



Board of Health Meeting #07-20

Public Health Sudbury & Districts

Thursday, November 19, 2020

1:30 p.m.

Skype

AGENDA – SEVENTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
SKYPE
THURSDAY, NOVEMBER 19, 2020 – 1:30 P.M.

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) **Climate Change: Assessing health risks and planning adaptations together**
 - Jane Mantyla, Health Promoter, Health Protection Division
- 5. CONSENT AGENDA**
 - i) **Minutes of Previous Meeting**
 - a. Sixth Meeting – October 15, 2020
 - ii) **Business Arising from Minutes**
 - iii) **Report of Standing Committees**
 - a. Board of Health Finance Standing Committee – November 2, 2020
 - iv) **Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, November 2020
 - v) **Correspondence**
 - a. Municipal Drug Strategy Coordinators Network of Ontario, Safe Supply
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Federal and Provincial Ministers of Health, dated October 29, 2020
 - b. Basic Income for Income Security during the COVID-19 Pandemic and Beyond
(Board of Health, Public Health Sudbury & Districts [motion #20-20](#))
 - Email from the Prime Minister’s office to Dr. Sutcliffe, dated October 16, 2020
 - vi) **Items of Information**
 - a. alPHA Information Break October 22, 2020
 - b. Congratulatory Letter from the Deputy Premier and Minister of Health to C. Gignac October 15, 2020

- c. News Release: Ontario Releases COVID-19 Response Framework to Help Keep the Province Safe and Open November 3, 2020
- d. alPHa Summary Budget 2020: Ontario's Action Plan: Protect, Support, Recover November 5, 2020

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

- i) **COVID-19 Updates**
 - a. COVID-safe practices in Sudbury and districts: September snapshot
 - b. COVID-19 Public Health Actions Timeline, January to October 2020
- ii) **2020 Board of Health Self-Evaluation Survey Results**
 - a. Briefing Note from Board Secretary and Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 12, 2020
- iii) **2021 Public Health Sudbury & Districts Operating Budget**
 - a. Briefing Note and Appendices from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 12, 2020

IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: _____

RISE AND REPORT

RISE AND REPORT

MOTION:

THAT this Board of Health rises and reports. Time: _____

2021 OPERATING BUDGET

MOTION:

THAT the Board of Health approve the 2021 operating budget for Public Health Sudbury & Districts in the amount of \$ 27,419,472.

iv) Staff Appreciation Day

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of November 30, 2020, to February 26, 2021. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS / ENQUIRIES

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

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

MINUTES – SIXTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
SKYPE
THURSDAY, OCTOBER 15, 2020 – 1:30 P.M.

BOARD MEMBERS PRESENT

Claire Gignac	René Lapierre	Jacqueline Paquin
Randy Hazlett	Glenda Massicotte	Natalie Tessier
Jeffery Huska	Paul Myre	Carolyn Thain
Robert Kirwan	Ken Noland	

BOARD MEMBERS REGRETS

Bill Leduc	Mark Signoretti
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STAFF MEMBERS PRESENT

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

MEDIA PRESENT

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:32 p.m.

- Order in Council for provincial appointment of Claire Gignac to the Board of Health, Public Health Sudbury & Districts dated September 24, 2020

Provincial appointee, Claire Gignac, was welcomed to her first Board of Health meeting. An orientation education session took place for her on October 14.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

i) Continuous Quality Improvement (CQI) – A Year in Review

- Krista Galic, Manager, Quality, Monitoring, Staff & Student Development, Corporate Services Division

Dr. Sutcliffe introduced and invited Krista Galic to provide the first annual report on Continuous Quality Improvement (CQI) initiatives at Public Health Sudbury & Districts (PHSD).

Board members were reminded that CQI is new to the revised 2018 Ontario Public Health Standards and found within the Effective Public Health Practice Foundational Standard. The goal of the Public Health Sudbury & Districts CQI framework was reviewed and the following CQI initiative updates were provided:

- 2019 marked the first year of the launching of the CQI Framework, Plan, Committee and Client Service Standards. Nonetheless, PHSD was an early adopter having invested in process improvements using lean reviews since 2014.
- Public Health Sudbury & Districts launched eight Client Service Standards in 2019, which fit within the CQI umbrella, which provide timely, quality, transparent, and appropriate public health services across our service area.
- Key findings from the 2019 client satisfaction survey responses that help inform program and service improvements across the agency survey were summarized. The survey was revised and launched in 2020 to align with the client service standards and further provide clients options to provide more meaningful responses based on specific programs and services.
- An internal CQI committee has been struck to operationalize the CQI framework and plan and includes cross-divisional representatives who are agency CQI Champions. K. Galic, as the Quality Manager, mentors the CQI champions, and supports teams in the identification, development, monitoring, and facilitation of Lean reviews across the organization.
- A Quality Maturity Survey Tool used to assess the state of quality improvement in public health units is sent to all staff annually in the fall of each year and informs the locally determined organizational indicator number 12 in the Accountability Monitoring Plan. In 2019, our organization scored in the emerging phase of quality maturity meaning that we have begun building and fostering a culture of continuous quality improvement.

- The Manager, Quality and Monitoring, co-chairs the Knowledge Exchange committee of the CQI Locally Driven Collaborative Project which brings public health units together to develop and run research projects on issues of shared interest related to the Ontario Public Health Standards.

It was noted that these initiatives demonstrate Public Health Sudbury & Districts leadership in CQI. Comments and questions were entertained. K. Galic was thanked for her presentation.

5. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. Fifth Meeting – September 17, 2020
- ii) Business Arising From Minutes**
- iii) Report of Standing Committees**
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, October 2020
- v) Correspondence**
 - a. New Regulations for Vaping Advertising and Promotion to Protect Youth
 - Email from the Acting Director General, Health Canada, Controlled Substances and Cannabis Branch, Tobacco Control Directorate, to Dr. Sutcliffe, dated September 29, 2020
 - b. Letter of Appreciation from Board of Health to Public Health Sudbury & Districts Staff
 - Letter from the Board of Health Chair, to Public Health Sudbury & Districts staff, dated September 25, 2020
 - c. COVID-19 and Long-Term Care Reform
 - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the federal Minister of Health, Minister of Long-Term Care, and the Ontario's Long-Term Care COVID-19 Commission, dated September 18, 2020
 - d. Guaranteed Basic Income
 - Letter from the Board of Health Chair, Peterborough Public Health to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance and the President of the Treasury Board, dated September 17, 2020
- vi) Items of Information**
 - a. alPHa Information Break September 25, 2020
 - b. Ministry of Health News Release re Updated COVID-19 Modelling for Second Wave September 30, 2020

c. Public Health Sudbury & Districts First Wave

Response Evaluation: Community Survey Results October 2020

With reference to the year-to-date COVID-19 pandemic response expenses of \$1,206,970 in the August financial statements, it was questioned whether the province will provide funding for COVID-19 and whether municipalities could support advocacy for provincial funding. Dr. Sutcliffe noted that the provincial government has a process underway for public health units to submit COVID-19 extraordinary costs; however, the Ministry noted that these should exclude costs that can be managed from within the Board of Health approved cost-shared budget. The Ministry has asked public health units to continue to track all costs related to COVID-19 and retain records of COVID-19 spending for future follow-up. Public Health Sudbury & Districts has established a process to capture all COVID-19 expenses and projected costs.

24-20 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) 2018 – 2022 Accountability Monitoring Plan

- Public Health Sudbury & Districts Strategic Priorities: Narrative Report, October 2020

C. Thain, member of the Joint Board of Health Accountability Working Group, was invited to introduce the fall edition of the Public Health Sudbury & Districts 2018–2022 Accountability Monitoring Plan Strategic Priorities: Narrative Report.

The Report presents four stories about programs or services that show each of the Public Health Sudbury & Districts strategic plan priorities in action, specifically through our COVID-19 response. The intent is to have a variety of stories that cover work across the organization, represent various scopes of service and demonstrate how our strategic priorities are integrated into staff members' daily work. The narrative reports are part of the broader Public Health Sudbury & Districts Accountability Monitoring Plan and are presented to the Board of Health twice per year. The next Strategic Priority Narratives Report will come to the Board in the Spring of 2021. Once shared with the Board of Health, the reports are made available publicly on the phsd.ca website.

Staff were commended for their commitment and ongoing work, through a COVID-19 lens, to action the strategic plan priorities. C. Thain was also thanked for her work on the Working Group.

ii) Safe supply and the decriminalization of personal possession of illicit substances

- Briefing note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated October 8, 2020

The briefing note in today's agenda package, tabled for information, recaps that the comprehensive Community Drug Strategies (CDS) throughout our region is organized around the four pillars of health promotion, enforcement and justice, treatment, and harm reduction. Dr. Sutcliffe noted that all four pillars are necessary to reduce the harms associated with substance misuse and all are needed now more than ever as the opioid epidemic collides with the COVID-19 pandemic. Actions being explored by staff and CDS partners to mitigate the additional risk of COVID-19 on the ongoing opioid crisis are summarized in the briefing note. It is anticipated that additional measures will be needed to save lives as these two outbreaks intersect.

The national level Special Advisory Committee on the Epidemic of Opioid Overdoses links the opioid and COVID-19 epidemics. Rising opioid deaths and poisonings could be attributed to a growing unpredictable and toxic street drug supply, limited access to services available for people who use substances, and feelings of isolation and anxiety that may be a result of COVID-19 and the public health measures implemented to reduce the impact of the pandemic in Canada.

Actions and initiatives are being explored to determine what else could or should be done to reduce the impact and effect of opioids during the pandemic, including safer drug supply, as supported by Health Canada, and decriminalization for simple possession of illicit drugs. The Board of Health will continue to receive updates as they are available

iii) Continuous Quality Improvement

- Annual CQI report, April 1, 2019 – March 31, 2020

Further to today's presentation on CQI, A Year-In Review, the Annual CQI Report from April 1, 2019 - March 31, 2020, is shared for the Board's information. Dr. Sutcliffe noted that K. Galic, a lean six sigma black belt candidate, helps build staff skills in this area. This first internal annual CQI report is being shared with the Board to further demonstrate all CQI PHSD initiatives currently underway.

7. ANNOUNCEMENTS / ENQUIRIES

- Board of Health members are encouraged to complete the survey for today's Board of Health meeting

- Board members were reminded to complete:
 - o two mandated annual training: BFI and emergency preparedness
 - o Annual Board of Health self-evaluation survey by October 20. Results will be compiled and tabled at the November Board of Health meeting
- Two Board of Health representatives are being sought to participate on the Joint Board of Health Staff Accountability Working Group

In response to an inquiry regarding whether children should go out trick or treating this year for Halloween, Dr. Sutcliffe noted that PHSD is preparing a news release that will provide guidance based on local epidemiological data on how to make Halloween safer. We will also align our messaging with provincial advice expected next week.

8. ADJOURNMENT

25-20 ADJOURNMENT

MOVED BY MYRE – THAIN: THAT we do now adjourn. Time: 2:10 p.m.

CARRIED

(Chair)

(Secretary)

MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
MONDAY, NOVEMBER 2, 2020 – 7 P.M.
VIRTUAL MEETING – TEAMS

BOARD MEMBERS PRESENT

Carolyn Thain
Mark Signoretti

Randy Hazlett

René Lapierre

STAFF MEMBERS PRESENT

France Quirion
Rachel Quesnel, Recorder

Colette Barrette

Dr. Penny Sutcliffe

C. THAIN PRESIDING

1. CALL TO ORDER

The meeting was called to order at 7 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

4.1 Board of Health Finance Standing Committee Notes dated June 4, 2020.

04-20 APPROVAL OF MEETING NOTES

MOVED BY HAZLETT – LAPIERRE: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of June 4, 2020, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 Year-to-Date Financial Statements

a) September 2020 Financial Statements.

F. Quirion shared that the the year-to-date financial statements ending September 30, 2020, show a positive variance in mandatory cost shared programs of \$1,117,542.

Year-to-date costs relating to our COVID-19 response total \$1,398,118 resulting in a

current deficit of \$280,576. The September statements incorporate all funding received with the August 21, 2020 funding announcement.

Per Ministry guidelines, we have submitted our COVID-19 extra-ordinary expenses, including the COVID-19 expenditure projections to December 31. Extra-ordinary COVID-19 expenses continue to be tracked separately for submitting to the Ministry for reimbursement.

Variances in year-to-date expenses in comparison on same period in 2019 were summarized. The Summary of Revenue & Expenditures includes the current position as of September 30 for each 100% funded program and specifies the various fiscal period year-ends for these programs.

Question and comments were entertained. It was requested that the financial statements include brief notes in the future to explain any significant variance.

Members were reminded that PHSD undertook a risk analysis in the spring to assist with prioritizing programs depending on the need to redeploy staff to our COVID-19 response.

The September financial statements will be included in the November Board agenda package along with the MOH report.

5.2 2021 Operating Budget

a) 2020 funding announcement

The previously shared funding letter from the Deputy Premier and Minister of Health dated August 21, 2020, is included in today's agenda as background. It outlines provincial base funding as well as one-time funding.

b) Briefing Note: Context and Assumptions

The provincial context continues to be volatile as governments at all levels respond to COVID-19 while striving to keep businesses operating and the economy open. Management has been monitoring the fiscal context closely; however, the environment is unpredictable and a number of assumptions have been incorporated into the proposed budget.

Dr. Sutcliffe recapped events and associated timelines since January when we were heavily involved in the Public Health Modernization consultation which then shifted weeks later when the World Health Organization (WHO) declared that the 2019 nCoV outbreak constituted a Public Health Emergency. Our first local COVID-19 case was confirmed on March 10 and PHSD required an ongoing and significant reallocation of

resources in support of the COVID-19 response. Resources continue to be reallocated to support the required response and all COVID-19 costs are carefully tracked separately. PHSD human resources were working at 111% capacity in May and PHSD staff continues to be tremendously busy.

It was noted that we are as yet unaware of impacts on local public health, if any, of the provincial budget announcement scheduled for November 5.

c) 2021 Summary of Budget Pressures

F. Quirion carefully reviewed the summary of budget pressures and outlined how the 2020 budget has been restated to reflect Ministry funding. The restatement includes the adjustment to the one-time mitigation funding and movement of two cost-shared mandatory programs (Northern Fruit and Vegetables and Indigenous Community) to 100% funded.

F. Quirion outlined how the projected expenditures for 2021 result in a deficit of almost \$1.6M. This is offset by the \$1,179,000 Ministry mitigation fund. Two scenarios were presented with a 5% and a 4% municipal levy increase and resulting shortfalls of \$6,278 or \$87,079, respectively.

d) 3-Year Financial Projections

The 3-year financial projections, based on information known as of today, calculate the agency's financial position when factoring in the full impact of the funding formula change, removal of one time mitigation funds and no municipal levy increases. The projections show a deficit growing to \$2,333,886 by 2023. It was recognized that as the provincial policy direction for public health becomes less clear, it is increasingly difficult to present accurate predictions.

e) 2021 Recommended Operating Budget

F. Quirion provided an overview of the three documents for the recommended 2021 cost-shared budget:

- Cost-shared programs and services table summarizes the recommended 2021 budget by restating the revenues to incorporate the mitigation grant and a 5% municipal levy as well as the anticipated increase in expenditures, resulting in a deficit of \$6,278.
- The Cost-Shared Programs and Services schedule presents the recommended 2021 budget at the divisional level with an overall increase of 1.5%, incorporating a 0% provincial and a 5% municipal increase over 2020 funding levels.
- Recommended 2021 budget – Expenditures by Category presents the 2021 salaries, benefits and operating expenses. Noteworthy variances in expenses include an increase in salaries and benefits. A decrease in staff development

reflects a shift to online and virtual sessions. Given our infrastructure modernization project, we are not investing significantly in the area of building maintenance.

A table displaying the municipal levy increase at 5% compared with 4% was reviewed. As compared with a 4% municipal increase, a 5% increase represents an addition 49¢ per person per year. The total increase in municipal levy for all municipalities within PHSD service area is \$404,009 or a \$2.46 per capita rate increase at 5% or \$323,208 and \$1.97 at 4%.

It was acknowledged that there are many unknowns making it challenging for projecting into 2021, including the modernization of public health and the global pandemic. The senior management team members were thanked for their hard work in working up this budget and for clearly outlining the assumptions for the proposed 2021 budget.

Questions and comments were invited. It was observed that the break down of information and layout of the proposed budget is well done and easy to follow.

R. Lapierre shared that it appears the modernization of public health work is ramping up as he understand that Jim Pine has been reaching out for meetings.

It was noted that our provincial funding grant for cost-shared programs has been effectively flatlined since 2014 and has been rapidly outpaced by inflation.

Members agreed with the importance of continuing to invest in staff by ensuring staff development funds are available to ensure competencies and currency in professional skills and knowledge. Professional development is important also as a teaching health unit.

R. Hazlett voiced concerns regarding the recommended budget. He expressed his opinion that reserve funds should not have been used for infrastructure modernization project costs and instead could be used to offset ongoing expenses within the 2021 budget.

Board of Health Finance Committee Chair noted that reserves are an important financial tool to ensure funds are available for unbudgeted needs rather than to address operating shortfalls. Because of good governance on behalf of the Board, we are now able to fund required infrastructure work without having to raise the municipal levy for this work.

In response to an inquiry, F. Quirion noted that we have been in contact with local MP's office to inquire about recently announced federal funding programs, CIB Growth Plan and the a COVID-19 Resilience Fund which falls under the Canada Infrastructure Program. Application processes are not yet open; however, we understand we would qualify and are waiting for the opportunity for apply.

Dr. Sutcliffe clarified that provincial mitigation fund was to offset costs to municipalities associated with the funding formula change. As previously communicated, the proposed municipal increase is not a result of funding formula change.

Committee members deliberated regarding the impacts of the two scenarios increasing the municipal levy for 2021 by 4% or 5%.

The Chair concluded that given the current pandemic and unknowns, 2021 is not the time to be cutting public health. Given the variables, long term planning is also challenging and it is important to balance 2021. Despite no increases in provincial funding, staff have found cuts and are proposing a reasonable increase to the municipal levy.

05-20 IN CAMERA

MOVED BY SIGNORETTI – HAZLETT: THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 8:23 p.m.

CARRIED

06-20 RISE AND REPORT

MOVED BY HAZLETT – LAPIERRE: THAT this Board of Health Finance Standing Committee rises and reports. Time: 8:49 p.m.

CARRIED

It was reported that one agenda item relating to personal matters involving one or more identifiable individuals, including employees or prospective employees was discussed for which the following motion emanated:

07-20 APPROVAL OF MEETING NOTES

MOVED BY SIGNORETTI – HAZLETT: THAT this Board of Health approve the meeting notes of the October 30, 2019, Board in camera meeting and that these remain

confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

A briefing note will be prepared to include in the agenda package for the November 19, 2020, Board of Health meeting.

There being no further questions regarding the operating budget, it was requested that a motion be entertained for the proposed 2021 operating budget and that there be a recorded vote.

08-20 2021 OPERATING BUDGET

MOVED BY LAPIERRE – SIGNORETTI: THAT this Board of Health Finance Standing Committee recommend the 2021 Operating Budget of \$27,419,472 to the Board of Health for approval.

Randy Hazzlett	Nay
Rene Lapierre	Yea
Mark Signoretti	Yea
Carolyn Thain	Yea

CARRIED

6. ADJOURNMENT

09-20 ADJOURNMENT

MOVED BY HAZLETT – LAPIERRE: THAT we do now adjourn. Time: 8:58 a.m.

CARRIED

(Chair)

(Secretary)

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

Words for thought

Statement from the Chief Public Health Officer of Canada on her Report on the State of Public Health in Canada 2020 – From Risk to Resilience: An Equity Approach to COVID-19

OTTAWA, ON, Oct. 28, 2020 /CNW/ - "Today, the Honourable Patty Hajdu, Minister of Health, tabled in Parliament my annual report entitled From Risk to Resilience: An Equity Approach to COVID-19. The report describes COVID-19's broader consequences and is a call to incorporate a health equity approach into pandemic preparedness, response and recovery.

COVID-19 is a powerful example of the serious threat that emerging infectious diseases continue to pose to Canadians now and into the future. It has also jolted our collective consciousness into recognizing that our health depends on our social and economic well-being.

Equity matters—not only to those who are unjustly excluded—but to all of us. While the COVID-19 pandemic affects us all, the health impacts have been worse for seniors, workers who provide essential services, racialized populations, people living with disabilities and women. A health equity agenda means that sustained efforts to improve employment conditions, housing and access to social and health services can better protect people in Canada from health crises, build resilience and create lasting equitable opportunities.

Driven by the evidence summarized in the report, I am calling for action in three key areas:

- **Sustain leadership and governance at all levels for structural change** across health, social and economic sectors. Practically, this means that data needs to be stratified to understand the multiple needs (e.g. housing, safety and employment) of people. Pandemic plans that are multi-sectoral need to be tested on a regular basis. And, the progress of subsequent collaborative actions need to be measured and adjusted until inequities are eliminated.
- **Harness the power of social cohesion** as a key ingredient to controlling and minimizing the negative impacts of this pandemic. Communities and countries that have strong norms of taking care of each other can better prevent and control resurgences. Everyone has a role to play to make this happen. Public health leaders, media and political leaders all need to share evidence, stories and demonstrate willingness to work together on the ongoing response to the pandemic. These actions can provide Canadians with the information and the confidence to take daily public health action and to call for supports for others who are most at risk.

