



Board of Health Meeting # 01-21

Public Health Sudbury & Districts

Thursday, February 18, 2021

1:30 p.m.

Virtual/Audio Meeting



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 :

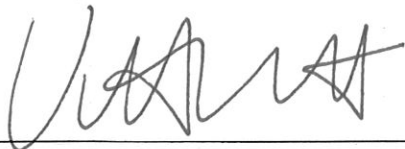
PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*,
Jacqueline Paquin of Sudbury be reappointed as a part-time member of the Board of Health for the Sudbury and District Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective February 22, 2021.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*,
Jacqueline Paquin de Sudbury est reconduite 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 22 février 2021.



Recommended: Minister of Health

Recommandé par : La ministre de la Santé



Concurred: Chair of Cabinet

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

Approved and Ordered:

DEC 17 2020

Approuvé et décrété le :



Lieutenant Governor

La lieutenante-gouverneure

O.C. | Décret : 17 85 / 2020

AGENDA – FIRST MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL/AUDIO MEETING
THURSDAY, FEBRUARY 18, 2021 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- Order in Council Re: provincial reappointment of Jacqueline Paquin effective February 22, 2021

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. ELECTION OF OFFICERS

APPOINTMENT OF CHAIR OF THE BOARD

(2020 Chair: René Lapierre – 6 terms)

THAT the Board of Health appoints _____
as Chair for the year 2021.

APPOINTMENT OF VICE-CHAIR OF THE BOARD

(2020 Vice-Chair: Jeffery Huska – May 2016 to 2020)

THAT the Board of Health appoints _____
as Vice-Chair for the year 2021.

APPOINTMENT TO BOARD EXECUTIVE COMMITTEE

(2020 Board Executive: Jeffery Huska – 6 terms; René Lapierre – 6 terms; Ken Noland – 4 terms; Natalie Tessier – September 2020 to November 2020, Randy Hazlett – September 2020 to November 2020)

THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2021:

1. _____, Board Member at Large
2. _____, Board Member at Large
3. _____, Board Member at Large
4. _____, Chair
5. _____, Vice-chair
6. Medical Officer of Health/Chief Executive Officer
7. Director, Corporate Services
8. Secretary Board of Health (ex-officio)

APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

*(2020 Finance Committee: Carolyn Thain – 6 terms; René Lapierre – 6 terms;
Mark Signoretti – 4 terms; Randy Hazlett – 2 terms)*

THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2021:

1. _____, Board Member at Large
2. _____, Board Member at Large
3. _____, Board Member at Large
4. _____, Chair
5. Medical Officer of Health/Chief Executive Officer
6. Director, Corporate Services
7. Manager, Accounting Services
8. Board Secretary

5. DELEGATION/PRESENTATION

i) COVID-19 Vaccination Program

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

6. CONSENT AGENDA

i) Minutes of Previous Meeting

- a. Seventh Meeting – November 19, 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, January 2021

v) Correspondence

- a. 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 Deputy Prime Minister and Minister of Finance, to Dr. Sutcliffe, dated January 22, 2021
 - Email from the Senior Director, Employment and Social Development Canada, to Dr. Sutcliffe, dated November 27, 2020
- b. Funding for Infection Prevention and Control
 - Letter from the Office of the Deputy Minister and Ministry of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated December 29, 2020
- c. Opioid Poisoning Crisis
 - Letter from the Toronto Board of Health, to all Health Units, dated December 20, 2020

- d. Return to Schools
 - Letter from the Chair of the Council of Medical Officers of Health (COMOH) to the Minister of Health and Minister of Education dated January 29, 2021
- e. Student Nutrition Program
 - Letter from the Chair of the Council of Medical Officers of Health (COMOH) and the Chair of the Council of Ontario Directors of Education (CODE) dated January 28, 2021
 - Letter from the President, Association of Local Public Health Agencies to the Minister of Education dated January 20, 2021.
- f. 2021 COVID-19 Extraordinary Costs
 - Memo from the Deputy Premier and Minister of Health dated January 13, 2021
- vi) **Items of Information**
 - a. Letter of appreciation from the OPP January 11, 2021
 - b. alPHa Information Break January 2021
 - c. Notice for alPHa 2021 AGM & Conference

APPROVAL OF CONSENT AGENDA

MOTION:

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

7. NEW BUSINESS

- i) **Paid Sick Days**
 - Letter from the President, Association of Local Public Health Agencies, to the Premier of Ontario, dated February 9, 2021
 - Letter from the Board of Health Chair, Kingston, Frontenac and Lennox & Addington Public Health, to the Premier, dated February 1, 2021
 - Briefing Note from the Medical Officer of Health to the Board of Health Chair dated February 11, 2021

PAID SICK DAYS

MOTION:

WHEREAS the gap in access to paid sick days is a longstanding health equity issue, which has been exacerbated by the COVID-19 pandemic;

WHEREAS data demonstrate that the gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces, including COVID-19;

WHEREAS staying home when sick is one of the most effective containment strategies for infectious disease however, without public

policy to support this decision, behavioural recommendations are limited in their effectiveness;

WHEREAS paid sick days also promote preventive care, create savings in the healthcare system, and reduce presenteeism (going to work while sick) with cost savings for businesses;

WHEREAS permanent and legislated paid sick days through employment standards are an effective measure to protect public health during pandemics and beyond, to curb the spread of all infectious diseases;

THEREFORE BE IT RESOLVED that Public Health Sudbury & Districts express support to the Government of Ontario to support the calls for the permanent inclusion of paid sick leave provisions under the Employment Standards Act, as a public health measure to prevent transmission of communicable diseases including COVID-19.

- ii) Survey Results from 2020 Regular Board of Health Meeting Evaluations**
 - Annual Board of Health Meeting Evaluations Summary – 2020
- iii) Board of Health for Public Health Sudbury & Districts 2020 Meeting Attendance**
 - Annual Board of Health Meeting Attendance Summary – 2020

8. ADDENDUM

ADDENDUM

MOTION:

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

9. IN CAMERA

IN CAMERA

MOTION:

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

10. RISE AND REPORT

RISE AND REPORT

MOTION:

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

11. ANNOUNCEMENTS

- Please complete the February Board of Health meeting evaluation as well as the two declaration forms in BoardEffect following the Board meeting.

12. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

APPOINTMENT OF CHAIR OF THE BOARD

(2020 Chair: René Lapierre – 6 terms)

**THAT the Board of Health appoints _____
as Chair for the year 2021.**

APPOINTMENT OF VICE-CHAIR OF THE BOARD

(2020 Vice-Chair: Jeffery Huska – May 2016 to 2020)

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*(2020 Finance Committee: Carolyn Thain – 6 terms; René Lapierre – 6 terms;
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5. Medical Officer of Health/Chief Executive Officer
6. Director, Corporate Services
7. Manager, Accounting Services
8. Board Secretary

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

BOARD MEMBERS PRESENT

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

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 1:30 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

- i) **Climate Change: Assessing health risks and planning adaptations together**
 - Jane Mantyla, Health Promoter, Health Protection Division

J. Mantyla was introduced and welcomed to share an update on an initiative that supports health-protective adaptations to climate change.

Through the Ontario Public Health Standards (OPHS), public health is required to engage in multi-sectoral collaboration with municipalities and other partners to reduce exposure to health hazards, promote healthy environments and plan climate change adaptations. A toolkit developed by the Ministry of Health to mobilize communities against adverse health impacts of climate change outlines how to conduct a Climate Change and Health Vulnerability and Adaptation Assessment.

After reviewing the Ministry's toolkit and aligning the information gathered with what is needed for communities to conduct a Climate Change and Health Vulnerability and Adaptation Assessment, Public Health Sudbury & Districts produced two documents to support communities to understand the health hazards of climate change at a local level. The documents include a backgrounder for the service area, and companion Climate Change Modelling Study specific to each district office area in order to provide the modelling predictions for these specific locations.

Next steps will be to share findings with PHSD constituent municipalities in January 2021 and meet to review their local climate change goals and consider if there are opportunities for collaboration or public health support. Another opportunity will be to initiate an *annual climate change exchange* to share new information and initiatives with constituent municipalities.

It was concluded that PHSD staff are proud to be involved in this important work for future generations. Questions and comments were invited and J. Mantyla was thanked for her presentation.

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
- 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

26-20 APPROVAL OF CONSENT AGENDA

MOVED BY MYRE – TESSIER: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

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

Dr. Sutcliffe reported that the two above-noted documents were shared for information. A recent news release announced that on November 16, reporting of COVID-19 cases for our service area was changing to streamline processes while ensuring the public has timely access to important public health information. Public Health is now posting updated data regarding new positive cases as well as any other COVID-19 related data on the [website](#) daily. Individual public Service Announcements (PSAs) will no longer be issued. A weekly summary of key developments, timely public health guidance, and relevant announcements will also be posted. A detailed epidemiology summary provides data on COVID-19 activity in our service area will be posted twice weekly on Mondays and Thursdays. A [weekly](#) update will also be available on Thursdays with additional information to complement the daily report such as trends, key themes and an additional layer of analysis of public health response to COVID-19. These reports will be shared proactively.

Our area has moved from the Green-Prevent to the Yellow-Protect category of the provincial COVID-19 response framework. The current category is aimed at strengthening public health measures such as limited hours of operations for certain settings, reduced recreational program sizes, additional enforcements and fines, and enhanced education in high-risk settings. Dr. Sutcliffe noted that it is important to continue with the public health measures we have been doing in last 9 months, individually, to make a collective impact against the spread of COVID-19, including stay home if ill, washing of hands, face coverings, physical distancing, and getting tested if symptoms.

Messaging is being prepared for the upcoming holidays, including safe holiday shopping. PHSD is also preparing for the eventuality of COVID-19 vaccinations.

A significant proportion of recently confirmed cases were under the age of 30 which is consistent with activity in the province and across Canada during wave 2. Private social gatherings and links within households were common places where confirmed cases were exposed, highlighting the importance of the [Top-10-COVID-Rules-to-Live-By](#) and limit close contacts to within a household and maintain two meters physical distancing from everyone else.

Due to the recent surge in the number of confirmed COVID-19 cases locally, additional PHSD staff have been redeployed to COVID-19 work assignments. Essential programs and services such as Healthy Babies Healthy Children home visits, inspections, health hazard investigations, continue. We have reached out to Public Health Ontario for case and contact management support, and the City of Greater Sudbury has offered additional support. Contact tracing is working effectively for containment in that a number of recently confirmed cases were already in isolation as they had been previously identified through contact tracing. We are seeing a slow decrease in our % positivity which is good news.

The COVID-19 Public Health Actions Timeline summary aims at documenting the lengthy public health actions locally and provincially during the pandemic.

Questions and comments were entertained. It was noted that there have been concerns from the public that Public Health Sudbury & Districts is not releasing sufficient details regarding confirmed cases. Dr. Sutcliffe clarified that Public Health Sudbury & Districts does not share details about individual cases of COVID-19 unless sharing is required to protect the public's health. We follow up directly with individuals with a positive COVID-19 test result. Protecting case identification is also helpful to build trust with the individuals involved and prevent stigmatization. We investigate the case and identify

any individuals who may have been in contact with the case while the case was infectious. This work is critical to limiting further spread of the virus. Close contacts of cases may be advised to take a number of steps depending on Public Health's assessment of their risk of infection.

We are very active on social media to reach the younger population and partnering with educators, parents, and employers to reinforce public health messaging.

A board member shared that the HSN assessment centre is moving to a new location in the south end.

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

The Board of Health self-evaluation is conducted every year and is an opportunity for each Board of Health member to reflect and provide feedback on their individual contributions, the effectiveness of the Board policy and processes, as well as the Board's overall performance as a governing body.

The 2020 Board of Health self-evaluation survey results are tabled for information, review and discussion. It was observed that only seven Board of Health members completed the survey and this year's response rate of 58.33% is the lowest over several previous years. It was recognized that some questions could be challenging to answer for newer Board of Health members. The Board Chair thanked everyone who had an opportunity to complete the survey.

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

Board of Health Finance Standing Committee Chair, C. Thain, noted that the Committee met on November 2, 2020, and carefully reviewed the recommended 2021 operating budget. C. Thain is joined on the Board of Health Finance Standing Committee by Board members Randy Hazlett, René Lapierre, Mark Signoretti.

This year's budget development has taken place during a global pandemic where significant resources have been diverted from the regular day to day programs and services to the COVID-19 response. While some provincial financial commitments have

been made for Public Health into 2021, there is lot about the environment that is unpredictable.

Dr. Sutcliffe and her team were commended for the budget work they have done to navigate the unknowns to the best of their ability. Staff have a good historical perspective and understanding of expenses. C. Thain noted that the budget being brought forward provides management's best estimate of the minimum required to maintain essential public health services, which at this time includes our local response to the global pandemic.

The 2021 budget recommended to the Board of Health is for a total of \$ 27,419,472. It incorporates the Ministry's previously-announced second one-time grant of \$1.18M to offset municipal costs associated with the Ministry's funding reduction caused by the January 1, 2020 funding policy change, a municipal funding increase of \$404K, and a vacancy rate of just over \$6K. The resulting 1.5% increase over 2020 translates into an increase of \$2.46 per person per year in 2020.

The Finance Standing Committee carefully reviewed the details of the 2021 budget and had a thorough discussion with staff. Following the deliberation, the Committee is recommending that the Board of Health adopt the 2021 operating budget.

Dr. Sutcliffe was invited to provide further highlights, including the important assumptions that underpin the recommended budget. The budget summary, background and further details regarding key assumptions were reviewed.

Dr. Sutcliffe reminded Board member that the January 1, 2020 funding policy change reduces overall base provincial funding by approximately \$1.18M. Cost-shared programs and services, previously funded at up to 75% provincial and most programs previously funded at 100% provincial are now funded only at up to 70% provincial. The second one-time grant of \$1.18M in 2020 and 2021 is to offset this reduction in base provincial funding to relieve municipalities of this responsibility. Dr. Sutcliffe noted that this grant essentially restores provincial funding to 2014 levels as, other than a 3% increase just prior to the last provincial election in 2018, base provincial funding to local public health has been flat lined. Of note also is that the Consumer Price Index rose by 9.2% over the last five years. Finally, year over year fixed cost increases for our organization, without any enhancements, are estimated at almost \$520,000 per year.

Dr. Sutcliffe warned that absent significant developments in funding or accountability, future public health program and service cuts would be anticipated in future fiscal periods. She further highlighted that projections are complicated by the current

COVID-19 pandemic and the potential impact of the previously announced provincial “modernization” of Ontario’s public health system that is on hold.

Dr. Sutcliffe noted that management continues to work diligently within the current dynamic fiscal and system environments and added that COVID-19 response has been very demanding over the last few months with our agency working at over-capacity. Additional supports have been sought out, including for case and contact management. Dr. Sutcliffe shared her sincere pride in and gratitude for PHSD staff.

Additional background from the briefing note was summarized, including provincial funding announcements related specifically to COVID-19 in support of extraordinary costs incurred, one-time funding for pandemic pay, and school-focused nurses.

The Board was reminded that the modernization infrastructure project currently underway will be funded through the \$11M transfer from reserves; therefore, obviating a need to seek additional municipal funding.

Dr. Sutcliffe and staff were thanked for presenting a comprehensive budget and Board of Health members recognized the effort in pulling assumptions and figures together in these dynamic and volatile times.

Question and comments were entertained. Dr. Sutcliffe clarified that all Boards of Health are expected to cover outbreak-associated costs through board of health budget before submitting for reimbursement of COVID-19 extra-ordinary expenses. PHSD has submitted for extra-ordinary COVID-19 expenses through the Ministry process and also provided projections to year end; however, we have not received any funding as of yet.

In response to an inquiry regarding legislative requirements and serving high-risk populations, it was clarified that the Ontario Public Health Standards outlines the Board of Health mandate for its programs and services. The Board was reminded of the risk assessment staff undertook to prioritize programs as part of business continuity in an emergency COVID-19 response, we are currently delivering the acutely critical programs and services such as the Healthy Babies Healthy Children program.

A concern was expressed about the \$2.46 per person per year increase and the affordability of this for individuals with low or fixed incomes.

Concerns were voiced regarding the fiscal constraints in the longer-term, including the 2022 budget. It was questioned whether PHSD would be able to maintain our current

level of programs and services. Dr. Sutcliffe referred to earlier comments and concerns about sustainability into future years.

It was shared that many of the Board's questions and concerns were raised and discussed by the Board of Health Finance Standing Committee meeting. Dr. Sutcliffe and team did an excellent job to bring forward a fair and lean budget given there are so many uncertainties.

The Board Chair thanked the Board for the discussion and reminded the Board of its obligations as Board of Health for Public Health Sudbury & Districts and its obligations under the *Health Protection and Promotion Act*. The financial pressures are a result of the change in the funding formula. While it is important to look in the longer-term, the proposed budget is what is required for the staff to deliver programs and services in 2021.

B. Leduc left the meeting at this point.

27-20 IN CAMERA

MOVED BY KIRWAN – HUSKA: THAT this Board of Health goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 3:08 p.m.

CARRIED

28-20 RISE AND REPORT

MOVED BY NOLAND – MASSICOTTE: THAT this Board of Health rises and reports. Time: 3:30 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:

29-20 APPROVAL OF MEETING NOTES

MOVED BY SIGNORETTI – MYRE: THAT this Board of Health approve the meeting notes of the November 21, 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

30-20 2021 OPERATING BUDGET

MOVED BY THAIN – SIGNORETTI: THAT the Board of Health approve the 2021 operating budget for Public Health Sudbury & Districts in the amount of \$ 27,419,472.

A recorded vote was conducted.

	YEA	NAY
Gignac, Claire	X	
Hazlett, Randy		X
Huska, Jeffery	X	
Kirwan, Robert	X	
Massicotte, Glenda	X	
Myre, Paul	X	
Noland, Ken	X	
Paquin, Jacqueline	X	
Signoretti, Mark	X	
Tessier, Natalie	X	
Thain, Carolyn	X	
Lapierre, René	X	
TOTAL	11 Yeas	1 Nay

CARRIED

iv) Staff Appreciation Day

Dr. Sutcliffe noted that it is a longstanding tradition for the proposed staff appreciation motion to be brought forward for the Board of Health's consideration on an annual basis. The staff appreciation day is a gift from the Board of Health to Public Health Sudbury & District staff of a day off with pay as a sign of appreciation. The day off is to

be taken by staff between November 30 and February 26 and a longer period makes it more manageable to administer. This past gesture has been appreciated by staff and is not taken for granted.

