH provided support to their workforce via the activation of the Public Health Emergency Support Group providing peer to peer support for mental health support.

Operating within an Incident Management Structure (IMS), **York Region Public Health** has been in active

response structure since January 23, 2020 with enhanced monitoring and surveillance in place prior. Throughout the duration of the response, YRPH has gradually redeployed public health staff to meet the operational requirements of the response with over 70% of staff redeployed at the peak. Efforts were made to ensure continuity of critical core services while balancing the response.

York Region Public Health has also greatly benefited from their position within the Regional Municipality of York, where an additional 67 staff were redeployed to directly support the response (many with unique skill sets such as Data Analytics and Visualization Services) as well as additional non-direct support from other areas (i.e. Human Resources, Property Services, Information Technology Services, Access York).

Digital solutions



Halton Region Public Health worked with other departments at Halton Region to look for technology to support case and contact management for COVID-19 so that staff could begin working from home. Selection and the first phase of implementation of a new electronic record had occurred when the province began to review different systems. The province chose the same platform that Halton staff had already vetted and Halton staff have provided much support to the province on the planning and implementation of the provincial CCM tool that has been launched this summer.

Hamilton Public Health Services adapted existing technology used for routine inspections of food premises. Inspectors record COVID-19 IPAC observations and education data into the existing Hedgehog Inspection System to ensure all information is stored together.

KFL&A Public Health created a public facing dashboard to communicate COVID-19 case identification, assessment and testing updates to the community.

KFL&A Public Health has worked to create an internal capacity prediction dashboard to inform staff allocation during surge response.

KFL&A Public Health, with other health units, has contributed toward the development and implementation of the provincial CCM tool

KFL&A Public Health, working with the Office of the CMOH, enabled the real-time capture of suspected COVID-19 emergency department visits across the province in the Acute Care Enhanced Surveillance (ACES) system and built the Pandemic Tracker as a public tool (<https://www.kflaphi.ca/aces-pandemic-tracker/>).

KFL&A Public Health's community COVID-19 dashboard (<https://www.kflaph.ca/en/healthy-living/status-of-cases-in-kfla.aspx>), has received an average of 6000 hits per day, and provides timely data on the status of cases, assessment, and testing.

Middlesex-London Health Unit developed Azure software and several other local public health units were able

to use this platform to facilitate the COVID response.

Ottawa Public Health developed a dynamic disease reporting system (the COVID-19 Ottawa Database known as "The COD"), adapted from a system used in Newfoundland and Labrador that supports local case management and contact tracing. Building from this database has led to development of novel epidemiological methods and technology to detect potential clusters earlier and mobilize resources to investigate.

Ottawa Public Health's information technology team built a digital platform for daily screening of symptoms of COVID-19 in employees to help protect the health and safety of their workforce.

"Evidence based information, great graphics, informative without being preachy, and a wicked sense of humour. It's everything a public health organization should be!" - Community member feedback on **Ottawa Public Health's** social media presence

Digital solutions



Public Health Sudbury & Districts has been proactive, active, and responsive on social media. Video and evidence based information is valued and trusted:

- *"Appreciate the health unit's presence on social media and the quick communication re: new cases in our area."*
- *"Excellent media and social media presence with clear, succinct, and recent evidence-based principles."*

Simcoe Muskoka District Health Unit was well prepared with a pre-existing database to capture contact management and for surveillance reporting. IT already had technology for virtual conferencing (Skype for Business) to enable staff working from home; moved to VPN for all staff.

Simcoe Muskoka District Health Unit's website supported the distribution of information, guidance, and direction to communities, as well as received communication from community members (in addition to the community Health Connection line).

Simcoe Muskoka District Health Unit had frequent media events (5 times weekly in April), where the MOH held press conferences via Facebook Live from his home office, then posted content on YouTube.

York Region Public Health adopted many digital solutions to allow for the automation of data visualization where various datasets (i.e. iPHIS, OLIS, assessment centre data) are linked to provide the final publicly accessible dashboards.

York Region Public Health (YRPH) implemented an outbreak investigation system to better navigate the complexities of outbreak investigations and allow for linkages amongst cases. This has allowed for the provision of evidence based public health measures to settings in active outbreak. YRPH has collaborated with a local company specialized in big data analysis to support in evidence based local forecasting for anticipated spread/transmission of COVID-19.

York Region Public Health adopted a crowdsourcing approach through the implementation of an online client survey linked to an educational video on contact tracing. The aim of this approach was support local health unit in conducting a timely and efficient investigation for individuals testing positive.

Machine learning was developed by **York Region Public Health** to optimize the utility and interpretation of OLIS lab results data to support the automation of reporting and timely case follow up.

Public health system evaluation and lessons from the first peak of COVID-19

A report on behalf of the Council of Ontario Medical Officers of Health | August 2020

SUMMARY OF KEY FINDINGS

Local public health units have spent months leading the response to the COVID-19 pandemic across sectors in their communities

Findings from this evaluation can be used to protect Ontario's communities by:

- Building on public health system response that should continue or be enhanced during resurgence and future peaks
- Informing health system planning and preparedness for resurgence of COVID-19 and the upcoming influenza season
- Leveraging the strengths of the local public health system connections with community to ensure cross sector interventions

METHODS

- All Medical Officers of Health were invited to participate in the evaluation via email
- Further input received from all COMO membership at two meetings

Key questions:

What worked well during the first peak?