- **Strengthen public health capacity** to ensure that Canada has a health system that is able to surge and adapt during a crisis while maintaining capacity to address on-going critical issues. Usually public health efforts are invisible to the general population. A pandemic makes obvious the need for a robust and agile public health system that has the workforce and tools needed to tackle emergencies and inequities. It offers an opportunity to re- evaluate what sustained investments and the future of public health would look like.

The COVID-19 pandemic has demonstrated the complexities of responding to a global public health crisis. It has shown the power of collaboration and the commitment of Canadians united to control the virus. It has also shown the interconnectedness of our health, social and economic policies and supports. How these sectors work together, with the engagement of civil society and communities, will influence our success against COVID-19 resurgences and help to mitigate the impacts of future health emergencies.

No one is protected from COVID-19 until everyone is protected."

Dr. Theresa Tam
Chief Public Health Officer of Canada

Source: Public Health Agency of Canada
Date: October 28, 2020

Along with Directors, Renée St Onge and Sandra Laclé, I recently had the pleasure of meeting with the Honourable Patty Hajdu, Minister of Health and MP's M. Serré and P. Lefebvre, as part of the Minister's virtual visits to northern Ontario. Minister Hajdu is from Thunder Bay and her background includes work in public health with a focus on drug policy, youth development, and homelessness. During our hour-long meeting, it was an inspiration to hear her perspectives and the value placed on public health. We shared Public Health Sudbury & Districts' perspectives on the health equity impacts of COVID-19, upstream determinants of health and substance misuse, and engagement with Indigenous populations. Dr. Tam's annual report is very much aligned with the Minister's comments and passions.

General Report

1. Board of Health

Board of Health meetings

There is no regularly scheduled Board of Health meeting in December. The date of the next Board of Health meeting is scheduled for Thursday, January 21, 2021, at 1:30 p.m.

Meeting requests for the regular Board of Health meetings will be sent to all Board of Health members. 2021 meeting dates are available in BoardEffect under Events and listed on the phsd.ca website.

Virtual Board of Health meeting

Further to feedback from Board of Health members regarding limitations of Skype for Business, virtual platform options are being tested and explored for Board of Health meetings for next year.

Flu vaccination

Board of Health members who have not had their flu vaccination yet can call Public Health Sudbury & District intake at 705.522.9200, ext. 0 to book an appointment.

Mandatory Board of Health training – 2020

Every Board of Health member is required to complete the following mandatory annual Board of Health training for the ***Baby Friendly Initiative (BFI) and emergency preparedness*** by reviewing these materials:

- BFI training module as well as the Policies & Procedures (x4) and key messages.

The online instructions and Policies & Procedures and key messages have been saved in BoardEffect and can be found under Libraries – Board of Health – Annual Mandatory Training: Baby Friendly Initiative (BFI)

Please note that:

- (i) the BFI online training module will have to be viewed from a computer as the module software is not accessible from your iPads;
 - (ii) the links within the module (except for the video on slide 22 on the importance of breastfeeding) will not work for you. Instead, please review the attached materials; and
 - (iii) it is not necessary for you to complete the Post Test section of the module.
- Emergency Preparedness PowerPoint has been saved in BoardEffect and can be found under Libraries – Board of Health – Annual Mandatory Training: Emergency Preparedness Training for Board Members

Current completion rates for each of these 2020 training requirements are 30.77.

Once these two mandatory training materials have been reviewed, please email quesnelr@phsd.ca to confirm completion. Do not email training@phsd.ca as indicated on the BFI training module and the Emergency Preparedness PowerPoint.

Joint Board of Health Staff Accountability Working Group

We are now seeking one Board of Health member to participate on the Joint Board of Health/Staff Accountability Working Group. New Board of Health member, Claire Gignac has joined the Working Group; therefore, it is suggested that a seasoned Board of Health member consider joining the Working Group for which there is a limited time commitment. Please email quesnelr@phsd.ca if you would like to participate on the Working Group.

Board of Health manual

Board of Health Manual Policy A-III-10 stipulates that *Board of Health by-laws, policies and procedures will be reviewed and revised as necessary, and at least every two years*. Due to the COVID-19 response, a review of the complete Board of Health Manual is being deferred to 2021.

MOH/CEO performance appraisal

Board of Health members and Senior Management Executive Committee members are thanked for completing the MOH/CEO performance appraisal survey. The Board of Health Executive Committee met on October 17 to review the results and subsequently, the Board of Health Chair met with the MOH/CEO.

2. Associate Medical Officer of Health

Recruitment is underway for an Associate Medical Officer of Health. The position has been vacant since April 2020.

3. Public Health Sudbury & Districts Workplace Fundraiser – United Way Campaign

Public Health Sudbury & Districts launched our 2020 United Way Campaign on September 30 which ran until October 30, 2020. The contributions raised will support funding of social service programs within the Greater Sudbury area that help so many in our community. This year, the United Way Planning Committee set a goal of \$8,000. The committee is pleased to announce that we have surpassed our goal and raised \$8,848.

4. Financial Report

The September 2020 year-to-date cost-shared financial statements report a positive variance of \$1,117,539 without COVID-19 related expenses. With COVID-19 expenses of \$1,398,117, the net financial position results in a negative variance of (\$280,578) for the period ending September 30, 2020.

Gapped salaries and benefits account of 36.7% or (\$102,956) and operating expenses and other revenue account for (\$177,620) of the variance.

The 2021 Mandatory Cost-Shared Budget presented to the Finance Committee on November 2, 2020 is being recommended for Board of Health approval.

5. Infrastructure Modernization Update

1300 Paris Street

Initial concept designs were shared with staff across the organization at an All Staff meeting in October.

This project has moved into the schematic design phase. Initial design layout options were presented to Senior Executive Committee for input. Divisional management teams feedback sessions were also provided.

In support of this project, a working group has been formed to develop an overarching plan to assess and implement, where possible, remote work on a permanent basis. To do so, the team will assess risks and operational implications for the organization.

Elm Place

The schematic designs for this project are complete. Class D construction cost estimates are pending. Once received, the estimates will be evaluated and any necessary adjustments will be made. Once approved, the project will move into the design development phase where detailed drawings, plans (engineering), elevations, and room layout will be prepared. Concurrently, management is engaged with Vista Sudbury Hotel Inc. in the preparation of the new lease agreement.

Following are the divisional program highlights and twice-yearly Corporate Services report.

Corporate Services

1. Accounting

The provincial funding announcement was received August 21, 2020, resulting in the restatement of the 2020 BOH Approved Budget. The ministry approved a mitigation grant at a higher level than requested and returned two programs (Northern Fruits and Vegetable and Indigenous Communities) to the 100% provincially funded pool.

Like many teams, the accounting team has moved a good part of its work remotely due to the COVID-19 social distancing measures. This new way of work has heightened the need to revise our work processes moving much of the payroll documents from paper-based to the electronic format. Program modules and processes are being reviewed and developed in order to continue to reduce the amount of paper-based submissions to the payroll office. Preliminary discussions of transitioning payroll/HR to an electronic filing system were brought to Corporate Services Management team. We expect these discussions to continue in the new year.

Considering PHSD's organizational restructuring completed over the summer months, the accounting team has placed the restructuring of the general ledger accounts on hold until further notice.

Accounting has also been supporting the preparation of the 2021 operating budget which is being presented to the Board of Health at its November 2020 meeting.

2. Facilities

In collaboration with ENGIE Services Inc., SNC Lavalin was engaged to conduct a review of our emergency power system. The goal was to evaluate the overall capacity and condition of the two generators providing back up power to PHSD. While this review was on-going, the main generator failed completely. SNC Lavalin provided several recommendations; one of which was to transfer critical loads to the second generator which has implemented.

Other repairs and building projects were also completed including converting exterior lighting to LED, and parking lot maintenance.

Building signage in District Offices is being updated to reflect the new organization logo and name. Building signage for 1300 Paris Street will be done in connection with the modernization project.

3. Human Resources

COVID-19 Staff Deployment

The requirements to support the public health response for the COVID-19 pandemic have become the norm and the agency has implemented a structure change to support our ongoing requirements while maintaining other essential programs and services.

Technology and the virtualization of processes continue to be adjusted to allow work to be performed remotely, where possible.

The creation of a new division for School Health, Vaccine Preventable Diseases and COVID Prevention involved reassignments for staff from other divisions to support as well as the recruitment of additional 13 PHNs funded by the Ministry for COVID-19 response in schools.

Health and Safety

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

Additional measures required for COVID-19 have been in place to ensure the safety of staff and others who visit our offices. This includes: daily safety checks, adjusted building evacuation plans, and daily monitoring of supplies (PPE/cleaning products) needed. The cleaning of facilities continues to be enhanced as required e.g. and additional hand sanitizer, masks, etc., have been provided for worker safety. Communication on health and safety requirements has been ongoing.

On October 28, 2020, representatives in each of our offices, (with the exception of Val Caron), conducted a Workplace COVID-19 Compliance Audit. The audit confirmed that staff who are working at workstations that do not provide the required 2 metre distance are wearing masks regardless of the plexiglass, and that all staff who have direct client care are wearing medical grade masks. Over the next few weeks, the representatives will conduct the audits daily as part of their health and safety infection control checks. The frequency in the Sudbury East office is to be determined given that staff are not in the office regularly. Human Resources will review the results and follow up on any deficiencies noted. The audits will be posted to the IMS site and the results will be shared by the Director of Corporate Services with the Emergency Control Group.

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

The PHWC has been focussing on creating opportunities for staff to connect in our virtual environment which has included staff breaks to join and connect with colleagues.

The committee continues to meet during COVID-19 and members are working with others in the organization to focus on mental health during this difficult time. Additional members have been added and welcomed which will help to support this essential work.

Accessibility for Ontarians with Disabilities Act (AODA)

Public Health Sudbury & Districts continues to meet the requirements of the *Accessibility for Ontarians with Disabilities Act*. The Accessibility Plan and agency policies are available to the public on the website.

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

Privacy

Due to COVID-19 and the requirements for remote working, Ministry programming changes etc. the agency continues to adapt its practices to ensure that health information is being protected

from unauthorized use/access as required by the new *Personal Health Information Protection Act* (PHIPA).

New staff continue to receive privacy and access to information training during onboarding and orientation. The Privacy Officer and the Manager of Information Technology continue to work with program areas that have health information in their custody and control to further review auditing of health record databases.

Agency compliance with mandatory breach reporting required by PHIPA to the Information and Privacy Commissioner of Ontario has been maintained. There are no breaches of unauthorized access reported to date in 2020. When breaches occur, the agency would make the appropriate contact with those impacted, take appropriate actions to immediately contain and resolve, and implement measures to mitigate future breaches.

Access to Information Requests

To date Access to Information requests are minimal. The following table provides a 5-year history on the numbers of requests.

Year	# of requests
2016	9
2017	12
2018	4
2019	14
2020	4

Labour Relations

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

Working during the COVID-19 pandemic, under the *Re-Opening Ontario (A Flexible Response to COVID-19) Act*, 2020, S.O. 2020, C. 17 and Ontario Regulation 116/20: Work Deployment Measures for Boards of Health, the organization is committed to maintaining ongoing communication and collaboration with both bargaining units and involves them where possible in items that impact members. Both bargaining units have been supportive and helpful to identify items that need to be addressed.

4. Information Services

IT has configured new servers currently in testing mode for Exchange 2019, Rightfax and Cisco Unified Communications (phone system). Two high availability hardware firewalls were purchased to replace those currently running on virtual machines.

Information Security training continued over this period and remediation training was provided for staff that clicked as a result of email phishing tests conducted monthly starting in June. PHSD's Phish-prone % ranged from 2.4% to 8.4% in September which is likely due to the onboarding on our new staff. Our Phis-prone percentage is well below the industry Phish-prone percentage of 15.7%.

5. Volunteer Resources

As of October 21, 2020, there is a total of 54 active volunteers. Between May 1, 2020 and October 21, 2020, volunteers completed 64 hours. Due to the COVID-19 response and social distancing measures our volunteer program has had minimal activity, except with our Circles program who continues to meet virtually.

6. Quality and Monitoring

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

Public Health Sudbury & Districts continues to implement the CQI Plan and Framework. The CQI Committee is responsible for operationalizing the CQI Plan and Framework, guiding our efforts to achieve better outcomes and greater value.

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

Client Service Standards are a public commitment to a measurable level of performance that clients can expect under normal circumstances. These will guide the interactions and set expectations for service delivery and responsiveness.

The Manager, Quality, Monitoring, Staff, & Student Development presented a CQI year in review with Board of Health members at their October meeting.

Lean

Lean reviews continue to be part of the organization's continuous quality improvement work. Since May 2020, using Lean methodology, the agency has virtualized the work related to our COVID-19 response, specifically with streamlining our processes with the use of workflows and

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

Risk Management

Our risk management framework was adopted to monitor and respond to emerging issues and potential threats to the agency. As part of our risk mitigation efforts, all organizational risks are monitored regularly and follow reporting timelines. The Senior Executive Committee recently reviewed all red agency risks on the 2020-2022 Risk Management Plan and documented strategies required to further mitigate all risks.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy aging

Public Health Sudbury & Districts provided key resources to the annual Ageing in Place Symposium, held virtually, on October 23. The event has been held for the past four years to help provide older adults and caregivers with tools to live safely and securely. A total of 113 people attended the event.

Physical activity and sedentary behaviour

In partnership with Manitoulin Island Cycling Advocates and the nurse practitioner clinic from Noojmowin Teg, a number of bikes were fixed-up and donated to M'Chigeeng First Nation.

In partnership with the Sudbury East Ontario Provincial Police, Public Health supported Markstay-Warren library's curb side summer reading challenge for children aged 2 to 12 years. A total of 42 children participated.

Seniors Dental Care

Oral Health Program staff continue to provide preventive dental clinics three days per week for clients of the *Ontario Seniors Dental Care Program* (OSDCP). Staff also provide OSDCP enrollment support and service navigation to low-income seniors over the telephone and in-person.

We continue to partner with contracted dental providers to ensure that clients have access to comprehensive dental services in our area, and planning continues for the development of our new OSDCP clinic. In order to increase access to services for seniors residing in the districts, we have collaborated with the Ministry of Health to enable clients to apply for a Northern Health Travel Grant if they have to travel more than 100 kilometers, one-way, to access an OSDCP dental clinic.

2. Substance Use and Injury Prevention

Alcohol and Cannabis

Beginning in November, advertisements highlighting a number of the health risks associated with alcohol consumption (cancer, heart disease and stroke) were promoted throughout the community.

Comprehensive tobacco control

Following the initial closure of the smoking cessation clinic in March, clinic operations resumed at the main Sudbury clinic on July 13. Telephone counselling continues, and Nicotine Replacement Therapy (NRT) has been offered by pick up at Public Health Sudbury & Districts' main office. From August to September 2020, 77 calls were received by the tobacco cessation call line, 16 vouchers were redeemed (given out during the clinic closure), and 144 NRT products were dispensed (patches, gum, lozenges, spray, inhalers).

Falls

On September 30, the [Stay on Your Feet](#) website and [Facebook](#) page were launched. Both will promote the key messages: *Let's Be Active! Let's Be Social! Let's Be Strong!* They will also promote and house evidence-informed information, resources, tools for older adults, caregivers and health care professionals across northeastern Ontario.

Substance Use

The Community Drug Strategy Application Advisory Committee has been meeting throughout the fall to put together the federal illicit drug use exemption and provincial funding application for proposed safe consumption services (SCS). An expression of interest has been issued to request a location for the SCS to downtown landlords, and once a location is determined, the applications will be finalized. This work is being led by Public Health Sudbury & Districts and Réseau ACCESS Network.

As a result of the increases in opioid-related harms in the last few months, (44 opioid-related deaths between January and June 2020, which is a rise from 33 at the end of May), eight media events were requested in September and October.

The *Community Snapshot for Sudbury East Community Drug Strategy* was completed and was shared with the community as well as key partners and stakeholders. The snapshot includes the results of a community survey that was distributed in 2019. The survey collected information about the impacts of substance use in Sudbury East and the needs as it relates to substance use. The results confirmed that many are impacted by substance use in various ways, and highlighted from the community's perspective, where further supports are needed (e.g. youth education, addiction support, and support for family and children affected by substance use).

Harm reduction – Naloxone

Accessing naloxone kits has become more difficult and restricted throughout the community during COVID-19 as many community partners moved to entirely online platforms and put their distribution on hold or have reduced their hours. The number of doses of naloxone distributed by organizations in our community, Public Health Sudbury & Districts and Réseau ACCESS Network for August and September of 2020 was 3401 (not including pharmacies as data is still pending). This is much higher than the number of naloxone doses distributed by the same organizations in August and September of 2019 (1777).

Smoke-Free Ontario Strategy

The North East Tobacco Control Area Network (NE TCAN) has been busy supporting regional health units with tobacco/vaping initiatives during COVID-19 as many have limited capacity. Three main initiatives are running on CTV, including a multi-unit smoke free housing commercial, a smoke-free campus commercial, and four cessation testimonial commercials. The TCAN has also coordinated the buy of multiple items for regional health unit cessation clinic 'quit kits' and has supported health unit cessation clinics with nicotine-replacement therapy products.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. School Health and Behaviour Change

COVID Behaviour Change

Throughout the month of October, Public Health staff continued to develop messaging and deliver programming for all ages to help reduce the spread of COVID-19 in our communities.

Recognizing that the risk of COVID-19 is still present and increasing, many promotional messages focused on educating members of the public about the potential risks of their actions as well as identifying strategies they could take to mitigate risk and prevent the spread of the virus. Promotional messaging was tailored to local needs and addressed evolving situations and questions.

Social media and website content were developed on how to celebrate holidays safely including Thanksgiving and Halloween. News releases with tips to reduce risk were also shared. Additional messaging was developed on how to hunt safely during COVID-19 and how to reduce risks when gathering with others. A total of nine media interviews were also conducted for local newspapers, radio stations, and television about these topics.

A series of 10 messages was also developed to highlight real-life examples of situations where individuals tested positive for COVID-19. These examples then included suggested actions to

correct the behaviour and reduce risk of getting and spreading the virus. More messaging was shared on updated criteria for testing and being patient while waiting for results.

In follow-up to a request from many schools, a series of mask tips targeted to parents were developed for our social media channels to remind parents of appropriate mask choices and use. Additional information about face covering exemptions was added to our website. To inform the public on school outbreak criteria and reporting, how to isolate properly, and how to support those isolating or those with COVID-19 were developed as well.

To help reach local older adult populations, the team developed and hosted a virtual booth for the Ageing in Place Conference held on October 23. Participants received a video and information on the Top 10 COVID rules to live by and additional resources to promote COVID-safe behaviours, mental health promotion, and healthy active living.

Substance Use and Healthy Sexuality

The School Health Promotion Team continues to provide up-to-date information and resources to school community members. Recently, the team provided information to teachers regarding substance use and sexual health to support curriculum implementation in the classroom.

Mental Health Promotion

The School Health Promotion team has received many requests from schools and boards for mindfulness resources and programming. The *Inhale, Exhale* school mindfulness program provides experiential learning and skill-building opportunities to incorporate mindfulness into students' daily lives. The team has provided virtual consultations and resources that align with this program. For example, one school requested support to implement a whole-school approach to mindfulness, and a virtual teacher requested resources and support to implement practices with her students. The *Inhale, Exhale* program is one of many resources that is being used to support the mental health of school community members.

Additionally, the team developed a series of social media messages to address stress and anxiety related to COVID-19 and return to school. Individuals were encouraged to engage in regular exercise, take time to breathe, and nurture their spark.

2. Vaccine Preventable Diseases and COVID Case and Contact Management

On October 26, Public Health Sudbury & Districts declared a COVID-19 outbreak at Lo-Ellen Park Secondary School. Public Health had initiated case and contact management in accordance with the most up-to-date Ministry of Health guidance documents and worked closely with the school and school board administration to monitor the outbreak which is now declared over.

In October, Public Health Nurses attended 10 schools to immunize Grade 7 students against the human papillomavirus (HPV), hepatitis B, and meningococcal disease. Public Health continues

to offer publicly funded vaccines, by appointment, to students who may have missed a dose last school year due to school closures, and to those who attend school virtually. Additionally, an influenza vaccine clinic was held on October 27 for staff and their household members, with more clinics scheduled.