It was recognized that, this year in particular, staff have been working above and beyond. Dr. Sutcliffe noted that the quality of work and staff's attitude over long haul has been an inspiration. The Board of Health recognized the demands and pressures of COVID-19, and the relentless work of the MOH, management and all staff.

31-20 STAFF APPRECIATION DAY

MOVED BY HUSKA – THAIN: 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.

A recorded vote was requested to confirm that Board's unanimity.

	YEA	NAY
Gignac, Claire	X	
Hazlett, Randy	X	
Huska, Jeffery	X	
Kirwan, Robert	X	
Massicotte, Glenda	X	
Myre, Paul	X	
Noland, Ken	X	
Paquin, Jacqueline	X	
Signoretti, Mark	X	
Tessier, Natalie	X	
Thain, Carolyn	X	
Lapierre, René	X	
TOTAL	12 Yeas	

UNANIMOUSLY CARRIED

7. ANNOUNCEMENTS

Board of Health members were invited to complete the November Board of Health meeting evaluation in BoardEffect following today's meeting.

Staff are exploring options for an alternate virtual platform for future Board of Health meetings. To assist with this work, Board members are asked to complete a short one question poll in BoardEffect.

Due to COVID-19, there is no in-person social following today's Board of Health meeting; however, the commitment of each Board of Health member in 2020 was recognized.

The next regular meeting is January 21, 2021, as there is no regular Board of Health meeting in December. If Board of Health members have any questions or concerns, they are asked to contact the Board of Health Chair and/or the Medical Officer of Health and Chief Executive Officer.

8. ADJOURNMENT

32-20 ADJOURNMENT

MOVED BY GIGNAC – PAQUIN: THAT we do now adjourn. Time: 3:41 p.m.

CARRIED

(Chair)

(Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, February 2021

Words for thought

First Recipient of COVID-19 Vaccine in Public Health Sudbury & Districts



Donald Fisher was selected by the Wikwemikong Nursing Home as the first recipient of the COVID-19 vaccine for our region. Donald Fisher, commonly known as Scotty, in the Wiikwemkoong First Nation, is a 94 year old WW2 veteran who served in the 1st Canadian Airborne Battalion. He is an elder who takes pride in fluent Anishinaabemowin, and as a knowledge keeper for his community. Donald attributes his health and longevity to a healthy diet, exercise, and the support of family, friends, and community members.

With the covid-19 vaccine, the continued exceptional care of the Wiikwemikong Nursing Home, support by community, family, and friends, Donald can continue enjoying life, and add another accolade to his long list of accomplishments. The family is thankful that Donald is not only safe and well cared for, but also further protected.

Source: phsd.ca Facebook post:

<https://www.facebook.com/PublicHealthSD/posts/3856967697688454>

Date: January 13, 2021, 1:10 ET

General Report

2021 is well underway and although there has not been much time to reflect on 2020, these are unprecedented and historical times. All eyes are on public health as people anxiously wait for the roll-out of the COVID-19 vaccine and bring the pandemic to an end.

The Board will receive an update on the Public Health Sudbury & Districts' COVID-19 response and immunization program as part of the meeting delegation.

1. Board of Health

Staff have sent thank you notes expressing their gratitude to the Board of Health for their gift of the staff appreciation day. Since the start of this historical pandemic, staff have selflessly and tirelessly put their skills to task and the gift of a day off with pay from the Board of Health was very much appreciated.

Virtual Board of Health Meetings

We are pleased to share that we will proceed with Microsoft Teams for future Board of Health meetings which includes a dial-in option. If you will be joining the meeting by dialing in, you must contact the Board of Health Secretary to make arrangements to receive materials that might be distributed during the meeting.

Membership

Jacquelin Paquin's request for a reappointment was supported by the Board of Health and her term as a provincial appointee has been renewed by the province for a period not exceeding one year, effective February 22, 2021.

Accountability Monitoring Plan

As our agency manages ongoing COVID-19 pressures, work on the Accountability Monitoring Plan, including the annual accountability report and strategic priorities narrative report will be paused for the time being. This work will resume at a later date once the COVID-19 pressures are reduced, at which point recommendations about next steps will be brought forward to the Board of Health. The Joint Board Staff Accountability Monitoring Work Group will also be paused until this work resumes. We will continue to provide any required accountability reports to the Ministry of Health.

Board of Health Code of Conduct

Board of Health (BOH) members are responsible for conducting themselves in compliance with the Code of Conduct Policy C-I-15 (Code); that is professional, and with the highest regard for the rights of the public in accordance with the principles outlined in the Human Rights Code and the Charter of Rights and Freedoms. The standard obligations, values, and expected behaviours outlined in the Code serve to enhance public confidence that BOH members operate from a foundation of trust, humility, and respect.

All members are required to sign an annual declaration attesting to their understanding and acknowledgement of this Code. Included for your convenience, in the February 18, 2021, Board of Health Event in BoardEffect, is the Code of Conduct Policy. The declaration form, which must be signed and submitted annually, can be completed in BoardEffect under Board of Health – Collaborate – Surveys.

Board of Health Conflict of Interest

Members bring a perspective based on their skills and experiences in order to act in the best interest of Public Health Sudbury & Districts in their capacity as members of the Board of Health and in compliance with their duties and obligations under the *Health Protection and Promotion Act*. Members cannot act in their own personal interest or as a representative of any professional, political, socio-economic, cultural, geographic, or other organization or group.

Each individual member of the Board of Health is responsible to ensure that they are in compliance at all times with the *Municipal Conflict of Interest Act* and has the responsibility to follow the Conflict of Interest Policy C-I-16.

At the beginning of each calendar year, Board of Health members are required to complete the Declaration of Conflict of Interest form. Included for your convenience, in the February 18, 2021, Board of Health *Event* in BoardEffect, is the Conflict of Interest Policy and Procedure. The Conflict of Interest declaration form, which must be signed and submitted annually, can be completed in BoardEffect under Board of Health – Collaborate – Surveys.

2. COVID-19

On February 3, 2021, members of Public Health Sudbury & Districts' Emergency Control Group and key internal staff participated in an exercise to put the agency's local COVID-19 Vaccination Program into action. This scenario challenged all aspects of the Vaccination Program to allow the agency to understand where there are strengths as well as gaps requiring corrective measures to improve the effectiveness and efficiency of our local response. A report of the session was developed and will be used to further strengthen our COVID-19 Vaccination Program.

On January 15 Public Health Sudbury & Districts published its COVID-19 Vaccination Program Playbook. This playbook provides the essential pillars for the development of plans to achieve a vaccine coverage level of at least 75% of eligible recipients in our service area within the prescribed timeframe, and respecting provincial direction on vaccine recipient sequencing. The playbook is an evergreen document that will continue to be updated and shared on the website.

3. Financial Report

The November 2020 year-to-date cost-shared financial statements report a positive variance of \$1,750,451 before addressing COVID-19 related expenses. With COVID-19 expenses of \$1,627,925, the net financial position results in a positive variance of \$122,525 for the period ending November 30, 2020. Gapped salaries and benefits account of 146% or \$178,865 and operating expenses and other revenue account for (46%) or (\$56,340) of the overall reported variance.

4. Quarterly Compliance Report

The agency is compliant with the terms and conditions of our Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health Accountability Framework and Organizational Requirements, to provide for the effective management of our funding and to enable the timely identification and management of risks.

Public Health Sudbury & Districts has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to January 22, 2021, on January 22, 2021. The Employer Health Tax has been paid as required by law, to January 31, 2021, with a cheque dated February 15, 2021. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to January 31, 2021, with a cheque dated February 28, 2021. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

5. Chief Nursing Officer and Professional Practice Report

The Chief Nursing Officer for Public Health Sudbury & Districts has led the Professional Practice Committee, an interdisciplinary group of staff members seeking to foster an environment that supports evidence-based professional practice and promotes excellence in public health practice across all disciplines. The Professional Practice Committee also supports the maintenance of competency and creates systems and processes to enhance inter-professional practice and development within Public Health Sudbury & Districts. Over the year this group has discussed issues related to conflicts of interest, client digital recording of visits, client centered approaches for working with LGBTQS population and interpretation services for clients. The Professional Practice Committee also provides a venue for regulated staff to share public health relevant updates from their respective regulatory colleges.

6. Infrastructure Modernization Project

1300 Paris Street

The schematic designs for this project are complete. The project has moved into detailed designs with those nearing completion. Mechanical and electrical design briefs have also been completed.

Architectural drawings are at 30% and a Class C estimate is pending. The Class D estimate was completed in December with the project costs estimated to be on budget.

Plans are being developed to prepare for the construction phase beginning in May and estimated to be 12 months at minimum. This will involve the relocation of in-person services. Preliminary plans would see the relocation those services to the ground level during the construction of the main level.

Elm Place

This project has completed the detailed design phase with the mechanical and electrical design brief also being completed. The architectural drawings are 50% complete.

The services of a Dental Office Supplies firm were secured to provide expertise in the selection of dental equipment required for the dental operatories, the sterilization centre and x-ray services. In addition, the services of a Dental Clinic Consultant/Dentist are being secured to provide advice and direction with establishing clinic protocols, operating procedures and to act as Radiation Protection Officer for the Ministry of Health HARP certification requirements.

A Class B estimate is pending. Preliminary estimates from the Class D estimates were slightly higher than budget with these primarily related to the Dental Clinic. Increased requirements related to COVID and specialized equipment costs increases account for the variance. Discussions with the ministry are underway. The ministry is working with us to ensure the project is funded. An application for additional funding to cover the increased costs was submitted on February 12, 2021.

This project is scheduled to begin construction in May 2021 and is estimated to be completed in 9 months. Services at Elm Place will not be disrupted during the construction phase.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

The Northern Fruit and Vegetable Program is running for its eighth consecutive year amid the COVID-19 pandemic. A total of 91 schools have registered for the program this year. The program is able to operate during the pandemic since the agriculture and food production service areas are deemed essential. The program did modify the vegetable and fruit packaging to an individual prepackaged format to adhere to the [Guide to reopening Ontario's Schools](#). This change also eliminated barriers that were identified by the schools since it allows schools to distribute the produce with minimal handling and reduces the need for volunteers.

In December 2020, PHSD planned and coordinated a Dietitians of Canada Sustainable Food Systems event. A total of 45 Dietitians of Canada members and non-members attended.

In 2017, Noojmowin Teg Health Centre received funding from the Ontario Trillium Foundation to implement the Manitoulin Community Fresh Food Initiative (MCFFI). The MCFFI sought to empower individuals, families and the community by providing opportunities to learn about and participate in growing food through community gardening and home gardening, enhancing food literacy through workshops and improving access to vegetables, fruits and traditional

foods. In December 2020, the evaluation of the MCFFI was completed with Public Health Sudbury & Districts' leadership.

Physical activity and sedentary behaviours

In partnership with The City of Greater Sudbury Age-Friendly Community (AFC), we assisted in the development and creation of the first ever Greater Sudbury Age-Friendly Community Strategy Update. This update included initiatives that took place over the past three years within each AFC pillar. A report card scheme was used to evaluate how our community is progressing towards age-friendliness within each of the 8 AFC pillars. This Strategy Update was shared within a presentation to the Community Services Committee's meeting on November 16, 2020.

UV exposure

The Climate Change Action Committee, of which PHSD is a member, has been actively working with the municipality of Central Manitoulin to develop their Community Energy and Emissions Plan (CEEP). Part of the CEEP requires assessing a few baseline measures, the committee in partnership, has developed a survey, to be launched in February.

2. Healthy Growth and Development

Breastfeeding

During the months of October to December 2020, the breastfeeding clinic continued to provide services to new mothers in the Sudbury and Manitoulin districts. A total of 144 appointments were delivered, the majority of which were done virtually to ensure safety of staff as well as mothers and infants. In qualifying circumstances, mothers came for face-to-face clinic appointments if they screened negative for COVID-19 (e.g. did not show any signs of illness such as fever, cough) and wore a face covering.

Health Information Line

During the months of October to December 2020, there was a total of 256 calls to the information line. Most incoming calls were with regards to breastfeeding, infant feeding and care, car seat information/inspection, and general health inquiries and community resources. A small number of calls were with regards to mental health resources, finding a family physician, help with drug abuse and prevention of family violence.

Healthy Babies Healthy Children

During the months of October to December 2020, the HBHC program continued to provide services to 227 active clients in the program across the Sudbury and Manitoulin district areas. In total, the public health nurses and family home visitors provided 930 visits virtually as well as in home where needed and subject to a negative screen for COVID-19.

123 referrals were made to other programming (e.g., 39 referrals to the Breastfeeding Clinic, 26 for Public Health Sudbury & Districts' programming, six to the Good Food Box program, four to Better Beginnings Better Futures, one to Our Children Our Future, three to Health Sciences North, five to Canadian Mental Health Services and two for perinatal mental health services).

Thirty-five new clients received support from the HBHC program from October to December.

Healthy pregnancies

Between October and December, a total of 76 expectant parents, their partners, and other health professionals registered for the virtual prenatal class. This virtual program offers information on Understanding Your Pregnancy, Understanding Labour and Delivery, What to Expect the First Hours After Birth and Learning About Life With Your New Baby. This continues to be the primary method of prenatal education delivery as a result of the in-person classes being postponed due to COVID 19.

Positive parenting

Due to staff redeployment and restrictions to protect the public during the COVID-19 pandemic, all scheduled in-person parenting sessions were postponed (i.e., Bounce Back and Thrive and Triple P). However, online Triple P programming has been continuously promoted and, 33 (27 primary and six teen) parents registered for the program throughout the months of October to December.

The Public Health Nurse in Espanola partnered with a Triple P practitioner from Our Children Our Future to provide a virtual level 4 group parenting session. This Triple P Group was for parents of children 2-10 years old and is an eight session course that teaches parents effective positive parenting strategies, how to promote their child's development, how to manage common child behaviour problems and the principles to help parents deal with a variety of situations that can arise. A total of nine parents completed the course.

3. School Health

Oral Health

Due to an increase in local COVID-19 cases, most Oral Health Program staff were redeployed in mid-November to assist with the response. As such, oral health screening and assessment in schools were temporarily suspended until such staff are able to return to their regular duties. Staff members who were not redeployed have continued to provide preventive oral health services at the main office to children enrolled in the Healthy Smiles Ontario (HSO) Program, HSO-enrollment support, oral health service navigation, and case management follow-ups for children identified to be in need of urgent care.

Vision

The school-based vision screening program has been suspended for this academic school year due to COVID-19. However, the team has been developing a plan to promote children's vision health, including encouraging parents to access provincially funded comprehensive eye exams for their children via local optometrists.

4. Substance Use and Injury Prevention

Alcohol and Cannabis

Health promotion and education efforts have continued for alcohol and cannabis with ongoing social media messaging highlighting the harms of alcohol and cannabis and additional COVID-19 related impacts.

Comprehensive tobacco control

For the months of December and January, the Quit Smoking Clinic continued to offer behavioural support by telephone and no-cost nicotine replacement therapy (NRT) to eligible clients. Sixty-nine calls were received on the Quit Smoking Clinic telephone line, 10 individuals received an initial assessment and initiated a quit attempt, 32 ongoing telephone support sessions were provided and 167 NRT products were dispensed (i.e. patches, gum, lozenges, spray, inhalers).

Callers to the Quit Smoking Clinic are also referred to other cessation programs when appropriate/eligible. These include the STOP program, STOP on the Net program, Ottawa Model for Community Cessation, Ontario Drug Benefit program, Non-Insured Health Benefit program, Break It Off, and Smokers' Helpline.

During National Non-Smoking Week, January 18 to 22, Public Health Sudbury & Districts supported the North East Tobacco Control Area Network social media initiative directing young adults and adults who are looking to quit smoking to [SmokersHelpline.ca](https://www.smokershelpline.ca) and [BreakItOff.ca](https://www.breakitoff.ca).

The Smokers' Helpline First Week Quit Challenge is posted monthly on Public Health Sudbury & Districts' Facebook and Twitter.

Mental health promotion

Bell Let's Talk social media posts on January 28 resulted in engagement on Facebook. Staff were invited to share and engage in a discussion surrounding "mental health hacks" which are tips that help bolster their mental wellness.

In December, a presentation on mental health supports for Public Health Sudbury & Districts staff was delivered to the provincial Mental Health Promotion in Public Health Community of Practice.

Substance use

In November and December, the Those People are Us campaign was promoted in the community through CTV and social media and the We Are Jeff campaign was promoted on billboards in Greater Sudbury and in newspapers in all Sudbury and Manitoulin districts. These campaigns reinforce our upstream work in addressing the ongoing stigma happening in our community.

From November 2020 to end of January 2021, 19 media requests were completed to speak about substance use in our communities. A drug alert was issued on December 16 and a drug warning was issued on January 26 to warn our community about the dangers of our illicit and unpredictable drug market. Public Health Sudbury & Districts also released a statement in January about the opioid crisis and to reaffirm our commitment to reducing the impacts of substance use.

Public Health Sudbury & Districts continues to meet with Community Drug Strategy partners to advance their priorities. Work is continuing to establish the supervised consumption services. Most of the federal and provincial applications are complete. Searches to confirm a location are still ongoing.

In September, Public Health Sudbury & Districts received a grant from the Public Health Agency of Canada to evaluate the Opioid Surveillance Dashboard. Three deliverables have been completed, including the detailed evaluation plan, a report outlining the processes involved in the collection and publication of the data, as well as a report summarizing Google Analytics data (e.g., pageviews of the dashboard) over time.

In November, Public Health Sudbury & Districts participated in the National Addiction Awareness Week (NAAW) virtual conference/workshops. Public Health Sudbury & Districts presented the results of the mental health, injury and substance use community survey, and provided a naloxone information session.

On November 26, the Sudbury East Community Drug Strategy presented the results of the Community Snapshot and spoke about the creation of an Opioid Poisonings Response Plan for Sudbury East to the Sudbury East Municipalities Association (SEMA).

Harm reduction – Naloxone

Two new agencies were onboarded into the Ontario Naloxone program in this time period. An additional agency has been approved but has not completed the training component.