What could be improved?

What should continue or be enhanced?

What else should we consider for future COVID-19 planning and influenza in the coming months?

- 17/34 (50%) local public health units participated (60% rural, 40% urban), sharing insights on >100 local initiatives
- Evaluations and continuous quality improvement processes carried out by local public health units through reviews, surveys, and interviews with their teams, the public, community partners, and stakeholders across sectors were been incorporated into this report

SUSTAINING THE PUBLIC HEALTH RESPONSE

Local public health leadership has been critical to protecting health and tailoring responses to meet the needs of our communities during the first peak

SIX THEMES IDENTIFIED

Prevention and preparedness

Health equity

Partnerships

Coordination

Workforce

Digital solutions

- Public health measures prevented illnesses and deaths that would have overwhelmed our health care system and remain a threat as seen in other jurisdictions
- Public health leadership brought communities together to flatten the epidemic curve using preventive measures that continue to be a mainstay of the response
- Experience and technical training in public health emergencies and health protection prepared local public health to respond and built on existing pandemic preparedness plans
- The most effective system in a public health emergency relies on independent local public health authorities that can leverage strong partnerships and community knowledge to adapt direction coordinated at the provincial level
- Public health holds a unique, established, and trusted position that allows collaboration with municipalities, schools, childcare settings, businesses, social services including congregate settings, health care and institutions, media, and community organizations to effectively shape local response
- Provincial and regional coordination is critical to supporting the strong leadership and response undertaken by local public health units and boards of health
- Pandemic response required rapid mobilization and scaling up of a skilled public health workforce that will need ongoing investment to respond to resurgence and increasing complexity of case management and contact tracing
- Public health innovation and adoption of new digital solutions to improve effectiveness and efficiency have been vital to enhancing widespread detection and containment efforts

“

Thank you for the long hours and tireless work to try to get us through the pandemic. I know we have smart and innovative people who work for us to come up with solutions for us to live during this pandemic. We can get through this together.

”

- Community partner feedback

OPPORTUNITIES

Local public health must provide ongoing leadership and guidance in all essential public health functions

- Local public health must build on partnerships and collaboration across sectors to address new and complex community challenges such as return to school, increased demand for health services, increase in visitors to long term care homes, re-opening of businesses, and larger social gatherings
- There must be investment in local public health workforce to allow for surge capacity needed for increasing complexity of pandemic response and maintaining critical core public health services
- There must be increased resources for IPAC and outbreak management in higher-risk settings and priority populations to minimize severe illness that would strain the health care system
- Local public health expertise and connections with community must be capitalized on at regional and provincial tables
- Roles of key health system players must be clarified and mutually respected for maximum health gains
- New technologies must be developed and adapted to support case management, contact tracing, and outbreak investigations so local public health units can enhance effectiveness despite growing complexity
- Innovative technologies must be explored to help with advanced planning, forecasting, and operational response in dealing with resurgence and other respiratory illnesses

August 25, 2020

Dr. Penny Sutcliffe
Medical Officer of Health & CEO
Public Health Sudbury & District
1300 Paris Street
Sudbury, ON P3E 3A3

Dear Dr. Sutcliffe:

On behalf of the Windsor-Essex County Health Unit, we would like to take this opportunity to thank you and your staff for providing your knowledge, expertise, and support during this pandemic. We truly appreciated your rapid response to our call out for assistance and for sharing your valued resources at a time when you too are dealing with competing priorities and the needs of your local communities.

We have learned much throughout this pandemic and continue to learn as we assess and evaluate our response and our capacity to deal with ongoing pressures of COVID-19. Perhaps not a new learning but a renewed acknowledgement of the value and importance of public health. We were humbled and appreciative of our neighbouring health units and those across Ontario who were willing and able to support us during a very difficult time to ensure that the public health needs of our communities remained at the forefront of this pandemic.

We sincerely thank you for your assistance and are grateful for our partners in public health.

Warmest regards,



Dr. Wajid Ahmed, MBBS, MAS, MSc, FRCPC
Medical Officer of Health



Theresa Marentette, RN, MSc
CEO, Chief Nursing Officer

Office of the Deputy Minister

Bureau du sous-ministre

777 Bay Street, 5th Floor777, rue Bay, 5^e étage

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August 20, 2020

MEMORANDUM TO: Medical Officers of Health
Associate Medical Officers of Health

FROM: Helen Angus
Deputy Minister
Ministry of Health

RE: Pandemic Response

For almost 8 months, the team at the Ministry of Health has been working with partners across the health care sector and across government to respond to an unprecedented challenge: COVID-19. As you are well aware our journey with COVID-19 is not yet over, which is why we have been focused on preparing for an advanced, coordinated and rapid response.

As part of this planning we have been reviewing the ministry's current structure, taking into account the valuable lessons learned in Wave One. Today I am pleased to announce some organizational changes that will supplement our ongoing response and support Dr. Williams and the Office of the Chief Medical Officer of Health – Public Health Division.

To provide increased dedicated capacity for the ongoing COVID response, and support collaboration across the ministry and government, the ministry will be setting up a temporary **Pandemic Response Division**, which will be led by **Alison Blair as Assistant Deputy Minister**. Reporting to me, this division will provide coordination of the COVID-19 related work within the ministry and will support Dr. Williams' leadership of the public health response.

