



Board of Health Meeting #03-21

Public Health Sudbury & Districts

Thursday, June 17, 2021

1:30 p.m.

Teams

From: Claire, Gary Gignac <gignack1@gmail.com>
Sent: May 23, 2021 11:31 AM
To: René Lapierre <lapierrerr@phsd.ca>; David Groulx <groulxd@phsd.ca>
Cc: Penny Sutcliffe <sutcliffep@phsd.ca>; Rachel Quesnel <quesnelr@phsd.ca>
Subject: Re: Temporary Leave

Hello Rene and David,

I am advising that as of tomorrow, May 24, 2021, I will be ending my temporary LOA and returning to the Board. I was there to provide relief in the clinics when it was required and it appears after consulting with David through Rachel, there is no further need for my attendance. It was a pleasure to work with a great team of healthcare providers and appreciated the dedication each person brought to the group.

Looking forward to our next meeting, therefore, until then I remain,

Claire F. Gignac

AGENDA – THIRD MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL MEETING
THURSDAY, JUNE 17, 2021 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- Notice of return from temporary leave on the Board of Health from Claire Gignac dated May 23, 2021

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

- i) **It Takes A Village - Public Health Sudbury & Districts' Vaccine Clinics**
 - Cynthia Peacock-Rocca, Manager, Health Protection Division

5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
 - a. Second Meeting – May 20, 2021
- 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, June 2021
- v) **Correspondence**

None.
- vi) **Items of Information**
 - a. alPHa AGM and Conference June 8, 2021, verbal update
 - b. Thank you letter from MPP Jamie West to Dr. Sutcliffe and PHSD Team June 7, 2021.
 - c. Ministry of Health News Release Ontario to Appoint New Chief Medical Officer of Health May 30, 2021

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Infection Prevention and Control Hub

- a. Presentation by Holly Browne, Manager, Health Protection Division
- b. Funding letter from Ministry of Health dated December 29, 2020

SUPPORT TO ESTABLISH THE INFECTION PREVENTION AND CONTROL (IPAC) HUB MODEL AS AN ONGOING PROGRAM

MOTION:

WHEREAS Infection Prevention and Control (IPAC) programming is a requirement of the Board of Health under the Ontario Public Health Standards; and

WHEREAS in September 2020, in the context of COVID-19 outbreaks and tragic outcomes in long-term care homes, the Provincial Government announced the establishment of IPAC Hubs across the province to support infection prevention and control in community settings, including long-term care homes; and

WHEREAS in Northern Ontario, the Hub host organizations are public health units (hospitals in the South), each of which received one-time funding in December 2020 to develop local networks to enhance IPAC practices in community based, congregate living settings; and

WHEREAS Public Health Sudbury & Districts' funding of \$840,000 has funded a very successful multi-partner network serving congregate living settings through the service area; and

WHEREAS Ontario's Long-Term Care COVID-19 Commission April 2021 Final Report identified an urgent need for supports related to infection prevention and control, for the benefit of all clients in congregate living facilities;

THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts request the Provincial Government to transition the IPAC Hub model to an ongoing program with stable annual funding to provide for the protection from infectious diseases for residents in long-term care and other congregate living settings; and

FURTHER that this motion be shared with Ministers of Health and of Long-Term Care, area partners, Northern boards of health, Ontario Health, and the Chief Medical Officer of Health.

- ii) **2020 Audited Financial Statements**
 - Public Health Sudbury & Districts Audited Financial Statements for 2020

ADOPTION OF THE 2020 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2020 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 10, 2021;

THEREFORE BE IT RESOLVED THAT the 2020 audited financial statements be approved as distributed.

- iii) **COVID-19 by the Numbers** *(to be shared the day of Board of Health meeting)*

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS

- Please complete the May Board of Health meeting evaluation.

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

MINUTES – SECOND MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
THURSDAY, MAY 20, 2021 – 1:30 P.M.

BOARD MEMBERS PRESENT

Randy Hazlett	René Lapierre	Mark Signoretti
Jeffery Huska	Ken Noland	Natalie Tessier
Robert Kirwan	Jacqueline Paquin	Carolyn Thain

BOARD MEMBERS REGRETS

Bill Leduc	Glenda Massicotte	Paul Myre
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STAFF MEMBERS PRESENT

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

MEDIA PRESENT

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:30 p.m.