In the week of September 28, two Advisory Alerts were released for Health Care Providers to provide updated COVID-19 guidance for children in school and childcare centres in response to the Ministry of Health's updated screening guidelines, and to disseminate the Universal Influenza Immunization Program (UIIP) implementation package. The implementation package outlines the UIIP process, available vaccine products and their usage, as well as information for specific age groups. On October 19, a news release was also issued to members of the public to encourage them to get their flu shot during the ongoing COVID-19 pandemic. Even more important this year, members of the public were reminded that the flu shot helps keep us healthy and helps keep our health care system from being overwhelmed by people who may be ill with serious respiratory illness. Additional promotional messaging for the flu campaign was shared through social media and our website. To-date a total of 420 influenza vaccines have been administered through Public Health Sudbury & Districts main and district office clinics. Additional on-site influenza clinics have been scheduled to meet this year's increased demand.

3. COVID and Schools

The COVID and Schools team continues to work closely with school community members. The team provided updates and guidance on the revised *What to do: If a child is ill during school or daycare hours* tool, which was released in early October. Information was shared with the school board COVID leads, which included letters to share with families. Information was added to the PHSD website and social media channels.

The team has researched and provided guidance and recommendations to local Directors of Education on various topics such as masking during indoor/gym exercise, hosting Halloween in the school setting, and recommendations for paper use in the school setting.

The team continues to provide education, awareness and up-to-date information to school community members. For example, public health nurses have been providing various presentations and workshops to students on topics such as the importance of physical distancing, mask wearing, hand washing, and how COVID-19 is spread. A presentation was also done during a school board's Parent Involvement Committee meeting regarding information on staying safe at school during COVID-19.

The team also responds to calls from parents, school and daycare staff, and has been providing support and guidance on symptom management, illness prevention, protection strategies, infection prevention and control, and answering other questions and concerns related to COVID-19.

Health Protection

1. Control of Infectious Diseases (CID)

During the month of October, staff followed-up with 16 new local cases of COVID-19 and their contacts. Furthermore, 12 sporadic enteric cases, and one infection control complaint were investigated.

Public health inspectors followed-up on 33 complaints, and 29 consultations and requests for service, related to compliance with COVID-19 preventative measures.

Respiratory and enteric outbreaks

Three respiratory outbreaks and one enteric outbreak were declared in the month of October. Staff continue to monitor all reports of respiratory and enteric illness.

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

Sexual health clinic

The Elm Place site completed a total of 489 telephone assessments related to STIs, blood-borne infections and/or pregnancy counselling in October, resulting in 293 onsite visits.

Needle exchange program

In September, harm reduction supplies were distributed and services received through 2569 client visits across the Public Health Sudbury & Districts' region.

3. Food Safety

During the month of October, staff issued 13 special event food service permits to various food vendors participating in a winter season farmers' market. In addition to food safety messaging, public health inspectors also provided guidance on re-opening the farmers' market in a COVID-safe manner.

4. Health Hazard

In October, 26 health hazard complaints were received and investigated.

5. Ontario Building Code

During the month of October, 53 sewage system permits, 19 renovation applications, and 3 consent applications were received.

6. Rabies Prevention and Control

Twenty-five rabies-related investigations were carried out in the month of October. One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis, and was subsequently reported as negative .

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

7. Safe Water

Public health inspectors investigated two blue-green algae complaints in the month of October.

During October, 55 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated nine regulated adverse water sample results, as well as a drinking water lead exceedance at one local school.

One health information notice for sodium was issued. Furthermore one boil water order was rescinded.

8. *Smoke Free Ontario Act, 2017* Enforcement

In October, seven individuals were charged for smoking or vaping on school property, and two retail establishments were charged for selling e-cigarette products that are restricted to a specialty vape shop.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

The final reporting and evaluation for the Circles initiative was completed in October 2020. The initiative was funded by Ontario's Local Poverty Reduction Fund and was implemented by Public Health Sudbury & Districts in partnership with agencies across Greater Sudbury. The Circles initiative is a community-based poverty reduction approach which includes three programs: Bridges out of Poverty, Leader Training, and Circles. While funding for the initiative has now ended, in-kind contributions from Public Health Sudbury & Districts and Greater Sudbury will allow the program to continue up to the end of 2020, with weekly virtual group sessions and the provision of Good Food Boxes each month to participants. A business case will be submitted to the City of Greater Sudbury in November for 2021 budget deliberations requesting funds to sustain the program into 2021.

A final evaluation report for Greater Sudbury's Recreation Relation program was completed. The program was funded by Ontario's Local Poverty Reduction Fund and was implemented by

Greater Sudbury in partnership with Sudbury's four local school boards. The program offered free extracurricular programming for three years to students in eight schools that serve high proportions of families living in low income in Greater Sudbury. The goal of the evaluation was to assess the impact of recreational activities on student academic achievement and school success.

The anti-racism youth-led "Woke" project continues with modifications due to COVID-19. This has included virtual youth mentorship sessions designed to support Black and racialized youth in our service area, as well as anyone who wants to learn about and support anti-racist practice. The allyship training component of the project is being delivered by Public Health Sudbury & Districts staff. A one-hour on-demand allyship module has been developed in addition to the creation of an interactive three-hour experiential allyship workshop. The module and interactive workshops are available to the public and are currently being delivered to Public Health Sudbury & Districts staff as well as project partners including faculty and staff at Laurentian University.

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. The team also held an internal Indigenous Engagement Community of Practice session with staff focused on the history of Residential Schools.

2. Population Health Assessment and Surveillance

Four new internal Population Health Assessment Team Indicator Reports (PHAS-IR) were produced using 2019 data from the Rapid Risk Factor Surveillance System (RRFSS). Topics include Support for Water Fluoridation (1 Indicators); Health Effects of Cannabis Use on Adolescents and Young Adults (5 Indicators); Health Effects of Cannabis on Pregnancy and Breastfeeding (2 indicators); Cannabis Use (6 indicators).

3. Research and Evaluation

Understanding how COVID-19 is impacting our communities is important to public health. One way of understanding community needs and opportunities is through surveys. Public Health Sudbury & Districts recently conducted two new online bilingual surveys on the topics of safe behaviours ([English](#) and [French](#)) and [mental health, and substance use and injury prevention](#). Together, both surveys garnered over 1100 responses. Public Health will continue to conduct community surveys to inform our agency's work in this context and allow us to provide our community partners and decision-makers the best advice possible, both during the response and into the future. The results of all community surveys are posted on our website for public viewing.

4. Staff Development

Staff development opportunities continue to be offered and advertised through various internal platforms, including all staff emails, Insight, and Inside Edition. In October, many staff participated in allyship and Lean six sigma training. Compassion fatigue training with all staff is being planned for late 2020.

5. Student Placement Program

Due to our agency's COVID-19 response, our capacity to take students has been impacted since the spring. For the fall of 2020, the Student Placement Program will host eight nursing students, some of whom will support the COVID in schools program. Additionally, our agency will host students from various disciplines including Masters in Public Health and medicine.

6. Strategic Engagement Unit and Communications

Broad as well as targeted COVID-19 related messaging continues to be provided to the general community as well as to specific sectors, such as education and business, to help reduce the spread of infection. With a continuous focus on improving individuals' barrier-free access to information, the agency is working toward ensuring its public facing website is compliant with new requirements that come into effect on January 1, 2020, in relation to the *Accessibility for Ontarians with Disabilities Act*.

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 9 Periods Ending September 30, 2020

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	14,983,563	11,237,672	11,237,672	0	3,745,891
MOH - Other Related Program	1,806,222	1,354,672	1,354,666	6	451,556
MOH - One Time Mitigation Grant	1,179,500	0	0	0	1,179,500
MOH - Unorganized Territory	826,000	619,500	619,500	0	206,500
Municipal Levies	8,080,180	6,060,141	6,060,143	(2)	2,020,037
Interest Earned	140,000	110,402	110,402	1	29,598
Total Revenues:	\$27,015,465	\$19,382,387	\$19,382,383	\$4	\$7,633,082
Expenditures:					
Corporate Services:					
Corporate Services	5,007,486	3,235,583	3,186,808	48,774	1,820,678
Office Admin.	115,350	48,557	46,316	2,241	69,034
Espanola	117,509	86,593	81,671	4,922	35,837
Manitoulin	127,187	93,789	83,286	10,503	43,901
Chapleau	104,631	77,382	73,779	3,603	30,852
Sudbury East	17,940	13,455	13,690	(235)	4,250
Intake	337,278	247,472	244,279	3,193	92,999
Facilities Management	574,599	447,215	437,110	10,105	137,489
Volunteer Resources	3,850	2,412	203	2,210	3,648
Total Corporate Services:	\$6,405,830	\$4,252,459	\$4,167,143	\$85,316	\$2,238,688
Health Protection:					
Environmental Health - General	1,310,160	906,942	858,526	48,415	451,633
Enviromental	2,527,907	1,794,562	1,743,801	50,761	784,106
Vector Borne Disease	87,545	37,182	23,902	13,280	63,643
Small Drinking Water Systems	178,774	130,642	136,746	(6,104)	42,028
CID	1,266,024	972,079	1,019,996	(47,917)	246,028
Districts - Clinical	223,123	164,610	161,754	2,857	61,369
Risk Reduction	185,942	128,091	126,503	1,587	59,439
Sexual Health	1,167,837	844,716	806,210	38,506	361,628
MOHLTC - Influenza	0	0	112	(112)	(112)
MOHLTC - Meningitis	0	0	(162)	162	162
MOHLTC - HPV	0	0	(774)	774	774
SFO: E-Cigarettes Protection and Enforcement	36,700	19,307	12,123	7,184	24,577
SFO: Protection and Enforcement	259,800	148,655	115,330	33,325	144,470
Infectious Diseases Control Initiatives	479,100	350,149	350,149	(1)	128,951
Food Safety: Haines Funding	36,500	0	0	0	36,500
	\$7,759,412	\$5,496,934	\$5,354,217	\$142,717	\$2,405,195
Health Promotion:					
Health Promotion - General	1,434,506	1,011,030	869,340	141,690	565,166
Districts - Espanola / Manitoulin	336,364	244,298	227,532	16,766	108,833
Nutrition & Physical Activity	1,139,448	785,624	617,087	168,536	522,361
Districts - Chapleau / Sudbury East	402,549	294,881	284,912	9,970	117,637
Injury Prevention	516,438	367,882	307,211	60,671	209,227
Tobacco, Vaping, Cannabis & Alcohol	479,591	335,426	332,074	3,352	147,517
Family Health	635,138	464,721	426,506	38,215	208,631
Healthy Growth and Development	988,657	709,955	431,330	278,625	557,327
Mental Health & Addiction	607,321	426,083	327,547	98,536	279,775
Dental	452,214	316,021	287,097	28,925	165,117
Healthy Smiles Ontario	612,200	423,610	418,102	5,508	194,098
Vision Health	68,977	11,990	826	11,164	68,151
SFO: TCAN Prevention	97,200	9,218	8,510	708	88,690
SFO: TCAN Coordination	285,800	189,261	181,056	8,205	104,744
SFO: Tobacco Control Coordination	100,000	73,033	73,033	(0)	26,967
SFO: Youth Tobacco Use Prevention	80,000	56,748	55,525	1,223	24,475
Harm Reduction Program Enhancement	150,000	104,760	103,871	889	46,129
Diabetes Prevention	175,000	80,260	72,269	7,991	102,731
Total Health Promotion:	\$8,561,402	\$5,904,802	\$5,023,827	\$880,975	\$3,537,576
School Health, Vaccine Preventable Diseases and COVID Pr					
School Health, VPD, COVID Prevention - General	0	0	33,859	(33,859)	(33,859)
School	1,476,641	1,072,239	1,053,197	19,043	423,445
VPD and COVID CCM	0	0	41,074	(41,074)	(41,074)
Total Knowledge and Strategic Services::	\$1,476,641	\$1,072,239	\$1,128,129	\$(55,890)	\$348,512
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,583,500	1,814,948	1,768,426	46,522	815,074
Workplace Capacity Development	23,507	16,971	3,015	13,957	20,492
Health Equity Office	14,440	8,083	6,890	1,193	7,550
Social Determinants of Health Nurses Initiatives	180,500	131,504	131,505	(1)	48,995
Strategic Engagement	10,232	4,968	2,211	2,756	8,021
Total Knowledge and Strategic Services::	\$2,812,179	\$1,976,474	\$1,912,047	\$64,427	\$900,133
Total Expenditures:	\$27,015,465	\$18,702,908	\$17,585,362	\$1,117,546	\$9,430,103
Net Surplus/(Deficit)	\$0	\$679,479	\$1,797,021	\$1,117,542	
COVID-19 Pandemic Response			1,398,118	(1,398,118)	
Surplus/(Deficit) net of COVID-19 Response				\$(280,576)	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 9 Periods Ending September 30, 2020

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Variance¹ YTD (over) / under	Budget Available
Revenues & Expenditure Recoveries:						
Funding	27,073,303	19,440,220	19,493,916		(53,697)	7,579,387
Other Revenue/Transfers	741,206	489,680	587,992		(98,312)	153,214
Total Revenues & Expenditure Recoveries:	27,814,509	19,929,900	20,081,908		(152,009)	7,732,601
Expenditures:						
Salaries	18,370,558	12,858,547	12,260,681	778,547	(180,681)	5,331,330
Benefits ²	5,097,834	3,728,605	3,565,267	85,615	77,725	1,446,952
Travel	301,159	114,575	92,123	5,434	17,018	203,602
Program Expenses	1,082,633	462,720	409,522	88,128	(34,930)	584,983
Office Supplies	67,459	43,246	26,419	1,886	14,941	39,154
Postage & Courier Services	64,972	41,374	39,808	5,119	(3,553)	20,045
Photocopy Expenses	31,367	18,223	19,061	14,109	(14,947)	(1,803)
Telephone Expenses	65,266	48,749	44,438	53,233	(48,922)	(32,405)
Building Maintenance	465,467	369,228	361,173	42,251	(34,196)	62,043
Utilities	219,249	120,437	139,453	-	(19,016)	79,796
Rent	320,584	240,439	237,806	-	2,633	82,778
Insurance	117,849	116,599	115,712	-	887	2,137
Employee Assistance Program (EAP)	35,000	35,000	31,770	-	3,230	3,230
Memberships	29,889	28,324	30,331	-	(2,007)	(442)
Staff Development ³	204,768	73,054	20,096	198.00	52,760	184,474
Books & Subscriptions	9,345	4,222	2,524	-	1,698	6,821
Media & Advertising	148,850	83,598	39,660	182,828	(138,890)	(73,638)
Professional Fees	341,871	166,995	165,622	37,146	(35,773)	139,103
Translation	49,440	28,456	31,437	46,511	(49,492)	(28,508)
Furniture & Equipment	27,531	14,509	13,059	5,403	(3,953)	9,069
Information Technology	763,418	653,507	638,914	51,709	(37,116)	72,795
Total Expenditures	27,814,509	19,250,407	18,284,877	1,398,117	(432,585)	8,131,515
Net Surplus (Deficit)	0	679,492	1,797,031	(1,398,117)	(280,576)	

¹Deficit variances in column G are mainly related to additional COVID-19 costs.

²Positive variance is related to a 3 month reduction in costs transferred by our service provider in recognition of our monumental efforts for keeping everyone safe and healthy during this pandemic.

³Positive variance is related to the available time staff have to participate in staff development opportunities as our focus remains on our COVID-19 response. Important to note that since the onset of COVID-19, there are many more online opportunities which are much less costly and we continue to promote those opportunities to staff.

Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended September 30, 2020

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End
100% Funded Programs						
Indigenous Communities	703	90,400	46,201	44,199	51.1%	Dec 31
Pre/Postnatal Nurse Practitioner	704	139,000	69,891	69,109	50.3%	Mar 31/2021
OTF - Getting Ahead and Circles	706	82,134	82,134	-	100.0%	Sept.30/2020
CGS - Local Poverty Reduction Evaluation	707	67,771	36,282	31,489	53.5%	Mar. 31/2021
WOKE Age: Youth Driven Racial Equity	708	82,037	104,570	(22,533)	127.5%	Mar 31/2021
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	23,929	76,071	23.9%	Mar 31/21
Northern Fruit and Vegetable Program	743	176,100	130,685	45,415	74.2%	Dec 31
Triple P Co-Ordination	766	68,663	35,944	32,719	52.3%	Dec 31
Supervised Consumption Study	770	12,920	24,683	(11,763)	191.0%	Dec 31
Healthy Babies Healthy Children	778	1,476,897	677,829	799,068	45.9%	Mar 31/21
Ontario Senior Dental Care Program	786	810,200	237,305	572,895	29.3%	Dec 31
Anonymous Testing	788	61,193	30,477	30,716	49.8%	Mar 31/21
Total		3,167,315	1,499,930	1,667,385		

October 29, 2020



The Honourable Patty Hajdu
Federal Minister of Health
House of Commons
Ottawa ON K1A 0A6
Via e-mail patty.hajdu@parl.gc.ca

The Honourable Christine Elliott
Provincial Minister of Health
5th Floor
777 Bay Street
Toronto ON M7A 2J3
Via e-mail christine.elliott@pc.ola.org

Dear Ministers Hajdu and Elliott:

Re: Municipal Drug Strategy Coordinators Network of Ontario, Safe Supply

On September 25, 2020 at a regular meeting of the Board of Health for the Grey Bruce Health Unit, the Board considered the attached letters from the Municipal Drug Strategy Coordinators Network of Ontario regarding safer supply initiatives. The following motion was passed:

GBHU BOH Motion 2020-65

Moved by: Anne Eadie

Seconded by: Brian O'Leary

"THAT, the Board of Health endorse the Municipal Drug Strategy Coordinators Network of Ontario call on the provincial government to fund implementation of safer supply initiatives in a coordinated approach with the federal government; and support the implementation of safer supply initiatives by adding the required formulations to the Ontario Drug Benefit Formulary to enable injectable safer supply initiatives to operate."

Carried

Sincerely,

A handwritten signature in blue ink, appearing to read "Mitch Twolan".

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Municipal Drug Strategy Coordinators Network of Ontario, Adrienne Crowder, Alex Ruff, MP
Bruce-Grey-Owen Sound, Terry Dowdall, MP Simcoe-Grey, Ben Lobb, MP Huron-Bruce
Association of Local Public Health Agencies, Ontario Health Units

Working together for a healthier future for all..

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

Municipal Drug Strategy Coordinators Network of Ontario
c/o Adrienne Crowder
Manager, Wellington Guelph Drug Strategy
176 Wyndham St. N.
Guelph ON, N1H 898

August 21, 2020

Honourable Patty Hajdu
Minister of Health
Government of Canada
House of Commons
Ottawa ON, K1A 0A6

Dear Honourable Minister of Health Hajdu,

We would like to commend your government for addressing the drug poisoning crisis by funding and facilitating access to safer supply initiatives, and other health interventions. As you know, safer supply initiatives provide pharmaceutical-grade drugs, such as hydromorphone or diacetylmorphine, to people who use substances within a health care context. However, additional safer supply initiatives are needed in Ontario and across Canada. Therefore, on behalf of the Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO), we urge the Government of Canada to immediately increase funding to safer supply initiatives to save lives, and improve the health, safety and well-being of people who use drugs in our province.

Safer supply initiatives significantly improve individual health by transitioning people from the toxic, unregulated market to pharmaceutical-grade substances within a health care context. Substance use is addressed as a health issue rather than a criminal justice issue. Safer supply initiatives can also offer participants case management and other supports to address a spectrum of health and social concerns. These health initiatives have demonstrated exceptionally high client retention rates and significant reductions in overdose fatalities while simultaneously creating a pathway to health care services for their clients.¹ Beyond the health sector, safer supply initiatives provide significant benefits, including improved community safety and well-being, and reduced

¹ Canadian Centre on Substance Use and Addiction. "Exploring Expanded Response Options to Opioid Harms: Case Studies from Four Canadian Clinics", June 2020. Available at: <https://www.ccsa.ca/sites/default/files/2020-06/CCSA-Expanded-Response-Options-Opioid-Harms-Case-Studies-2020-en.pdf>.

enforcement- and criminal justice-related costs.² For these reasons, they have strong support in many Ontario communities.

In 2019, Ontario recorded the highest number of opioid-related overdose deaths in Canada, with 1,535 people dying from opioid-related poisoning, surpassing the province of British Columbia for the first time.^{3,4} Since the year 2000, when 111 opioid-related fatalities were recorded, the number of preventable deaths has increased every year, resulting in declining life expectancy in Ontario.⁵ While several factors contribute to the drug poisoning crisis, exposure to toxic drugs from an unregulated market is the primary driver of deaths in Ontario and the rest of Canada.

The drug poisoning crisis has been intensified by the COVID-19 pandemic, resulting in two concurrent public health crises. Services have temporarily closed or reduced their hours and capacity. In addition, the unregulated drug market has become increasingly toxic. Stress, isolation, and other pandemic-related factors have increased the risks associated with substance use. Preliminary data from the Office of the Chief Coroner for Ontario shows a 35% increase in suspected drug-related deaths in Ontario in March, April and May 2020 compared to the monthly average in 2019, with approximately 60 suspected-drug related deaths occurring each week.⁶ It is now more evident than ever that urgent action is needed to address the opioid poisoning crisis that is co-occurring with the COVID-19 pandemic.