The division will include:

- A **Director, Testing Strategy Coordination**, who will be responsible for leading a centralized, dedicated area to work within the ministry and the sector on the testing strategy. **Fredrika Scarth** will take on this assignment while continuing to provide oversight to the Secretariat to Premier's Council on Improving Healthcare and Ending Hallway Medicine.

- A **Director, Strategic Health Response Secretariat**, who will be responsible for the secretariat coordinating interactions with various command tables within the ministry, sector, federal government, municipalities and the OPS. **Zaynah Jamal** will be joining us from Treasury Board Secretariat, where as Senior Manager, Strategy and Transformation in the Deputy Minister's Office, led the development of a centre of excellence for change management including project tracking tools, process, and governance to track priority initiatives.
- The **Health System Emergency Management Branch**, including the **Ministry Emergency Operations Centre (MEOC)**, which will be realigned from the Chief Medical Officer of Health/ Public Health to report into this new division to provide dedicated emergency management support to the pandemic response, as well as non-COVID emergencies.

On May 11, 2020, **Rhonda McMichael** joined us in the position of Assistant Deputy Minister, Population Health Initiatives to support the ministry's COVID response with a focus on case and contact management and rapid response planning. To further support outbreak management, a **Director, Rapid Response and Outbreak Management Coordination** has been created, reporting to Rhonda. **Andrew Mukoma**, who until recently was acting Director, Health Capital Investment Branch, will lead integrated planning and implementation to support the ramp-up of contact tracing and outbreak management that the province needs to support the restarting of the economy, including a potential second wave.

This new temporary structure, which will be effective August 31, 2020, is designed to allow us to consistently learn from and adjust quickly to global, national and provincial trends.

Alison's replacement as ADM, Emergency Health Services Division (EHSD) will be announced shortly.

Please join me in congratulating Alison, Fredrika, Zaynah and Andrew and wishing them well in their new roles!



Helen Angus
Deputy Minister

SUDBURY & DISTRICT MEDICAL OFFICER OF HEALTH

WHEREAS the Sudbury & District Board of Health Executive Committee passed motion 05-14 that provides for the appointment of individuals as Acting Medical Officers of Health for the Sudbury & District Health Unit; and

THAT Board of Health motion 41-14 updated paragraph five of motion 05-14

THEREFORE BE IT RESOLVED THAT the following paragraph amends motion 41-14 by replacing paragraph five of motion 05-14 with the following paragraph:

BE IT THEREFORE FURTHER RESOLVED THAT for the duration of an absence or inability to act of the Medical Officer of Health and Associate Medical Officer of Health, the following individuals be eligible for appointment as Acting Medical Officers of Health for the Sudbury & District Health Unit:

- Medical Officer of Health, Public Health Sudbury & Districts**
- Medical Officer of Health, North Bay Parry Sound District Health Unit**
- Medical Officer of Health, Porcupine Health Unit**
- Medical Officer of Health, Thunder Bay District Health Unit**
- Medical Officer of Health, Northwestern Health Unit**
- Medical Officer of Health, Algoma Public Health**
- Dr. Alex Hukowich, Medical Officer of Health (retired)**
- Dr. Ian Gemmill, Medical Officer of Health (retired)**

Briefing Note

To: René Lapierre, Chair, Public Health Sudbury & Districts
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: September 10, 2020
Re: Basic Income for income security during the COVID-19 pandemic and beyond

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

The COVID-19 pandemic has disproportionately affected Canadians with lower income or other marginality. The Federal Government's temporary financial relief for vulnerable Canadians, the Canada Emergency Response Benefit (CERB), has assisted some vulnerable Canadians. It presents an opportunity upon which to expand to create a basic income guarantee, ensuring longstanding opportunities for health equity among vulnerable Canadians.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts endorse correspondence from Ontario boards of health recommending the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians during the COVID-19 pandemic and beyond.

Background:

Income alone is the single strongest predictor of health, and health improves at every step up the income ladder.^{1 2}

Populations living in low income are disproportionately affected by virtually all physical and mental health problems and challenges. Nearly 21,000 people or 12.8% of the Greater Sudbury population live in poverty.³

The COVID-19 pandemic has had widespread economic impacts, increasing the level and depth of poverty across the country. The federal government introduced several temporary income-based responses to provide financial relief to vulnerable Canadians during the pandemic including the Canada Emergency Response Benefit (CERB). The CERB and other measures have provided financial relief for many but did not apply to all Canadians, leaving many still vulnerable to the negative consequences of poverty including inadequate or unstable housing, food insecurity, and poorer mental and physical health.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

It is recommended that the federal government evolve the CERB into a basic income for all Canadians, transforming it into a long-term policy option for reducing poverty.

Given the economic and health burden of COVID-19 on priority populations, many Ontario boards of health have urged the provincial and federal government to investigate the revision of the CERB into a basic income as a policy option for poverty reduction for all Canadians, during the COVID-19 pandemic and beyond. The table below summarizes the actions of Ontario boards.