- Notice of temporary leave on the Board of Health from Claire Gignac dated March 10, 2021

Board of Health member, Claire Gignac is currently on temporary leave to work with Public Health Sudbury & Districts and assist with COVID-19 vaccination clinics.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

i) Opioids: Status update on impacts and approaches

– Josée Joliat, Public Health Nurse, Health Promotion Division

J. Joliat noted that today's presentation highlights the need for a wide-ranging community response as the opioid crisis continues to rage across our city, province, and country.

The Community Drug Strategy's broad approach is needed more than ever. It includes goals of improving community health, addressing drug-related issues, and encouraging partnerships among multiple stakeholders to develop strategies. Despite the intention to reduce the impact of COVID-19, measures put in place have had exacerbating effects on the opioid crisis and increasing the risks of drug-related overdose and death. COVID-19 has heightened the disparities in our communities and affects people who use substances.

The top five regions with the highest rates of opioid-related deaths in Ontario all take place in the North of Ontario with four being in the Northeastern region. Public Health Sudbury & Districts has the highest rate of opioid related deaths during the pandemic period, as well as in the pre-pandemic period. The number of opioid-related deaths has steadily increased, from 32 deaths in 2018 to 105 in 2020. These numbers are extremely worrisome and underline the importance of our local work. The downtown memorial reminds us of individuals that the numbers represent and urgency for effective action.

There is a need for immediate, medium and long-term strategies and the medium-term strategy includes supervised consumption and treatment services. Highlights from a needs assessment and feasibility study conducted in June 2020 concluded that supervised consumption sites were needed in our community, and support was provided to apply to both provincial and federal governments for support and this work is underway.

The Board of Health was advised that the alarm is being sounded due to the local and regional opioid crisis and the loss of community members at an alarming rate and that here is a need to:

- intensify the work that the Community Drug Strategy has been undertaking and explore all options
- consider the benefits of collaborating with our northern public health partners to amplify our regional concerns and to investigate in potential strategies and resources
- intensify our local work with partners to explore all options to address immediate, medium- and long-term opioid-related issues

- explore a north or northeast regional coalition of public health, relevant community agencies, and others as appropriate to amplify regional concerns and investigate potential strategies and resources

Comments and questions were entertained. The Board recognized the broad impacts of opioids on the communities, including schools. Further information was provided regarding the exploration of supervised consumption and treatment sites, safety plans and the various considerations including stigma, accessibility, suitability, etc.

It was concluded that recent tragic death statistics are a resounding alarm to address immediate, medium- and long-term issues to save lives, prevent opioid use, and end stigma. A motion on today's agenda seeks the Board of Health's support to intensify local work with partners to explore all options to address immediate, medium- and long-term opioid-related issues.

J. Joliat was thanked for the presentation.

5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
 - a. First Meeting – February 18, 2021
- 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, May 2021
- v) **Correspondence**
 - a. Vaccine Allocations
 - Resolution from the Corporation of the City of North Bay, to the Premier of Ontario, dated April 7, 2021
 - b. Paid Sick Days
 - (Board of Health, Public Health Sudbury & Districts [motion #06-21](#))
 - Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Premier of Ontario, dated March 1, 2021
 - Letter from the Board of Health Chair, Chatham-Kent Board of Health, to the Premier, dated February 16, 2021
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Premier, Deputy Premier and Minister of Health, and Minister of Labour, Training and Skills Development, dated February 16, 2021

- c. Keeping Ontario Safe and Open
 - Letter from the alPHa President, Council of Ontario Medical Officers of Health Chair and the Boards of Health Section Chair, to the Premier of Ontario, dated February 19, 2021
- d. Student Nutrition Program
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Premier of Ontario, Minister of Education, Deputy Premier and Minister of Health and the Minister of Children, Community and Social Services, dated March 5, 2021
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Premier of Ontario, Minister of Education, and Deputy Premier and Minister of Health, dated February 12, 2021

vi) Items of Information

- a. alPHa Information Break February, March and April 2021
- b. alPHa Summary – 2021 Ontario Budget March 2021
- c. Pandemic Coin

A question regarding the March year-to-date financial statement was entertained in relation to the Reproductive and Child Health budget line.

11-21 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) COVID-19 Vaccination Program Report

- a. Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer dated May 13, 2021
 - o COVID-19 Vaccination Program Infographic

An infographic, made available today, was developed to provide a summary of various aspects of the Public Health Sudbury & Districts' COVID-19 Vaccination Program, including the numerous partnerships.