In late 2019 and early 2020, most community proposals submitted to the Substance Use and Addictions Program (SUAP) for safer supply initiatives were denied simply because of inadequate funding. The MDSCNO calls on the federal government to urgently increase SUAP funding available for existing proposals, and to issue a second call for new SUAP safer supply proposals to support a full spectrum of safer supply initiatives across Canada.

The MDSCNO's members are among Ontario's leading experts in drug policy and program development. We represent comprehensive drug strategies in many municipalities throughout Ontario who share a collective interest in making our province safer and healthier for present and future generations.

² Ontario Agency for Health Protection and Promotion (Public Health Ontario), Leece P, Tenenbaum M. *Evidence Brief: Effectiveness of supervised injectable opioid agonist treatment (siOAT) for opioid use disorder*. Toronto, ON; 2017.

³ Public Health Ontario. Personal Communication, May 2020.

⁴ Preliminary data from the Office of the Chief Coroner for Ontario shows that there were 1,535 probable and confirmed opioid overdose deaths in Ontario in 2019. This number may increase as coroner's complete investigations.

⁵ Statistics Canada. (2020). *The Daily: Life Tables*. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/200128/dq200128a-eng.htm>

⁶ Office of the Chief Coroner for Ontario. Personal Communication, August 2020

Sincerely,



Adrienne Crowder
Manager, Guelph Wellington Drug Strategy
On behalf of the Municipal Drug Strategy
Coordinators Network of Ontario



Susan Shepherd
Manager, Toronto Drug Strategy Secretariat
On behalf of the Municipal Drug Strategy
Coordinators Network of Ontario

CC:

Prime Minister Trudeau
Alliance for Healthier Communities
Association of Municipalities of Ontario
Canadian Alliance to End Homelessness
Canadian Drug Policy Coalition
Canadian Mental Health Association
Canadian Nurses Association
Canadian Public Health Association
Chiefs of Ontario
College of Nurses of Ontario
College of Physicians and Surgeons of Ontario
Council of Medical Officers of Health
Federation of Canadian Municipalities
Ontario Association of Chiefs of Police
Ontario College of Pharmacists
Ontario Pharmacists Association
Ontario Public Health Association
Public Health Ontario

About the Municipal Drug Strategy Coordinators Network of Ontario

Our 65+ members work in diverse health settings across the province, including public health units, community health centres and not-for-profit organizations. Members coordinate multi-sectoral initiatives that aim to prevent and/or reduce the harms of substance use through regionally tailored strategies incorporating prevention, harm reduction, treatment and enforcement-justice initiatives. Learn more at:

www.drugstrategy.ca.

Municipal Drug Strategy Coordinators Network of Ontario
c/o Adrienne Crowder
Manager, Wellington Guelph Drug Strategy
176 Wyndham St. N.
Guelph ON, N1H 898

August 21, 2020

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

Dear Minister Elliott,

On behalf of the Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO), we urge the Province of Ontario to immediately fund and scale up implementation of safer supply initiatives to save lives, and improve the health, safety and well-being of people who use drugs in our province.

Safer supply initiatives significantly improve individual health by transitioning people from the toxic, unregulated market to pharmaceutical-grade substances within a health care context. Substance use is addressed as a health issue rather than a criminal justice issue. Safer supply initiatives can also offer participants case management and other supports to address a spectrum of health and social concerns. These health initiatives have demonstrated exceptionally high client retention rates, and significant reductions in overdose fatalities while simultaneously creating a pathway to health care services for their clients.¹

In 2019, Ontario recorded the highest number of opioid-related overdose deaths in Canada, with 1,535 people dying from opioid-related poisoning, surpassing the province of British Columbia for the first time.^{2,3} Since the year 2000, when 111 opioid-related fatalities were recorded, the number of preventable deaths has increased every year,

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² Public Health Ontario. Personal Communication, May 2020.

³ Preliminary data from the Office of the Chief Coroner for Ontario shows that there were 1,535 probable and confirmed opioid overdose deaths in Ontario in 2019. This number may increase as coroner's complete investigations.

resulting in declining life expectancy in Ontario.⁴ While several factors are contributing to the opioid poisoning crisis, exposure to increasingly toxic drugs from an unregulated market is the primary driver of deaths in Ontario and the rest of Canada.

The drug poisoning crisis has been intensified by the COVID-19 pandemic, resulting in two concurrent public health crises. Services have temporarily closed or reduced their hours and capacity. In addition, the unregulated drug market has become increasingly toxic. Stress, isolation, and other pandemic-related factors have increased the risks associated with substance use. Preliminary data from the Office of the Chief Coroner for Ontario shows a 35% increase in suspected drug-related deaths in Ontario in March, April and May 2020 compared to the monthly average in 2019, with approximately 60 suspected-drug related deaths occurring each week.⁵ It is now more evident than ever that urgent action is needed to address the opioid poisoning crisis that is co-occurring with the COVID-19 pandemic.

The patient- and system-level benefits of safer supply initiatives directly support the government's commitment to end hallway health care, reduce wait times, and improve patient interactions within the health care system. Beyond the health sector, safer supply initiatives provide significant benefits, including improved community safety and well-being, and reduced enforcement- and criminal justice-related costs.⁶ For these reasons, they have strong support in many Ontario communities.

Therefore, the MDSCNO calls on the provincial government to:

- fund implementation of safer supply initiatives in a coordinated approach with the federal government; and
- support the implementation of safer supply initiatives by adding the required formulations, such as hydromorphone (i.e., 50 milligrams/millilitres and 100 milligrams/millilitres hydromorphone) and diacetylmorphine, to the Ontario Drug Benefit Formulary to enable injectable safer supply initiatives to operate.

The MDSCNO's members are among Ontario's leading experts in drug policy and program development. We represent comprehensive drug strategies in many municipalities throughout Ontario who share a collective interest in making our province safer and healthier for present and future generations.

⁴ Statistics Canada. (2020). *The Daily: Life Tables*. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/200128/dq200128a-eng.htm>

⁵ Office of the Chief Coroner for Ontario. Personal Communication, August 2020

⁶ Ontario Agency for Health Protection and Promotion (Public Health Ontario), Leece P, Tenenbaum M. *Evidence Brief: Effectiveness of supervised injectable opioid agonist treatment (siOAT) for opioid use disorder*. Toronto, ON; 2017.

Sincerely,



Adrienne Crowder
Manager, Guelph Wellington Drug Strategy
On behalf of the Municipal Drug Strategy
Coordinators Network of Ontario



Susan Shepherd
Manager, Toronto Drug Strategy Secretariat
On behalf of the Municipal Drug Strategy
Coordinators Network of Ontario

CC:

Premier Doug Ford
Michael A. Tibollo, Associate Minister of Mental Health and Addictions
Alliance for Healthier Communities
Association of Municipalities of Ontario
Canadian Alliance to End Homelessness
Canadian Drug Policy Coalition
Canadian Mental Health Association
Canadian Nurses Association
Canadian Public Health Association
Chiefs of Ontario
College of Nurses of Ontario
College of Physicians and Surgeons of Ontario
Council of Medical Officers of Health
Federation of Canadian Municipalities
Ontario Association of Chiefs of Police
Ontario College of Pharmacists
Ontario Pharmacists Association
Ontario Public Health Association
Public Health Ontario

About the Municipal Drug Strategy Coordinators Network of Ontario

Our 65+ members work in diverse health settings across the province, including public health units, community health centres and not-for-profit organizations. Members coordinate multi-sectoral initiatives that aim to prevent and/or reduce the harms of substance use through regionally tailored strategies incorporating prevention, harm reduction, treatment and enforcement-justice initiatives. Learn more at: www.drugstrategy.ca.

-----Original Message-----

From: Prime Minister/Premier Ministre <PM@pm.gc.ca>

Sent: October 16, 2020 3:13 PM

To: Rachel Quesnel <quesnelr@phsd.ca>

Cc: Ahmed D. Hussen, P.C., M.P. <EDSC.SM.CORR.DEPT-MS.CORR.DEPT.ESDC@hrsdc-rhdcc.gc.ca>

Subject: Office of the Prime Minister / Cabinet du Premier ministre

Dear Dr. Sutcliffe:

c/o R. Quesnel

On behalf of Prime Minister Justin Trudeau, I would like to acknowledge receipt of your correspondence regarding income security programs.

Thank you for writing. You may be assured that your comments, offered on behalf of the Board of Health for Public Health Sudbury and Districts, have been carefully reviewed. In your correspondence, you raise an issue that falls more directly within the portfolio of the Honourable Ahmed D. Hussen, Minister of Families, Children and Social Development. I have therefore taken the liberty of forwarding your email and attached letter to Minister Hussen for information and consideration.

Once again, thank you for writing.

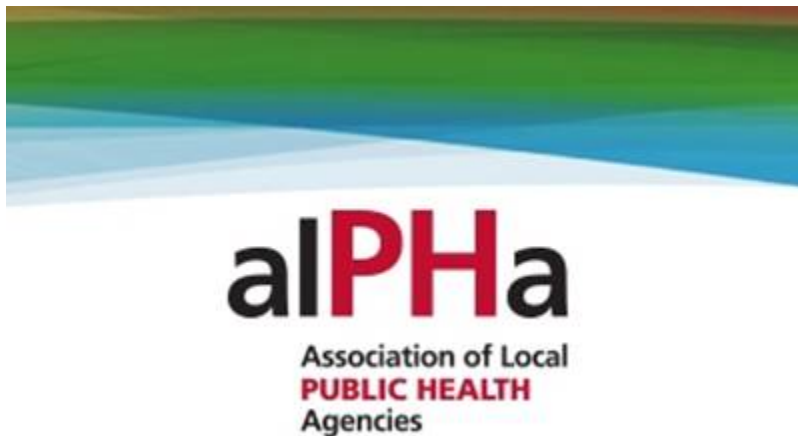
Sincerely,

C. Chaar

Executive Correspondence Officer

Agent de correspondance

de la haute direction



Information Break

October 22, 2020

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

Fall 2020 Budget Consultations

alPHA submitted input for consideration to the provincial government as it prepares a Fall 2020 Budget. The submission highlights the critical role the public health sector plays in the health of the people of Ontario and how public health is key to the province's economic recovery. Read the submission [here](#).

Ontario Seniors Dental Care Program (OSDCP) and COVID-19 Impacts

alPHA sent a letter to the Premier calling for action to improve the capacity of the Ontario Seniors Dental Care Program (OSDCP) to address the dental care needs of low-income seniors which has been further restricted during the COVID-19 pandemic. The letter recommends that the Province implement changes to the OSDCP to meet the demand, clear the backlog and alleviate the burden on Ontario's Emergency Rooms. Read the submission [here](#).

COVID-19

alPHA representatives continue to participate in key stakeholder briefings and the 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](#)

Update on ALPHA's Annual General Meeting

As a result of the COVID-19 pandemic and the extraordinary challenges placed upon the public health system, the ALPHA Board of Directors, in the best interests of the organization, made the decision in April to postpone ALPHA's Conference and with it the Annual General Meeting, Resolutions Session, and changeover of the ALPHA Board which includes Boards of Health Section Executive Elections and confirmation of a new COMOH Executive.

While we didn't meet in June, ALPHA announced the recipients of its 2020 Distinguished Service Award (DSA), which recognizes outstanding contributions to public health in Ontario. [Read more about the DSA recipients here](#). ALPHA also made available the 2019-2020 Annual Report to highlight activities and achievements of the past year, a time of unprecedented challenges to the public health system in Ontario and around the world. [Read the 2019-2020 ALPHA Annual Report here](#).

As part of our commitment to respond and adapt to the situation, the ALPHA Board and Executive continue to discuss and deliberate upon next steps. These discussions, which also involve meetings and ongoing consultation with legal counsel, are aimed at determining the best option for our unique membership within the rules of our Constitution and our available resources.

The ALPHA Board is meeting on November 27th and will continue to consider all options to determine the best path forward. We will be back in touch shortly afterwards with an update. In the meantime, ALPHA will continue to support members in their response to COVID-19.

The Association extends its thanks to the Board of Directors and the membership for their strong and ongoing support of ALPHA during the COVID-19 pandemic.

Get Local COVID19 RRFSS Data Fast!

New RRFSS COVID-19 data!

RRFSS has developed over 100 new COVID-19 related questions to collect local in-depth health information related to COVID-19 behaviours and attitudes. These new modules are available for RRFSS members in the 2021 survey. The 12 new COVID-19 related modules include:

- Precautions (Distancing and Face coverings)
- Financial Impacts
- Handwashing
- Health Impacts
- Symptoms and Testing
- Vaccine Readiness

For further information about the new RRFSS modules or about joining RRFSS please visit our website:
<https://www.rffss.ca/questionnaires>
or contact Lynne Russell, RRFSS Coordinator: lynnerussell@rffss.ca

13th Annual DLSPH Student-Led Conference

13th Annual Student-Led Conference, presented by the Dalla Lana School of Public Health at the University of Toronto, will be held virtually on November 12-14, 2020. "Moving Beyond Repair: Upstream Approaches to Public Health Emergencies" will bring together students, academics, practitioners, community stakeholders, and policy-makers to discuss how deep-rooted systemic health inequalities are illuminated in the midst of public health crises, such as the current COVID-19 pandemic. For more information about the event, please visit the conference Facebook (<https://www.facebook.com/DLSPHStudentLed/>) or Instagram (<https://www.instagram.com/dlsphstudentled/>) pages.

Public Health News Roundup

Ontario Expanding Mental Health Services for Children and Youth - October 21, 2020

Ontario Protects Workers, Volunteers and Organizations Who Make Honest Efforts to Follow COVID-19 Public Health Guidelines and Laws - October 20, 2020

Ontario Extends COVID-19 Orders to Protect the Public - October 20, 2020

Ontario Making Government Services More Convenient, Reliable, and Accessible - October 19, 2020

Stay Safe and Follow Public Health Advice This Halloween - October 19, 2020

York Region Added to List of Areas of Higher Community Spread - October 17, 2020

Ontario Moving Additional Region to Modified Stage 2 - October 16, 2020

Ontario Supports the Production of Critical Supplies to Fight the Spread of COVID-19 - October 16, 2020

Millions Across Canada Now Using Made-in-Ontario COVID Alert App - October 15, 2020

Ontario Adding Over 200 More Transitional Care Beds Across the Province - October 15, 2020

Outings on Hold for Long-Term Care Homes in Areas of Higher Community Spread - October 14, 2020

Ontario Hiring Hundreds More Contact Tracers and Case Managers - October 14, 2020

[Ontario Increases Production of COVID-19 Testing Supplies](#) - October 13, 2020

[Ontario Continues to Support Restaurants During COVID-19 Pandemic](#) - October 13, 2020

[Governments Investing \\$26.6 Million to Further Protect Ontario Agri-Food Workers During COVID-19](#) - October 13, 2020

[Increased COVID-19 Precautions for Congregate Care Settings](#) - October 9, 2020

[Ontario Implementing Additional Public Health Measures in Toronto, Ottawa and Peel Region](#) - October 9, 2020

[Ontario Hires Health System Leader as Education Health Advisor](#) - October 8, 2020

[Ontario Supporting Local Festivals and Events](#) - October 8, 2020

[Ontario Supporting Scientists Developing the Next Generation of Antibiotics](#) - October 7, 2020

[Ontario Building a Modern, Connected and Comprehensive Mental Health and Addictions System](#) - October 7, 2020

[Ontario Increases Mental Health Funding for Postsecondary Students](#) - October 6, 2020

[Ontario Surpasses Four Million COVID-19 Tests](#) - October 6, 2020

[New COVID-19 Precautions at Long-Term Care Homes](#) - October 5, 2020

[Ontario Releases \\$35 Million to Hire More Staff, Improve Remote Learning in Targeted Communities](#) - October 5, 2020

[Ontario Supports Training for Personal Support Workers in Niagara](#) - October 5, 2020

[Ontario Implementing Additional Public Health and Testing Measures to Keep People Safe](#) - October 2, 2020

Don't Forget to Update Our Contact Information!

Our Canada Post mail forwarding is ending soon! We moved almost a year ago but are still receiving mail at our old address. Please ensure that all staff have alPha's current location. Thank you!

Association of Local Public Health Agencies

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2

416-595-0006 | www.alphaweb.org | info@alphaweb.org



Ministry of Health

Office of the Deputy Premier
and Minister of Health

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

Ministère de la Santé

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

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



October 15, 2020

Ms. Claire Gignac
1176 Diane Street
Sudbury ON P3A 4H5

Dear Ms. Gignac:

Congratulations on your appointment to the Board of Health for the Sudbury and District Health Unit. I am very pleased that you have taken on this important responsibility.

As serving the people of Ontario is an honour and a privilege, I know you will be committed to the principles and values of public service and I am confident you will perform your duty with integrity.

I have enclosed a copy of the Order in Council which was approved on September 24, 2020, appointing you for the period September 24, 2020 until September 23, 2021.

Again, please accept my congratulations on your appointment. I am confident you will find this experience both interesting and rewarding.

Sincerely,

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

Christine Elliott
Deputy Premier and Minister of Health

Enclosure

c: Medical Officer of Health
Jamie West, MPP



Ontario

**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Claire Gignac** of Sudbury, be appointed as a part-time member of the Board of Health for the Sudbury and District Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective the date this Order in Council is made.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Claire Gignac** de Sudbury, est nommée au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Sudbury et du district pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an à compter du jour de la prise du présent décret.

Christine Elliott

Recommended: Minister of Health

Recommandé par : La ministre de la Santé

[Signature]

Concurred: Chair of Cabinet

Appuyé par : Le président | la présidente du Conseil des ministres

Approved and Ordered:

Approuvé et décrété le :

SEP 24 2020

[Signature]

**Lieutenant Governor
La lieutenante-gouverneure**

From: Ontario News
Sent: Tuesday, November 3, 2020 1:15:01 PM
To: Lamothej@phsd.ca
Subject: Ontario Releases COVID-19 Response Framework to Help Keep the Province Safe and Open



News Release

Ontario Releases COVID-19 Response Framework to Help Keep the Province Safe and Open

November 3, 2020

Government Provides Additional Details on \$300 Million to Support Eligible Businesses

TORONTO — In consultation with the Chief Medical Officer of Health and other health experts, the Ontario government has developed the [Keeping Ontario Safe and Open Framework](#). It ensures that public health measures are targeted, incremental and responsive to help limit the spread of COVID-19, while keeping schools and businesses open, maintaining health system capacity and protecting vulnerable people, including those in long-term care.

Details were provided today by Premier Doug Ford, Christine Elliott, Deputy Premier and Minister of Health, Rod Phillips, Minister of Finance, Peter Bethlenfalvy, President of the Treasury Board, and Dr. David Williams, Chief Medical Officer of Health.

"It's clear COVID-19 will be with us for a while, which is why we are putting in place a framework that will protect the health and safety of individuals and families, while avoiding broader closures across the province," said Premier Ford. "This framework, developed in consultation with our health experts, will serve as an early warning system allowing us to scale up and scale back public health restrictions on a regional or community basis in response to surges and waves of COVID-19. By introducing public health measures sooner, we can keep this deadly virus at bay, bend the curve and reclaim a little more of our normal lives."

The framework takes a gradual approach that includes introducing preventative measures earlier to help avoid broader closures and allow for additional public health and workplace safety measures to be introduced or removed incrementally. It categorizes public health unit regions into five levels: Green-Prevent, Yellow-Protect, Orange-Restrict, Red-Control, and Lockdown being a measure of last and urgent resort. Each level outlines the types of public health and workplace safety measures for businesses and organizations. These include targeted measures for specific sectors, institutions and other settings.

"The health and wellbeing of Ontarians is our number one priority. This framework, informed by public health experts, data and the experiences of other jurisdictions, is focused on introducing less invasive measures earlier to stop the spread of COVID-19," said Minister Elliott. "We are committed to being transparent with Ontarians, businesses and local communities as we work together to keep Ontarians safe, while keeping our economy open."

"This framework is critical to ensuring that public health measures are able to help slow the spread of the virus, while also supporting mental health and other social determinants of health," said Dr. Williams. "The framework operates like a dimmer switch, enabling measures and restrictions to be increased and give individuals and families the information they need to adjust their activities and interactions based on local epidemiological data."

As the province continues to expand access to real-time data, enhancements are also being made to [Ontario.ca/coronavirus](https://ontario.ca/coronavirus), Ontario's one-stop shop for information on COVID-19. Information about the spread of the virus, and public health and health system capacity will now be available on the website. This includes local cases by public health unit regions, the total number of cases, resolved cases, deaths, and tests completed and how many are positive. The province will continue to add data sets as they become available, such as sources of outbreaks as a subset of overall cases. This information will better help businesses, organizations and local communities access key information to prepare in advance for any changes in their region.

"You deserve to have access to the same information that we have, and that's why our government is enhancing online data and data visualization," said Minister Bethlenfalvy. "Greater transparency means that the people of Ontario have reliable access to the information they need to protect their health, and for businesses to reopen and operate safely. This is another way we're using technology and pursuing innovation to put the people at the centre of government and move Ontario onwards."