General distribution in this time period shows an increase. For example, from October to December 2019, Public Health Sudbury & Districts and community partners in our region distributed 606 naloxone kits. In the same time period in 2020, 888 naloxone kits were distributed by Public Health Sudbury & Districts and community partners.

Smoke Free Ontario Strategy

The North East Tobacco Control Area Network (NE TCAN) continues to support regional health units with tobacco/vaping initiatives during COVID as many have limited capacity. The TCAN ran social media initiatives via CTV/Bell Media during National Smoking Week (January 18-22) directing young adults and adults who are looking to quit smoking to SmokersHelpline.ca and BreakItOff.ca. The TCAN also hosted their monthly meeting in January with all 5 health units and a community partner in attendance virtually as well our Enforcement Sub Committee gathered. Discussions focused on updates and plans for the 2021 year.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. School Health and Behaviour Change

COVID behaviour change

Throughout the months of November and December 2020 and January 2021, the School Health and Behaviour Change Team was very active with the development of promotional materials, health education opportunities, and ongoing programming to reduce the spread of COVID-19 in our communities. The team also began to provide information, resources and communication regarding the approval and local rollout of the new COVID-19 vaccines.

As part of the team's ongoing collaboration with Laurentian University (LU), three members of the School Health and Behaviour Change Team attended a conversation café with three students as well as the Resident Life Manager on December 1, 2020. The conversation café aimed to gather youth feedback on COVID-safe behaviours, existing messaging, and the experiences of students living on and off campus during a pandemic. All three students agreed to continue working with Public Health to develop and disseminate messaging that resonates with youth and young adults to prevent the spread of COVID-19. In addition to this, a similar conversation café was held with seven students and four staff from Cambrian College on January 26, 2021. Students shared very candid experiences of "life on campus" during a pandemic highlighting many mental health challenges as well as questions regarding vaccine safety and efficacy. Based on the responses from these groups, additional youth engagement sessions and strategies are in development.

To help reach the older adult population living at home, the team met with Independent Living Sudbury Manitoulin to share current COVID-19 regulations and COVID-safe behaviours. Partners shared that their membership includes many older adults who have questions regarding gatherings and community activities and have shared that they are struggling with mental health issues due to isolation. The team provided key links and resources and encouraged the promotion of the PHSD Facebook page for timely updates and suggestions on how to connect safely.

Communication materials were also developed for workplaces to ensure COVID-safe precautions are followed. An advertisement on staying COVID-safe during the holiday season was shared on the Chamber of Commerce website and digital newsletter. Additional work is underway with partners from the Greater Sudbury Chamber of Commerce, the Sudbury East Chamber of Commerce and the La Cloche Manitoulin Business Assistance Corporation (LAMBAC) to plan for future behaviour change messages specific to workplaces and business owners.

To help reach our newcomer population, public health nurses worked in partnership with the YMCA and the Rainbow District School Board to deliver a virtual session on COVID-safe behaviours. This session included information on the top 10 actions to celebrate the holiday season safely (e.g. celebrating with those in your household, staying home when ill, getting tested, ensuring proper handwashing, limiting non-essential travel, wearing a mask, and physical distancing). A total of eight people participated in the session. Another session is scheduled for the new year to help ensure a safe return to school.

In collaboration with the Health Equity Team, the School Health and Behaviour Change Team also developed social media messages to reduce stigma associated with COVID and to encourage community members to be an ally. Additional messages and website content are also being developed for this series which will continue into the new year.

From the end of November to the end of December, the School Health and Behaviour Change Team developed and deployed a comprehensive communication and social marketing campaign called *'Tis the Season to be COVID-safe*. Messaging was shared through various media outlets across the service area including Facebook, Twitter, Instagram, website, radio, TV, billboards, digital media screens, and partner communications. Social media posts on the PHSD Facebook and Twitter pages included information for special occasions such as Diwali, Hanukkah, Winter Solstice as well as Christmas to promote celebrating virtually or differently while adhering to the Provincial Response Framework's rules to keep Ontarians safe. Tips on staying safe while shopping, dining out, limiting gatherings, avoiding non-essential travel, and reducing risks with overnight guests were also created to help mitigate the spread of COVID-19. Additional messaging was developed on being kind to others, saying thank you to our essential workers, as well as taking care of mental health in response to feedback received from engagement surveys and partners and clients. Special focus was also placed on post-secondary students wanting to travel home for the holidays. A video was created with local young adults and shared on Instagram to promote COVID-safe behaviours when returning home and to stop the spread to other cities and communities. Overall the campaign generated public engagement and dialogue around COVID-safe tips and how to reduce risk.

Cambrian College also reached out for information to share with students and faculty regarding proper mask use in winter months. A public health nurse from the team worked with the college to provide key messages on face coverings as well as general COVID-safe strategies.

In addition to the efforts above, a total of 12 media interviews were also provided to local newspapers, radio stations, and television outlets to promote the importance of COVID-safe behaviours. Topics included COVID-safe tips for hunting, local COVID practices, general guidelines and restrictions with respect to the Provincial Response Framework, as well as information on how to stay safe and prevent the spread of COVID-19 during the holiday season and during physical activity outdoors.

COVID and influenza

Recognizing the importance of preventing hospitalizations due to the presence of COVID-19 in our communities, increased efforts were made to promote getting the flu shot and reduce the risk of a “twindemic.” Social media posts, updated web content, and a pre-recorded video presentation highlighting the importance of receiving the flu vaccine were all developed to help raise education and awareness this flu season. This virtual presentation was provided to residents at ParkSide Centre (an older adult living facility) to help protect some of our more vulnerable residents. The team also worked in partnership with school boards to address facts and myths surrounding the influenza vaccine to further encourage families to get vaccinated and protect their family, friends and community. Myth busting information was also shared with partners in early years programming. Finally, to ensure timely communication with health professionals, advisory alerts were also developed on flu vaccine availability and supply.

COVID-19 vaccine

With the submissions for COVID-19 vaccine approvals to Health Canada in December, Public Health Sudbury & Districts began proactive planning for local vaccine roll-out and communication. Members of the School Health and Behaviour Change Team joined the COVID Vaccine Internal Communications Working Group to help keep the public and stakeholders updated on the COVID-19 vaccine and vaccine planning activities as relevant to our local communities. As part of this work, internal staff education sessions were provided, and a news release was issued focusing on local planning initiatives. The working group also developed website content, an advisory article, a vaccine advisory alert and a partner bulletin throughout the second and third weeks of December. The Advisory information was distributed to health care providers across the service area sharing what was currently known about the vaccine as well as how the province was preparing to roll it out. New website content shared frequently asked questions and emphasized the importance of visiting credible sources such as Health Canada and the Government of Ontario. Finally, the news release was issued on December 11, 2020 letting the public know that Public Health Sudbury & Districts is preparing for the COVID-19 vaccine and the follow-up partner bulletin was issued December 18 to share additional updates on the role of Public Health.

With the announcement of both the Pfizer BioNTech and the Moderna vaccines being approved in December 2020, the team released further communications such as updated web content, social media posts, as well as the creation of a “comms in a box” toolkit. This purpose of this toolkit is to provide partnering agencies with resources that can be utilized to promote

and operate COVID-19 vaccine clinics at their respective facilities. The toolkit has been posted to our website with free, downloadable tools.

With the vaccine roll-out occurring across the province, the team also wrote and distributed three timely vaccine bulletins to keep partners up-to-date with the evolving situation. Topics included any new information on the vaccines themselves, the plans to deliver it locally, guidance for prioritization of health care workers, details on how vaccines can be transported safely, delays in shipments affecting roll out as well as recommendations for special populations.

To encourage uptake of the COVID-19 vaccine from residents, staff and families of long-term care homes (LTCHs) across our catchment area, a fact sheet and PowerPoint presentation were created. The fact sheet and presentation included topics such as what is an mRNA vaccine, how is it administered, what are some common post-vaccine symptoms as well as Health Canada's approval process for safety and efficacy. Both the fact sheet and presentation were distributed as an educational package to each LTCH. The facility's staff were encouraged to share the presentation and direct any follow-up questions to our COVID-19 call centre.

In January 2021, Public Health Sudbury & Districts received Moderna vaccine and were able to support vaccination clinics in four Long-Term Care Homes (LTCH) in the districts of Sudbury and Manitoulin. Plans are underway to vaccinate within additional LTCH and Retirement Homes (including Elder Care Homes) early February as per ministry direction and our Public Health Sudbury & Districts [COVID-19 Vaccine Playbook](#) (depending on vaccine availability). We continue to work with community partners throughout the roll-out and have established a local Sequencing Collaborative to help determine the order in which people receive the vaccine (per Ministry of Health guidance and the provincial [ethical framework for vaccine distribution](#)).

In response to a request from Cambrian College, a public health nurse acted as a guest speaker and provided 12 students with a presentation on the COVID-19 vaccine. Additional information was shared on COVID-19 safe measure as well as guidelines surrounding the provincial lockdown. On January 20, 2021, a presentation was provided to students and faculty at the Northern Ontario School of Medicine (NOSM). The presentation reviewed local and provincial COVID-19 epidemiology statistics, the provincial responsibilities related to the distribution of COVID-19 vaccine and planning for the local COVID-19 vaccination program. Specific information was shared such local planning objectives; overarching planning assumptions; leadership, partnership and key stakeholder involvement; distribution and population sequencing as well as logistical considerations.

Throughout the month of January, a total of six media interviews were conducted by the team to share information on vaccine planning and rollout within the service area.

Substance use and sexual health

The School Health Promotion Team continues to provide up-to-date information and resources to school community members. 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 and Behaviour Change team continues to work in partnership with Mental Health Leads from all local school boards for joint planning and implementation of programs. Resources on Internet safety were shared with Mental Health Leads and materials to support school staff mental health and wellbeing are in development. Work will continue during the school year to provide training, support, and resources to school staff, parents, and students.

To support our post-secondary communities, a tip sheet on how to overcome exam stress was shared with partners at local post-secondary institutions. The messages included tips to manage stress and ideas to enhance mental health and wellbeing. Messages were shared by post-secondary partners to students who are learning remotely and to those living in residence. Tips were also shared on Public Health Sudbury & Districts' social media channels.

The team also completed a review of School Health Promotion website content and curriculum resources to ensure up to date information is available for educators in 2021.

2. Vaccine Preventable Diseases and COVID Case and Contact Management

In November and December, Public Health Nurses attended 10 schools to immunize Grade 7 and 8 students against the human papillomavirus (HPV), hepatitis B, and meningococcal disease. This includes catch-up doses for Grade 8 students due to interruptions in the 2019-2020 academic year. Additionally, two influenza vaccine clinics were held for staff and their household members. Public Health continues to offer publicly funded vaccines to the public by appointment. As of December 24, 2020, total of 2 645 influenza vaccines have been administered through Public Health Sudbury & Districts main and district office clinics. Additional on-site influenza clinics were scheduled to meet this year's increased demand, and Public Health Sudbury & Districts continues to provide community members with influenza vaccine by appointment.

In November and December, three advisory alerts were released for health care providers. The alerts provided an update on the COVID-19 vaccines and provincial rollout, as well as timely updates on the flu vaccine and its supply.

3. COVID and Schools

The team researched and provided guidance and recommendations to local Directors of Education on various topics such as physical distancing while outdoors, proper use of plexiglass,

foggers/spraying machines, locker use, Remembrance Day celebrations, acceptable masks for the school setting, new masking requirements from the Province, and Valentine's Day celebrations.

Staff continue to respond to calls and inquiries 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. Additionally, they provided support to school and childcare sites that reported confirmed cases of COVID-19. In partnership with public health inspectors, public health nurses did site visits to assess infection prevention and control measures, as well as to provide any education, resources, and support required to ensure a safe and healthy environment for children and staff.

In December and January, staff provided education, awareness and up-to-date information to school and childcare community members as well as provided 39 presentations, both in person and virtually, to secondary school students in nine schools across the catchment area. The presentations included an interactive activity to help students increase their knowledge and awareness of COVID prevention strategies.

In partnership with the Sudbury Catholic District School Board, PHSD supported targeted testing in three schools in Greater Sudbury. These schools, which were already in outbreak status, offered targeted testing to staff and students with a goal of identifying any undetected COVID-19 infections among the school community. PHSD supported the coordination of the clinics and ensured proper infection prevention and control measures were in place. The team worked closely with the schools that took part to answer any questions and concerns from school staff and parents. In partnership with the Ministry of Education and the School Board, the effectiveness of this initiative will be evaluated, which will help to inform any future outbreak control measures. A total of seven media interviews were conducted over the phone, through skype, or with written responses with regards to this targeted testing pilot.

While students in Northern Ontario took part in one week of virtual learning in January, students were able to return to school in-person as of January 11, 2021. The team worked closely with School Boards to ensure additional and frequent COVID-safety reminders were provided to students and families. The team also worked on a communications strategy to the public, with a focus on caregivers and parents, to reaffirm the safety of children attending school in person. While there are still some concerns from parents and school staff with regards to students returning to school, the team continues to share the sound infection prevention control measures that are in place in schools, as well as the benefits of children attending school in-person.

Health Protection

1. Control of Infectious Diseases (CID)

During the months of November, December, and January, staff followed-up with 376 new local cases of COVID-19 and their contacts.

Public health inspectors followed-up on 166 complaints, and 253 consultations and requests for service, related to compliance with COVID-19 preventative measures.

Respiratory outbreaks

Seventeen respiratory outbreaks were declared in the months of November, December, and January. The causative organism for 16 of these outbreaks was identified as COVID-19, with rhinovirus being identified as a second causative organism in one outbreak. The causative organism for one outbreak was not identified. Staff continue to monitor all reports of respiratory illness.

Enterics outbreaks

During the months of November, December, and January, 14 sporadic enteric cases and four infection control complaints were investigated. One enteric outbreak was declared in an institution. The causative organism of the outbreak was not identified.

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

Sexual health clinic

The Elm Place office site completed a total of 1,037 telephone assessments related to STIs, blood-borne infections and/or pregnancy counselling in November, December and January, resulting in 598 onsite visits.

Needle exchange program

In October, November and December, harm reduction supplies were distributed and services received through 6,409 client visits across the Public Health Sudbury & Districts' region.

3. Food Safety

Public health inspectors issued five charges to two food premises for infractions identified under the *Food Premises Regulation*.

In response to a provincial announcement about [Ontario supporting home-based food businesses during the COVID-19](#) pandemic, a media release was issued reminding prospective food business operators that per legislation, those who intend to operate a food business must first notify the Medical Officer of Health. This provincial announcement prompted changes to internal policies, and home kitchens can now be used for the preparation of low risk food items. These home kitchens are subject to the *Ontario Food Premises Regulation* and routine inspections by public health inspectors.

4. Health Hazard

In November, December, and January, 35 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

5. Ontario Building Code

During the months of November, December, and January, 55 sewage system permits, 24 renovation applications, and nine consent applications were received.

6. Rabies Prevention and Control

Sixty-eight rabies-related investigations were carried out in the months of November, December, and January. Two specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

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

7. Safe Water

During November, December, and January, 109 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 21 regulated adverse water sample results, as well as drinking water lead exceedances at four local schools.

Four boil water orders, four drinking water orders, and one order to comply were issued. Furthermore, three boil water orders, five drinking water orders, and the order to comply were rescinded.

8. *Smoke Free Ontario Act, 2017 Enforcement*

In November, December, and January, Smoke Free Ontario Act Inspectors issued three charges to a local business for failing to meet employer obligations under the *Smoke Free Ontario Act*. Twelve individuals were charged for smoking or vaping on school property, and two charges were issued for smoking or vaping on hospital property.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

The anti-racism youth-led “Woke” project continues with support from federal funding through the Department of Heritage. The allyship training component of the initiative, which is being delivered by Public Health Sudbury & Districts staff, includes a one-hour on-demand virtual training module and a three-hour interactive live workshop. The module and interactive workshops are being offered to community partners and the public. Since October, over 270 participants have completed the 1-hour online training module and one of the 3-hour in-person virtual workshops offered. Workshops and training are currently offered in English but plans to deliver workshops in French in 2021 are underway in partnership with the Centre de Santé Communautaire du Grand Sudbury.

The Circles poverty reduction initiative continues to operate led by Public Health Sudbury & Districts in partnership community partners. Funding is required to sustain the program as a community collaborative. Funding from the Ontario Trillium Foundation ended in September 2020 and Public Health Sudbury & Districts has continued to implement the initiative with funding support from Greater Sudbury until the end of March 2021. A business case was submitted to Greater Sudbury in the fall for the 2021 budget deliberations requesting funds to sustain the program beyond March 2021.

Indigenous Engagement staff held two knowledge sharing sessions for staff across the agency in December.

Team members have been actively involved with COVID-19 response. This has included support to ensure a health equity lens is integrated throughout all agency COVID-19 planning and response efforts. Staff have also been working with Case and Contact Management staff and community partners to identify resources and referral pathways to address food insecurity issues and other urgent essential items needed to support vulnerable individuals and families who must isolate due to COVID-19.

Additional advocacy and collaboration with community partners to address increased challenges of marginalized groups during COVID-19 including poverty, homelessness and underhousing, isolation, racism, discrimination and stigma. This included two presentations made to Greater Sudbury’s homelessness consultation in January. One presentation was on

experiences of homelessness by a Circles initiative participant, and one was on the need for anti-oppression and allyship training for front line staff and decision makers working to address homelessness.

Staff contributed to Greater Sudbury's successful proposal to the Ministry of Health for funding to enhance Ontario Telemedicine Network and other digital infrastructure to address inequities in access to virtual health care and other social services, digital literacy, and access to hardware among low-income residents. Staff will support the initiative through steering committee participation, evaluation, community/resident engagement, volunteer framework development, and the creation of a best practices document for expansion of this initiative across the province and in other jurisdictions.

Staff have been working with First Nations and urban Indigenous governed agencies to support COVID-19 vaccine planning through local geographic implementation committees across the service area. This has included a meeting held with First Nation Health Directors, leadership from Aboriginal Health Access Centres, the Indigenous Primary Health Care Council and Public Health Sudbury & Districts to share planning underway with respect to COVID-19 vaccination planning and learn about preferred methods of collaboration and communication moving forward. Additional communication and collaboration have been ongoing with individual First Nations and Indigenous governed agencies to support COVID-19 response, communication and vaccination planning.