Various data and information points such as numbers of vaccines received and administered, coverage rates by priority populations and geography, are used to inform ongoing planning efforts and to provide status updates on the work to date.

The critical involvement of the many partners has contributed to the successful vaccine roll-out to date. Various partners have unreservedly stepped up to support the Vaccination Program in diverse ways.

The Board of Health recognized that the success of the local vaccination effort is made possible by the tremendous partnerships—including area municipalities and First Nations, organizations and agencies, private businesses, and community groups—built over the many years of local public health action grounded in area communities.

The Board of Health Chair and Medical Officer of Health will develop a letter of recognition.

ii) Association of Local Public Health Agencies (alPHa)

a. 2021 alPHa Fitness Challenge Board of Health

Every year, alPHa sends out a challenge to its members, including Board of Health members to engage in fitness activities. Due to the pandemic, members are invited to participate in a socially-distant fitness activity on their own that are at least 30 minutes in length during the month of May. Action photos can be shared on Twitter.

b. alPHa Board of Directors North East Representative

– Call for Nominations

alPHa is accepting nominations for three Board of Health representatives to fill positions on its 2021-2023 Board of Directors which includes a representation from the North East region.

R. Lapierre noted that he has been the North East representative on the alPHa Board of Directors for approximately 3 years. He shared his interest in putting his name forward for the election to continue as the North East representative. Board of Health members congratulated R. Lapierre on his engagement and commitment.

12-21 NOMINATION TO THE ALPHA BOARD OF DIRECTORS FOR THE NORTH EAST REGION

MOVED BY HUSKA – SIGNORETTI: WHEREAS alPHa is accepting nominations for a North East representative on the alPHa Board of Directors for a two-year term from June 2021 to June 2023;

THAT the Board of Health for Public Health Sudbury & Districts supports the nomination of René Lapierre, Board Chair, as a candidate for election to the alPHa

Board of Directors and for the Boards of Health Section Executive Committee seat to continue as the North East representative.

CARRIED

- c. alPHa’s 2021 Virtual Conference and Annual General Meeting (AGM), June 8, 2021
 - Draft Program for AGM and Conference “Ontario’s Public Health System Challenges – Changes – Champions”
 - AGM and Resolutions Session
 - Summary of Resolutions for consideration
 - Draft Agenda for the alPHa Board of Health Section Meeting

Dr. Sutcliffe noted that she has returned to the alPHa Board of Directors.

The alPHa Annual General Meeting will be held virtually on June 8 and materials are in the agenda package with additional information on today’s addendum.

Public Health Sudbury & Districts has four votes at the AGM; therefore, in addition to the MOH and the Board of Health Chair, two Board of Health members can be registered for the AGM/Conference and as voting members. Registration can be completed by PHSD for anyone interested in attending the AGM/Conference.

13-21 2021 ALPHA AGM/CONFERENCE

MOVED BY SIGNORETTI – NOLAND: WHEREAS the Public Health Sudbury & Districts is allocated four votes at the alPHa Annual General Meeting;

***THAT in addition to the Medical Officer of Health, the following two Board of Health members be registered by PHSD and attend the virtual 2021 alPHa virtual Annual General Meeting as voting delegates for the Board of Health:
Carolyn Thain and Jeff Huska***

CARRIED

iii) Local and Regional Opioid Crisis

Introduction to this motion was made by way of today’s delegation. The proposed motion outlines several facts provided in today’s presentation, including the challenges being faced and the need for supervised consumption and treatment services in Sudbury.

14-21 LOCAL AND REGIONAL OPIOID CRISIS—SOUNDING THE ALARM

MOVED BY SIGNORETTI – THAIN: WHEREAS Canada has been affected by the opioid crisis since 2016 with an escalation of this crisis during the COVID-19 pandemic and a

total of over 19 000 apparent opioid-related deaths reported nationally from January 2016 to September 2020; and

WHEREAS in the recently released statistics on opioid-related deaths for 2020 in Ontario, the top five health units with the highest reported death rates per 100,000 population are all in northern Ontario and four of these health units are among the five health units in northeastern Ontario—with Public Health Sudbury & Districts having the highest opioid-related death rate for 2020 in the province; and