Ontario Public Health Unit Advocacy Efforts for Basic Income during COVID-10 Pandemic between May and July, 2020		
Name of Public Health Unit	Action	Date
Chatham-Kent Public Health	Motion and letter	July 15, 2020
Haliburton, Kawartha, Pine Ridge District Health Unit	Motion and letter	June 18, 2020
Huron Perth Public Health	Report to Board of health and letter	June 26, 2020
Kingston, Frontenac and Lennox and Addington	Motion and letter	March 26, 2020
Niagara Region Public Health	Report to Public Health and Social Services Committee (with recommendations)	July 14, 2020
North Bay Parry Sound District Health Unit	Letter	June 3, 2020
Northwestern Health Unit	Motion and letter	May 22, 2020
Peterborough Public Health	Motion and letter	June 25, 2020
Porcupine Health Unit	Letter	June 29, 2020
Region of Waterloo Public Health	Motion and letter	May 11, 2020
Renfrew County and District Health Unit	Motion and letter	June 30, 2020
Simcoe-Muskoka Public Health	Motion and letter	May 20, 2020

Public Health Sudbury & Districts has a long-standing commitment to health equity and poverty reduction efforts including previous advocacy in support of a basic income guarantee. For example, the Board of Health has previously called on the provincial and federal governments to explore a basic income guarantee as a policy option for reducing poverty through [Motion 43-15](#) Nutritious Food Basket 2015: Limited incomes, a recipe for hunger.

Financial Implications:

N/A

Ontario Public Health Standard:

Foundational Standards (Health Equity)

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Strategic Priority:

Equitable Opportunities

Contact:

Dana Wilson

Manager, Health Equity

Knowledge and Strategic Services

¹ Public Health Sudbury & Districts. (2019, July 16). *Health equity*. Retrieved from <https://www.phsd.ca/health-topics-programs/health-equity>

² Mikkonen, J., Raphael, D. (2010). *Social determinants of health: The Canadian facts*. Toronto. York University School of Health Policy and Management. Retrieved from https://thecanadianfacts.org/The_Canadian_Facts.pdf

³ Statistics Canada. 2017. *Greater Sudbury, CDR [Census division], Ontario and Ontario [Province] (table). Census Profile. 2016 Census*. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E> (accessed September 3, 2020).

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

July 27, 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
Sent via email: justin.trudeau@parl.gc.ca

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister
Privy Council Office
Room 1000
80 Sparks Street Ottawa, ON K1A 0A3
Sent via email: chrystia.freeland@parl.gc.ca

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5
Sent via email: bill.morneau@parl.gc.ca

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

RE: Basic Income for Income Security during COVID-19 Pandemic and Beyond

At its meeting held on June 17, 2020, the Chatham-Kent Board of Health received correspondence to the federal government from Simcoe Muskoka District Health Unit, dated May 20, 2020, Timiskaming Health Unit, dated June 9, 2020, Haliburton, Kawartha, Pine Ridge District Health Unit, dated June 19, 2020. These letters request that the federal government transition the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians during the COVID-19 response and beyond. The Board also endorses the May 11, 2020 resolution by the City of Kitchener to establish a universal basic income.

Income is one of the strongest predictors of health, and it makes sense that focusing on population health interventions to address socioeconomic factors will impact health outcomes far greater than individual focused interventions.

.../2

Previous to COVID-19, Chatham-Kent residents have experienced lower median household incomes, higher rates of poverty (with more than one in four children living in low income), lower rates of post-secondary education, higher proportions of the population working in lower wage manufacturing, retail, and service occupations, as well as higher rates of lone-parent families, seniors, and people living alone. Socio-economic factors vary across the Municipality with some communities and neighbourhoods facing a higher degree of material deprivation than others. An examination of local chronic disease health inequities has shown significantly higher rates of chronic disease-related health care utilization and death in the most materially deprived areas compared to the least deprived areas of Chatham-Kent. Annual analysis of the local cost of a nutritious food basket has continued to illustrate how little money a family of four on a social assistance budget would have left to cover the costs of childcare, rural transportation, and other basic needs, after paying for shelter and healthy food. Furthermore, the most recent calculation of Chatham-Kent's living wage well exceeded \$16 per hour, and local costs of living have increased since that time.

As a result of the COVID-19 pandemic, we can anticipate the exacerbation of existing disparities, creating an even wider gap between those with opportunity and those without. Local concerns around homelessness, poverty, food insecurity, transportation, mental health and addictions, child and partner violence, and the needs of Indigenous people have been amplified.

The Board strongly recommends your government take immediate action to evolve CERB into legislation for a basic income as an effective long-term response to the issues of income security, poverty, food insecurity, and overall community health and well-being.

Sincerely,



Joe Faas
Chair, Chatham-Kent Board of Health

C: Honourable Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies
Ontario Boards of Health
Honourable Dave Epp, MP, Chatham-Kent-Leamington
Honourable Rick Nicholls, MPP, Chatham-Kent-Leamington
Honourable Monte McNaughton, MPP, Lambton-Kent-Middlesex
Chatham-Kent Municipal Council



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

July 16, 2020

The Right Honourable Justin Trudeau, P.C., M.P.
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2
justin.trudeau@parl.gc.ca

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

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5
bill.morneau@parl.gc.ca

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

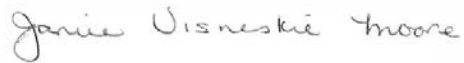
Re: Basic Income for Income Security during Covid-19 Pandemic and Beyond

On June 30, 2020, at the Regular Board meeting for the Renfrew County and District Health Unit, the Board of Health approved a motion to endorse Timiskaming Health Unit's letter of support for the attached correspondence of Simcoe Muskoka District Health Unit, dated May 20, 2020.

Simcoe Muskoka District Health Unit (SMDHU) called 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.