2. Population Health Assessment and Surveillance

As a means of keeping our communities informed of all relevant information about COVID-19 status and cases, a number of knowledge products/information items are developed and shared on the phsd.ca website. These include daily web updates on COVID-19 cases, including basic demographics, geographic information and exposure type, twice weekly detailed epidemiology summaries, and weekly updates that include information on past seven-day trends in COVID-19 incidence rates, percent positivity, provincial and Northern Reproductive rates.

In addition to COVID surveillance, routine seasonal influenza and enteric disease surveillance has been ongoing since mid-September. This surveillance began earlier than the usual mid/late October start to coincide with and support COVID surveillance. Eight bi-weekly Acute Care Enhanced Surveillance (ACES) reports have been produced since mid-September. The reports summarize cases of influenza-like illness, enteric, and other diseases of concern in the Public Health Sudbury & Districts service area, and are shared with the Health Protection and School, Vaccine Preventable Disease and COVID Prevention divisions.

3. Staff Development

In December 2020, compassion fatigue and resiliency training was offered to both staff and management. Approximately, 215 staff attended the half day staff training sessions, and 35 managers attended one of the management-focused half-day training sessions.

In December 2020, the members of the Psychological Health and Wellness committee along with a select few other staff across divisions were trained as Mental Health First Aid responders.

This fall, a number of staff members completed Lean Six Sigma training (white and/or yellow belt or green belt). One staff member is also currently completing Lean Six Sigma Black Belt Certification. Lean Six Sigma Training is a management approach to business performance advancements that focuses on process improvements through speed, accuracy, and efficiency as well as project management essentials and change management. Increasing staff's competencies in this area continues to be crucial as we respond to the COVID-19 pandemic.

4. Student Placement

To support our agency's COVID-19 response, we have ramped up our capacity to take students for the winter 2021 term. This winter, the Student Placement Program will host eleven nursing students (4 Laurentian University - year IV, 3 Cambrian College - Year IV, 4 Cambrian College - Year III), some of whom will support the COVID-19 response and vaccination program and one to support Mental Health and addictions programming. Additionally, our agency will host students from various disciplines including master's in public health, social work, dietetics, nurse practitioner, and medicine.

5. Presentations

In December 2020, the Manager, Quality, Monitoring, Staff and Student Development facilitated a Community Learning Session for the Northern Ontario School of Medicine. Two of our medical residents joined the session and provided an overview of their journey and lessons learned.

6. Strategic Engagement Unit and Communications

The Communications Team continues to support every aspect of the agency's response to COVID-19. This includes routinely using social media and other digital communications (e.g. website) to share timely and accurate information as well as updates about new developments, such as information related to vaccines. In addition, promoting COVID-safe behaviours is a central strategic communication tactic to reduce the spread of COVID-19, and local media partners are key to helping increase the reach of public health messaging. Since the beginning of the pandemic, Public Health has responded to over 500 media requests for information or interviews. Supporting the agency's COVID-19 vaccination efforts and helping to ensure the

public has credible and reliable information to make informed decisions are among the highest of priorities.

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 11 Periods Ending November 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	13,734,933	13,734,933	(0)	1,248,630
MOH - Other Related Program	1,806,222	1,655,709	1,655,702	7	150,520
MOH - One Time Mitigation Grant	1,179,500	1,081,211	1,081,211	0	98,289
MOH - Unorganized Territory	826,000	757,167	757,167	(0)	68,833
Municipal Levies	8,080,180	7,406,841	7,406,842	(1)	673,338
Interest Earned	140,000	122,060	121,449	612	18,551
Total Revenues:	\$27,015,465	\$24,757,920	\$24,757,303	\$617	\$2,258,162
Expenditures:					
Corporate Services:					
Corporate Services	5,007,486	4,071,415	3,838,267	233,148	1,169,219
Office Admin.	115,350	72,583	54,992	17,592	60,358
Espanola	117,509	108,110	101,087	7,023	16,422
Manitoulin	127,187	117,079	103,952	13,127	23,235
Chapleau	104,631	97,099	91,847	5,252	12,785
Sudbury East	17,940	16,445	16,730	(285)	1,210
Intake	337,278	313,334	303,150	10,184	34,129
Facilities Management	574,599	530,692	549,274	(18,582)	25,325
Volunteer Resources	3,850	3,529	203	3,326	3,648
Total Corporate Services:	\$6,405,830	\$5,330,284	\$5,059,500	\$270,784	\$1,346,330
Health Protection:					
Environmental Health - General	1,305,810	1,149,851	1,119,239	30,612	186,571
Enviromental	2,488,070	2,273,031	2,109,852	163,179	378,218
Vector Borne Disease	87,545	41,261	25,332	15,929	62,213
Small Drinking Water Systems	178,774	165,022	173,798	(8,776)	4,976
CID	1,288,588	1,235,281	1,183,809	51,473	104,779
Districts - Clinical	223,123	207,390	201,665	5,725	21,458
Risk Reduction	238,840	201,114	170,284	30,829	68,556
Sexual Health	1,157,294	1,063,099	1,003,621	59,478	153,673
MOHLTC - Influenza	0	0	(8,714)	8,714	8,714
MOHLTC - Meningittis	0	0	(2,448)	2,448	2,448
MOHLTC - HPV	0	0	(5,865)	5,865	5,865
SFO: E-Cigarettes Protection and Enforcement	36,700	28,713	15,749	12,964	20,951
SFO: Protection and Enforcement	259,800	216,114	151,410	64,703	108,390
Infectious Diseases Contol Initiatives	479,100	441,917	429,517	12,399	49,583
Food Safety: Haines Funding	36,500	18,250	0	18,250	36,500
	\$7,780,144	\$7,041,042	\$6,567,249	\$473,794	\$1,212,895
Health Promotion:					
Health Promotion - General	1,433,107	1,275,865	1,031,770	244,094	401,337
Districts - Espanola / Manitoulin	336,364	310,322	259,020	51,302	77,344
Nutrition & Physical Activity	1,098,808	970,223	780,882	189,341	317,926
Districts - Chapleau / Sudbury East	402,549	371,931	333,950	37,981	68,599
Injury Prevention	516,438	464,122	335,603	128,519	180,834
Tobacco, Vaping, Cannabis & Alcohol	431,943	405,112	376,815	28,296	55,127
Family Health	635,138	586,736	519,911	66,825	115,227
Healthy Growth and Development	988,657	896,661	482,438	414,223	506,218
Mental Health & Addictions	584,433	519,318	430,527	88,791	153,906
Dental	452,214	402,207	360,242	41,965	91,972
Healthy Smiles Ontario	612,200	545,749	531,730	14,019	80,470
Vision Health	68,977	11,573	826	10,747	68,151
SFO: TCAN Prevention	97,200	44,809	25,883	18,925	71,317
SFO: TCAN Coordination	285,800	222,338	237,231	(14,893)	48,569
SFO: Tobacco Control Coordination	100,000	92,283	91,435	848	8,565
SFO: Youth Tobacco Use Prevention	80,000	72,878	69,656	3,222	10,344
Harm Reduction Program Enhancement	150,000	137,166	120,323	16,842	29,677
Diabetes Prevention	175,000	132,185	101,874	30,311	73,126
Total Health Promotion:	\$8,448,827	\$7,461,477	\$6,090,118	\$1,371,360	\$2,358,710
School Health, Vaccine Preventable Diseases and COV					
School Health, VPD, COVID Prevention - General	0	0	262,510	(262,510)	(262,510)
School	1,476,641	1,359,343	1,186,805	172,539	289,837
VPD and COVID CCM	84,688	57,540	412,060	(354,520)	(327,372)
Total Knowledge and Strategic Services::	\$1,561,329	\$1,416,883	\$1,861,374	\$(444,491)	\$(300,045)
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,590,655	2,323,863	2,234,818	89,045	355,837
Workplace Capacity Development	23,507	5,299	21,225	(15,926)	2,282
Health Equity Office	14,440	10,755	13,290	(2,535)	1,150
Social Determinants of Health Nurses Initiatives	180,500	166,432	160,519	5,913	19,981
Strategic Engagement	10,232	5,336	2,211	3,125	8,021
Total Knowledge and Strategic Services::	\$2,819,334	\$2,511,684	\$2,432,063	\$79,621	\$387,271
Total Expenditures:	\$27,015,465	\$23,761,371	\$22,010,304	\$1,751,067	\$5,005,161
Net Surplus/(Deficit)	\$(0)	\$996,549	\$2,746,999	\$1,750,451	
COVID-19 Pandemic Response			1,627,925	(1,627,925)	
Net Surplus/(Deficit) - after COVID-19 Pandemic Response			\$1,119,074	\$122,525	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 11 Periods Ending November 30, 2020

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
Funding	27,073,303	24,815,754	24,941,912		(126,158)	2,131,391
Other Revenue/Transfers	781,686	608,326	704,137		(95,811)	77,549
Total Revenues & Expenditure Recoveries:	27,854,989	25,424,080	25,646,049	0	(221,969)	2,208,940
Expenditures:						
Salaries	18,375,148	16,300,989	15,485,371	965,222	(149,604)	1,924,555
Benefits	5,092,068	4,694,984	4,269,315	97,200	328,470	725,553
Travel	301,159	183,358	126,810	5,812	50,735	168,536
Program Expenses	1,104,417	709,826	578,686	62,171	68,968	463,559
Office Supplies	67,459	49,568	79,718	2,501	(32,651)	(14,760)
Postage & Courier Services	64,972	53,108	48,156	5,119	(167)	11,697
Photocopy Expenses	31,367	21,358	22,513	14,109	(15,264)	(5,255)
Telephone Expenses	65,766	59,815	53,811	69,348	(63,344)	(57,393)
Building Maintenance	465,467	431,531	457,821	62,147	(88,437)	(54,501)
Utilities	219,249	178,978	166,472		12,506	52,777
Rent	320,584	284,928	285,882		(954)	34,702
Insurance	117,849	117,432	115,712		1,720	2,137
Employee Assistance Program (EAP)	35,000	35,000	39,930		(4,930)	(4,930)
Memberships	29,889	29,557	31,033		(1,476)	(1,144)
Staff Development	204,768	116,128	48,736	198	67,194	155,834
Books & Subscriptions	10,445	6,293	2,875		3,418	7,570
Media & Advertising	148,850	100,875	89,942	187,571	(176,638)	(128,663)
Professional Fees	341,871	255,252	231,858	37,146	(13,752)	72,867
Translation	49,440	36,313	50,921	56,851	(71,459)	(58,332)
Furniture & Equipment	37,574	18,592	16,133	5,403	(2,944)	16,038
Information Technology	771,645	743,660	697,368	57,127	(10,835)	17,150
Total Expenditures	27,854,987	24,427,545	22,899,064	1,627,925	(99,444)	3,327,998
Net Surplus (Deficit)	2	996,534	2,746,985	1,627,925	122,525	

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

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End
100% Funded Programs						
Indigenous Communities	703	90,400	68,472	21,928	75.7%	<i>Dec 31</i>
Pre/Postnatal Nurse Practitioner	704	139,000	95,071	43,929	68.4%	<i>Mar 31/2021</i>
CGS - Local Poverty Reduction Evaluation	707	67,771	38,633	29,138	57.0%	<i>Mar. 31/2021</i>
WOKE Age: Youth Driven Racial Equity	708	199,937	132,996	66,941	66.5%	<i>Mar 31/2021</i>
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	38,765	61,235	38.8%	<i>Mar 31/21</i>
Northern Fruit and Vegetable Program	743	176,100	141,685	34,415	80.5%	<i>Dec 31</i>
Triple P Co-Ordination	766	95,148	44,641	50,507	46.9%	<i>Dec 31</i>
Supervised Consumption Study	770	12,920	24,683	(11,763)	191.0%	<i>Dec 31</i>
Healthy Babies Healthy Children	778	1,476,897	926,185	550,712	62.7%	<i>Mar 31/21</i>
Ontario Senior Dental Care Program	786	810,200	279,782	530,418	34.5%	<i>Dec 31</i>
Anonymous Testing	788	61,193	35,565	25,628	58.1%	<i>Mar 31/21</i>
Total		3,229,566	1,826,478	1,403,088		

From: MinFinance / FinanceMin (FIN) <fin.minfinance-financemin.fin@canada.ca>
Sent: January 22, 2021 5:25 PM
To: Rachel Quesnel <quesnelr@phsd.ca>
Cc: EDSC.SM.CORR.DEPT-MS.CORR.DEPT.ESDC@hrsdc-rhdcc.gc.ca
Subject: 500645 - Basic Income for Income Security during the COVID-19 Pandemic and Beyond

Dear Dr. Sutcliffe:

Thank you for your correspondence of October 13, 2020, written on behalf of Public Health Sudbury & Districts, and for sharing your comments and concerns. Please excuse the delay in replying.

Canadians have shown tremendous resilience in adapting to the challenges posed by the COVID-19 pandemic and the Government of Canada will keep taking action to support businesses, protect jobs, and keep Canadians safe and healthy.

One lesson this pandemic has taught us is that we need to match challenges with decisiveness and determination. And so, we will build back better to create a stronger, more resilient Canada.

Your thoughts and suggestions are an important part of deciding how we will keep strengthening the middle class; helping people working hard to join it; and continue creating jobs and building long-term competitiveness with clean growth.

As the matter you raise falls more directly within the jurisdiction of my colleague and the Minister of Families, Children and Social Development, the Honourable Ahmed Hussen, I have forwarded a copy of your correspondence to him.

Thank you again for writing on behalf of Public Health Sudbury & Districts.

Sincerely,

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister and Minister of Finance

From: EDSC.SM.CORR.DEPT-MS.CORR.DEPT.ESDC@hrsdc-rhdcc.gc.ca <EDSC.SM.CORR.DEPT-MS.CORR.DEPT.ESDC@hrsdc-rhdcc.gc.ca>

Sent: November 27, 2020 11:14 AM

To: Rachel Quesnel <quesnelr@phsd.ca>

Subject: Income Security for Canadians

Dr. Sutcliffe:

On behalf of the Honourable Ahmed Hussen, Minister of Families, Children and Social Development, I am responding to your email, which was forwarded to him by the Office of the Prime Minister, the Right Honourable Justin Trudeau. You wrote regarding basic income. I regret the delay in replying.

This is a challenging time for all Canadians, and the Government of Canada is taking immediate, significant and decisive actions to help Canadians facing hardship as a result of the COVID-19 outbreak.

It is important to acknowledge that income security is a shared jurisdiction across different orders of government. As such, the Government of Canada recognizes the importance of working with provinces and territories to find solutions to common challenges.

As you may be aware, some Government of Canada initiatives have many of the features of a partial basic income for specific groups such as families and seniors. This includes the Canada Child Benefit (CCB), which provides substantial income support to families raising children. The CCB is tax-free and income-based and provides more support to families who need help the most. The CCB helps almost 3.7 million families and about 6.5 million children, putting about \$24 billion annually, tax-free, in the hands of families.

For Canadian seniors, the Old Age Security (OAS) program plays a significant role in providing income security. OAS benefits are intended to provide partial income security for seniors in recognition of the contributions that they have made to Canadian society and the economy. OAS pensioners who receive little or no income, other than the OAS pension, are eligible for additional assistance through the Guaranteed Income Supplement. The Supplement is income-tested to ensure that this additional assistance is provided to those seniors most in need.

In addition, existing programs, such as the Canada Workers Benefit and Employment Insurance, provide income supports for low-income individuals with labour market attachment or those with insurable employment. These programs exist alongside provincial and territorial social assistance programs.

With regard to basic income, the Government of Canada continually undertakes research and analysis on a range of policies and programs that could positively impact Canada's economy and society, as part of its efforts to ensure that all Canadians have a real and fair opportunity to succeed.

In response to COVID-19, the Government is continuing to explore policy responses to build a resiliency agenda for the middle class and people working hard to join it.

The Government of Canada recently made a number of commitments that will help to address poverty. For example, the Government will continue to invest in housing so that more people have a safe and affordable place to call home; carry out a campaign to create jobs; support initiatives to improve food security that will help people put nutritious food on their tables; and bring forward a new benefit and employment strategy for Canadians with disabilities.

Thank you for writing.

Yours sincerely,

Hugues Vaillancourt
Senior Director
Social Policy Directorate
Strategic and Service Policy Branch
Employment and Social Development Canada

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

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eApprove-72-2020-169

December 29, 2020

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

Dear Mr. Lapierre:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Sudbury and District Health Unit up to \$840,000 in one-time funding for the 2020-21 funding year to support the development of local networks to enhance Infection Prevention and Control (IPAC) practices in community based, congregate living settings.

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

On September 30, 2020, the government announced that regional models would be implemented to coordinate and deploy expertise in community settings, including long-term care homes, through the development of a minimum of 25 new IPAC hubs across the province. This program will be implemented by the five Ontario Health regions working closely with their designated 'Hub' host organizations (hospital or public health unit) and will build on and formalize the partnerships developed during wave 1 of COVID-19.

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

Sincerely,

A handwritten signature in blue ink that reads "Christine J. Elliott".