To provide the utmost transparency, each public health unit will be classified according to current framework indicators. Proposed classifications based on data for the week of October 26, 2020 can be found below. These will be confirmed by the province on Friday, November 6, 2020 and become effective on Saturday, November 7, 2020 at 12:01 a.m. Final decisions on moving public health unit regions into the framework will be made by the government based on updated data

and in consultation with the Chief Medical Officer of Health, local medical officers of health and other health experts, and will be reviewed weekly.

Going forward, the government will continually assess the impact of public health measures applied to public health unit regions for 28 days, or two COVID-19 incubation periods.

Supporting Businesses Affected by COVID-19 Public Health Measures

The Ontario government is making \$300 million available to businesses required to close or significantly restrict services in areas subject to modified Stage 2 public health restrictions (Ottawa, Peel, Toronto, and York Region) or, going forward, in areas categorized as Control or Lockdown.

Rebates will cover the period of time that businesses are required to temporarily close or significantly restrict services as a result of being located in areas subject to the targeted modified Stage 2 public health restrictions or, going forward, in areas categorized as Control or Lockdown. The property tax rebates will be net of any federal support in respect of property taxes provided through the new Canada Emergency Rent Subsidy (CERS), so that the rebate will cover costs beyond those covered by CERS.

Beginning November 16, 2020, eligible businesses will be able to apply for temporary property tax and energy cost rebates directly to the province through a single, online application portal. Many businesses should expect to receive their rebate payments within a few weeks of finalizing and submitting their completed application. Eligible businesses include restaurants, bars, gyms and cinemas.

"On Thursday, I'll introduce Ontario's 2020 Budget, the next phase of Ontario's Action Plan," said Minister Phillips. "It is a plan that will have three pillars. As we announced yesterday, the first is protect. The second pillar is support, because we know COVID-19 has brought severe challenges and economic difficulties to families and employers. Supporting businesses affected by necessary public health restrictions in regions experiencing a greater risk from COVID-19 is one way we are helping employers manage during these difficult times."

Through [Ontario's Property Tax and Energy Cost Rebates program](#), the government is building on its collaboration with federal partners to ensure eligible businesses receive the financial help they need as a result of targeted provincial public health restrictions.

Public Health Unit Region Classifications

As of November 7, 2020, the province will transition public health unit regions to the new framework. The following proposed classifications for public health unit regions are based on data

for the week of October 26, 2020. Updated data will be used for final review by the Chief Medical Officer of Health and approval by Cabinet on Friday, November 6, 2020.

Lockdown:

- No public health unit regions

Red-Control:

- No public health unit regions

Orange-Restrict:

- Eastern Ontario Health Unit;
- Ottawa Public Health;
- Peel Public Health;
- Toronto Public Health (may be delayed in entering Orange-Restrict level until November 14, 2020); and
- York Region Public Health.

Yellow-Protect:

- Brant County Health Unit;
- City of Hamilton Public Health Services;
- Durham Region Health Department; and
- Halton Region Public Health.

Green-Prevent:

- Algoma Public Health;
- Chatham-Kent Public Health;
- Grey Bruce Health Unit;
- Kingston, Frontenac and Lennox & Addington Public Health;
- Haliburton, Kawartha, Pine Ridge District Health Unit;
- Haldimand-Norfolk Health Unit;
- Hastings Prince Edward Public Health;
- Huron Perth Public Health;
- Lambton Public Health;
- Leeds, Grenville & Lanark District Health Unit;
- Middlesex-London Health Unit;
- Niagara Region Public Health;
- North Bay Parry Sound District;

- Northwestern Health Unit;
- Peterborough Public Health;
- Porcupine Health Unit;
- Public Health Sudbury & Districts;
- Region of Waterloo Public Health and Emergency Services;
- Renfrew County and District Health Unit;
- Simcoe Muskoka District Health Unit;
- Southwestern Public Health;
- Thunder Bay District Health Unit;
- Timiskaming Health Unit;
- Wellington-Dufferin-Guelph Public Health; and
- Windsor-Essex County Health Unit.

QUICK FACTS

- The Ontario government has developed a \$2.8 billion COVID-19 fall preparedness plan, [*Keeping Ontarians Safe: Preparing for Future Waves of COVID-19*](#), to ensure the province's health care, long-term care and education systems are prepared for the immediate challenges of the fall, including a second wave of COVID-19 and the flu season.
- If you are concerned you were exposed to COVID-19 or have symptoms, take the online [COVID-19 self assessment](#).
- Get tested if you have [symptoms compatible with COVID-19](#), or if you have been advised of exposure by your local public health unit or through the COVID Alert app. Visit [Ontario.ca/covidtest](#) to find the nearest testing location.
- Types of businesses that are eligible for support include restaurants and bars, bingo halls, gaming establishments, casinos, conference centres and convention centres, gyms, facilities for indoor sports and recreational fitness activities, community centres and multi-purpose facilities, museums, performing arts and cinemas and personal care services (with exception of oxygen bars) that were required to close or are subject to significant restrictions under modified Stage 2.
- Businesses that are not eligible are those that were already required to close prior to the introduction of modified Stage 2 public health restrictions, those that were not required to close or restrict services due to modified Stage 2 public health restrictions, and those who do not pay property taxes or energy costs.

ADDITIONAL RESOURCES

- [Ontario Moving Additional Region to Modified Stage 2](#)
- [Ontario Implementing Additional Public Health Measures in Toronto, Ottawa and Peel Region](#)
- [Property Tax and Energy Cost Rebates](#)
- Visit Ontario's [website](#) to learn more about how the province continues to protect the people of Ontario from COVID-19.

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The 2020 Ontario Budget, released on November 5th 2020, is framed as “the next phase” of the [COVID-19 Action Plan](#) that was introduced in March of this year on lieu of the usual spring budget. While it does include some of the elements of a traditional annual provincial budget (economic performance & outlook, fiscal plan and related graphs and tables), it remains squarely focused on expenditures and measures designed to withstand and recover from the ongoing pandemic.

Public health is mentioned frequently throughout, mainly in context of the ongoing measures that have been implemented to respond to the pandemic and their effects on the Ontario economy. Most of the references to direct funding to public health units refer to supports [announced during the first wave](#) (e.g. contingency funding, additional public health nurses). There is no mention of longer-term structural or funding changes to the public health system itself (i.e. nothing further on Public Health Modernization), nor is there anything specifically mentioned about supports for public health returning to its routine functions, which was one of the principle requests in the alPHA pre-budget submission.

That said, it was announced at the pre-budget technical briefing and again at the end of the Budget document itself that prior input is already being considered as part of the 2021 Budget Consultation, which is expected to culminate in the release of a more traditional budget in the spring of 2021. Details of virtual and in-person consultation will be shared when available, but submissions are already welcome. Please see <https://www.ontario.ca/page/2021-budget-consultations> for more details.

In the meantime, alPHA is pleased to provide the following summary and links to keep our members informed.

- Online Index to the 2020 Budget, which includes text and video summaries and links to all related documents is [here](#).
- The full Budget can be read online and downloaded [here](#).
- The Minister’s speech is [here](#).
- alPHA’s Pre-Budget Submission can be viewed [here](#).

Highlights:

Protect

Ontario's ongoing COVID-19 health response will rise to a projected \$15.2 billion, with:

- \$1.4 billion to expand COVID-19 testing and ramp up case and contact management. Specific reference is made to operation of assessment centres across Ontario, ensuring these centres have adequate staffing and supplies.
- \$70 million to purchase 5.1 million doses of the influenza vaccine, which is characterized as the largest flu immunization campaign in Ontario history.

- \$60 million to support IPAC measures to prevent, minimize and manage outbreaks including those in schools, long-term care homes, retirement homes, child care centres, farms and hospitals.
- \$4 billion in new spending for 2021-22 and \$2 billion in 2022-23 to ensure ongoing responsiveness to the pandemic.
- 2020-21 spending includes \$2.8 billion for the Province's Fall Preparedness Plan for Health, Long-Term Care and Education, with funding to support hospital beds, address the surgical backlog and purchase additional influenza vaccines.
- \$572 million in Ontario's hospitals to support additional costs of COVID-19, including testing, assessment centres, laboratory and medical equipment, and PPE.
- \$500M for Long-Term Care, to enable necessary renovations and measures to improve infection prevention and control, allow for the purchase of more personal protective equipment (PPE), and to enhance the workforce.

Support

\$13.5 billion is invested to support for families, seniors, businesses, and workers through the second wave of COVID-19 and beyond, including:

- \$62.5 million to hire 625 school-focused nurses to provide rapid response supports to schools and boards, and facilitate public health measures (previously announced).
- Parents will receive an additional \$200 per child under age 12 and \$250 for children and youth with special needs age 21 and under.
- A new Seniors' Home Safety Tax Credit for the 2021 taxation year, which would provide a 25 per cent credit on eligible renovations of up to \$10,000. Family members who have a senior living with them would also be eligible.
- \$300 million in relief for eligible businesses in regions where the Province determines modified Stage 2 public health restrictions (now known as "Control" or "Lockdown" stages in the new framework) are necessary.
- \$1.8 billion in the Support for People and Jobs Fund over the next two years to remain responsive to emerging needs and continue providing supports for the people of Ontario.
- The government will also explore options to permanently allow alcohol to be included with food take-out and delivery orders, freeze beer tax and mark-up rates until March 1, 2022, and is proposing to retroactively cancel the legislated increase in wine basic tax rates.

Recover

\$4.8 billion in new supports for recovery and economic growth, including:

- \$12 million over two years in one-time funding to establish a pilot for detecting COVID-19 in raw wastewater, which could provide an early warning of COVID-19 outbreaks and inform where to implement more focussed monitoring and decision tools for public health policy.
- \$680 million over the next four years in broadband infrastructure
- Saving medium to large commercial employers 14 to 16 per cent on electricity bills (expense of \$1.3 billion over three years).

- Reducing property taxes and lowering Business Education Tax (BET) rates for 94 per cent of all business properties in Ontario, to a rate of 0.88 per cent (\$450 million in immediate annual savings).
- Support for municipalities wishing to cut property tax for small businesses with a provincial commitment to consider matching reductions. (\$385 million in total municipal and provincial property tax relief by 2022-23, depending on municipal adoption).
- Make permanent the Employer Health Tax (EHT) exemption increase from \$490,000 to \$1 million (90 per cent of employers would pay no EHT at an estimated \$360 million total savings in 2021-22).
- Up to 20 per cent rebate for eligible Ontario tourism expenses to encourage Ontario residents to keep their tourism dollars in Ontario.
- \$180.5 million over 3 years, to support training and recruitment of workers for tourism and hospitality sector (and others most affected by the pandemic).
- \$500 million over four years to make government services more reliable, convenient and accessible through the Ontario Onwards Acceleration Fund.

We hope that you find this information useful.

APPROVAL OF CONSENT AGENDA

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

COVID-Safe Practices in Sudbury and Districts

September Snapshot

Public Health Sudbury & Districts
October 2020



Public Health
Santé publique
SUDBURY & DISTRICTS

Authors

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Acknowledgements

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This report is available online at www.phsd.ca. Ce rapport est disponible en français.

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Contents

COVID-19 Safe Behaviours: September Summary of Results 1

Sample 1

Precautions taken to protect self and others from COVID-19 1

Following precautions to protect self and others from COVID-19 4

Perception of precautions taken by others to protect from COVID-19 4

COVID-19 Safe Behaviours: September Summary of Results

Public Health Sudbury & Districts conducted an online bilingual community survey to understand which precautions residents of Sudbury & Districts have taken to protect themselves and others from COVID-19. The survey was open and advertised on social media from September 23 to October 1, 2020. In some sections, comparisons are made with previous survey results collected between June 19 and June 24, 2020. These results are used by Public Health to inform planning and service coordination.

Sample

- 580 surveys were completed
- 86% reported residency in Greater Sudbury
- 7% reported residency in the Manitoulin area
- 5% completed the online survey in French
- 82% of the sample identified as female
- 65% of respondents were between the ages of 25 and 54 years
- 32% of respondents were 55 years of age or older
- 49% report children living in the household

Note: The sample collected in September was more than double what was collected in June (n=580 vs n=252) and reflected similar sociodemographic characteristics.

Precautions taken to protect self and others from COVID-19

The primary precautions taken by respondents to protect themselves and others from COVID-19 in September included wearing a mask (89%), washing hands more regularly (89%), and avoiding large crowds (88%).

Staying at home if suspected ill was one of the lowest reported precautions in June and September (30% and 36%). This may be the result of fewer respondents feeling ill and not a measure of precaution compliance.

Between June and September, a decline was observed in precautions such as stocking-up on essential supplies (44% vs 31%) and limitations of leaving the house for non-essential reasons (82% vs 68%).

Between June and September, an increase in mask use was observed. These mask-related precaution included wearing a mask when outside of your home and a two (2) metres distance cannot be maintained (64% vs 89%), including while at work, (22% vs 50%) and encouraging others to wear a mask (53% vs 63%).

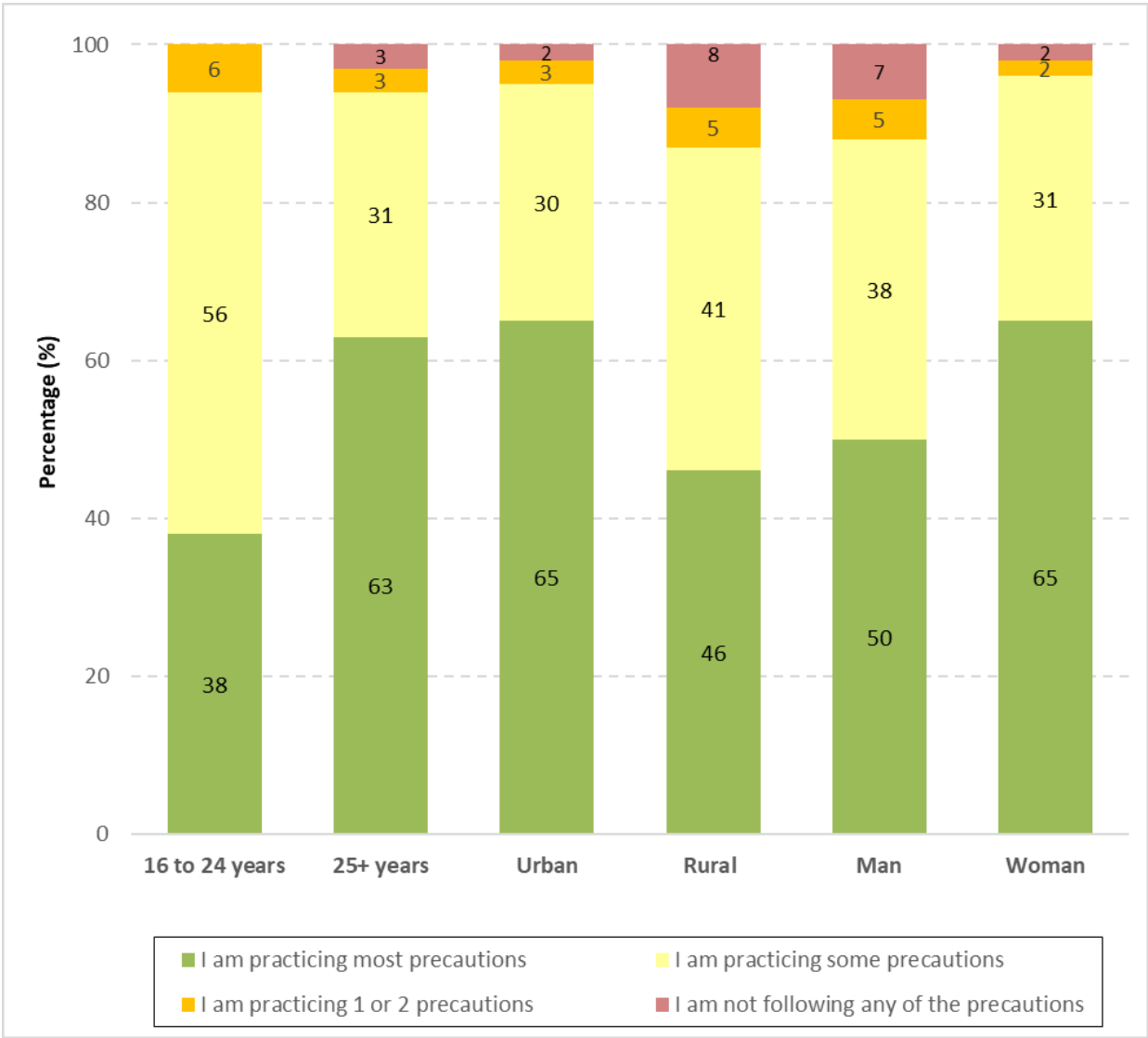
	June % (n)	September % (n)
Washed your hands more regularly	93 (233)	89 (518)
Worn a mask when outside of your home and a two (2) metres distance cannot be maintained	64 (160)	89 (518)
Avoided large crowds	94 (235)	88 (511)
Stayed two (2) metres apart from others who are not in the same household or social circle ¹	90 (226)	84 (490)
Avoided traveling outside of your community for non-essential reasons	84 (211)	77 (446)
Limited social gatherings to no more than 10 people	77 (193)	74 (431)
Limited non-essential in-person gatherings of any size with those outside the household	82 (204)	74 (428)
Tried to reduce touching your face	80 (200)	73 (423)
Limited leaving the house for non-essential reasons	82 (205)	68 (397)
Shopped alone rather than with family or friends	76 (190)	67 (387)
Encouraged others to wear a mask	53 (132)	63 (363)
Ensured child(ren) stayed two (2) metres apart from others who are not in the same household or social circle ¹	36 (89)	55 (156) ²
At work, worn a mask when two (2) metres from others cannot be kept and/or when required by your employer	22 (55)	50 (287)
Stayed home if you suspected you are ill	30 (74)	36 (207)
Stocked up on essential supplies	44 (109)	31 (180)

¹ As of October 3, 2020, the Government of Ontario is pausing social circles and advising that all Ontarians allow close contact only with people living in their own household and maintain two metres physical distancing from everyone else.

² This figure is calculated using households where children are present.

There are variations observed between groups in following COVID-19 safe precautions. The following are highlighted from the September survey results:

- 63% of individuals 25 and older report practicing most precautions as compared to 38% of individuals 16 to 24 years of age.
- 65% of urban residence from the City of Greater Sudbury report practicing most precautions as compared to 46% of rural residence from Manitoulin, Sudbury East, Espanola and Chapleau.
- 65% of women report practicing most precautions as compared to 50% of men³.



³ Results by the following gender categories: 'Intersex', 'Non-binary' and 'Transman/woman' cannot be reported due to cell sizes of ≤5 respondents.

Following precautions to protect self and others from COVID-19

Most respondents in the September survey reported doing everything they can to protect themselves and others from the spread of COVID-19. It should be noted that while 60% of respondents reported they are doing everything to protect themselves and others from the spread of COVID-19, only 21% reported practicing all the precautions recommended.