WHEREAS in 2020, 105 people in the City of Greater Sudbury and the districts of Sudbury and Manitoulin died from an opioid-related overdose as compared with 56 people in 2019 (87.5% increase), equating to a rate of 52.4 and 28 per 100,000 for 2020 and 2019, respectively (Ontario rates: 16.4 and 10.4); and

WHEREAS the Ontario Public Health Standards require boards of health to collaborate with local partners in health and other sectors to develop programs and services that address varying substance use patterns in order to reduce the burdens associated with substance use; and

WHEREAS under the leadership of the Community Drug Strategy, community risk mitigation strategies have been developed under the four pillars of prevention, harm reduction, treatment and enforcement, with each pillar being led by community agencies and members including persons with lived experience; and

WHEREAS in recognition of the growing opioid crisis and the need to plan proactively for safe spaces to use drugs and prevent deaths, the harm reduction pillar completed the extensive Needs Assessment and Feasibility Study as required for federal and provincial applications to establish such spaces, the submissions of which have been held up by our inability to secure a space location in Sudbury; and

WHEREAS recent tragic death statistics are a resounding alarm for the need for all parties to double down on efforts currently underway and to explore innovative approaches—addressing immediate, medium- and long-term issues—to save lives, prevent opioid use, and end stigma;

THEREFORE, BE IT RESOLVED THAT the Board of Health affirm that the local opioid situation is a deepening crisis and direct the Medical Officer of Health to intensify local work with partners to explore all options to address immediate, medium- and long-term opioid-related issues; and

FURTHER THAT the Board direct the Medical Officer of Health to explore a north or northeast regional coalition of public health, relevant community agencies, and others as appropriate, in order to amplify regional concerns and investigate potential strategies and resources; and

FURTHER THAT the Board continue to receive timely status updates on opioid impacts and approaches.

UNANIMOUSLY CARRIED

7. ADDENDUM

15-21 ADDENDUM

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

CARRIED

i) Public Health Measures – Extension of Current Restrictions

- Letter from the Board of Health Chair, Peterborough Public Health, to the Premier of Ontario, dated May 14, 2021

Correspondence is shared for information.

ii) Motivation for COVID-19 Vaccination

- Invitation from Public Health Sudbury & Districts to be a Public Health Influencer

Board of Health members are encouraged to participate and share the campaign information.

iii) aPHa AGM

- Resolution Information for Voting Delegates

Updated information is shared regarding the aPHa AGM resolution session.

iv) Items of Information

- aPHa Information Break, dated May 18, 2021

The newsletter is attached to ensure information is shared in a timely fashion.

8. IN CAMERA

16-21 IN CAMERA

MOVED BY NOLAND – TESSIER: THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: 2:40 p.m.

CARRIED

9. RISE AND REPORT

17-21 RISE AND REPORT

MOVED BY TESSIER – THAIN: THAT this Board of Health rises and reports. Time: 2:50 p.m.

CARRIED

It was reported that one agenda item relating to a labour relations or employee negotiations was discussed for which the following motions emanated:

18-21 APPROVAL OF MEETING NOTES

MOVED BY HAZLETT – SIGNORETTI: THAT this Board of Health approve the meeting notes of the February 18, 2021, 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

19-21 CUPE MEMORANDUM OF SETTLEMENT RATIFICATION

MOVED BY KIRWAN – PAQUIN: THAT the Board of Health ratify the Memorandum of Settlement between Public Health Sudbury & Districts and the Canadian Union of Public Employees, dated April 22, 2021.

CARRIED

10. ANNOUNCEMENTS

Board of Health members were asked to complete the evaluation for today's Board of Health meeting and were reminded to complete the two declaration forms available in BoardEffect.

The Chair concluded by sharing that, on behalf of the Board of Health, public health staff's efforts to keep our communities safe are appreciated.

The next Board of Health meeting is scheduled for Thursday, June 17, 2021.

11. ADJOURNMENT

20-21 ADJOURNMENT

MOVED BY LAPIERRE – TESSIER: THAT we do now adjourn. Time: 3 p.m.

CARRIED

(Chair)

(Secretary)



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

Words for thought

CPHA IN THE NEWS

STATEMENT OF CONDOLENCE AND SUPPORT FOR THE MUSLIM COMMUNITY

JUNE 8, 2021

The Canadian Public Health Association (CPHA) extends its deepest condolences to the families, extended families, friends, and neighbours of the victims of a premeditated mass murder of a Muslim family in London, Ontario. Islamophobia, hatred and violence have no place in our country. No one should...