Christine Elliott
Deputy Premier and Minister of Health

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

City Clerk's Office

Secretariat
Julie Lavertu, Board Secretary
Toronto Board of Health
Toronto City Hall, 10th Floor, West Tower
100 Queen Street West
Toronto, Ontario M5H 2N2

Tel: 416-397-4592
Fax: 416-392-1879
E-mail: boh@toronto.ca
Web: www.toronto.ca/council

December 20, 2020

SENT VIA E-MAIL

To: Interested Parties

Subject: Opioid Poisoning Crisis in Toronto - Update (Item HL23.2) (see Part 13 of the Board of Health's decision on page 3 which is addressed to Interested Parties)

The Toronto Board of Health, during its meeting on November 16, 2020, adopted Item [HL23.2](#), as amended, and:

1. Reiterated its call urging the Federal Minister of Health to use the authority under the Controlled Drugs and Substances Act to permit the simple possession of all drugs for personal use, the need for which has become critical as the opioid poisoning crisis continues to worsen during the COVID-19 pandemic and, further, to support the immediate scale up of prevention, harm reduction, and treatment services.
2. Urged the Federal Minister of Health to provide additional funding for longer-term safer supply programs, injectable medications, and other safer supply options, including for stimulants.
3. Reiterated its request urging the Provincial Minister of Health to:
 - a. convene a multi-sectoral opioid overdose task force comprised of public health officials, community-based service providers, people with lived and living experience of drug use, and family members;
 - b. support and fund the implementation of a spectrum of safer supply options, including listing high-dose injectable formulations of hydromorphone on the Ontario Drug Benefit Formulary; and
 - c. dedicate funding for overdose-related grief and trauma supports for frontline workers, people who use drugs, and family members.
4. Urged the Provincial Minister of Health to:
 - a. create and fund an Urgent Public Health Need Site (UPHNS) program for Ontario to facilitate the implementation of these lifesaving services in a variety of settings;

- b. provide funding to pilot and evaluate virtual and/or telephone-based supervised consumption services as well as in-person peer supervision in congregate or residential settings to complement the current service options;
 - c. allocate some of the new treatment funding recently announced to evidence-based, on-demand treatment services in Toronto; and
 - d. designate harm reduction and treatment services as essential services and provide funding to ensure that these services can effectively operate and meet the needs of people who use drugs during the COVID-19 pandemic.
5. Requested the Provincial Minister of Health to reinstate funding for the Overdose Prevention Sites operated by Street Health and St. Stephen's Community House given the urgent and ongoing need for these lifesaving health services.
 6. Requested the Provincial Minister of Health to expand the criteria for naloxone distribution to allow service providers to administer naloxone to clients in their programs.
 7. Requested the Provincial Minister of Health to collect and provide socio-demographic data, such as sexual orientation, Indigenous identity, race or ethnicity, and income status, on fatal and non-fatal overdoses in Toronto to better understand who is being impacted to inform overdose responses.
 8. Urged the Health Professions Regulatory Advisory Council to review the regulatory changes in British Columbia, consult with current safer supply prescribers about the regulatory issues they are facing, and advise the Provincial Ministry of Health and the relevant regulatory colleges on how to address regulatory uncertainties to support the expansion of safer supply initiatives in Ontario.
 9. Requested the Medical Officer of Health to report on the status of conversations with the City of Toronto, enforcement agencies, and the Federal and Provincial Governments on decriminalizing the simple possession of drugs for personal use.
 10. Requested the Medical Officer of Health to work with the Executive Director, Social Development, Finance and Administration, to include the decriminalization of the simple possession of all drugs for personal use as a key plank in the City of Toronto's Community Safety and Wellbeing Plan in recognition of the differential and negative impacts that this criminal law has on equity-seeking groups in Toronto such as Black and Indigenous peoples.
 11. Requested the Medical Officer of Health, in consultation with the General Manager, Shelter, Support and Housing Administration, to continue to work with community partners toward urgently expanding the overdose prevention response and other harm reduction measures in shelters.
 12. Requested the Medical Officer of Health to work with community partners and City divisions on options to expand grief and trauma supports for people who use drugs, family members, and service providers who are impacted by the opioid poisoning

crisis.

13. Directed that the report (November 5, 2020) from the Medical Officer of Health be forwarded for information and consideration to all Boards of Health in Ontario, the Council of Medical Officers of Health, the Urban Public Health Network, the Canadian Public Health Association, the Ontario Public Health Association, the Ontario Medical Association, the Registered Nurses' Association of Ontario, the Canadian Association of Chiefs of Police, the Ontario Association of Chiefs of Police, the Federation of Canadian Municipalities, and the Association of Municipalities of Ontario.

To view this item and background information online, please visit:

- <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2020.HL23.2>.

Yours sincerely,

Julie Lavertu

Julie Lavertu
Board Secretary
Toronto Board of Health

Sent (via e-mail) to the following individuals and organizations:

- Algoma Public Health Board of Health, c/o Lee Mason, Chair
- Brant County Board of Health, c/o John Bell, Chair
- Chatham-Kent Board of Health, c/o Councillor Joe Faas, Chair
- Durham Region Health and Social Services Committee, c/o Regional and Councillor Bob Chapman, Chair
- Eastern Ontario Health Unit Board of Health, c/o Syd Gardiner, Acting Chair
- Grey Bruce Health Unit Board of Health, c/o Mitch Twolan, Chair
- Haldimand-Norfolk Health Unit Board of Health, c/o Mayor Kristal Chopp, Chair
- Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health, c/o Doug Elmslie, Chair
- Halton Region Board of Health, c/o Gary Carr, Halton Regional Chair
- Hamilton Board of Health, c/o Mayor Fred Eisenberger, Chair
- Hastings Prince Edward Public Health Board of Health, c/o Jo-Anne Albert, Chair
- Huron Perth Public Health Board of Health, c/o Councillor Kathy Vassilakos, Chair
- Kingston, Frontenac and Lennox & Addington Health Unit Board of Health, c/o Deputy Warden - Frontenac Islands Denis Doyle, Chair
- Lambton County Board of Health, c/o Kevin Marriott, County Warden and Chair
- Leeds, Grenville & Lanark District Health Unit Board of Health, c/o Doug Malanka, Chair
- Middlesex-London Health Unit Board of Health, c/o Maureen Cassidy, Chair
- Niagara Region Public Health & Social Services Committee, c/o Regional Councillor Pat Chiochio and Regional Councillor Barbara Greenwood, Co-Chairs
- North Bay Parry Sound District Health Unit Board of Health, c/o Nancy Jacko, Chair
- Northwestern Health Unit Board of Health, c/o Doug Lawrance, Chair
- Ottawa Board of Health, c/o Councillor Keith Egli, Chair

- Peel Board of Health, c/o Nando Iannicca, Regional Chair
- Peterborough Public Health Board of Health, c/o Mayor Andy Mitchell, Chair
- Porcupine Health Unit Board of Health, c/o Sue Perras, Chair
- Region of Waterloo Board of Health, c/o Karen Redman, Regional Chair
- Renfrew County and District Board of Health, c/o Janice Visneskie Moore, Chair
- Simcoe Muskoka District Health Unit Board of Health, c/o Deputy Mayor Anita Dubeau, Chair
- Southwestern Public Health Board of Health, c/o Warden Larry Martin, Chair
- Public Health Sudbury and Districts Board of Health, c/o Councillor René Lapierre, Chair
- Thunder Bay District Board of Health, c/o Councillor James McPherson, Chair
- Timiskaming Health Unit Board of Health, c/o Mayor Carman Kidd, Chair
- Wellington-Dufferin-Guelph Public Health Board of Health, c/o Mayor and Councillor George Bridge, Chair
- Windsor-Essex County Health Unit Board of Health, c/o Warden Gary McNamara, Chair
- York Region Community and Health Services Committee, c/o Regional Councillor Gino Rosati, Chair
- Gordon Fleming, Manager, Public Health Issues, Association of Local Public Health Agencies, Council of Medical Officers of Health
- Dr. Cory Neudorf, President, Urban Public Health Network
- Ian Culbert, Executive Director, Canadian Public Health Association
- Pegeen Walsh, Executive Director, Ontario Public Health Association
- Allan O'Dette, Chief Executive Officer, Ontario Medical Association
- Dr. Doris Grinspun, Chief Executive Officer, Registered Nurses' Association of Ontario
- Peter Cuthbert, Interim Executive Director, Canadian Association of Chiefs of Police
- Jeff McGuire, Executive Director, Ontario Association of Chiefs of Police
- Carole Saab, Chief Executive Officer, Federation of Canadian Municipalities
- Brian Rosborough, Executive Director, Association of Municipalities of Ontario

cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health

The Council of Ontario
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Health (COMOH) is a
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Boards of Health
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Ontario

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Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

January 29, 2021

Hon. Stephen Lecce
Minister of Education
5th Flr, 438 University Ave,
Toronto, ON M7A 2A5

Hon Christine Elliott,
Minister of Health
College Park 5th Flr, 777 Bay St, Toronto,
ON M7A 2J3

Dear Ministers Lecce and Elliott,

Re: Safe Return to School is an Essential Priority

Ontario's Medical Officers of Health support the reopening of schools as essential for children as community rates of COVID-19 decrease across the province. Upon careful review and consideration of local indicators, we believe it is possible, and in fact, imperative, that schools begin to open before the reopening of other sectors, as the Stay-at-Home orders are lifted provincially. Safe reopening of all schools in Ontario is essential.

Evidence-based data on the importance and safety of school openings

We echo the updated advice of the Hospital for Sick Children, "Guidance for School Operation during the Pandemic," which notes the harms of prolonged school closures and recommends that daily in-person classrooms should be the *"last to close and the first to open"*¹.

Data from published reports echo the experience of local public health agencies which has shown that the risk of transmission from children to children and children to adults in primary school and daycare settings is low when public health measures are in place and are followed^{2,3}. An updated evidence review published by the National Collaborating Centre for Methods and Tools⁴ includes studies before and after school reopening which consistently have shown no impact of school opening on COVID-19 cases or hospitalizations.

Similarly, a very recent Centres for Disease Control and Prevention (CDC) publication⁵ showed that with masking requirements and student cohorting in place, transmission risk within schools appeared low, suggesting that schools might be able to safely open with appropriate mitigation efforts in place, and despite some times when high community transmission was present.

Maximize infection prevention and control measures in schools

The implementation of infection control measures which are present in all Ontario schools is critically important to limiting transmission of COVID-19 in school settings. Increasing some of the infection prevention and control (IPAC) measures such as the daily confirmation of screening of staff and students, wearing masks, and ensuring physical distancing will help to continue to keep schools safe. Public health capacity to do complete case and contact follow up in school settings is also crucial for the safe return to school. Adherence to public health measures must be rigorous and comprehensive.

Focus on interventions to reduce risks for staff

We also advise that more efforts are needed to reduce close unprotected staff/staff interactions such as during breaks and in lunchrooms. This includes ensuring that there are no in-person staff training, meetings or social gatherings. Personal protective equipment (PPE) measures for staff should also be reiterated including refreshers before returning to the classroom.

Itinerant staff have continued to pose a higher risk for schools. We recommend that itinerant teachers not provide in-person instruction to multiple cohorts. We also recommend reducing the number of schools that staff attend.

Utilize and enhance testing resources for the biggest gains

In order to support active screening in schools, all communities must have same day access to testing for COVID-19. With evidence of the presence of a much more transmissible variant of the SARS CoV-2 virus in many of our communities, early case and contact management continue to be critical tools in the prevention of spread. We welcome the improved turnaround times in many parts of the province. The deployment of rapid testing for symptomatic individuals will also support earlier detection and containment of the virus.

The role of testing asymptomatic students or staff for COVID-19 as a surveillance tool, outside of an outbreak, identifies few additional cases, suggesting that widespread asymptomatic transmission does not commonly occur in the school setting⁶. Enhanced testing around cases and in outbreak situations will enable testing resources are utilized to provide the best gains.

Continue to reduce community transmission, especially in areas with high rates

The literature is clear that levels of community transmission are important predictors for the risk of introduction and transmission of COVID-19 in school settings. However recent modeling done with academic partners shows that extending the closure of schools by a few weeks has less of an impact than the implementation of additional public health measures impacting the community. We recommend that schools be opened first, while other non-essential businesses or sectors remain closed, especially if community transmission rates in certain areas remain high. As well, local consideration can be given to staggering reopening of schools by grade.

Summary

Many schools in Ontario have safely reopened across the province so far, and we are confident that all schools can be safely reopened. We recognize that the recent identification and transmission of variants of concern (VOC) pose a heightened risk for Ontarians and local public health agencies will continue to both monitor and evaluate their potential impact on our communities. At this point, we do not believe they present a reason to delay a return to the classroom.

In conclusion, we recommend:

- Reopening schools should be a priority, even before community restrictions are lifted.

- Ensure community public health measures are maximized to support school reopenings.
- Ensure IPAC measures are maximized in schools to prevent spread in the school setting. This includes measures to ensure physical distancing, reduce staff-to-staff interactions, and minimize interactions of staff with multiple cohorts.
- Have access to appropriate testing resources and utilize testing in ways that will provide the most benefit.
- Ensure public health capacity is available to complete full case and contact management in school settings.

Yours sincerely,



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

COPY: Dr. David Williams, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery (Health)

¹ COVID-19: Guidance for School Operation during the Pandemic January 21, 2021 accessed January 25, 2021 at <https://www.sickkids.ca/en/news/archive/2021/covid19-updated-guidance-school-operation-during-pandemic/>

² European Centre for Disease Prevention and Control. COVID-19 in children and the role of school settings in transmission - first update. Stockholm; 2020. Accessed January 28, 2021 at https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-in-children-and-the-role-of-school-settings-in-transmission-first-update_1.pdf

³ Ontario Agency for Health Protection and Promotion (Public Health Ontario). Focus on: COVID-19 prevention measures in K-12 schools: optimizing screening and masking. Toronto, ON: Queen's Printer for Ontario; 2020. Accessed January 28, 2021 at <https://www.publichealthontario.ca/-/media/documents/ncov/sch/2020/12/covid-19-focus-on-optimizing-screening-and-masking.pdf?la=en>

⁴ National Collaborating Centre for Methods and Tools. (2021, January 21). Living Rapid Review Update 12: What is the specific role of daycares and schools in COVID-19 transmission? Accessed January 22, 2021 at <https://www.nccmt.ca/knowledge-repositories/covid-19-rapid-evidence-service>

⁵ Falk A, Benda A, Falk P, Steffen S, Wallace Z, Høeg TB. COVID-19 Cases and Transmission in 17 K–12 Schools — Wood County, Wisconsin, August 31–November 29, 2020. MMWR Morb Mortal Wkly Rep. ePub: 26 January 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7004e3>

⁶ National Collaborating Centre for Methods and Tools. (2021, January 21). Living Rapid Review Update 12: What is the specific role of daycares and schools in COVID-19 transmission? Accessed January 22, 2021 at <https://www.nccmt.ca/knowledge-repositories/covid-19-rapid-evidence-service>



Council of Ontario Directors of Education

1123 Glenashton Drive,

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Telephone: 905-845-4254 Fax: 905-845-2044



Council of Ontario

MEDICAL OFFICERS OF HEALTH

January 28th, 2021

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Sent via e-mail: premier@ontario.ca

Dear Premier Ford:

Despite the challenges of opening schools in the midst of a global COVID-19 pandemic, school food programs are increasingly seen as vital contributors to students' physical and mental health.

Growing research demonstrates the value of school food programs (SNPs) to improve food choices and support student success (including academic performance, reduced absenteeism, and improved student behavior). Prior to COVID-19, Ontario's SNPs were highly variable and consistently underfunded, with parents and schools having to fundraise in order to purchase the foods that fueled their students' learning. COVID-19 has had a devastating impact on the viability of these programs.

With the contributions of the Ontario Dietitians in Public Health, the Councils of Directors of Education (CODE) and local Medical Officers of Health (COMOH) have prepared the attached submission for you and your provincial Cabinet's urgent consideration. The proposal presents four recommendations that could be operationalized immediately, and two additional recommendations for future consideration by your Ministers and their staff.

First and foremost, we are requesting that the Ministry of Education revise its current guidance to include enabling language that would allow the SNPs to operate safely and effectively.

Secondly, we are asking that the Ministries of Education and Children, Community and Social Services do two things:

- Embrace the latest evidence to ensure that SNPs operate with the latest advances in nutritional science and healthy eating recommendations, and
- Adequately fund these programs so that schools have the benefit of paid coordinators and sufficient funds to purchase food to ensure these programs are fully functional.

Page 58 of 93

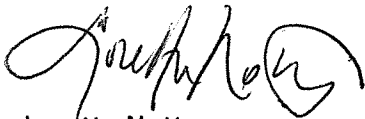
Finally, we are requesting that the Ministry of Health provide free online training to support the safe handling and safe operating of SNPs by the community volunteers who are the backbone of these programs. SNPs depend on community volunteers and schools depend on the knowledge and skills of these volunteers, especially during COVID-19, to keep students and staff safe.

Two additional actions proposed that would support the further development and growth of SNPs into a universal and sustainable investment in our students and their trajectories as life-long learners and healthy adults: we ask that going forward, the Ministry of Education include specific infrastructure criteria for capital funding projects (renovations and new builds) that support a healthy school food environment. We also ask that Ontario use the opportunity of the federal commitment to explore a national school food program to secure the policy and funding instruments to help grow our SNPs into strong and universal supports for all of our young learners.

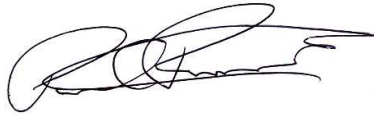
Premier, we know that there is no greater investment than the health and success of the next generation. We look forward to supporting our provincial partners with any or all of these recommended actions but we know too that, like the pandemic, they need the support from “all of government” if they are to be realized in a timely and effective way.

We thank you for your consideration and hope that we can count on your support.

Sincerely,



Loretta Notten
Chair, CODE



Dr. Paul Roumeliotis, MD, CM, MPH, FRCP(C), CCPE
Chair, COMOH

Encl.

cc: Hon. Stephen Lecce, Minister of Education
Hon. Todd Smith, Minister of Children, Community and Social Services
Hon. Christine Elliott, Minister of Health

Priority and Proactive Steps to Ensure Universal Access to Student Nutrition Programs

Jointly prepared by COMOH and [Ontario Dietitians in Public Health](#)
for the [CODE-COMOH Partnership](#)
December 14, 2020

COVID-19 has exposed and amplified numerous challenges to the delivery of Student Nutrition Programs (SNPs) in Ontario schools. Since September, SNPs have faced new COVID-related restrictions in schools and continue to deal with long-standing barriers (e.g., infrastructure, staffing, funding), access to healthy food at school is being negatively impacted.

Despite these challenges, school food programs are increasingly seen as vital contributors to students' physical and mental health. Growing research demonstrates the value of school food programs to improve food choices and support student success (including academic performance, reduced absenteeism, and improved student behavior)^{1,2,3,4}.

Recognizing the value that SNPs provide to individual students and to school communities, we believe that COVID-19 presents an opportunity for Ontario to augment its investment in SNPs as a way to improve student performance and readiness to learn. The time to transform these programs is now. The right investments can ensure SNPs become both universal and sustainable. With these as goals to drive the long term vision for Ontario, there should be opportunities to leverage the federal commitment to building a National School Nutrition Program to benefit Ontario's learners now, and in the future.

We present five recommendations, in order of ease of implementation:

1. The Ministry of Education's (MEDU) Guide to Reopening Ontario's Schools should be revised to enable Boards of Education to add enabling language in their *Return to School Plans*.

1.1 The Guide should exempt SNPs from the list of prohibited visitors. This would lead to more Boards of Education adding statements like this: "Volunteers for SNPs will be welcome to continue their important service to our students, following the same procedures as our staff."