	June % (n)	September % (n)
I am doing everything I can to protect myself and others from the spread of COVID-19	51 (127)	60 (337)
I am following most of the precautions	43 (106)	34 (190)
I am working on trying to follow the precautions	4 (9)	4 (24)
I am trying to follow 1 or 2 of the precautions	2 (5)	2 (9)
I am not following any of the precautions to prevent the spread of COVID-19	0 (0)	1 (6)

Perception of precautions taken by others to protect from COVID-19

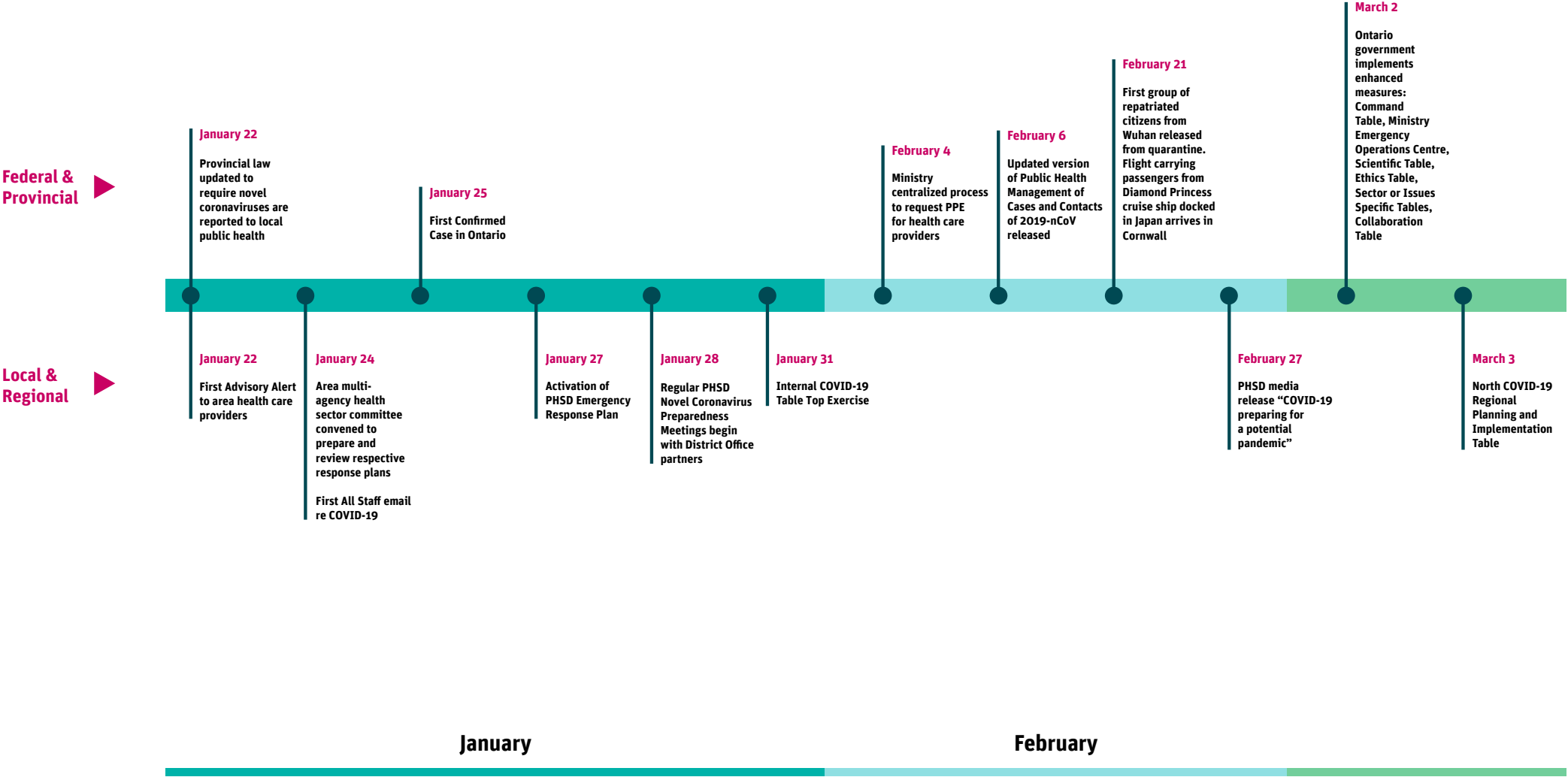
Compared to June, an increase was observed in the proportion of respondents who perceived that most people are following most of the precautions to protect themselves and others from the spread of COVID-19 (28% vs 46%).

	June % (n)	September % (n)
Most people are doing everything they can to protect themselves and others from the spread of COVID-19	6 (14)	6 (36)

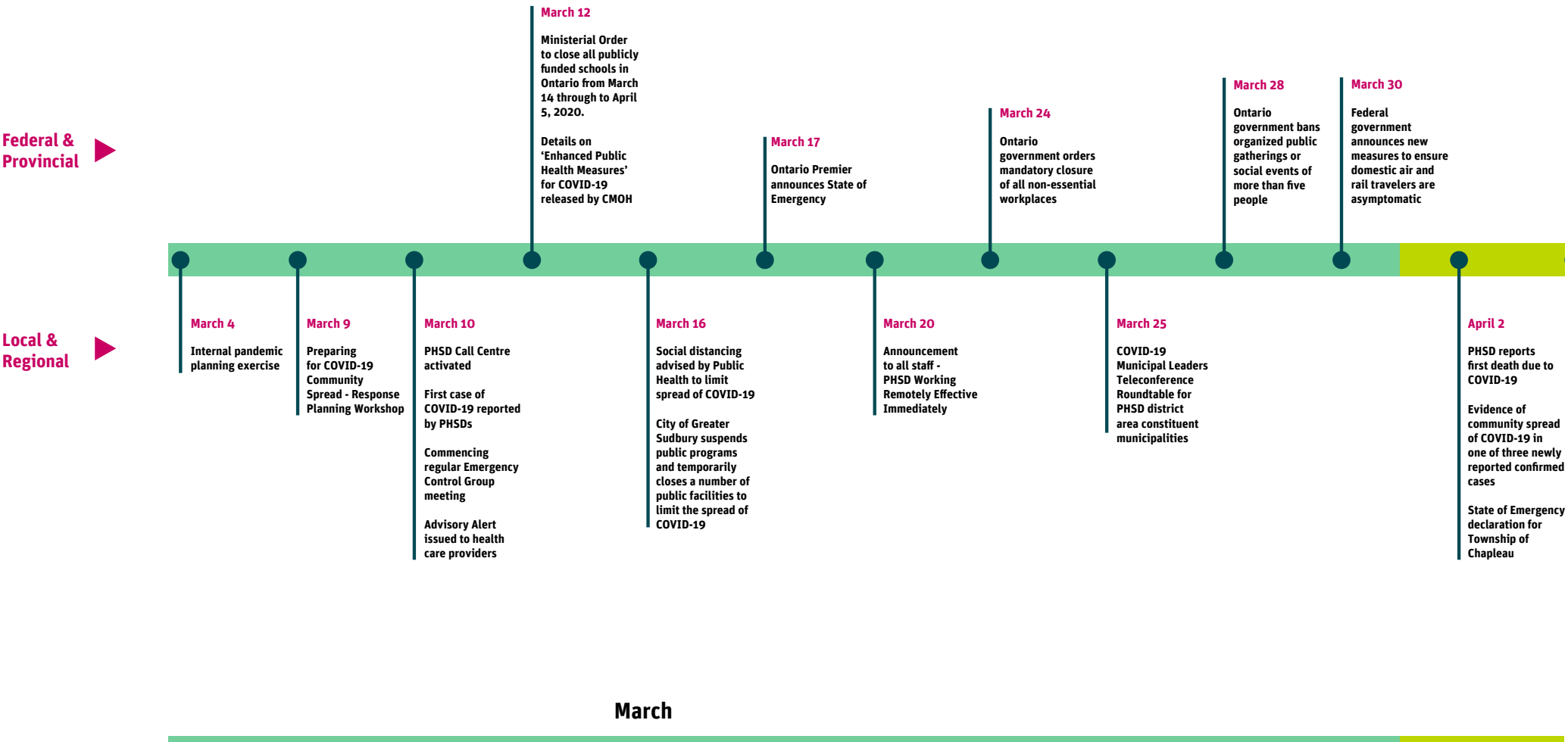
	June % (n)	September % (n)
Most people are following most of the precautions	28 (70)	46 (263)
Most people are following a few of the precautions	25 (61)	27 (154)
Most people are following 1 or 2 of the precautions	19 (47)	11 (64)
Most people are not following any of the precautions to prevent the spread of Covid-19	19 (47)	4 (24)
I am not sure	3 (8)	5 (30)

Note: Interpret with caution: non-representative and non-random sample.

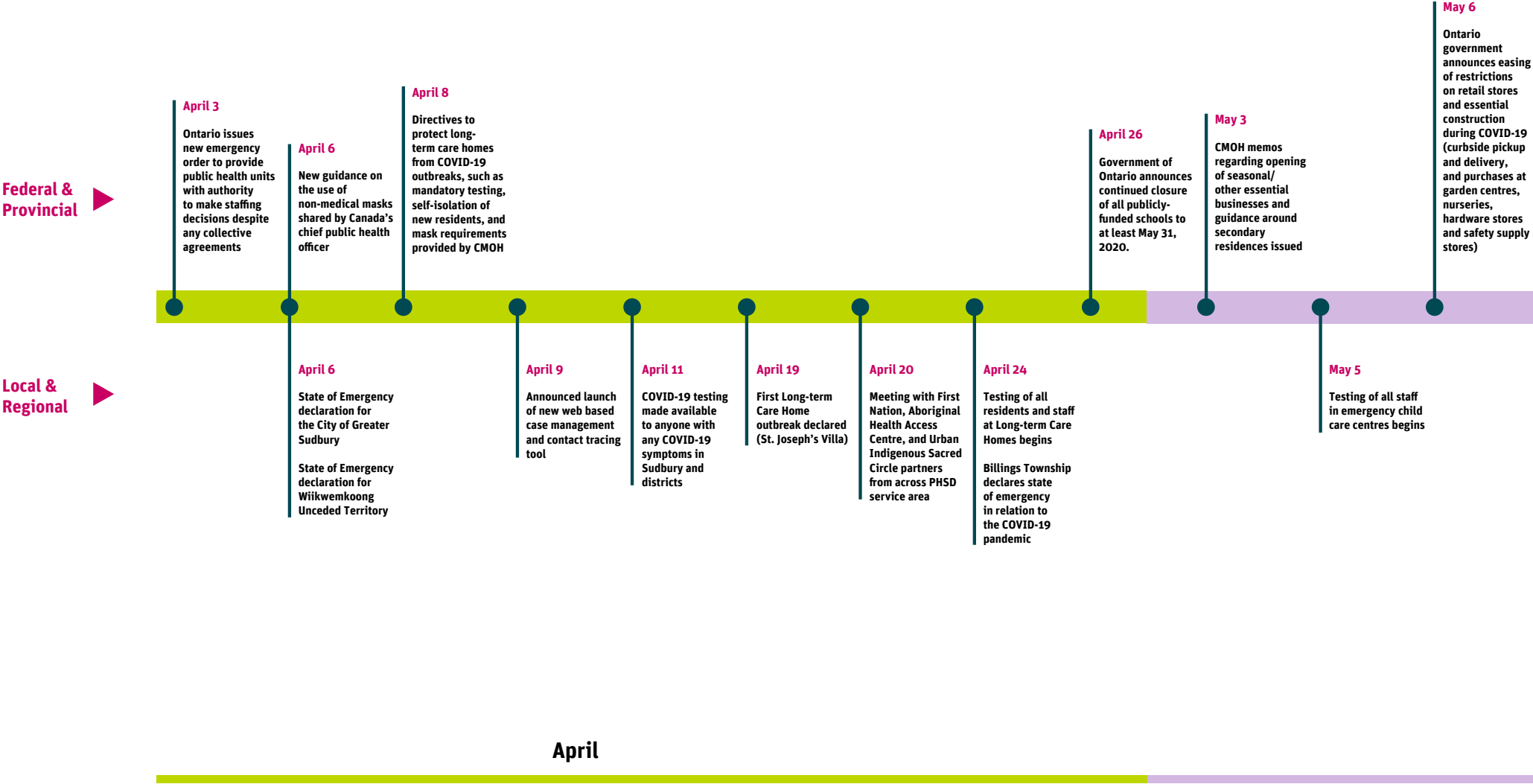
COVID-19 – Public health actions timeline – January to October 2020



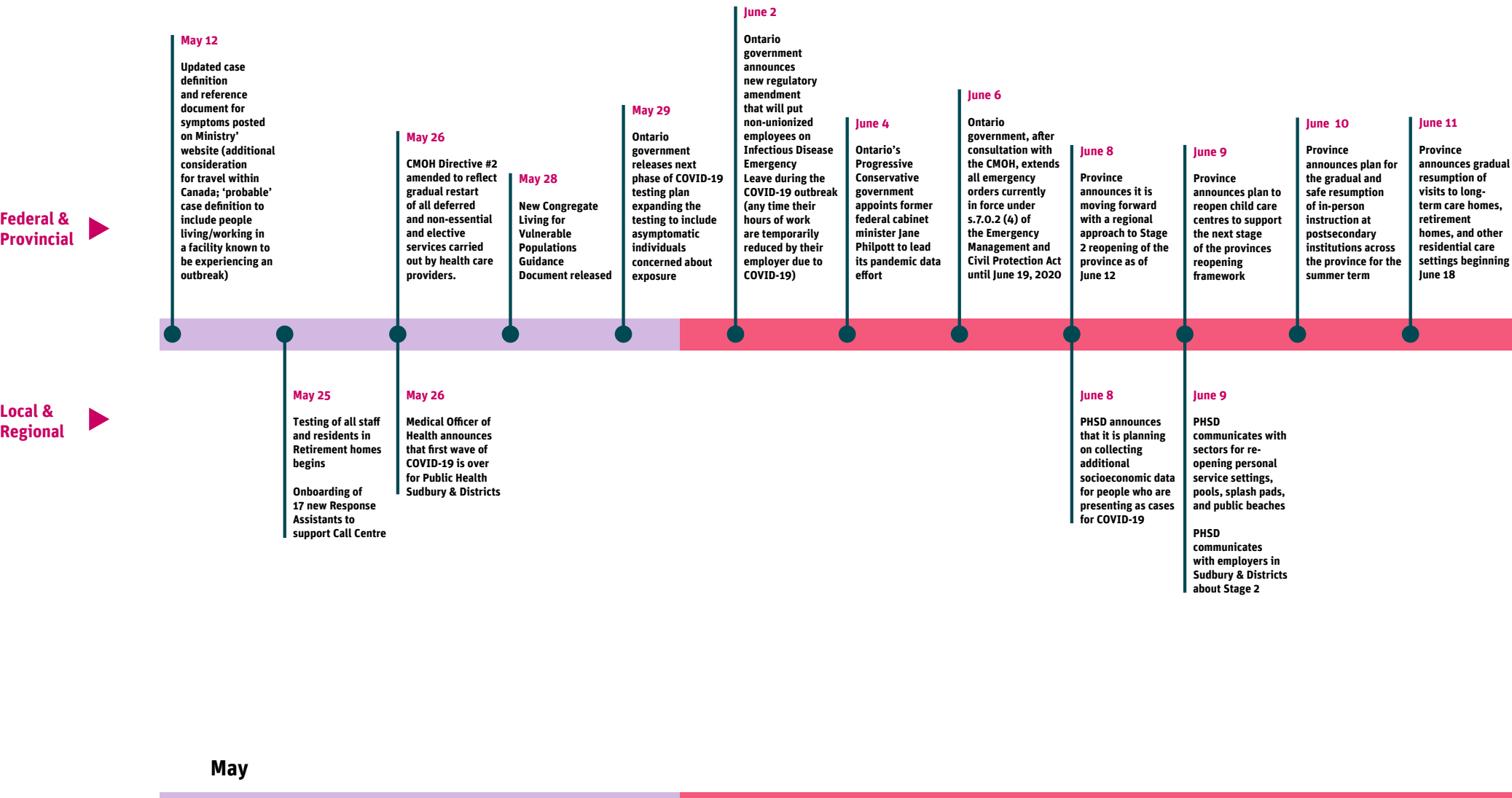
COVID-19 – Public health actions timeline – January to October 2020



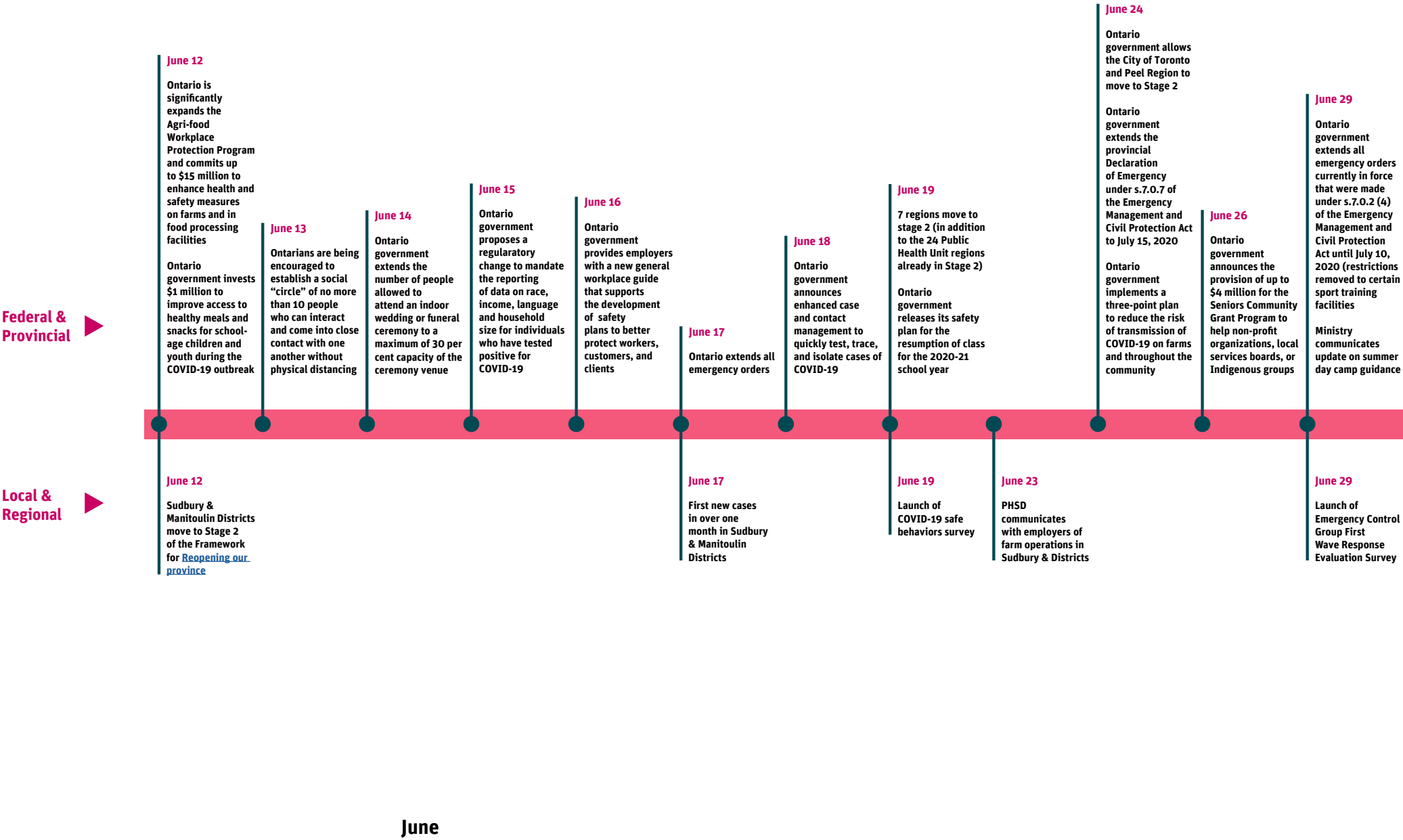
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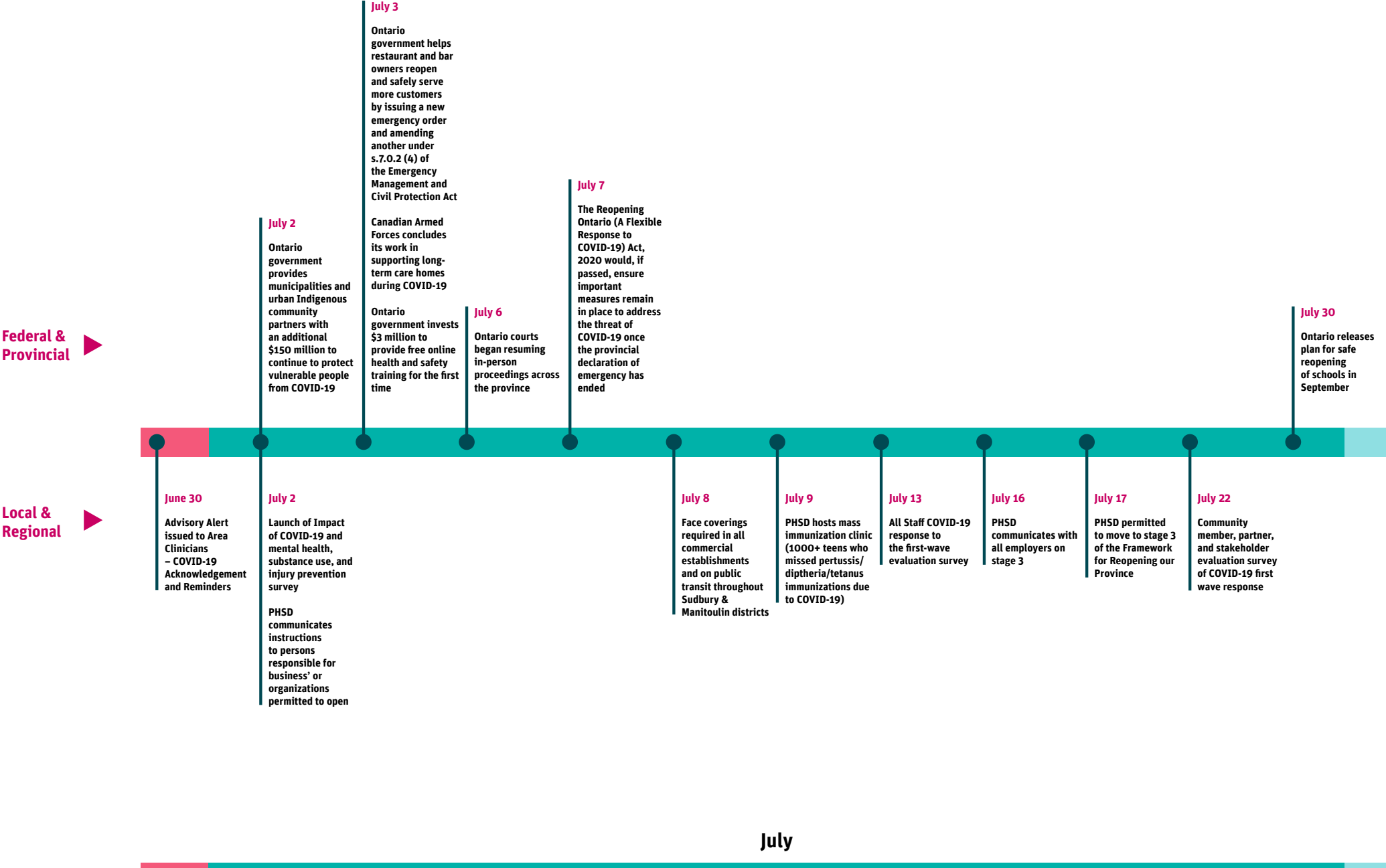
COVID-19 – Public health actions timeline – January to October 2020