STATEMENT OF CONDOLENCE AND SUPPORT FOR THE VICTIMS AND SURVIVORS OF THE FORMER KAMLOOPS INDIAN RESIDENTIAL SCHOOL

JUNE 4, 2021

At this time of particular grief for the families, extended families, caregivers, and friends of the 215 Indigenous children whose remains have been discovered on the grounds of the former Kamloops Indian Residential School, the Canadian Public Health Association (CPHA) extends its deepest condolen...

Source: Canadian Public Health Association. [Canadian Public Health Association \(cpha.ca\)](https://www.cpha.ca)

[Statement of condolence and support for the Muslim community](#)
[Statement of condolence and support for the victims and survivors of the former Kamloops Indian Residential School](#)

Accessed June 10,2021

Recent tragic events and longstanding injustices must reinvigorate our commitment to take action on issues of stigma and discrimination, racism and white supremacy. As public health professionals we each have a responsibility to examine our own beliefs and actions, and actively counter racism at all levels.

Public Health Sudbury & Districts is committed to building allyship and to support agency capacity in this area, has developed a one-hour allyship training orientation model. This has recently been made mandatory for all staff and will be incorporated into the mandatory staff orientation for all new staff joining the agency.

As we head into the summer months, I would like to extend my wishes for a safe and enjoyable summer for all. As a reminder, the next regularly scheduled meeting for the Board of Health is September 16, 2021.

General Report

1. Board of Health

Membership

Claire Gignac has returned from her temporary leave from the Board of Health, effective May 24, 2021. Ms Gignac's leave was in order to assist with Public Health Sudbury & Districts' COVID-19 response and her contributions at COVID-19 vaccination clinics are much appreciated.

alPha Board of Directors North East Representative and alPha Board of Health Executive

René Lapierre was acclaimed to the position of North East representative for the alPha Board of Directors and alPha Board of Health Executive Committee. He was also elected as Vice-Chair to the alPha Board of Health Executive Committee.

Code of Conduct and Conflict of Interest

Board of Health members are reminded of the annual requirement per Board of Health Manual C-I-15 and C-I-16 to complete the annual *Code of Conduct Declaration* as well as the *Declaration of Conflict of Interest*. These can be completed in BoardEffect under Board of Health – Collaborate – Surveys.

2. Associate Medical Officer of Health

Recruitment is ongoing for an Associate Medical Officer of Health at Public Health Sudbury & Districts.

3. Local and Provincial Meetings

On May 25, I co-presented an update to City of Greater Sudbury Council on work of the City of Greater Sudbury Drug Strategy along with Chief Pedersen, Josée Joliat, Public Health Nurse, PHSD, and Richard Rainville, Executive Director, Réseau ACCESS Network. The presentation was titled *Local and regional opioid crisis: Sounding the alarm*.

René Lapierre, North East Region Representative, and I attended the alPha Board of Directors virtual meeting on June 7 and June 9. I attended the COMOH Section meeting on June 8.

Rene Lapierre, Jeff Huska, Carolyn Thain and I attended the alPHa 2021 Ontario's Public Health System Challenges – Changes – Champions virtual Conference and AGM on June 8. A verbal update will be provided at the Board of Health meeting.

I am invited to participated as a guest speaker at the Health Sciences North AGM on June 16, 2021 as part of panel discussion of female leaders in healthcare, reflecting on our experience during COVID-19.

4. Financial Report

The April 2021 year-to-date cost-shared financial statements report a positive variance of \$924,589 before addressing COVID-19 related expenses. With COVID-19 expenses of \$2,986,567, the net financial position results in a negative variance \$2,061,977 for the period ending April 30, 2021. Gapped salaries and benefits account of 78.8% or an over-expenditure of (\$1,624,805) and operating expenses and other revenue account for 21.2% or (\$437,167) of the overall reported variance.

5. 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 May 28, 2021, on May 28, 2021. The Employer Health Tax has been paid as required by law, May 31, 2021, with a cheque dated June 15, 2021. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to May 31, 2021, with a cheque dated June 30, 2021. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act. Following are the divisional program highlights.

Corporate Services

1. Accounting

The Accounting team supported the COVID-19 pandemic response, setting up departments to track the additional costs related to first, the pandemic response followed by the mass immunization project.

The annual audit was completed without incident. Audited Financial Statements will be available for board approval at its June meeting. A slight delay in the completion of this task is directly related to the pandemic response and the need to redirect resources to the pandemic.