Background: The current [Guide to reopening Ontario's schools](#) directs schools to *significantly limit or prohibit visitors to limit contact in schools*. SNPs depend almost exclusively on volunteers to prepare

¹ Impacts of School Food Programs on Children and Youth, Toronto Public Health, 2019.

² [The combined impact of diet, physical activity, sleep and screen time on academic achievement: a prospective study of elementary school students in Nova Scotia, Canada](#), Faught et al, 2017.

³ [The impact of Canadian School Food Programs on Children's Nutrition and Health](#), Colley et al, 2018.

⁴ [Nourishing Young Minds](#), Toronto Public Health, 2012.

food. Restricted access to school food preparation facilities means programs no longer have volunteer capacity or space to store food purchased in bulk and to prepare food for individual servings. The statement is taken from [Peterborough Victoria Northumberland Clarington Catholic School Board's Return to School Plan](#) (page 4). As part of this change, we propose that guidelines be developed, in consultation with local public health agencies, to help ensure that SNP volunteers can enter the school and operate safely for the duration of the COVID pandemic.

1.2 The COVID-19 Preparedness and Prevention in Elementary and Secondary (K-12) Schools Checklist should be revised with the following statement: "Individually portioned foods (including ready-to-eat foods, such as whole apples, cut carrots, cucumbers, and cheese, and foods from bulk or larger items such as crackers and muffins), can be safely portioned out as individual servings, in an inspected kitchen, and following appropriate food safety practices."

Background: The [COVID-19 Preparedness and Prevention in Elementary and Secondary \(K-12\) Schools Checklist](#) currently states: *Third party food services, including nutrition programs, will be delivered in a way that any student who wishes to participate can do so. "Grab and Go format" is preferred.*

Some programs have interpreted *Grab and Go format* to mean that only items prepackaged by the manufacturer can be served (e.g., cheese strings, individual cartons of milk, mini bags of pre-cut/pre-washed produce, grain bars). It is estimated that this will unsustainably double food costs and generate significant garbage. However, in appropriate food preparation areas and when transported and served in a manner to prevent contamination, ready-to-eat foods (such as whole apples, cut carrots and cucumbers), and foods from bulk or larger items such as whole grain cereal and muffins, can be safely portioned out as individual servings. See [Toronto Public Health COVID-19 Guidance for SNPs](#).

2. Ministry of Children, Community and Social Services (MCCSS) is requested to release and post online the updated SNP Nutrition Guidelines and mandate Public Health's participation in local implementation.

SNP should be evidence-based to ensure students' priority nutritional needs are met.

Background: SNP Nutrition Guidelines, updated in March of 2020, align with the new Canada's Food Guide and capture advances in nutritional science and healthy eating recommendations (including the importance of eating together, a pillar of SNP). They have not yet been released; it is important that programs operate with the latest evidence. We request that this be done. Mandating Public Health Dietitians' involvement in local implementation of guidelines would be an asset for programs.

3. Ministry of Health (MOH) should be requested to create a free, on-line SNP-specific Food Handler Training and Certification for SNP volunteers across the province.

In accordance with Ontario Regulation 493/17 – Food Premises, and aligning with the goal of [Public Health Modernization](#), a provincially harmonized, free, online recorded class and testing feature would ensure consistent and equitable access to high quality safe food handling training services, improving public health delivery and program sustainability in Ontario.

Background: Currently, SNPs undergo the same certification as food service establishments/restaurants, even though the majority serve only "low-risk" foods. Some (not all) local public health agencies have offered free or reduced-cost Food Handler Certification for SNPs in the past. These are currently unavailable as public health staff have been redeployed to the COVID-19 response. While school-

directed funds from the MCCSS can be used to cover the cost of training, this uses funding that would otherwise be used for food costs. SNPs rely on many volunteers and there is high turnover meaning that programs would have to spend a significant amount on training. A free, on-line training program tailored for the provincially shared, unique needs of SNPs during COVID-19 and beyond would equitably address the need for food handler training for SNP volunteers across the province. Local public health agencies could provide input into the content for this new resource. Ensuring that SNP volunteers have the required knowledge and skills in infection prevention will also help dispel COVID-related concerns and fears related to the school setting.

4. MEDU and MCCSS are requested to jointly develop a funded universal SNP program for student success. This should include funding for a paid Coordinator at each participating school.

COVID-19 restrictions threaten the financial viability of most, if not all, SNPs at a time of increased food insecurity. Additional provincial funding is required in order to ensure these programs continue. Improved student success and well-being are a benefit of universal SNPs in schools. Having paid coordinators dedicated to SNP at each school would address current and pre-existing barriers to volunteer recruitment and capacity, which is an even greater issue for Francophone schools, and also ensure sustainable delivery of programs in all schools long-term. We recommend that boards of education and local public health agencies be included in the consultation phase of this work.

Background: Where school food programs exist, students show improved diet quality, academic success, and student behavior and better attendance. The Ministry of Education's (MEDU) [Foundations for a Healthy School](#) framework identifies important components to a learning environment that promotes and supports child and student well-being, one of the four core goals in Ontario's renewed vision for education. SNPs model an integrated approach where school, home and community partnerships intersect to promote student well-being. Important healthy habits students learn at SNPs reinforce curriculum teaching, are shared at home and contribute to family health and success. Having an identified coordinator as a lead for every school would help facilitate a universal approach.

For many programs, annualized, provincial funding covers approximately 15% of program costs. This year, MCCSS estimates that food and program costs will double because of additional COVID-19 food safety measures. Programs already rely heavily other sources of funding, including parent council and community fundraising efforts, efforts that will be negatively impacted with the pandemic. Inadequate funding of programs can result in closing of programs, smaller quantities of food distributed, or shift of "universal" programming to stigmatizing "on-request" programming. Additional funding for food, paid school leads and community coordination is essential in order to ensure long-term and sustainable operations.

5. Future considerations:

MEDU includes specific infrastructure criteria for capital funding projects (renovations and new builds) that support a healthy school food environment.

Background: Inadequate infrastructure limits programming in many schools. Capital funding projects provide an opportunity to ensure adequate kitchen and storage space (including a designated handwashing sink, an additional 2 or 3 sinks for food preparation, and a dishwasher); bright, non-stigmatizing eating area; and external building features such as transportation access for food deliveries and outdoor lighting to facilitate after hours food preparation for SNPs.

CODE-COMOH encourages Ontario Ministries to engage with federal partners to facilitate the development of universal SNPs across Ontario.

Background: [Federally-funded, universal school food programs](#) are being advocated for at a national level. Universally-accessible programs mean that all children and youth are eligible to participate in the SNP at a school or community location that offers the program. Canada is the only G7 country without a harmonized national school food program to guarantee the consistent delivery of nutritious meals to students. In 2017, UNICEF [raised the alarm](#) about the state of child nutrition in Canada, ranking us 37 out of 41 wealthy nations for children's access to nutritious food. Children and youth arrive hungry at school for many reasons: long bus rides, rushed mornings that do not leave enough time for a proper breakfast, and sometimes, not enough food at home. Due to Ontario's successful SNP programming, Ontario Ministries are well-poised to lend their voice and support to these advocacy efforts. In addition, the many unintended consequences of COVID-19's impact on families makes this a vital time to pilot new approaches to SNPs. Ontario could pilot hot meal programs in select schools to build evidence for federal efforts.

Other:

Reaching virtual learners has been identified as a concern by the MCCSS.

Local public health agencies and their partner boards of education could assist in data collection and analysis to help inform policy decisions.

Background: During school closures in the Spring of 2020, some programs provided grocery gift cards, food boxes/meal kits/frozen meals and partnered with food banks to help feed families of school-aged children. These approaches, however, are not sustainable or evidence-based solutions to household food insecurity. Research suggests the need for an income floor (such as a basic income guarantee) to address household food insecurity.

The scope of MCCSS-funded SNPs is limited to publicly-funded, in-school settings; home schools and private schools do not qualify. Focusing on the successful implementation of in-school programming, rather than growing the program to different settings, remains a priority at this time. The needs of children who are not in classrooms is an area of potential study as little to no data currently exists. As a first step, more needs to be known and understood in order to inform strategies and policies.

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Ontario Dietitians in
 Public Health

January 20, 2021

Hon. Stephen Lecce
 Minister of Education
 5th Floor
 438 University Ave.
 Toronto, ON M5G 2K8

Re: Bill 216, Food Literacy for Students Act, 2020.

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to express our support of Bill 216, Food Literacy for Students Act, 2020.

Food literacy has been in decline over the past few decades and the resultant food deskilling has affected all segments of society, including children and youth. It has led to an increase of pre-prepared, packaged and convenience foods, eating away from home, and a higher consumption of processed foods that are higher in fat, salt, and sugar. These foods are linked to a greater risk of diet-related chronic conditions and diseases such as obesity, heart disease and type II diabetes. Furthermore, healthy eating, cooking skills, and health are linked. Currently, there is a lack of introduction and opportunity to acquire cooking skills from parents, grandparents, and the school environment.

Schools provide an opportunity to support students in making healthy choices and in gaining knowledge and food skills that will lead to developing food literacy, which will guide lifelong healthy eating habits. A recent review of research shows that interventions or programs that include food literacy and hands-on education for younger children is effective to increase intake of, preference for and willingness to try vegetables and fruit. This would make a strong case for bringing back food literacy programming in schools to improve population nutrition status, using a more upstream approach that targets Ontarians at a younger age to reduce risk for chronic diseases.

It is recommended that the current school curricula, from grade 1 to grade 12, undergo examination with respect to food literacy, and that the introduction of experiential food literacy and healthy eating training become a mandatory component of school curricula. Development and implementation of such curricula must be:

- culturally diverse,
- inclusive of foods and ingredients that are affordable for most families,
- evidenced-based and in accordance with current nutritional science,
- supported by adequate training for educators, and
- considerate of other important learning and physical activity space.

Local public health agencies have qualified staff and are well-positioned to provide nutritional expertise for the development and implementation of this curricula and associated teaching tools.

We would be pleased to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 416-595- 0006 x 222.

Sincerely,

A handwritten signature in blue ink, reading "Carmen McGregor".

Carmen McGregor,
President

Copy: Hon. Christine Elliott, Minister of Health
Dr. David Williams, Chief Medical Officer of Health
Daryl Kramp, MPP, Hastings—Lennox and Addington

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

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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Ministère de la Santé

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January 13, 2021

MEMORANDUM

TO: Chairpersons, Boards of Health
Medical Officers of Health, Public Health Units
Chief Executive Officers, Public Health Units

RE: 2021 COVID-19 Extraordinary Costs

Ontario's public health system has demonstrated remarkable responsiveness to COVID-19, as the outbreak has evolved locally and globally. The government acknowledges the extraordinary and continuing efforts of the public health sector, including public health units, to monitor, detect, and contain COVID-19 in the province.

For the 2021 funding year, public health units are expected to take all necessary measures to continue to respond to COVID-19 in their catchment areas, support the Ministry of Health in the provincial roll-out of the COVID-19 Vaccine Program, and continue to maintain critical public health programs and services as identified in Board of Health approved pandemic plans.

As the COVID-19 response continues, we do anticipate that many public health units will continue to incur additional expenses to support these efforts. In recognition of these unique circumstances, we want to assure you that there will be a process for public health units to request reimbursement of COVID-19 extraordinary costs incurred in 2021. Similar to previous processes, we ask that these costs be those over and above what can be managed from within the budget of the Board of Health, and that you continue to track these costs separately.

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

Sincerely,

A handwritten signature in black ink that reads "Christine Elliott".

Christine Elliott
Deputy Premier and Minister of Health

c: Dr. David Williams, Chief Medical Officer of Health
Associate Medical Officers of Health, Public Health Units
Business Administrators, Public Health Units



Thomas Carrique
Commissioner Le Commissaire

File #: OPP-7900-10

January 11, 2021

Mr. Burgess Hawkins
Public Health – Sudbury and Districts
1300 Paris Street
Sudbury ON P3E 3A3

Dear Mr. Hawkins:

I would like to take this opportunity to thank you and the Public Health – Sudbury and Districts for the support provided in relation to the funeral service for Provincial Constable Marc Hovingh.

When the unthinkable happens, it has a profound effect on the entire community. Provincial Constable Hovingh upheld his oath with integrity, professionalism and courage. He was a true hero who made the ultimate sacrifice, and his dedication and bravery shall never be forgotten.

Your assistance is truly appreciated. On behalf of the Hovingh family and all members of the Ontario Provincial Police, thank you.

Yours truly,

Thomas Carrique, O.O.M.



January 21st, 2021

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

COVID-19 Update

As part of the response to COVID-19, alPHA continues to represent the public health system and work with key stakeholders including the Ministry of Health, Office of the Chief Medical Officer of Health, Ontario Medical Association, Association of Municipalities of Ontario, Dalla Lana School of Public Health, primary care sector, and others.

alPHA frequently shares Situation Reports and 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](#)

Conference and Annual General Meeting

***Ontario's Public Health System
Challenges – Changes – Champions
June 8, 2021***

alPHA is excited to announce the 2021 Conference and Annual General Meeting. This year's event is online and the theme continues the conversation on the critical role of Ontario's public health system and will include discussions on the response to COVID-19 and the future of public health.

alPHA would like to thank our host, the Northwestern Public Health Unit, Conference Chair, Trudy Sachowski, and the Conference Planning Committee, chaired by alPHA's Executive Director, Loretta Ryan. This hard-working team is developing the program for what promises to be an outstanding event.

Stay tuned for further information and registration details. Also, keep an eye out for the AGM package that will soon be going out with call outs for the Distinguished Service Awards, BOH Nominations and Resolutions. The event flyer can be accessed [here](#).

In the meantime, don't forget to hold the date: June 8th!

TOPHC 2021 Update

With the sector continuing to focus its efforts on the COVID-19 response, it has become evident there is limited capacity to take part in The Ontario Public Health Convention (TOPHC) 2021. PHO, OPHA and alPHA have made the difficult decision to postpone TOPHC in 2021. The TOPHC partners remain committed to this forum for professional development and enhancing the knowledge and skills of the public health workforce in Ontario. We will look at 2021 as a year to review and assess our strategy and approach for TOPHC 2022 and the impacts of COVID-19 pandemic to the sector. These considerations will provide a richer experience to participants for future TOPHC conferences.

All of the TOPHC partners value the efforts of presenters in the creation of education and knowledge materials that were developed for TOPHC 2020 which unfortunately did not take place. If you would like to present your work, PHO Rounds may be a great way to share your knowledge. Please contact events@oahpp.ca if you are interested in presenting at PHO Rounds. Did you create a poster for TOPHC 2020? PHO would like to offer the opportunity to showcase your poster on the TOPHC website. Please email tophc@oahpp.ca for more details and information on how to PDF submit your poster.

PHO thanks alPHA's members for their understanding and support as they continue to adapt planning to best support the public health workforce. Please visit PHO's [Events](#) page for more information and to register for upcoming sessions.

alPHA Correspondence

[alPHA Letter - Bill 216, Food Literacy](#)

[alPHA Letter - ADM, Pandemic Response and Recovery](#)

[Joint Letter - COVID Vaccine in LTCH and RH](#)

2021 Budget Consultations

The Government of Ontario is welcoming input for the planning of the 2021 Ontario Budget. alPha will be reviewing and updating the [submission](#) that was sent to the Minister of Finance in October 2020 as part of the interim COVID Action Plan budget measures, and encourages members to provide their own input via the online [consultation portal](#). Closing date: February 12th.

Rapid Risk Factor Surveillance System (RRFSS) Update Get local public health information on COVID-19 fast using RRFSS!

It is not too late to join RRFSS this year! RRFSS is restarting in February 2021 and, in addition to the traditional phone surveys, the faster RRFSS online survey with COVID-19 questions only will also be offered again which was pilot tested this fall. Please go to the RRFSS website: <https://www.rfss.ca/questionnaires> to see all available RRFSS modules including over 100 new COVID-19 related questions. For further information contact: Lynne Russell, RRFSS Coordinator: lynnerussell@rfss.ca

Boards of Health: Shared Resources

A resource [page](#) is available on the alPha's website for alPha's Boards of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions and other resources to support their work. If you are a member of an Ontario board of health and have a best practice, by-law or any other resource that you would like to make available to other Ontario boards of health, please send a file or a link with a brief description to gordon@alphaweb.org and it will be posted in the appropriate library.

Ontario Medical Association (OMA): COVID-19 Vaccine Information Resources

To help ensure that Ontarians are able to access accurate information about COVID-19, the Ontario Medical Association has included links to local public health units throughout their [Ask Ontario Doctors](#) website. In addition, on January 20th the OMA issued a news release to provide COVID-19 facts, promote confidence in the vaccine and to counter misinformation on social media. Access the news release [here](#).

Additional Resources

James LeNoury, alPha's legal counsel, has resources available to alPha members: <http://www.lenourylaw.com/category/news/>

Public Health News Roundup

- [Ontario Reminds Public to Stay Home and Travel Only When Necessary](#) January 21, 2021.
- [Ontario Adding More Mental Health Beds and Programs for Seniors](#) January 21, 2021.
- [Ontario Adding Over 500 Hospital Beds to Expand Critical Care Capacity](#) January 18, 2021.
- [Ontario Extends Reopening Ontario Act Orders](#) January 16, 2021.
- [Ontario Launches 2021 Budget Consultations](#) January 15, 2021.
- [Ontario Expands Case and Contact Management Workforce](#) January 15, 2021.
- [Ontario to Vaccinate up to 8.5 Million People in Phase Two](#) January 13, 2021.
- [Ontario Declares Second Provincial Emergency to Address COVID-19 Crisis and Save Lives](#) January 12, 2021.
- [Ontario Continues to Support Businesses, Workers and Families during the COVID-19 Pandemic](#) January 8, 2021.
- [Ontario Extends Teacher-Led Online Learning Until January 25 to Keep Students and Staff Safe in Southern Ontario](#) January 7, 2021.
- [Ontario Accelerates COVID-19 Vaccinations for Long-Term Care Homes in Priority Regions](#) January 5, 2021.
- [Ontario Announces Provincewide Shutdown to Stop Spread of COVID-19 and Save Lives](#) December 21, 2020.
- [Ontario Taking Further Action to Limit Spread of COVID-19](#) December 18, 2020.