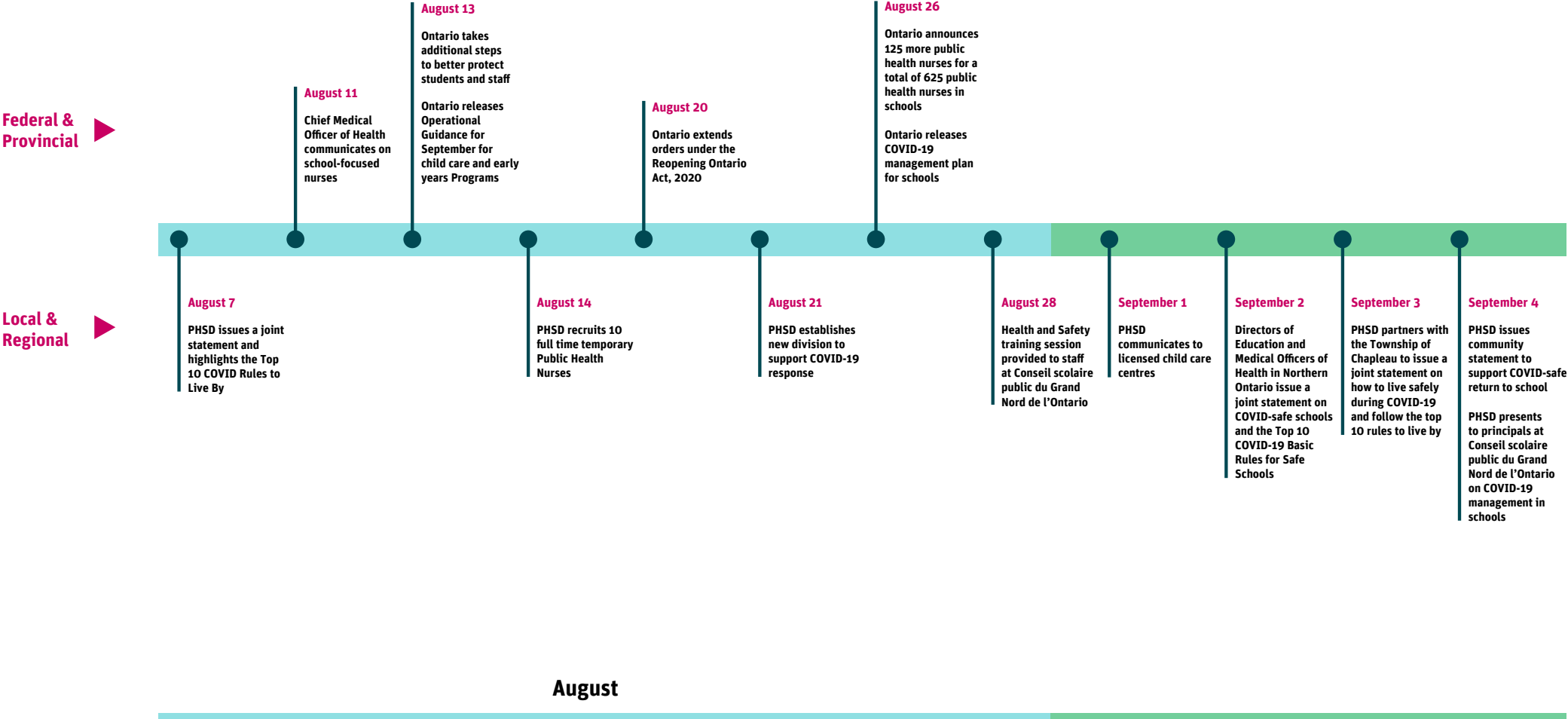
COVID-19 – Public health actions timeline – January to October 2020



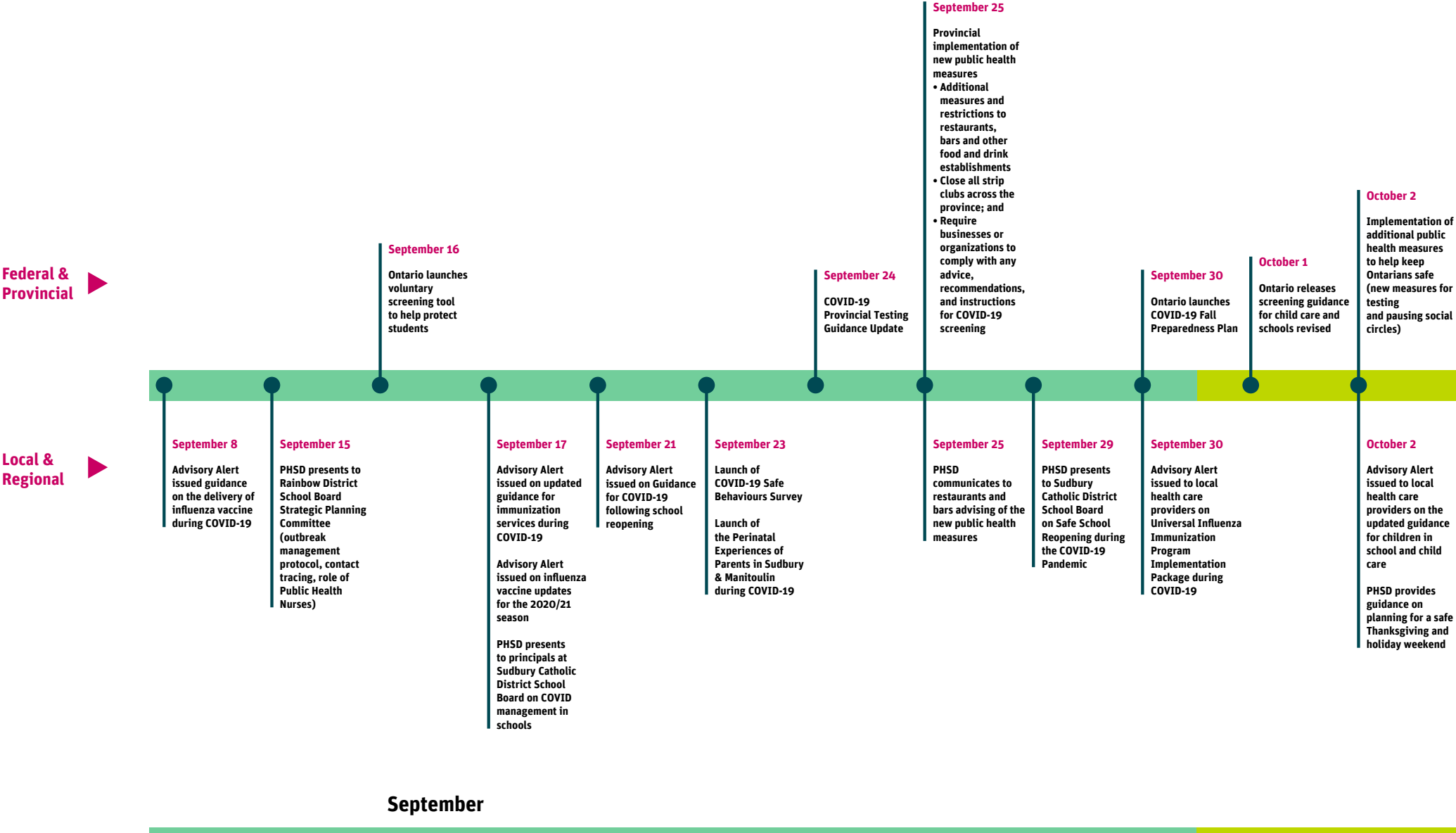
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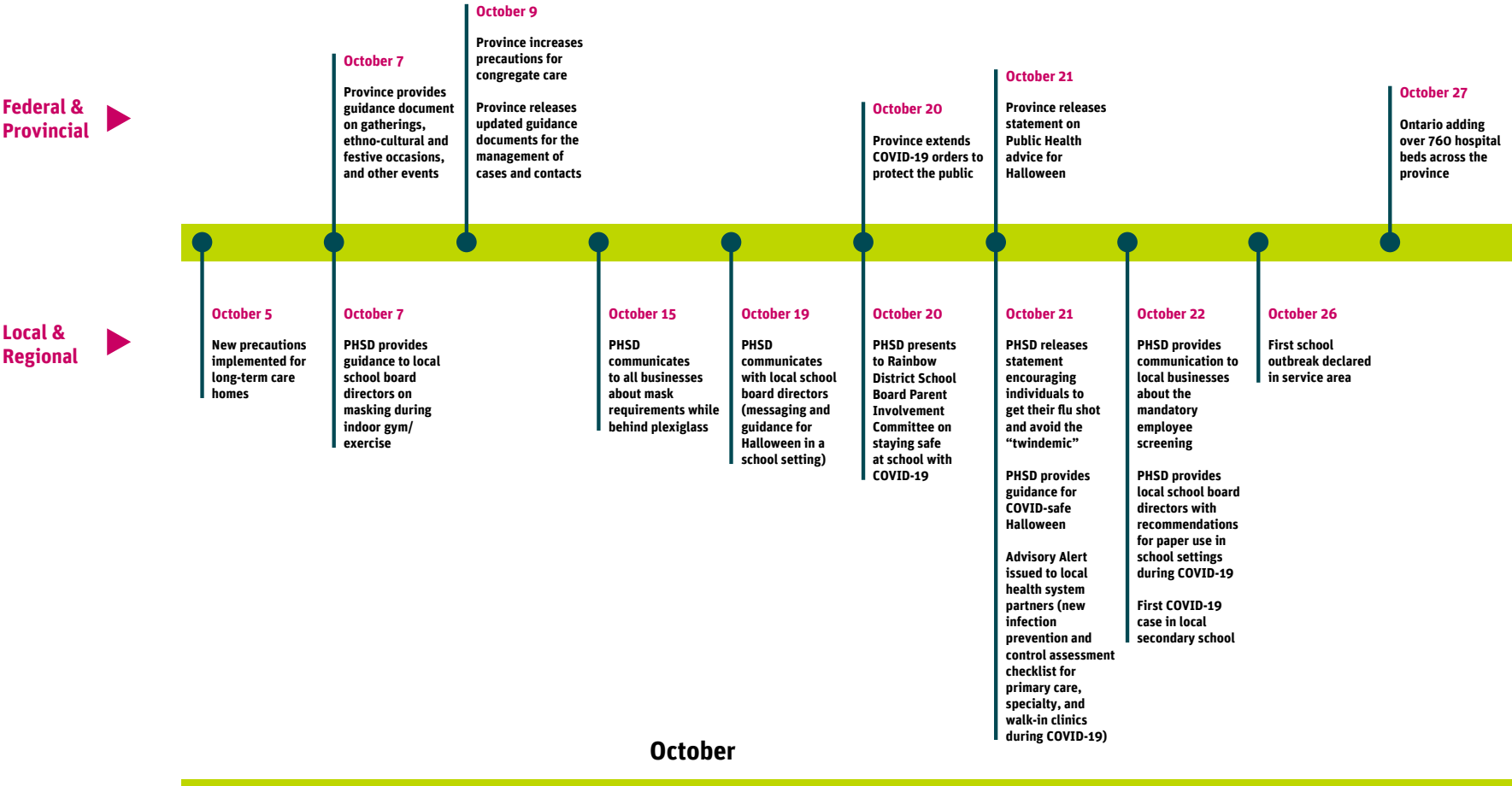
COVID-19 – Public health actions timeline – January to October 2020



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



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



Briefing Note

To: Chair, Board of Health, Public Health Sudbury & Districts

From: Rachel Quesnel, Secretary to the Board
Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: 2020 Board of Health Self-Evaluation of Performance – Annual Survey Results

Re: November 12, 2020

☒ For Information

☒ For Discussion

☐ For a Decision

Issue:

The annual self-evaluation is part of the Board of Health's ongoing commitment to good governance and continuous quality improvement and is consistent with C-I-12 and C-I-14 of the Board of Health Manual.

In the September 17, 2020, Board of Health agenda package, Board of Health members were advised that a confidential self-evaluation survey was available in BoardEffect and were invited to complete it by October 20, 2020.

Board members were informed that the results would be confidentially compiled by the Board Secretary and reported at the regularly scheduled meeting in November 2020. This briefing note constitutes the evaluation report.

Recommended Action:

That Board of Health members receive this report for information and discussion to ensure continued reflection and improvement.

**Board Member Self-Evaluation of Performance:
Methods**

- The Board of Health Member Self-Evaluation of Performance survey, which is used annually, consists of 23 questions on performance and processes, and open-ended questions after each section inviting additional comments or suggestions.
- Board of Health members were asked to rate each of the items as either "Strongly Agree", "Agree", "Disagree", "Strongly Disagree" or "Not Applicable".

- Board of Health members were advised in the September 17, 2020, Board of Health meeting agenda package that the online self-evaluation questionnaire was available for completion in BoardEffect under the Board of Health workroom – Collaborate – Surveys.
- Email reminders were sent to Board members on September 24, and October 20.
- The October 2020 MOH/CEO report to the Board also included a reminder to complete the survey.
- At the October 15, 2020, Board of Health meeting, the Board Chair invited those who did not have a chance to complete the evaluation to do so by October 20.

Results

- All Board members (12) were invited to complete the annual Board of Health self-evaluation survey. A total of 7 out of 12 Board members completed the survey, for a response rate of 58.33%.
- Previous response rates

Year	Response Rate
2019	78.6%
2018	85.7%
2017	72.7%
2016	83.3%
2015	69%
2014	84.6%

- The following tables summarize the responses to each of the rated questions.

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. As a BOH member, I am satisfied with my attendance at meetings.	5 (71%)	1 (14%)	1 (14%)	0 (0.0%)	0 (0.0%)	7
2. As a BOH member, I am satisfied with my preparation for meetings.	6 (86%)	1 (14%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
3. As a BOH member, I am satisfied with my participation in meetings.	5 (71%)	2 (29%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
4. As a BOH member, I understand my roles and responsibilities.	5 (71%)	2 (29%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
5. As a BOH member, I understand current public health issues.	4 (57%)	3 (43%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
6. As a BOH member, I have input into the vision, mission and strategic direction of the organization.	5 (71%)	2 (29%)	0 (0%)	0 (0.0%)	0 (0.0%)	7

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

7. As a BOH member, I am aware and represent community perspective during board meetings.	7 (100%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
8. As a BOH member, I provide input into policy development and decision-making.	3 (43%)	4 (57%)	0 (0%)	0 (0%)	0 (0.0%)	7
9. As a BOH member, I represent the interests of the organization at all times.	6 (86%)	1 (14%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7

Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH is compliant with all applicable legislation and regulations.	6 (86%)	1 (14%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
2. The BOH ensures members are aware of their roles and responsibilities through orientation of new members	6 (86%)	1 (14%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
3. The BOH is appropriately informed about financial management, procurement policies and practice, risk management and human resources issues.	6 (86%)	1 (14%)	0 (0%)	0 (0.0%)	0 (0.0%)	7
4. The BOH holds meetings frequently enough to ensure timely decision-making.	5 (71%)	2 (29%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
5. The BOH bases decision making on access to appropriate information with sufficient time for deliberations.	4 (57%)	3 (43%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
6. The BOH is kept apprised of public health issues in a timely and effective manner.	5 (71%)	2 (29%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
7. The BOH sets bylaws and governance policies.	5 (71%)	2 (29%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

8. The BOH remains informed with issues pertaining to organizational effectiveness through performance monitoring and strategic planning.	5 (71%)	2 (29%)	0 (0%)	0 (0.0%)	0 (0.0%)	7
9. The consent agenda is helpful in enabling the Board to engage in detailed discussion of important items.	6 (86%)	1 (14%)	0 (0%)	0 (0.0%)	0 (0.0%)	7

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH contributes to high governance and leadership performance.	5 (71%)	2 (29%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
2. The BOH oversees the development of the strategic plan.	6 (86%)	1 (14%)	0 (0%)	0 (0.0%)	0 (0.0%)	7
3. The BOH ensures planning processes consider stakeholder and community needs.	5 (71%)	1 (14%)	1 (14%)	0 (0.0%)	0 (0.0%)	7
4. The BOH ensures a climate of mutual trust and respect between themselves and the Medical Officer of Health (MOH).	6 (86%)	1 (14%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7
5. The BOH as a governing body is achieving its strategic outcomes.	4 (57%)	3 (43%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7

Other comments or suggestions:

Respondents were provided the opportunity to offer additional comments or suggestions throughout the survey. Respondents shared positive comments and ideas for improvements. Positive comments included: that the Board orientation was helpful, that there was good Board representation across Public Health's catchment area, that members found meetings informative and appropriate, that members felt comfortable asking questions and providing comments, and that the consent agenda format ensured a good meetings flow. Ideas for improvements included: strengthening meeting attendance for all, seeking orientation on specific topics such as agency policies and safeguards, and looking for ways to strengthen member connectivity and communication, including exploring other virtual platforms for meetings.

2018–2022 Strategic Priorities:

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Summary

The 2020 Board of Health member self-evaluation of performance questionnaire gives Board members a chance to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board's overall performance as a governing body. Board of Health self-evaluation of performance is an internal tool to ensure compliance with the Ontario Public Health Organizational Standards. In addition, the Board self-evaluation survey is part of the 2018–2022 Accountability Monitoring Plan. Results should be interpreted with caution due to the small number of respondents.

Overall results from the self-evaluation questionnaire indicate that the Board of Health members have a positive perception of their governance process and effectiveness.

2018–2022 Strategic Priorities:

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4. Organizational Commitment

O: October 19, 2001
R: January 2017

Briefing Note

To: René Lapierre, Chair, Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: November 12, 2020
Re: 2021 Recommended Operating Budget

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

Approval is being sought for the recommended 2021 operating budget for Public Health Sudbury & Districts. The draft budget was developed by the Senior Management Executive Committee and recommended by the Medical Officer of Health. It was reviewed at the November 2, 2020, meeting of the Board of Health Finance Standing Committee. The budget is recommended by the Finance Committee to the Board of Health for approval.

Recommended Action:

THAT the Board of Health approve the 2021 operating budget for Public Health Sudbury & Districts in the amount of \$ 27,419,472.

1. Budget Summary:

The recommended 2021 budget for programs and services is \$ 27,419,472 representing an increase of \$ 404,009 (1.5%) over 2020. The 2021 budget is the minimum required to maintain public health services, including responding to community needs in the context of the global outbreak of SARS-CoV-2, the COVID-19 pandemic. The provincial context continues to be volatile as governments at all levels respond to the resurgence of COVID-19 while striving to keep businesses operating and the economy open.

The 2021 budget reflects the changes to provincial funding policy implemented January 1, 2020. This policy includes a reduction in provincial funding for cost shared programs and services from to up to 75% to up to 70% and a transfer of most previously 100% funded programs to this cost-shared formula.

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2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

The provincial government announced funding for 2020 and 2021 to offset municipal costs associated with the funding policy change. Accordingly, the recommended 2021 operating budget includes a provincial grant of \$1,179,500 and a municipal increase of \$404,009 (increase of 5% or \$2.46 per capita over 2020).

Based on reasonably conservative assumptions, projected fixed cost increases are estimated to average at \$519,000 annually. Going into 2022, this means a projected shortfall of over \$1.8M, assuming no reintroduction of the one-time provincial mitigation grant. Absent significant developments, additional and non-trivial program and service cuts would be anticipated in future fiscal periods. Projections are very much complicated by the current COVID-19 pandemic and potential impact of the previously announced provincial “modernization” of Ontario’s public health system and the related fiscal context.

Management continues to work diligently within the current dynamic fiscal and system transformation environments to balance these pressures and maintain quality programs, within an organization that is accountable, transparent, and responsive to local public health needs.

The following sections provide details on key 2021 budget factors.

2. Budget Background

2.1 Provincial Context

The past year has seen significant changes and refocusing of provincial priorities. 2020 started with the Ontario Public Health system engaged in discussions on the Public Health Modernization, specifically on preparing responses to the [Ministry of Health Discussion Paper](#) released on November 18, 2019. The financial impact of a potential regionalization of public health remained very speculative.