2. Facilities

Facilities supported the relocation of our Chappleau location to new offices, the relocation of our offsite storage facility, the set up of the COVID-19 vaccine program at Countryside Arena, the relocation of clinical services to the ground level at 1300 Paris Street, and the relocation of Health Protection and Health Promotion programs to 1855 Lasalle in support of the Infrastructure Modernization initiative.

New Vaccine freezers and refrigerators were installed and calibrated at 1300 Paris Street and Countryside Arena to support the COVID-19 vaccination program.

All systems and equipment have been maintained as per CSA standards and legislative requirements and fire evacuation procedures were tested.

3. Human Resources

COVID-19 Staff Deployment and Recruitment

The organization continued to support the public health response requirements for the COVID-19 pandemic by adjusting its human resources to meet the demands. These structure changes are essential to meet ongoing requirements while maintaining other essential programs and services.

Additional human resources have been acquired to meet the demands of the COVID-19 vaccination clinics. Since February, over 500 staff have been assigned or hired to work in vaccine clinics. The organization has hired and onboarded over 350 new staff in 2021, many of which were to support vaccine clinics, this includes; 153 immunizers, 66 Primary Care Providers, 50 COVax support assistants and 96 volunteers as well as others to support inventory, logistics etc. In addition, we have been working within many partnerships to support vaccine clinics, such as the City of Greater Sudbury, Health Sciences North, ShKagamik-Kwe First Nation, Manitoulin Health Center, Chappleau Hospital, to name a few.

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

All temporary assignments and contracts were extended including the new division for School Health, Vaccine Preventable Diseases and COVID Prevention reassignments and the additional 13 PHNs funded by the Ministry for COVID 19 response in schools.

Health and Safety

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

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

The COVID-19 Compliance Audits implemented on October 28, 2020, continue as part of the daily health and safety infection control checks.

The organization is currently assessing and implementing OHS requirements in the newly established offices at Countryside Arena and Lasalle. This has included the identification of additional worker health and safety/joint health and safety committee representatives. Training for the new members is also being implemented.

Staff continue to follow Ministry and organization requirements for physical distancing, wearing medical grade masks and eye protection. The organization continually monitors requirements and updates as needed.

All safety reports are posted to a shared site and the results shared by the Manager, Human Resources weekly with the Emergency Control Group.

Public Health Sudbury & Districts is a Mindful Employer demonstrating the agency's commitment to mental health in the workplace.

The Psychological Health and Wellness Committee (PHWC) has been primarily focused on activities to protect and promote mental health of our workers. This has included sessions for staff on mindfulness, resiliency as well as other free resources promoted through insight and inside edition.

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

The committee continues to meet during COVID-19 and members are working with others in the organization to focus on mental health during this difficult time. Members are committed to support this essential work.

Accessibility for Ontarians with Disabilities Act (AODA)

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

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

In May 2021 the organization filed its 2020 Accessibility Compliance Report. The Ministry of Seniors and Accessibility requires reporting every 3 years. This report includes attesting to being compliant with the requirements under the Accessibility for Ontarians with Disabilities Act and its regulations for agency policy, multi-year accessibility plan, and its standards for Customer Service, Information and Communications, Employment, and Design of Public Spaces.

Privacy

Due to COVID and the requirements for remote working, Ministry programming changes etc. the agency continues to adapt its practices to ensure that health information is being protected from unauthorized use/access as required by the new Personal Health Information Protection Act (PHIPA).

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

Agency compliance with mandatory breach reporting required by PHIPA to the Information and Privacy Commissioner of Ontario has been maintained. There were no breaches of unauthorized access reported in 2020 and there are none reported to date in 2021. There have been a few reported misdirected emails. When breaches occur, the agency takes the appropriate actions to immediately contain, resolve and implement measures to mitigate future breaches.

Access to Information Requests

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

Year	# of requests
2016	9
2017	12
2018	4
2019	14
2020	5
2021	2 year to date

Labour Relations

Public Health Sudbury & Districts reached an agreement with the Canadian Union of Public Employees (CUPE) for a collective agreement which will expire March 31, 2023. We are preparing for collective bargaining with the Ontario Nurses Association (ONA) for a collective agreement which expired on March 31, 2021 and have three dates scheduled in September, 2021.