Sincerely,



Janice Visneskie Moore
Chair, Board of Health

Attachments

- c. Honourable Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies—Loretta Ryan
Ontario Boards of Health
Honourable John Yakabuski, M.P.P.—Renfrew-Nipissing-Pembroke
Honourable Chery Gallant, M.P.—Renfrew-Nipissing-Pembroke
Local Municipalities
AMO/ROMA

June 29, 2020

The Right Honourable Justin Trudeau, P.C., M.P.
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:

Subject: Basic Income for Income Security during COVID-19 Pandemic and Beyond

The Board of Health for the Porcupine Health Unit strongly supports a basic income for all Canadians to ensure everyone has a sufficient income to meet their basic needs. As such, the Board of Health endorses the enclosed correspondence to the federal government from Simcoe Muskoka District Health Unit, dated May 20, 2020, Timiskaming Health Unit, dated June 9, 2020, the Ontario Dietitians in Public Health, dated May 9, 2020 and Canada's Senate, dated April 21, 2020. These letters request that the federal government change the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.

The measures taken during COVID-19 to support Canadians are an important opportunity to address the economic disparities that impact health. Income insecurity impacts the health of the population. This includes housing instability, food security, poorer physical and mental health outcomes as well as chronic health conditions. Food insecurity is an important public health issue in the Porcupine Health Unit (PHU) area. The PHU is located in Northeastern Ontario and serves communities in the Cochrane District as well as Hornepayne, in Algoma District. Geographically, the PHU is the largest of the 34 health units in Ontario. As the most sparsely populated of all the health units, about one-third of the PHU area is rural. There are many demographic and socioeconomic factors that make the PHU district unique in the province, including a higher Francophone and Indigenous population in addition to a higher unemployment rate, a higher percentage of those not completing high school and lower life expectancy.⁽¹⁾

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Furthermore, access to affordable, nutritious foods is a challenge, especially in the smaller communities in the region. Many of the communities only have one grocery store and some do not have a grocery store and must travel to other communities to purchase food. The PHU has experienced a 10% increase in the cost of healthy food since 2015. In 2019, the cost of the Nutritious Food Basket was approximately \$25 higher per week than the Ontario provincial average. When the cost of healthy eating is added to local rent rates and various income scenarios are compared, year after year this survey demonstrates that many residents in the PHU area living on a low income are unlikely to have sufficient income to purchase a basic healthy diet for themselves and their families.

Food-insecure Canadians are much more likely than others to have serious physical and mental health problems⁽⁴⁾, and they are less able to manage these conditions. Research shows that severe food insecurity can reduce a person's life expectancy by 9 years, as well as pose a significant cost to our health care system.

We strongly recommend your government take immediate action on developing the Canada Emergency Response Benefit into legislation for a basic income as an effective long-term response to the problems of income insecurity, poverty and household food insecurity, as well as a response to the economic impact of the COVID-19 pandemic.

Sincerely,



Sue Perras
Board Chair, Porcupine Health Unit

cc: *Hon., Doug Ford, The Premier of Ontario*
Mr. Charlie Angus, MP – Timmins – James Bay
Ms. Carol Hughes, MP – Algoma – Manitoulin – Kapuskasing
Mr. Gilles Bisson, MPP – Timmins – James Bay
Mr. Guy Bourgouin, MPP – Mushkegowuk - James Bay
Municipal Councils
Association of Local Public Health Agencies (alPHA)
Ontario Boards of Health
Ontario Public Health Association

1. Porcupine Health Unit. Health Status Report 2020 (Draft); 2020 [cited 2020 May 29].
2. 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/>.
3. Mohammad Ferdosi, Tom McDowell, Wayne Lewchuk, Stephanie Ross. Southern Ontario's Basic Income Experience [Internet]. 2020 [cited 2020 May 25]. Available from: <https://labourstudies.mcmaster.ca/documents/southern-ontarios-basic-income-experience.pdf>
4. Nutritious Food Basket [Internet]. [cited 2019 Mar 1]. Available from: <http://www.porcupinehu.on.ca/en/your-family/nutrition-food-basket/>

June 25, 2020

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
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justin.trudeau@parl.gc.ca

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister
Privy Council Office
Room 1000
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chrystia.freeland@parl.gc.ca

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5
bill.morneau@parl.gc.ca

Dear Prime Minister, Deputy Prime Minister and Minister Morneau:

Subject: Endorsement of the letter from Simcoe Muskoka District Health Unit, *Basic Income for Income Security during COVID-19 Pandemic and Beyond*

I am writing on behalf of the Board of Health for Peterborough Public Health to express support for recommendations from the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, for the “evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.”

As mentioned in the letter endorsed by SMDHU, from the [Ontario Dietitians in Public Health](#), there is a lack of evidence that charitable food distribution systems can lower household food insecurity rates. Basic income is an evidence-based strategy to address poverty and household food insecurity in Canada.