The environmental context shifted significantly in January 2020. In the latter weeks of January, the World Health Organization (WHO) declared that the 2019 nCoV outbreak constituted a Public Health Emergency. Emergency response preparations began at the national, provincial and local levels with the PHSD Emergency Response Plan being activated on January 26, 2020. Resources were and continue to be reallocated to support the required response and all COVID-19 costs are carefully tracked separately.

PHSD required an ongoing and significant reallocation of resources in support of the COVID-19 response. A staff survey conducted in May revealed that PHSD’s human resources were working at a 111% capacity. Noteworthy are the following dates: March 10, 2020: first locally confirmed case of COVID-19; March 11: WHO declaration of a pandemic; March 17: Ontario declaration of provincial emergency.

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In a [news release dated March 12, 2020](#), the provincial government announced it was extending the previously announced public health one-time mitigation funding for an additional calendar year to ensure municipal adjustments remain capped at 10 per cent.

On March 25, 2020, the provincial government announced an investment of up to [\\$100M for the public health sector](#) to support extraordinary costs incurred in support of COVID-19. As COVID-19 expenditures are admissible under the cost-shared budget, any outbreak-associated costs would be expected to be funded through board of health budgets before being eligible for the extraordinary funding.

On April 25, 2020, the Ministry of Health (MOH) announced a new initiative to support front line nurses with additional [Pandemic Pay](#). In a letter received on June 15, 2020, PHSD was advised that the Ministry of Health would provide the Board of Health up to \$229,000 in one-time funding for the 2020-2021 funding year to support the temporary pandemic pay initiative as part of the COVID-19 response.

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 translated into an additional 12 full time nursing positions for Public Health Sudbury & District to the end of the 2020/21 school year.

On August 21, 2020, the Ministry of Health released the 2020 funding announcement. The announcement provided the Board of Health with up to \$2,249,900 in one-time funding for the 2020-2021 funding year and up to \$1,179,500 in one-time funding for 2021-2022. Specifically, \$1,179,500 in one-time mitigation funding in 2020 and 2021 is provided to offset costs to municipalities as a result of the funding policy changes to cost-sharing.

On the same day, the process for public health units to request reimbursement of one-time extraordinary costs related to COVID-19 was released. The process involves submitting 100% of costs related to COVID-19 (regardless of the source of funding) estimated for the period of January 1, 2020 to December 31, 2020, the total estimated costs that can be managed from within the cost-shared budget approved by the board of health, and the estimated COVID-19 extraordinary expenses for which we would seek one-time Ministry funding.

On September 10, PHSD received confirmation of up to \$830,900 in one time funding for the 2020-2021 funding year and up to \$396,000 in one time funding for the 2021-2022 funding year to support 12 school-focused nurses and enhanced capacity for case and contact management (CCM) for the implementation of the provincial CCM electronic system.

The 2020 Provincial Budget was released on November 5, 2020. Per the alpha summary: Public health is mentioned frequently throughout, mainly in context of the ongoing measures that have been implemented to respond to the pandemic and their effects on the Ontario economy. Most of

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2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

the references to direct funding to public health units refer to supports announced during the first wave (e.g. contingency funding, additional public health nurses). There is no mention of longer-term structural or funding changes to the public health system itself (i.e. nothing further on Public Health Modernization), nor is there anything specifically mentioned about supports for public health returning to its routine functions.

2.2 Public Health Sudbury & Districts Budget Assumptions:

Given the unknowns, a number of assumptions were required upon which to base the 2021 estimated expenses. These are as follows:

- 2.2.1** Ministry of Health will continue to apply a 70:30 funding formula to previously cost-shared and most previously 100% funded programs and will provide PHSD \$1,179,500 in one time funding. Of note is that this amount is calculated based on the 2018 provincial funding level which itself has remained relatively fixed since 2014.
- 2.2.2** As per the 2020 funding and accountability agreement, the Ministry in 2021 will support the Northern Fruit and Vegetable and Indigenous Communities programs at 100% in addition to Unorganized Territories, MOH/AMOH Compensation Initiative and the Ontario Senior Dental Care Program.
- 2.2.3** Managing within the existing staffing model is unsustainable. Additional human resources are needed to effectively manage the delivery of high risk programs and services while effectively responding to COVID-19. To do so, there is a need to reinstate the staffing complement to the 2019 level.
- 2.2.4** Fixed costs, including steps on salary grids, negotiated settlements, utilities, etc., continue to increase and are at over \$500,000 annually. Noteworthy is that the Consumer Price Index rose 9.2% over the last five years.
- 2.2.5** Base provincial funding is expected to remain status quo. The one time mitigation grant essentially restores provincial funding to the 2014 level. For context, in 2014, the Board received a 2% increase in the provincial funding grant for cost-shared programs and a 3% increase in 2018, with no other increases. The history of municipal funding over the last five years beginning with 2015 has been 2%, 2.5%, 2%, 1.75%, 3%, and 10% in 2020.
- 2.2.6** The ministry has made a verbal commitment to fund COVID-19 extraordinary expenses in 2021, however, little is known regarding the level of support that will be available to the system. Significant additional costs estimated to be required for the PHSD COVID-19 response are not included in the recommended 2021 budget.
- 2.2.7** Notwithstanding the need to prioritize programming in the context of a pandemic, the legislative requirements of boards of health remain the same, as articulated in the HPPA, related regulations, and the Ontario Public Health Standards, and related protocols and guidelines. Furthermore, there are health consequences of not delivering these programs and services.

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2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

2.2.8 The future is unknown and we need to have the capacity and competencies to assess and react quickly to evolving needs, while anticipating and planning for ongoing and future public health challenges.

2.3 Public Health Sudbury & Districts 2020 Grant Approval

The 2020 Ministry of Health Program Based Grant approval was received on August 21, 2020. The Mandatory Cost-Shared Program base funding allocation remained unchanged, as did the 100% provincial Unorganized Territories funding. The 2020 grant allocated 100% provincial funding to the Indigenous Communities Program (\$90,400) and the Northern Fruit and Vegetable Program (\$176,100).

2.4 Reserve Funds

As part of fiscally sound management, the Board of Health has long-established reserve funds for the agency. Financial reserves are recognized as a prudent and expedient way to provide the organization with resources for emergencies, known future infrastructure investments and future planned projects that support the vision and mission of the organization.

In July of 2020, management sought approval for a transfer from reserves of up to \$11M to fund the modernization project required to address an ageing infrastructure and to refresh end of life mechanical and heat, ventilation and air conditioning (HVAC) systems.

With this investment, the reserve funds balances total just over \$6M, of which approximately \$3.8M could support emergency needs of the organization. For context, a six week cash flow equivalent for PHSD is approximately \$3M.

3. Recommended 2021 Budget

Management began budget deliberations with a projected shortfall of roughly \$1.6M. This was the result in an overall Ministry of Health funding reduction of \$1.18M and increased expenditures of \$410K. Increasing the budget overall by 1.5% over 2020 (increased municipal funding of \$404K and incorporating a small vacancy rate) and including the one-time Ministry of Health mitigation grant of \$1.18M results in the recommended budget.

3.1 Operating Revenues

The 2021 operating revenues include Ministry of Health funding for mandatory programs (historically cost shared), Ministry of Health funding for other related programs (historically 100% provincially funded), Ministry of Health Unorganized Territories funding, municipal funding, and interest. The one-time Ministry of Health mitigation grant is apportioned to the mandatory and other-related programs to offset the reduction in provincial funding for these programs due to the funding policy change (i.e. \$312,248 and \$867,252, respectively). The municipal funding is increased by \$404,009. There is no change in Unorganized Territories funding or in interest revenue.

3.2 Expenditures

3.2.1 Overall

The 1.5% *overall* budget increase is comprised of the following:

Salary cost increase	1.3%
Benefit cost Increase	0.8%
Operating cost decrease	(0.6%)
Overall Increase	1.50 %

3.2.2 Salary and Benefit Changes

The 2020 budget is restated to reflect the additional mitigation grant received. 2021 expenditure comparisons with 2020 are made using the restated values.

As compared with 2020, the salary and benefit budget lines reflect an increase of 1.9% and an increase of 4.3%, respectively:

- **Salary:** As compared with 2020, salaries show an increase of \$ 347,461 or 1.9%. This amount includes a nominal annual increase, staff movement along salary grid steps, and the reinvestment of staffing complement to the 2019 level.
- **Benefits:** As compared with 2020, benefits show an increase of \$ 224,257 or 4.2%. Historical utilization is factored heavily in the projection of the rate increases in addition to the normal market increases. Basic life, and long-term disability benefits are coming out of a two-year extended rate guarantee on December 1, 2020. Life, Disability and Extended Health benefit premiums are projected to increase in the range of 20 to 22 percent respectively. The double digit percentage increases are the direct result of the two-year rate guarantee received and the readjustment of premiums to utilization and market fluctuations. Pressure to maintain the costs of benefits costs continues given ongoing increases in market rates and historical utilization claims.

3.2.3 Operating Expenditure Changes:

As compared with the restated 2020 budget, the 2021 recommended budget reflects an overall decrease of \$161,431 or 4.7%. A small increase was applied to heat and hydro to reflect market fluctuations and recognizing that a mechanical and HVAC system overhaul is scheduled in 2021 to increase the operating efficiencies of these end of life systems. Other than staff development, the variances to the majority of the operating lines relate directly to the removal of the Northern Fruit and Vegetable (NFV) and Indigenous Communities program expenses as these programs return to the 100% funded pool.

Expenditure lines with significant changes are highlighted below, following the order of appearance in the attached schedule:

2018–2022 Strategic Priorities:

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

- **Professional Fees:** The decrease in expenses is related to the restatement of the 2020 operating lines and the reallocation of the NFV program expenses to the 100% funded programs.
- **Travel:** Efficiencies were achieved by the combination of similar programming needs.
- **Program Expenses:** The decrease in expenses is mainly due to the restatement of the 2020 operating lines and the reallocation of the NFV program expenses to the 100% funded programs.
- **Information Technology:** The increase is due to adjustments required to reflect market increases to application licensing costs.
- **Expense Recoveries:** The decrease in expense recoveries is due to a realignment of costs to the salary and benefit category.
- **Staff Development:** The decrease of the staff development line is reflective of the new environment and the heightened virtual presence of all development opportunities.

3.2.4 Schedules

Appendix B provides the detailed schedules for the recommended 2021 operating budget by divisions, expenditure categories, and municipal levies.

4. Conclusion

The recommended 2021 budget for public health programs and services is \$27,419,472 representing an increase of \$404,009 (1.5 %). This budget reinvests resources closer to the 2019 level. At only 1.5% increase over previous, the recommended budget is the minimum required to maintain public health services, including responding to community needs in the context of the global outbreak of SARS-CoV-2, the COVID-19 pandemic.

Ontario Public Health Standard:

Organizational Requirements – Fiduciary Requirements Domain

Strategic Priority:

Organizational Commitment

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

Description	Item 6 iii		Item 6 iii	
	Public Health Sudbury & Districts		2021 Recommended Operating Budget	
	Cost Shared Programs & Services		MOH: 0%	MUN:5%
	BOH	Restated BOH	2021	Increase
	2020 Approved	2020 Approved	Budget	(Decrease)
Revenue		a	b	(b-a)
MOH - General Cost-Shared Programs	16,977,216	17,969,283	17,969,283	-
MOH - Unorganized Territory	826,000	826,000	826,000	-
MOH - One-Time Mitigation Grant	600,000	-		-
Total MOH	18,403,216	18,795,283	18,795,283	-
Municipal				
Municipal Levies	8,080,180	8,080,180	8,484,189	404,009
Total Municipal	8,080,180	8,080,180	8,484,189	404,009
Other				
Interest Earned	140,000	140,000	140,000	-
Total Other	140,000	140,000	140,000	-
Total All Funding Sources	26,623,396	27,015,463	27,419,472	404,009
Expenditures				
Cost Shared Programs	26,623,396	27,015,463	27,425,750	410,287
Total Expenditures	26,623,396	27,015,463	27,425,750	410,287
Vacancy Allowance			(6,278)	(6,278)
Funding Surplus (Deficit)	0	0	27,419,472	404,009

Description	Item 6 iii		Item 6 iii	
	Public Health Sudbury & Districts		2021 Recommended Operating Budget	
	Cost Shared Programs & Services		MOH 0%:MUN 5%	
	BOH	Restated BOH	2021	Increase
Revenue	2020 Approved	BOH a	Budget b	(Decrease) (b-a)
MOH - General Cost-Shared Programs	14,983,563	15,295,811	15,295,811	-
MOH - Other Cost-Shared Programs	1,993,653	2,673,472	2,673,472	-
removal of MOH - NFVP & Ind. Comm				
MOH - Unorganized Territory	826,000	826,000	826,000	-
MOH - One-Time Mitigation Grant	600,000	-	-	-
Municipal Levies	8,080,180	8,080,180	8,484,189	404,009
Interest Earned	140,000	140,000	140,000	-
Total Revenue	26,623,396	27,015,463	27,419,472	404,009
Expenditures				
Corporate Services				
Corporate Services	4,199,080	4,778,580	4,645,042	(133,537)
Office Admin	115,350	115,350	115,350	-
Espanola	117,509	117,509	119,440	1,931
Manitoulin Island	127,187	127,187	129,622	2,435
Chapleau	104,631	104,631	102,536	(2,095)
Sudbury East	17,940	17,940	18,104	164
Intake	337,278	337,278	345,062	7,784
Facilities Management	574,599	574,599	574,599	-
Volunteer Resources	3,850	3,850	3,850	-
Total Corporate Services	5,597,424	6,176,924	6,053,605	(123,319)
Health Protection				
Health Protection - General	1,255,471	1,255,471	1,297,270	41,800
Environmental	2,520,968	2,520,968	2,574,848	53,880
Vector Borne Disease	87,545	87,545	88,162	617
Small Drinking Water Systems	162,574	162,574	165,795	3,221
Clinical Services - General	-	-	-	-
Clinic	1,371,068	1,371,068	1,322,036	(49,032)
Clinical Services - Branches	223,123	223,123	227,749	4,626
Risk Reduction	98,842	98,842	98,842	-
Sexual Health	1,248,292	1,248,292	1,064,344	(183,948)
MOH - Infectious Diseases Control Initiative	389,000	389,000	389,000	0
MOH - Needle Exchange Program Initiative	87,100	87,100	87,100	-
MOH - Nursing Initiatives	392,100	392,100	392,100	-
MOH - Enhanced Food Safety - Haines Initiative	36,500	36,500	18,250	(18,250)
MOH - Safe Water Initiative	16,200	16,200	16,200	-
E-Cigarettes Act	36,700	36,700	26,700	(10,000)
Protection and Enforcement	234,600	234,600	228,600	(6,000)
Prosecution	25,200	25,200	5200	(20,000)
Total Health Protection	8,185,284	8,185,284	8,002,197	(183,086)
Health Promotion				
Promotion - General	1,342,171	1,421,238	954,735	(466,503)
Branches (Espanola/Manitoulin)	336,364	336,364	333,954	(2,410)
Nutrition & Physical Activity Team	1,043,077	1,043,077	1,279,188	236,112
Branches (Sudbury East/Chapleau)	402,549	402,549	219,598	(182,951)
Injury Prevention	524,894	524,894	27,874	(497,020)
Tobacco, Alcohol and Cannabis	488,047	488,047	344,382	(143,665)
Family Team	635,138	635,138	791,330	156,193
Reproductive & Child Health	1,093,858	1,093,858	43,700	(1,050,158)
Mental Health and Addictions	643,920	643,920	372,600	(271,320)
Alcohol and Substance Misuse	-	-	-	-
Dental	525,585	525,585	538,539	12,953
Vision Health	68,977	68,977	70,486	1,509
MOH - Diabetes Prevention Programming	175,000	175,000	175,000	-
MOH - Harm Reduction	150,000	150,000	150,000	-
MOH - Healthy Smiles Ontario Program	612,200	612,200	612,200	-
TCAN Prevention	97,200	97,200	97,200	-
TCAN - Coordination	285,800	285,800	285,800	-
TCC	100,000	100,000	100,000	-
Youth Use Prevention	80,000	80,000	80,000	-
Total Health Promotion	8,780,880	8,683,847	6,476,587	(2,207,260)
School Health, Vaccine Preventable Diseases and COVID Prevention				
School Health, VPD, COVID Prevention - General	-	-	366,674	366,674
School Health and Behaviour Change	1,459,229	1,459,229	1,746,304	287,075
VPD and COVID CCM	-	-	2,120,790	2,120,790
Total School Health, Vaccine Preventable Diseases and COVID Prevent	1,459,229	1,459,229	4,233,768	2,774,538
Knowledge and Strategic Services				
Knowledge and Strategic Services	2,462,000	2,462,000	2,611,414	149,414
Workplace Capacity Development	23,507	23,507	23,507	-
Health Equity Office	14,440	14,440	14,440	-
Strategic Engagement Unit	10,232	10,232	10,232	-
Total Knowledge and Strategic Services	2,600,579	2,510,179	2,659,593	149,414
Total Expenditures	26,623,396	27,015,463	27,425,750	410,287
Vancancy Allowance			(6,278)	(6,278)
Net Surplus (Deficit)	0	0	27,419,472	404,009

TOTAL for Cost-Shared Programs			
Description	2020 Budget RESTATED	2021 Proposed	Changes (\$) Inc/(Dec)
Salaries	18,250,925	18,598,386	347,461
Benefits	5,289,497	5,513,754	224,257
Total Salaries & Benefits	23,540,422	24,112,140	571,718
Office Supplies & Administration	152,978	151,077	(1,901)
Media & Advertising	131,950	131,950	-
Health Services / Purchased Services	145,433	141,633	(3,800)
Professional Fees	136,623	57,927	(78,696)
Travel	299,356	288,727	(10,629)
Program Expenses	994,631	908,616	(86,015)
Photocopy Expenses	28,255	28,255	-
Telephone Expenses	197,786	197,786	-
Postage & Courier Services	64,972	64,972	-
Vector Borne Disease - Education and Surveillance	44,825	44,825	-
Books & Subscriptions	9,345	9,345	-
Furniture & Equipment	21,270	21,270	-
Rent Revenue	(69,076)	(69,076)	-
Insurance	117,849	121,234	3,385
Information Technology	608,040	620,775	12,735
Rent Surplus Transferred to Reserve	56,642	56,642	-
Translation	49,440	49,440	-
Memberships	29,889	29,889	-
Expense Recoveries	(878,193)	(798,435)	79,758
Rent	266,932	273,408	6,476
Building Maintenance	593,599	593,599	-
Utilities	219,249	225,827	6,577
Staff Development	253,246	163,923	(89,323)
Total Operational Expenses	3,475,041	3,313,610	(161,431)
Vacancy Allowance		(6,278)	(6,278)
Total Expenditures	27,015,463	27,419,472	404,009

Public Health Sudbury & Districts
Cost Shared Programs and Services

Item 6 iii

Municipal Levy		5%	
	2020	2021	
Total Budget	26,623,396	27,419,472	
Municipal Levy	8,080,180	8,484,189	

Municipal Levy	2018	%	2020	2021	Difference
	Population*	Population	Levy	Levy	
Assignack (Township of)	754	0.459%	37,093	38,947	1,854
Baldwin (Township of)	505	0.307%	24,811	26,051	1,240
Billings (Township of)	501	0.305%	24,649	25,881	1,232
Burpee and Mills (Township of)	273	0.166%	13,418	14,088	670
Central Manitoulin (Township of)	1,711	1.042%	84,200	88,410	4,210
St. Charles	1,156	0.704%	56,889	59,733	2,844
Chapleau (Township of)	1,915	1.166%	94,219	98,930	4,712
French River	2,374	1.445%	116,763	122,601	5,838
Espanola Town	4,362	2.655%	214,533	225,260	10,727
Gordon/ Barrie Island	449	0.273%	22,063	23,167	1,104
Gore Bay Town	739	0.450%	36,365	38,184	1,819
Markstay-Warren	2,328	1.417%	114,501	120,226	5,725
Northeastern Manitoulin & the Islands (Town)	2,129	1.296%	104,724	109,960	5,236
Nairn & Hyman (Township)	396	0.241%	19,478	20,452	974
Killarney	346	0.211%	17,054	17,906	852
Sables-Spanish River (Township of)	2,680	1.631%	131,792	138,382	6,590
City of Greater Sudbury	141,290	86.010%	6,949,767	7,297,256	347,489
Tehkummah (Township of)	363	0.221%	17,862	18,755	893
TOTAL	164,271	100%	8,080,180	8,484,189	404,009
Per Capita Rate			49.19	51.65	2.46

* Population data per 2018 Ontario Population Report, Municipal Property Assessment Corporation

IN CAMERA

MOTION:

THAT this Board of Health goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees.

Time: _____

RISE AND REPORT

MOTION: THAT this Board of Health rises and reports. Time: _____

2021 OPERATING BUDGET

MOTION:

THAT the Board of Health approve the 2021 operating budget for Public Health Sudbury & Districts in the amount of \$ 27,419,472.

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of November 30, 2020, to February 26, 2021. Essential services will be available and provided at all times during the holiday period except for statutory holidays when on-call staff will be available.

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: _____