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

4. Information Services

IT has configured and rolled out a new Virtual Private Network (VPN) client called Global Protect as part of our firewall (Palo Alto).

Information Security training continued over this period and remediation training was provided for staff that clicked as a result of email phishing tests conducted monthly. PHSD's Phish-prone % ranged from 3.2% to 8.0% over the last 6 months which is due to the continued onboarding on our new staff. Our Phish-prone percentage is slightly above the industry Phish-prone percentage of 3.7%.

IT continues to support the Vaccine Clinics with equipment allocations, our local booking system (TOH) as well as implementation of a Robocalls system (part of the CGS Phone System).

IT supported the office relocations for Chapleau, Countryside arena and Lasalle.

5. Volunteer Resources

127 volunteers have been supporting COVID-19 vaccination clinics across the service area. Volunteers support with greeting clients, COVID-19 screening, and clinic traffic flow.

6. Quality and monitoring

COVID-19 vaccination clinics are monitored closely to report consistent lead times which ensures client wait times are low and clients are receiving optimal client service. Four vaccine clinic logistic leads were hired to support quality data and process improvements.

Risk Management

The agency continues to focus efforts on the COVID-19 Pandemic Response which is captured under Organizational Risk 8.1. Agency wide efforts continue to coordinate and align risk mitigation strategies to respond to case and contact management and the vaccination rollout.

8. Environment	
8.1	The organization may be at risk of natural and anthropogenic (for example, climate change) disasters or hazards.

Infrastructure Modernization

The infrastructure modernization project is creating an opportunity to rethink how and where we work while our COVID-19 pandemic response has demonstrated that it is possible for our organization to do most of our work remotely, using modern technologically supported approaches. As we plan for the future, it is critical that we modernize not only our physical infrastructure but also our working processes. Time-limited working groups are mapping out functions of on-site and off-site work and will recommend a model to Senior Executive Committee based on best practices and informed by risk and legal.

1300 Paris Street

The 1300 Paris Street project has been awarded to the lowest bidder. The contract is being drafted for our review and approval.

The main and second levels have been vacated and are ready for the construction phase to begin.

The project is on schedule and on budget.

Elm Place

Elm Place project is proceeding according to the established schedule and budget. Demolition has been completed and wall partitions and wiring has begun.

The project is on schedule and on budget

Health Promotion

1. Chronic Disease Prevention and Well-Being

Seniors Dental Care

The Oral Health team continues to support clients with enrollment into the program and access to dental care. The preventive clinic operates weekly to provide professional dental cleanings, oral cancer screening and individual patients education.

2. Healthy Growth and Development

Breastfeeding

During the month of May, the breastfeeding clinic continued to deliver services to new parents and their infants. A total of 46 appointments were provided both in in-person and virtual settings as required.

Growth and Development

During the month of May, as part the Family Health team's ongoing efforts to promote healthy growth and development, 53 reminder postcards were mailed to parents of children 18 months old to remind them to book their 18 month well-baby visit. This is to promote the importance of screening for key developmental milestones with their health care providers. If the health care provider notices an issue, early referral to appropriate services will be provided as needed (e.g., wordplay/jeux de mots, Children's Treatment Centre, Child Care Resources). Evidence has shown that early intervention is a key component of ensuring that children do not fall behind.

Healthy Babies Healthy Children

Public Health Nurses and Family Home Visitors continue with virtual and in-person visits (as necessary). During the month of May, there were 182 families registered with the Healthy Babies Healthy Children program.

Healthy Pregnancies

The online prenatal program continues to be available online. During the month of May, 32 people registered to learn more about topics such as infant care, breastfeeding and early stages of parenting.

Positive Parenting

The Triple P Parenting Steering Committee held its quarterly meeting on May 20. This meeting is co-chaired by its Coordinator (also the Health Promoter on the Healthy Families team). Approximately 15 partners were in attendance and meeting topics included provider experiences delivering Triple P virtually, partnership and website user agreements, coordination of Triple P referrals, and the 2020 year-end report.

3. School Health

Oral Health

The Oral Health team provides preventive care to eligible and enrolled children. Clinics operate daily at the main health unit site and services were offered for children in the Espanola area in mid May and Manitoulin area in early June.

4. Substance Use and Injury Prevention

Comprehensive Tobacco Control

The Quit Smoking Clinic services are on hold and individuals seeking support are being referred to other programs throughout Ontario (i.e. Smoker's Helpline, Telehealth Ontario, Non-Insured Health Benefits for Inuit and First Nations people, Ontario Drug Benefits, Ottawa Model for Smoking Cessation Community Program, and Stop on the NET).