Association of Local Public Health Agencies

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



Mark your calendar!

**Association of
Local Public Health Agencies**

2021 AGM & CONFERENCE:

*Ontario's
Public Health System
Challenges – Changes - Champions*

June 8, 2021

Co-hosted by alPha and
Northwestern Health Unit
with generous support from the
University of Toronto's
Dalla Lana School of Public Health

alPha is excited to announce the 2021 Conference and Annual General Meeting! This year's event is online and the theme continues the conversation on the critical role of the province's Public Health System with discussions on key topics including the public health response to COVID-19 and the future of public health in Ontario.

Stay tuned for further information on the program and registration details. In the meantime, don't forget to hold the date: June 8th!



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH



alPha
Association of Local
PUBLIC HEALTH
Agencies

APPROVAL OF CONSENT AGENDA

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

alPHa's members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

February 9, 2021

Hon. Doug Ford
Premier of Ontario
Legislative Bldg Rm 281,
Queen's Park
Toronto, ON M7A 1A1

Re: Paid Sick Leave as a Public Health Measure

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to support the calls for the permanent inclusion of paid sick leave provisions under the Employment Standards Act, as a public health measure to prevent transmission of communicable diseases including COVID-19.

The rapid and steep uptick in COVID-19 cases and the emergence of new variants of concern in the past few months in Ontario have been alarming. Turning the tide of the resurgence while aiming to reopen schools in the coming days and businesses in the coming weeks will require a strong and clear reinforcement of the public health interventions aimed at preventing transmission, such as minimizing social contacts, maximizing physical distancing, and requiring masks.

As with so many other healthy behaviours, we know that limiting such reinforcement to public messaging is not sufficient and it is imperative that your Government exercise policy options that make the healthiest choice the easiest choice. With workplaces having been identified as increasingly significant drivers of COVID-19 outbreaks, we agree that one of these options should be to reinstate guaranteed paid sick leave under the Employment Standards Act, to ensure that workers do not have to choose between their livelihoods and following public health directives.

We hope that you will take this recommendation under careful advisement, and we would be pleased to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,



alPHa President

COPY: Hon. Monte McNaughton, Minister of Labour, Training and Skills Development
Hon. Christine Elliott, Minister of Health
Hon. Peter Bethlenfalvy, Minister of Finance
Dr. David Williams, Chief Medical Officer of Health

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

February 01, 2021

The Honourable Doug Ford
Premier of Ontario
Legislative Bldg Rm 281
Queen's Park
Toronto, ON M7A 1A1

Electronic Distribution

Dear Premier Ford:

RE: Mandatory Paid Sick Leave for Ontario Workers

At the KFL&A Board of Health meeting held on January 27, 2021, the following motion was passed:

THAT the KFL&A Board of Health call on the Provincial Government to provide adequate paid sick days to workers through amendments to the *Employment Standards Act, 2000* that require employers in Ontario to provide no less than five paid sick days annually to workers, after three months of employment, and no less than ten paid sick days annually when an infectious disease emergency has been declared, and to remove any requirements for employees to provide certification from a qualified health practitioner to their employer to qualify for paid sick leave.

FURTHER, THAT the KFL&A Board of Health urge the Provincial Government to provide the necessary funding, fiscal relief, and other supports necessary to employers to provide this sick leave.

AND FURTHER THAT, the KFL&A Board of Health endorse in principle, Bill 239, the *Stay Home If You Are Sick Act*.

It is now evident that workplaces are a significant source of COVID-19 transmission in Ontario communities – workplaces are the second most common site for outbreaks, after Long-Term Care and Retirement homes. Despite highly promoted public health messaging encouraging people to stay home from work when sick, lack of access to paid sick days makes staying home financially unfeasible for some individuals, particularly low-wage earners. Without paid sick leave, low-wage and/or precariously employed individuals who are ill are forced to choose between paying the bills or protecting their co-workers and communities.

Not everyone has access to paid sick leave, and those with the lowest income have the least access. A 2018 Statistics Canada report shows that 58% of workers in Canada have no access to paid sick days. For workers earning less than \$25,000, over 70% have no paid sick days. Access to paid sick days has been associated with a higher probability of staying home for illness/injury, or influenza-like illness, which in turn is likely to reduce the spread of disease in the workplace.

.../2

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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Kingston, Ontario K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

Branch Offices	Cloyne	613-336-8989	Fax: 613-336-0522
	Napanee	613-354-3357	Fax: 613-409-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

The current provincial and federal provisions for sick leave during COVID-19 do not allow for workers to receive full and uninterrupted (seamless) income replacement, which is critical for those workers in low-wage and precarious employment situations.

The KFL&A Board of Health is calling on the Government of Ontario to address the gaps in paid sick days as a matter of health equity, requiring employers in the province to provide a minimum of five paid sick days annually, at least ten paid sick days during a pandemic, and furthermore, to facilitate adequate supports including funding or fiscal relief to employers to help ensure access to sick leave for all workers in Ontario.

Sincerely,



Denis Doyle
Chair, KFL&A Board of Health

cc: Honourable Monte McNaughton, Minister of Labour, Training and Skills Development
Honourable Christine Elliott, Minister of Health and Long-Term Care and Deputy Premier
Honourable Merrilee Fullerton, Minister of Long-Term Care Homes
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Peggy Sattler, MPP London West
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Briefing Note

To: Chair, Board of Health, Public Health Sudbury & Districts
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: February 11, 2021
Re: Paid Sick Days

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

Inequitable access to paid sick days in Canada has significant impacts on income and health. Income alone is the single strongest predictor of health,^{1,2} and individuals and families require a stable source of income to meet their basic needs for health and well-being. Paid sick leave provisions are essential to protect the health of individual workers, their workplaces, and the broader community, which has become even more evident with the COVID-19 pandemic. The COVID-19 pandemic has had widespread economic impacts, increasing the level and depth of poverty across the country. Furthermore, the gap in access to paid sick days is linked with transmission of infectious illnesses at workplaces, including COVID-19, which has disproportionate impacts on women, low wage and precarious workers, racialized communities and immunocompromised people. Despite clear evidence and public health directives to stay home when sick, workers without paid sick days are forced to choose between sacrificing their financial security to comply with public health measures or going to work while sick to support themselves and their families.³

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts express support to the Government of Ontario for the to support the calls for the permanent inclusion of paid sick leave provisions under the Employment Standards Act, as a public health measure to prevent transmission of communicable diseases including COVID-19.

Background:

Paid Sick Leave

Recent data reveals that 58% of workers in Canada — and over 70% of workers making less than \$25,000 — do not have access to paid sick days.⁴ As a result, workers must choose between losing income or going to work while sick. For many people, a paid sick day policy is a key area for public health intervention and is essential to protect worker and community health as identified in the Chief

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Public Health Officer of Canada's Report on the State of Public Health in Canada 2020: From risk to resilience: An equity approach to COVID-19.⁵ Paid sick leave is essential to protect worker and community health. Unfortunately access to paid sick leave is not available to all community members. Access to paid sick leave is particularly low among workers in hospitality and construction industries, which generally involve in-person contact work.^{6,7} Without paid sick leave, employees may lose income if they become ill and are unable to work. Without employment income, employees may lose their jobs if they stay home when sick.^{8,9} In either case, and particularly if they are economically insecure, workers may feel unable to comply with public health guidance to stay home when sick.^{10,11}

In addition to having the availability of paid sick days further recommendations around have been identified for optimal paid sick day policy. Principles proposed by the Decent Work and Health Network note that effective paid sick days must be,

- Universal: all workers, no exemptions
- Paid: at 100% of workers' wages, with no loss of income
- Adequate: at least 7 permanent paid sick days + 14 during public health emergencies
- Permanent: during COVID-19 and beyond to protect against future outbreaks & annual flu, cold & other illnesses.
- Accessible: no required medical notes, no disruption of income & patient-centred (flexible for sickness, family emergencies/responsibilities).¹²

The COVID-19 pandemic has amplified income inequities that already exist. For example, preliminary evidence from surveillance has highlighted how low-income populations, including racialized individuals, have disproportionately higher rates of COVID-19, and are at increased risk of experiencing additional financial vulnerabilities.¹³ Public Health Sudbury & Districts is a progressive public health agency committed to improving health and reducing social inequities in health through evidence-informed practice and it is imperative that we educate others and advocate for paid sick days for all. Workers without paid sick days should not need to choose between sacrificing their financial security for public health or going to work sick to support themselves and their families.

Financial Implications:

N/A

Ontario Public Health Standard:

Foundational Standards (Health Equity)

Strategic Priority:

Equitable Opportunities

Contact:

Dana Wilson

Manager, Health Equity

Knowledge and Strategic Services

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

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

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

³ Decent Work and Health Network. BEFORE IT'S TOO LATE: How to close the paid sick days gap during COVID-19 and beyond. Retrieved from, https://d3n8a8pro7vhm.cloudfront.net/dwhn/pages/135/attachments/original/1604082294/DWHN_BeforeItsTooLate.pdf?1604082294

⁴ Decent Work and Health Network. BEFORE IT'S TOO LATE: How to close the paid sick days gap during COVID-19 and beyond. Retrieved from, https://d3n8a8pro7vhm.cloudfront.net/dwhn/pages/135/attachments/original/1604082294/DWHN_BeforeItsTooLate.pdf?1604082294

⁵ Public Health Agency of Canada. From Risk to Resilience: An Equity Approach to COVID-19. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2020. Retrieved from, <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>

⁶ Chen, W. & Mehdi, T. Assessing Job Quality in Canada: A Multidimensional Approach. Statistics Canada (2020).

⁷ Public Health Agency of Canada. From Risk to Resilience: An Equity Approach to COVID-19. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2020. Retrieved from, <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>

⁸ Stanford, J. 10 Ways the COVID-19 Pandemic Must Change Work for Good. Centre for Future Work (2020).

⁹ Public Health Agency of Canada. From Risk to Resilience: An Equity Approach to COVID-19. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2020. Retrieved from, <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>

¹⁰ Stanford, J. 10 Ways the COVID-19 Pandemic Must Change Work for Good. Centre for Future Work (2020).

¹¹ Public Health Agency of Canada. From Risk to Resilience: An Equity Approach to COVID-19. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2020. Retrieved from, <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>

¹² Decent Work and Health Network. BEFORE IT'S TOO LATE: How to close the paid sick days gap during COVID-19 and beyond. Retrieved from, https://d3n8a8pro7vhm.cloudfront.net/dwhn/pages/135/attachments/original/1604082294/DWHN_BeforeItsTooLate.pdf?1604082294

¹³ Public Health Ontario. (2020). *COVID-19 – What We Know So Far About...Social Determinants of Health*. Retrieved from <https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/2020/05/what-we-know-social-determinants-health.pdf?la=en>

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

PAID SICK DAYS

MOTION:

WHEREAS the gap in access to paid sick days is a longstanding health equity issue, which has been exacerbated by the COVID-19 pandemic;

WHEREAS data demonstrate that the gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces, including COVID-19;

WHEREAS staying home when sick is one of the most effective containment strategies for infectious disease however, without public policy to support this decision, behavioural recommendations are limited in their effectiveness;

WHEREAS paid sick days also promote preventive care, create savings in the healthcare system, and reduce presenteeism (going to work while sick) with cost savings for businesses;

WHEREAS permanent and legislated paid sick days through employment standards are an effective measure to protect public health during pandemics and beyond, to curb the spread of all infectious diseases;

THEREFORE BE IT RESOLVED that Public Health Sudbury & Districts express support to the Government of Ontario to support the calls for the permanent inclusion of paid sick leave provisions under the Employment Standards Act, as a public health measure to prevent transmission of communicable diseases including COVID-19.

Board of Health for Public Health Sudbury & Districts

Summary of Board Meeting Evaluations – 2020

After every regularly scheduled meeting, Board of Health members for Public Health Sudbury & Districts, are expected to complete a post-meeting evaluation survey. Overall, the response rate was 66.7%. Response rates were lower than previous years (81.9 in 2019 and 92.3 in 2018). Response rates for each Board of Health meeting are indicated in the table below.

Table 1: Board of Health Response Rate by Month, 2020

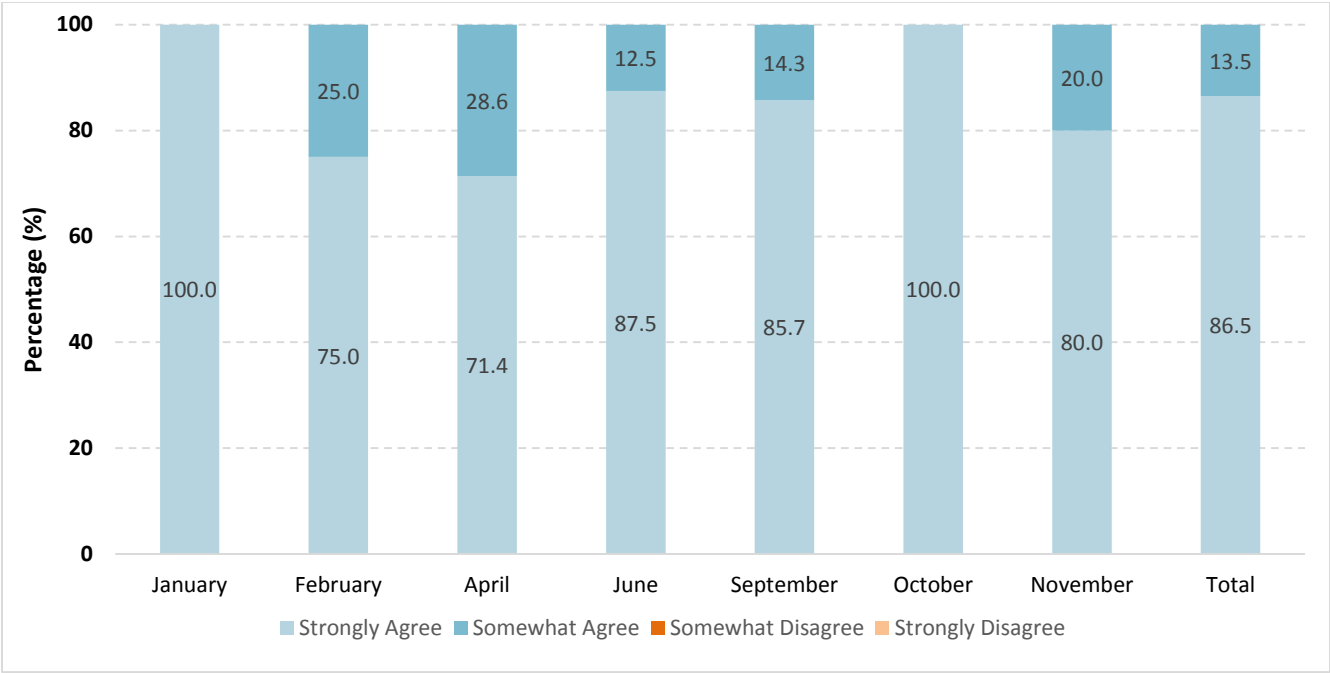
Month	Completed Evaluations	Total Attendance	Response Rate%
January	8	11	72.7
February	4	9	44.4
April	7	11	63.6
June	8	12	66.7
September	7	11	63.6
October	8	11	72.7
November	10	13	76.9

In these post-meeting evaluation surveys, Board of Health members are asked to reflect on various aspects of the meeting and to state their level of agreement or disagreement with the following statements:

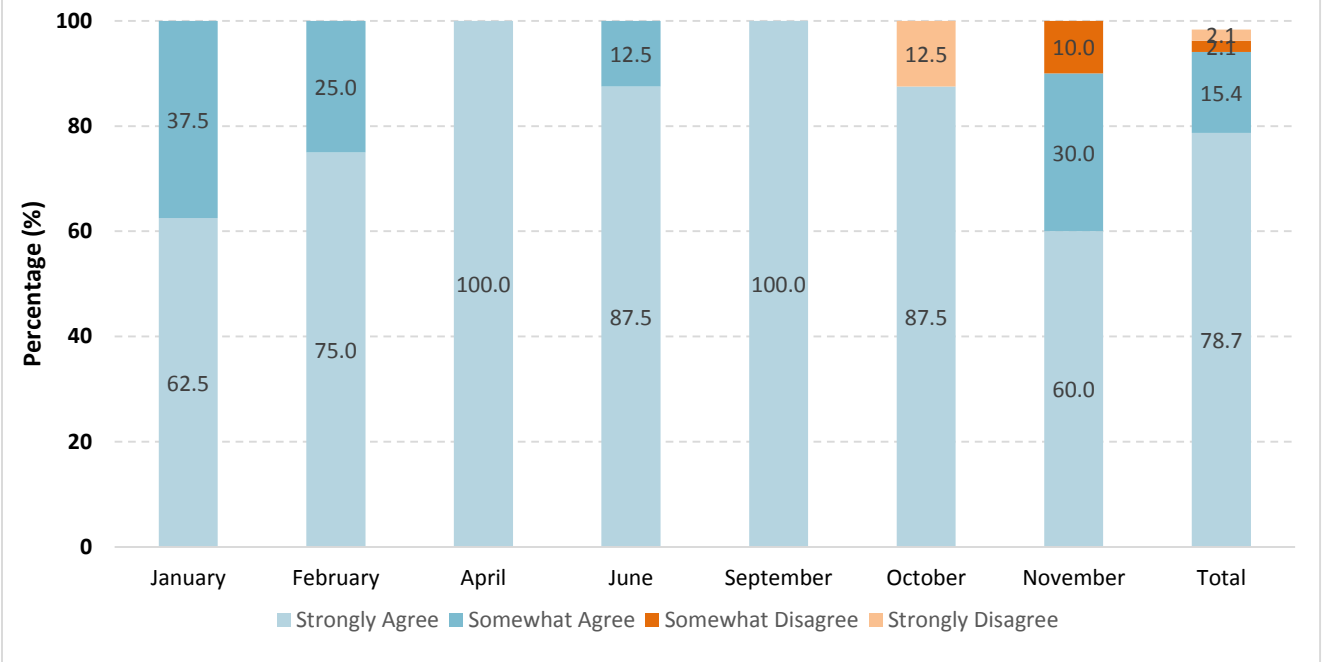
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.
3. The MOH/CEO report was informative, timely and relevant to my governance role.
4. Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' vision and mission.
5. There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan.
6. Board members' conduct was professional, cordial and respectful.