Poverty and household food insecurity are severe problems in Peterborough. For example, half of single mothers in Peterborough are food insecure, worrying about running out of money for food.¹ Also, many residents have little income left over after paying rent: Peterborough has the highest percentage of renting households with unaffordable shelter costs in Canada, and over half of local renters are housing insecure.² There are also significant income challenges faced by rural communities, including those in the Peterborough County. Of note, net farm incomes in Ontario were almost 50% lower in 2019 when compared to 2017, highlighting risk of poverty for farmers.³

During the COVID-19 pandemic and beyond, local residents and all Canadians require adequate incomes to meet basic needs and live with dignity. Basic income is a strategy that has been shown to facilitate critical outcomes including housing stability, household food security, and improved physical and mental health. Basic income would also allow for flexibility of Canadians to meet needs in ways that are reflective of their cultures and traditions. A basic income is what our country needs to address impacts of COVID-19 and other adversity we will face, to allow for an equitable, healthy, and resilient future.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Local MPs
Opposition Critics
The Association of Local Public Health Agencies
The Ontario Public Health Association
Ontario Boards of Health

¹ Peterborough Public Health. (2019). Limited Incomes Report: No Money for Food is Cent\$less. Retrieved from: <https://www.peterboroughpublichealth.ca/reports-and-data/>

² United Way Peterborough and District. (2019). Housing is Fundamental. Retrieved from <https://www.uwpeterborough.ca/housing-is-fundamental/>

³ Statistics Canada. (2020). Net Farm Income (x1000). Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3210005201>



June 19, 2020

The Right Honourable Justin Trudeau
Office of the Prime Minister
80 Wellington Street
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Sent via email: justin.trudeau@parl.gc.ca

The Honourable Chrystia Freeland
Deputy Prime Minister
Privy Council Office, Room 1000
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Sent via email: chrystia.freeland@parl.gc.ca

The Honourable Bill Morneau
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5
Sent via email: bill.morneau@parl.gc.ca

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

Re: Support for Basic income for all Canadians during the COVID-19 pandemic and beyond

At its meeting held on June 18, 2020, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed and endorsed correspondence from the Board of Health for the Simcoe Muskoka District Health Unit recommending the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians during the COVID-19 pandemic and beyond.

Inadequate income and household food insecurity results in poor health outcomes and higher health care costs. In the midst of the COVID-19 pandemic, that means increased susceptibility to severe complications of and death from COVID-19 and higher demands of an already strained health care system. A basic income guarantee is an essential component of a long-term solution to effectively eliminate poverty and household food insecurity and a short-term strategy to the economic consequences of the COVID-19 pandemic. The Haliburton, Kawartha, Pine Ridge District Health Unit's Board of Health supports the recommendations made by the Board of Health for the Simcoe Muskoka District Health Unit.

/...2

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The Right Honourable Justin Trudeau
The Honourable Chrystia Freeland
The Honourable Bill Morneau
June 19, 2020
Page 2

We appreciate your consideration of this important public health issue.

Sincerely

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT



Doug Elmslie, Chair, Board of Health, Haliburton, Kawartha, Pine Ridge District Health Unit

DE/st/ed

Attachments: The Board of Health for the Simcoe Muskoka District Health Unit's letter dated May 20, 2020
Haliburton, Kawartha, Pine Ridge District Health Unit's Basic Income Guarantee Position Statement
(September 14, 2016)

cc: The Hon. Andrew Scheer
Mr. Jagmeet Singh
Ms. Jo-Ann Roberts
M. Yves-François Blanchet
The Hon. Premier Doug Ford
The Hon. Christine Elliott, Minister of Health
Dr. David Williams, Ontario Chief Medical Officer of Health
MP Philip Lawrence
MP Jamie Schmale
MPP Laurie Scott
MPP David Piccini
City of Kawartha Lakes
Haliburton County
Northumberland County
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health

HALIBURTON KAWARTHA PINE RIDGE DISTRICT HEALTH UNIT
BASIC INCOME GUARANTEE

Position Statement

It is the position of the Haliburton Kawartha Pine Ridge District Health Unit that eliminating poverty is an urgent health, human rights and social justice issue that requires action on the part of the municipal, provincial and federal governments. Basic income guarantee, which is an unconditional cash transfer from the government to citizens to provide a minimum annual income and is not tied to labour market participation, is an essential component of a strategy to effectively eliminate poverty, ensure all Canadians have a sufficient income to meet their basic needs, and live with dignity and to eliminate health inequities.

Background

Income has been identified as the most important determinant of health as it influences living conditions, physical and mental health and health-related behaviours including the quality of one's diet, extent of physical activity and tobacco use¹. People living in poverty are more likely to experience poorer health, have two or more chronic conditions, have more injuries, be more likely to have a disability, use health care services more frequently and live shorter lives.

Based on the Low-Income After Tax (LIM-AT), the incidence of low-income in 2013 was 13.5% for the Canadian population.² More specifically, 16.5% of children aged 17 and under lived in low-income families and for children living in lone-parent families headed by a woman, the incidence rose to 42.6%.

Locally in the Haliburton Kawartha Pine Ridge District Health Unit, in 2010, 12.7% of the population lived in low-income situations based on LIM-AT.³ In terms of children under the age of 6 years, 21.8 % lived in low-income families.⁴

Currently, households that rely on Ontario Works or Ontario Disability Support Programs as their primary source of income have income levels that are inadequate to meet core basic needs such as housing and food. According to a report on household food insecurity in Canada

¹ In Focus The Social Determinants of Health, Epidemiology and Evaluation Services, Fall 2014 available from <http://www.hkpr.on.ca/Portals/0/PDF%20Files/PDF%20-%20Epi/InFocus14-Web.pdf>

² Statistics Canada Canadian Income Survey 2013 available from <http://www.statcan.gc.ca/daily-quotidien/150708/dq150708b-eng.htm>

³ 2011 National Household Survey, Statistics Canada available from <https://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/details/page.cfm?Lang=E&Geo1=HR&Code1=3535&Data=Count&SearchText=Haliburton,%20Kawartha,%20Pine%20Ridge%20District%20Health%20Unit&SearchType=Begins&SearchPR=01&A1=All&B1=All&GeoLevel=PR&GeoCode=3535&TABID=1>

⁴ Ibid

in 2012, 70% of households whose primary source of income was social assistance were food insecure.⁵

Over the past 20 years there have been tremendous changes in technology and globalization, which impacts job stability and security. Almost half of working adults are employed in precarious employment, which is part-time, seasonal or contract work that has little or no benefits and often pays low wages. Research shows that 70% of Canadians living in poverty are considered to be the working poor, which means they are employed but do not earn enough to make ends meet.⁶

Basic Income Guarantee

The causes of poverty are complex, and a multipronged approach is required to eliminate poverty and to improve health and social equity for all. One component of a poverty reduction strategy is to provide a basic income guarantee (BIG). It is an unconditional income transfer from the government to individuals and families that is not tied to labour market participation.⁷ The objective of a basic income guarantee is to provide a minimum annual income at a level that is sufficient to meet basic needs and allows individuals and families to live with dignity, regardless of work status.⁸ Since research shows that basic income guarantee could have health promoting effects and reduce health and social inequities, it is considered to have merits as an effective policy option.

A basic income guarantee was piloted in Dauphin Manitoba from 1974-1979 to study the impact of a guaranteed income supplement. Research showed a number of substantial benefits including a decrease in hospitalization rates, which were 8.5% less when compared to the control group. There were fewer incidents of work-related injuries, fewer visits to the emergency department from motor vehicle accidents and domestic violence and there was a reduction in the rates of psychiatric hospitalizations and the number of mental illness consultations with health care professionals. The research also showed that teenagers and new mothers were the only populations to significantly work less. The study showed that more teenagers completed high school and new mothers extended their maternity leaves. Once the

⁵ Tarasuk, V., Mitchell, A., Dachner, N.,(2014) Household food insecurity in Canada, 2012 available from http://nutritionalsciences.lamp.utoronto.ca/wp-content/uploads/2014/05/Household_Food_Insecurity_in_Canada-2012_ENG.pdf

⁶ Lewchuk, W. et al. It's More than Poverty: Employment Precarity and Household Well-being United Way Toronto-McMaster University Social Sciences, 2013. www.pepso.ca

⁷ Pasma, C., and Mulvale, J. Income Security for all Canadians Understanding Guaranteed Income. Ottawa: Basic Income Earth Network Canada; 2009. Available from http://www.cpj.ca/files/docs/Income_Security_for_All_Canadians.pdf

⁸ Ibid

pilot finished and the cash transfers stopped, the number of teens not graduating from high school rose, returning to the previous rate that existed before the pilot.⁹

Currently in Canada, Old Age Security (OAS) and Guaranteed Income Supplements (GIS) are forms of guaranteed income supplement programs, which are income tested cash transfers for seniors at age 65 and older. Since their implementation, the incidence of poverty in seniors dropped substantially from 21.4% in 1980 to 5.2% in 2011. As a result, Canada has one of the lowest rates of seniors living in poverty in the world and the incidence of food insecurity is 50% less for those age 65 to 69 than for those age 60-64.¹⁰ Similarly, other programs such as the Canadian Child Tax Benefit and National Child Benefit Supplement (which are tax free monthly payments for eligible families with children) have shown benefits in terms of improved math and reading skills and improved mental and physical health measures.¹¹

Cost Considerations for a Basic Income Guarantee Program

It is widely agreed upon that the costs of poverty are very high. The total cost of poverty in Ontario is approximately \$32.2-\$38.3 billion dollars.¹² It is estimated that between \$10.1 billion and \$13.1 billion is spent on the social costs of poverty related to social assistance, housing and justice programs and health care costs associated with the effects of poverty. Lost opportunities for income tax revenue are estimated to be \$4- \$6.1 billion dollars and an additional \$21.8-25.2 billion is attributed to lost productivity and revenue and intergenerational poverty low-income cycles.

Given the magnitude of the social and economic costs of poverty and the resources being spent on countering the negative effects of poverty, it is more prudent to spend those resources on prevention.

The costs of a basic income guarantee program in contrast to the costs of social and private costs of poverty have yet to be extensively researched. Estimates from Queen's University and the University of Manitoba identify that the amount for a basic income guarantee program for

⁹ Forget, E. *The Town with No Poverty: Using Health Administration Data to Revisit Outcomes of a Canadian Guaranteed Annual Income Field Experiment 2011* available from [http://nccdh.ca/images/uploads/comments/forget-cea_\(2\).pdf](http://nccdh.ca/images/uploads/comments/forget-cea_(2).pdf)

¹⁰ Hyndman, B., and Simon, I., *Basic Income Guarantee Backgrounder October 2015* alPHA and OPHA available from www.opha.on.ca/getmedia/bf22640d-120c-46db-ac69-315fb9aa3c7c/alPHA-OPHA-HEWG-Basic-Income-Backgrounder-Final-Oct-2015.pdf.aspx?ext=.pdf

¹¹ Ibid

¹² Laurie, N. *The cost of poverty: an analysis of the economic cost of poverty in Ontario*. Toronto Ontario Association of Food Banks, 2008. <http://www.oafb.ca/assets/pdfs/CostofPoverty.pdf>

all of Canada would cost between \$40 and \$58 billion. Considering the total costs of poverty for just Ontario, a basic income guarantee would be very achievable.¹³

Provincial and National Support for a Basic Income Guarantee Program

Support for the basic income guarantee program exists across the political spectrum including politicians from several provinces and municipalities, economists and the health and social service sectors. Many large associations have given formal expressions of support such as The Canadian Medical Association, the Association of Local Public Health Agencies and the Ontario Public Health Association, the Ontario Society of Nutrition Professionals in Public Health, the Canadian Association of Mental Health, the Canadian Association of Social Workers and many health units in Ontario. Citizen groups in communities across Canada have also been forming to express their support for this initiative.