For the most part, Board of members mainly agreed with all statements, with some exceptions. These exceptions are highlighted in orange in the figures below.

Statement #1: The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role

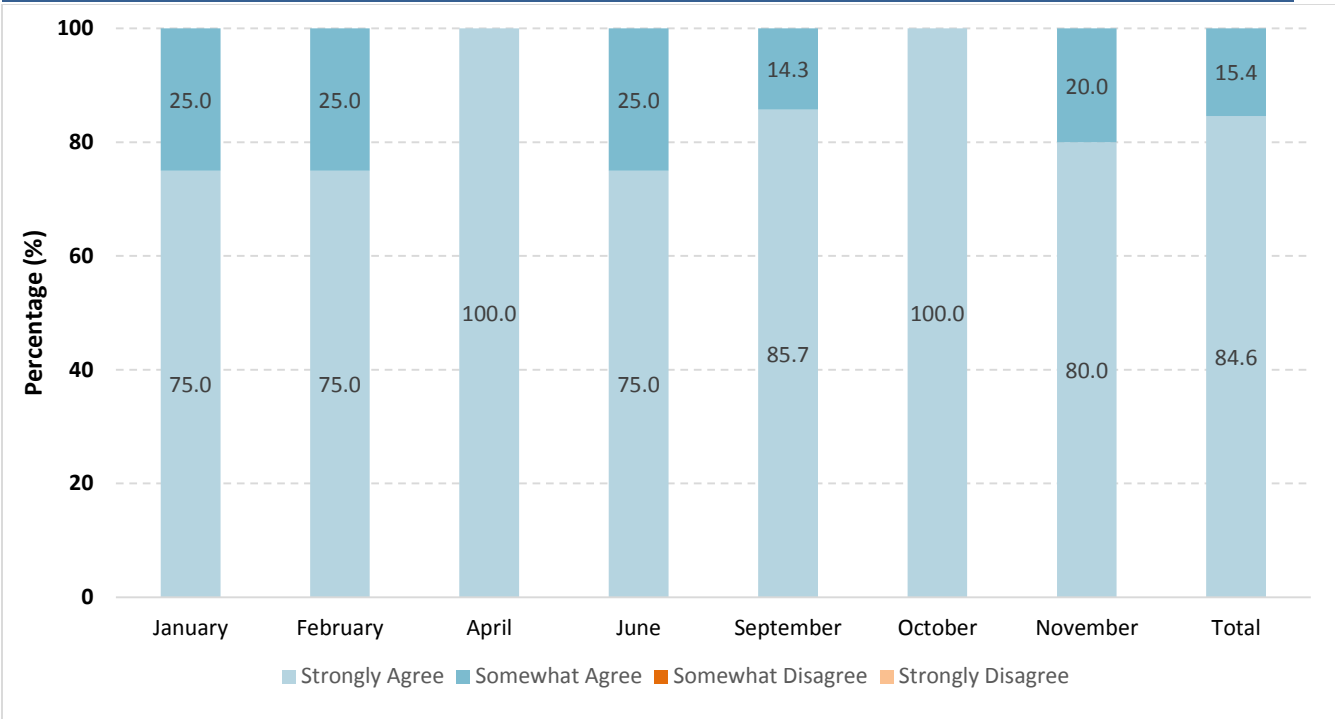


Statement #2: The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject

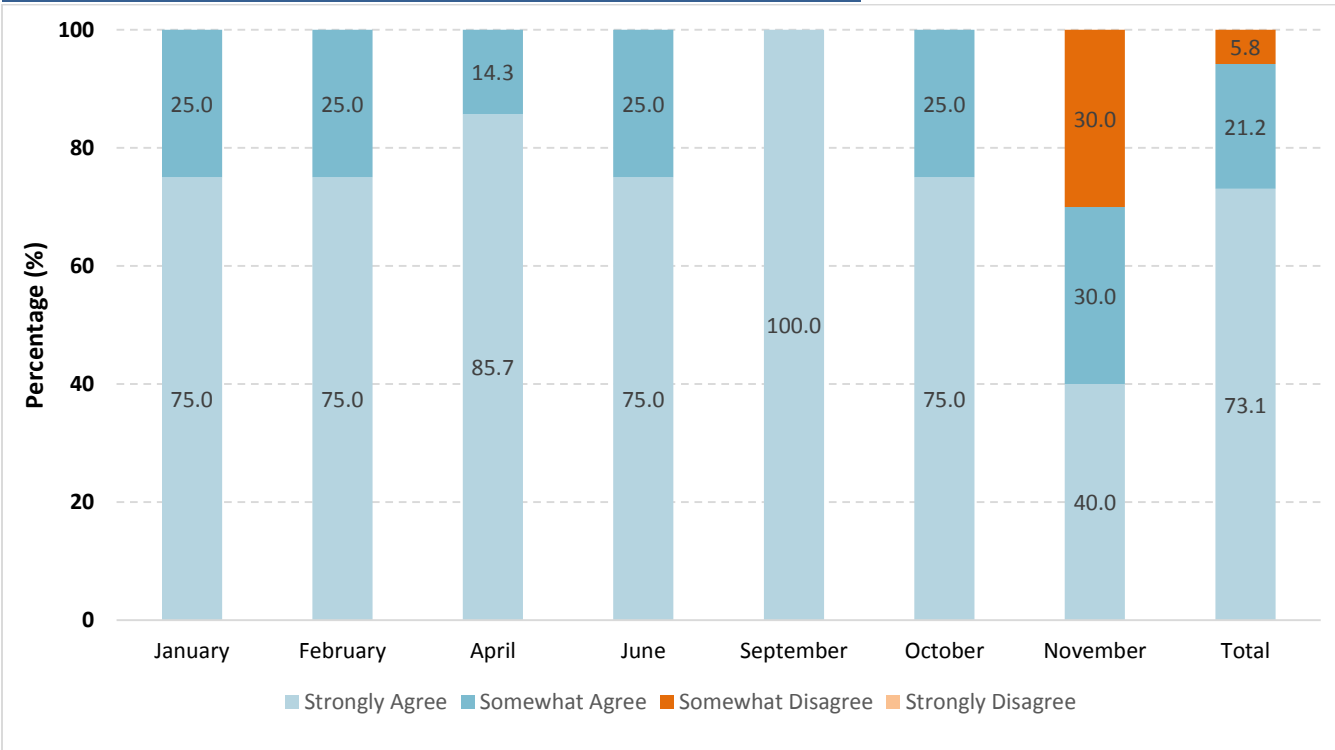


*In the month of April, 5 respondents indicated statement #2 was not applicable. These responses are excluded from the calculation.

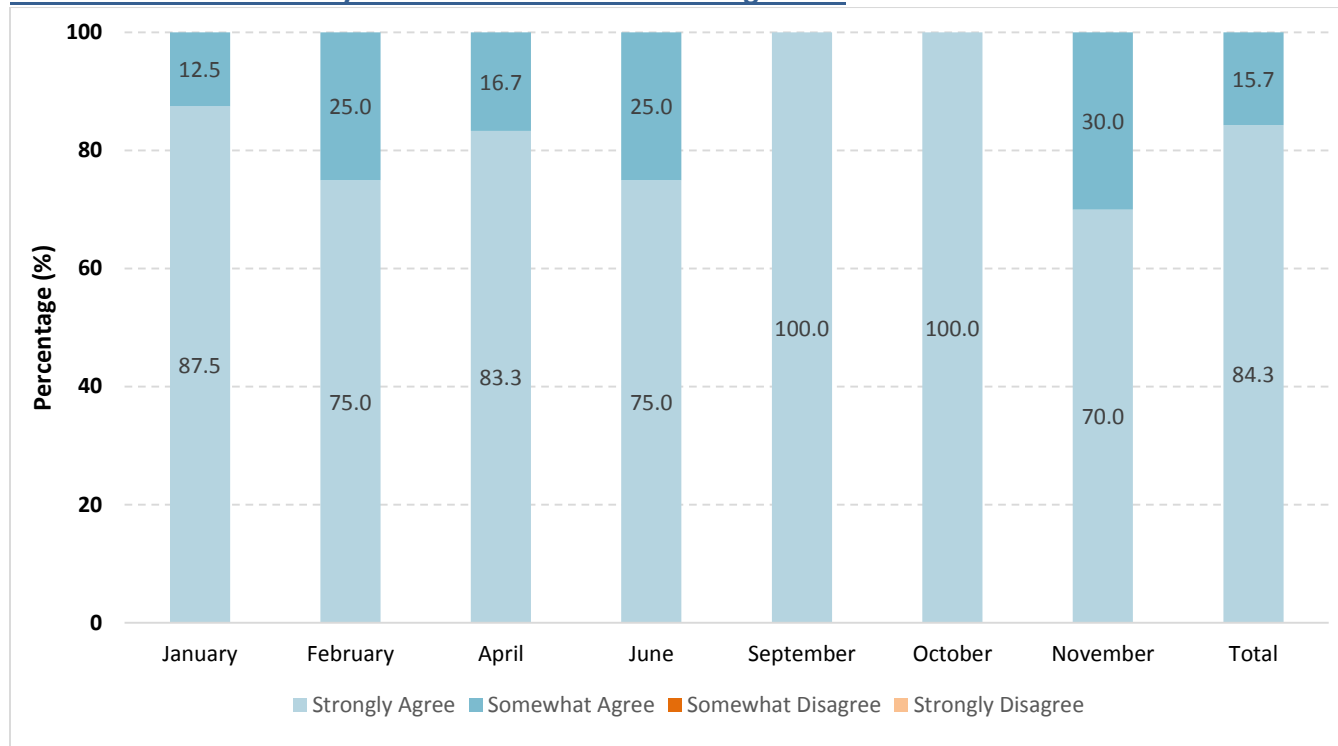
Statement #3: The MOH/CEO report was informative, timely and relevant to my governance role



Statement #4: Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' Vision and Mission

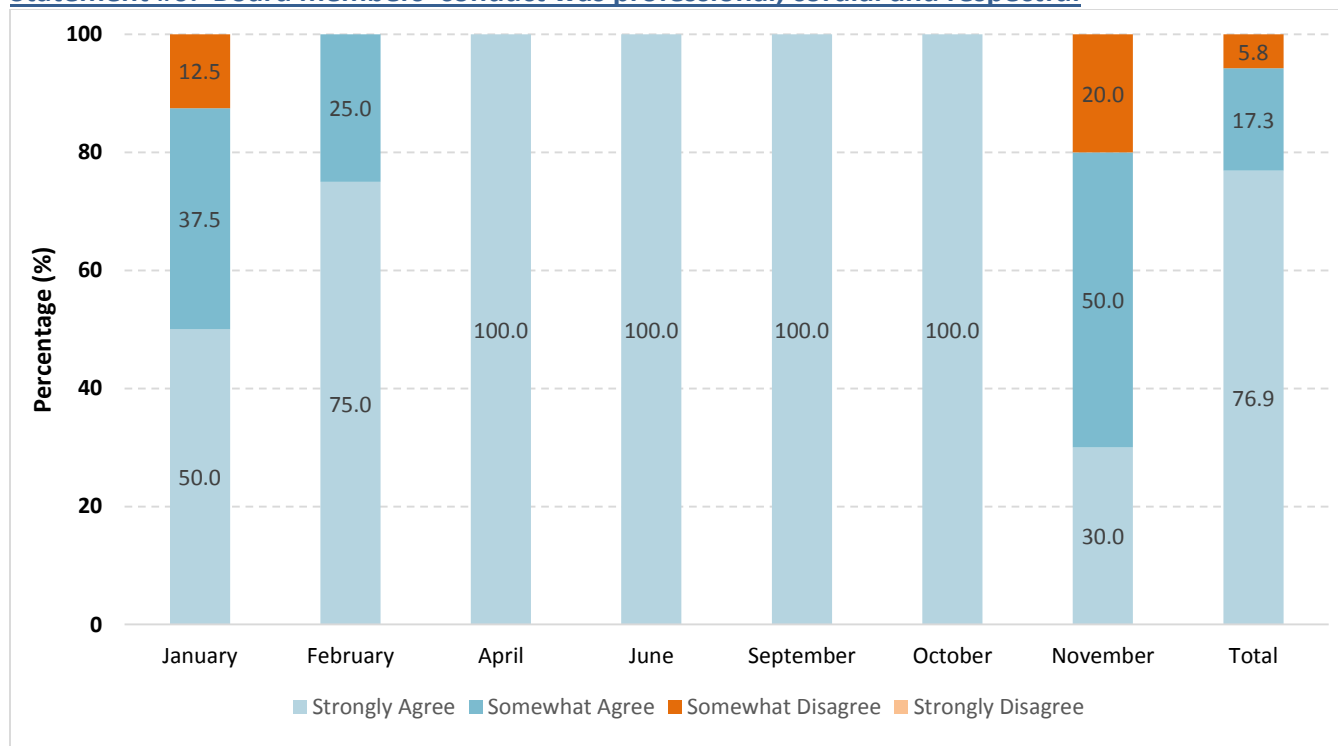


Statement #5: There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan



*In the month of April, 1 respondent indicated statement #5 was not applicable. This response is excluded from the calculation.

Statement #6: Board members' conduct was professional, cordial and respectful



Combined cumulative responses for all eight monthly Board of Health meetings are found in the table below.

Table 2: Overall (cumulative) Response to Statements

Statement	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N/A	Total Responses
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.	45 (86.5%)	7 (13.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	52
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.	37 (71.2%)	8 (15.4%)	1 (1.9%)	1 (1.9%)	5 (9.6%)	52
3. The MOH/CEO report was informative, timely and relevant to my governance role.	44 (84.6%)	8 (15.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	52
4. Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' vision and mission.	38 (73.1%)	11 (21.2%)	3 (5.8%)	0 (0.0%)	0 (0.0%)	52
5. There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan.	43 (82.7%)	8 (15.4%)	0 (0.0%)	0 (0.0%)	1 (1.9%)	52
6. Board members' conduct was professional, cordial and respectful.	40 (76.9%)	9 (17.3%)	3 (5.8%)	0 (0.0%)	0 (0.0%)	52

Comments and suggestions

In each meeting evaluation survey, Board of Health members were given the opportunity to provide feedback on the things they liked/disliked about the meeting, and to provide suggestions on how to improve future meetings.

Many respondents took the opportunity to praise and show appreciation. Items identified included for example, the exceptional work and communications done by Dr. Sutcliffe and all Public Health staff related to COVID-19, including the presentation regarding COVID-19 epidemiology, testing, and intervention measures. Other items such as keeping good order in the meeting during difficult conversations, coordinating challenges of teleconferencing, maintaining good information sharing, and feeling engaged even though the meetings were virtual, were also mentioned.

Board of Health members specifically commented on some of the presentations and noted them as informative, including the *2019 Year-In Review* presentation (which effectively highlighted the importance and value of Public Health activities in our communities), the *Opportunities for health for all: A focus on income report* presentation, as well as the COVID-19 updates. Members commented on how the latter presentation demonstrated Public Health's preparedness for potential local impacts resulting from this outbreak. Other items mentioned as positive notes included the preparations and plans for infrastructure modernization despite current uncertainty regarding public health in Ontario, the work on workforce development, and our agency response to the Public Health Modernization Discussion Paper.

Board of Health members also mentioned the value of input/comments from many Board members related to overarching considerations, and noted that Dr. Sutcliffe did a great job walking the Board through the many discussions.

A few respondents provided suggestions for technical improvement. These include consideration of looking at other softwares than Skype for Business, ensuring that the audio is clear to all attendees, ensuring that network connection issues are resolved, and allowing for all members re-examine slides. Comments also referred to the importance of preparedness and mutual respect.

Overall, the majority of comments received for the monthly Board of Health meeting evaluations were positive. Taking the time to pause after meetings to reflect on their effectiveness is an important way to ensure continuous quality improvement.

**ATTENDANCE
2020 BOARD OF HEALTH MEETINGS**

Date of Meeting	01/16/20	02/19/20	04/16/20 (via t/c)	05/21/20 Cancelled	06/18/20 (skype)	09/17/20 (skype)	10/15/20 (skype)	11/19/20 (skype)	Total	%
Bradley, Janet (term ended Feb 21/20)	√	√							2/2	100 %
Crispo, James (term ended May 30/20)	√	√	√		observer				3/3	100 %
Gignac, Claire (Term started Sept 24/20)							√	√	2/2	100 %
Hazlett, Randy	√	√	√		√	√	√	√	7/7	100 %
Huska, Jeffery	regrets	√	√		√	√	√	√	6/7	86 %
Kirwan, Robert	√	regrets	√		√	regrets	√	√	5/7	71 %
Lapierre, René	√	√	√		√	√	√	√	7/7	100 %
Leduc, Bill	√	√	√		√	√	regrets	√	6/7	86 %
Massicotte, Glenda	regrets	√	regrets		√	√	√	√	5/7	71 %
Myre, Paul	√	regrets	√		√	√	√	√	6/7	86 %
Noland, Ken	√	regrets	√		√	√	√	√	6/7	86 %
Paquin, Jacqueline (term started Feb 22/20)			√		√	√	√	√	5/5	100 %
Signoretti, Mark	√	√	regrets		√	√	regrets	√	5/7	71 %
Sykes, Nicole (term ended May 30/20)	√	regrets	√		observer				2/3	67 %
Tessier, Natalie (term started May 26/20)					√	√	√	√	4/4	100 %
Thain, Carolyn	√	√	√		√	√	√	√	7/7	100 %

Board of Health Manual Policy G-I-30 - By-law 04-88

Board members who are elected or appointed representatives of their municipalities shall be bound by the rules of attendance that apply to the councils of their respective municipalities. Failure to attend without prior notice at three consecutive Board meetings, or failure to attend a minimum of 50% of Board meetings in any one calendar year will result in notification of the appointing municipal council by the Board chair and may result in a request by the Board for the member to resign and/or a replacement be named.

Board members appointed by the Lieutenant Governor-in Council are answerable to the Board of Health for their attendance. Failure to provide sufficient notice of non-attendance at three consecutive meetings or failure to attend a minimum of 50% of Board meetings without just cause may result in a request by the Board for the member to resign.

ADDENDUM

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

IN CAMERA

MOTION: THAT this Board of Health goes in camera to deal with 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: _____

Please complete the February Board of Health meeting evaluation as well as the two declaration forms in BoardEffect following the Board meeting.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____