This past winter the Ontario provincial government embraced the opportunity to engage in the needed research to provide a clearer understanding of the implications and outcomes of the basic income guarantee program. By conducting a pilot study of the program, evidence will be gathered to determine if this is a more efficient manner of delivering income support, if it strengthens engagement in the labour force and if savings are achieved in areas such as the health care and justice systems. In 2016, the Ontario provincial government will work with researchers, communities and stakeholders to develop and implement a basic income guarantee pilot study.

HALIBURTON KAWARTHA PINE RIDGE DISTRICT HEALTH UNIT RESOLUTION ON BASIC INCOME GUARANTEE

WHEREAS addressing the social determinants of health and reducing health inequities are fundamental to the work of public health in Ontario; and

WHEREAS the Haliburton Kawartha Pine Ridge District Health Unit's strategic direction is to address the social determinants of health and health equity; and

WHEREAS income is recognized as the most important determinant of health and health inequities; and

WHEREAS 12.7% of the population in the Haliburton Kawartha Pine Ridge District live in low-income circumstances based on the Low-Income After-Tax (2011 National Household Survey, Statistics Canada); and

¹³ Roos, N., and Forget, E. "The time for a guaranteed annual income might finally have come." The Globe and Mail, August 4, 2015. Available at <http://www.theglobeandmail.com/report-on-business/rob-commentary/the-time-for-a-guaranteed-annual-income-might-finally-have-come/article25819266/>

WHEREAS low income and income inequality have well-established, strong relationships with a wide range of adverse health and social outcomes as well as lower life expectancy; and

WHEREAS income insecurity continues to rise in Ontario and Canada as a result of an increase in precarious employment and an increasing number of working-age adults who rely on employment that pays low wages; and

WHEREAS existing federal and provincial income security programs are insufficient to ensure that all Canadians have adequate and equitable access to the social determinants of health (e.g., food, shelter, education); and

WHEREAS a basic income guarantee, which is an unconditional cash transfer from the government to citizens to provide a minimum annual income and is not tied to labour market participation, has the potential to ensure all Canadians have a sufficient income to meet basic needs and to live with dignity; and

WHEREAS a basic income guarantee resembles existing income security supplements currently in place for Canadian seniors and children, which have contributed to improved health status and quality of life in these age groups; and

WHEREAS a pilot project of basic income for working age adults conducted in Dauphin Manitoba in the 1970s, indicates that the provision of a basic income guarantee can reduce poverty and income insecurity, improve physical and mental health and educational outcomes, and enable people to pursue educational and occupational opportunities relevant to them and their families; and

WHEREAS the concept of a basic income guarantee has received support from the health and social sectors including the Canadian Public Health Association (CPHA), the Canadian Medical Association (CMA), the Canadian Association of Social Workers, the Association of Local Public Health Agencies (aLPHA) and the Ontario Association of Public Health Agencies (OPHA), the Ontario Society of Nutritional Professionals in Public Health and the Ontario Mental Health and Addictions Alliance as a means to alleviate poverty and improve health outcomes of low income Canadians; and

WHEREAS there is growing support from economists, political affiliations and other sectors across Canada for a basic income guarantee;

NOW THEREFORE BE IT RESOLVED THAT the Haliburton Kawartha Pine Ridge District Health Unit Board of Health endorse a position statement of a basic income guarantee;

AND FURTHER that the Haliburton Kawartha Pine Ridge District Health Unit Board of Health join aLPHA and OPHA in requesting that the federal Ministers of Employment, Workforce Development and Labour, Families, Children and Social Development, Finance and Health, as well as the Ontario Ministers Responsible for the Poverty Reduction Strategy, Community and

Social Services, Children and Youth Services, Finance and Health and Long-Term Care, prioritize joint federal-provincial consideration and investigation into a basic income guarantee as a policy option for reducing poverty and income insecurity;

AND FURTHER that the Prime Minister, the Premier of Ontario, the Chief Public Health Officer, the Chief Medical Officer of Health for Ontario, the Canadian Public Health Association, the Association of Local Public Health Agencies, the Ontario Boards of Health, the Federation of Canadian Municipalities, the Association of Municipalities of Ontario, MP Kim Rudd, MP Jamie Schmale, MPP Lou Rinaldi and MPP Laurie Scott as well as the City of Kawartha Lakes, the County of Haliburton and Northumberland County be so advised.

BASIC INCOME FOR INCOME SECURITY DURING THE COVID-19 PANDEMIC AND BEYOND

THAT the Board of Health for Public Health Sudbury & Districts endorse correspondence from Ontario boards of health recommending the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians during the COVID-19 pandemic and beyond.

AND FURTHER THAT relevant individuals and organizations be apprised of this motion and supporting materials.

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: _____