For the month of April, there were 15 calls received on the Quit Smoking Clinic telephone line, four ongoing telephone support sessions were provided, and eight Nicotine Replacement Therapy (NRT) products were dispensed (i.e. patches, gum, lozenges, spray, and inhalers).

In May, 15 calls were received on the Quit Smoking Clinic telephone line, two ongoing telephone support sessions were provided, and zero NRT products were dispensed (i.e. patches, gum, lozenges, spray, and inhalers).

Substance Use

On May 25, Public Health Sudbury & Districts, the Greater Sudbury Police Service and Réseau ACCESS Network presented to City of Greater Sudbury Council to further sound the alarm on the ongoing opioid poisoning crisis. Following this presentation, the mayor approached Public Health Sudbury & Districts to move forward with an application for an urgent public health needs site. Together, Réseau ACCESS Network, the City of Greater Sudbury, *Sudbury Temporary Overdose Prevention Society* and Public Health Sudbury & Districts are exploring the possibility of implementing these temporary sanctioned services within the downtown core.

Lastly, published on May 25, staff joined the Canadian Health Information Podcast to discuss their perspectives on what pandemic measures and restrictions have meant in their communities. During this podcast, the local and Northeastern context was provided for the English and French episodes.

Harm Reduction – Naloxone

Agencies continue to adapt and be onboarded to the Ontario Naloxone program. In May, staff onboarded one organization, which was the Samaritan Centre.

According to the Ontario Naloxone Quarterly Reports, Public Health Sudbury & Districts and community partners in our region distributed 822 naloxone kits during the month of April.

Recently, staff completed the development of an Naloxone Articulate Training Module.

Smoke Free Ontario Strategy

The North East Tobacco Control Area Network (NE TCAN) continues to support regional health units during COVID as many have limited capacity. The TCAN is currently running a series of social media/website messages across the region through CTV and Bell Media until the end of August. The focus is on vaping, tobacco and cannabis use and the importance of COVID-19 safety practices to prevent the spread of COVID, exposure to second-hand smoke, and encouraging quit attempts.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. School Health and Behaviour Change

COVID Behaviour Change

During the month of May, the School Health and Behaviour Change team members created 16 social media posts and two news releases that provided our communities with information on the province-wide shut down, the restrictions in place as well as how people can enjoy social events in a COVID-safe way (e.g. Mother's Day, May long weekend).

Workplaces: Information was shared with workplaces through social media as well as the Chamber of Commerce newsletter to highlight COVID-safe behaviours at work such as safe lunch breaks.

The team continues to focus on reinforcing those critical behaviors that keep our community safe. Our focus this past month as been on younger adults. During the month of May, we started to re-engage with our youth messaging advisory group. This group is made up of mostly post-secondary student leaders and influencers. The next step will be the launch of our social media survey the week of May 31, 2021 inviting young people between the ages of 16 to 25 years to give us their feedback.

The results of the survey combined with a review of best practices will further inform our upcoming summer campaign which will be partly inspired by the success of our recent "Tis the Season" campaign this past holiday season.

Several campaigns are underway to promote vaccine uptake among youth, providing bite-sized pieces of educational information in an effort to address possible vaccine hesitancy. These campaigns, tag lines and advice on etiquette will be visible in our social media posts, radio ads, communications, posters, and billboards. Public Health Sudbury & Districts staff members have also established a partnership with Science North to help increase community reach and share messaging with new audiences and through new platforms. Science North will use messaging from Public Health to inform community events such as a fireside chat with a local physician to inform parents and families about the COVID-19 vaccine. They will also host a virtual trivia night and develop tik tok content to help reach youth and young adults.

The team developed messaging and content to address safe outdoor behaviours ahead of the long weekend and in preparation for the summer. This includes preparing responses to questions on our social media platforms specifically around outdoor behaviors and self-isolation requirements and guidelines.

There will be a youth informed plan to support vaccination clinics for youths 12 and older and in cooperation with our school board partners. The team hopes to engage our youth through accessible and timely messaging as well as with a few activities that we hope will recruit and encourage younger adults to support our messaging.

The team helped prepare materials to share considerations for return to in-person learning. Materials were targeted to key audiences such as school staff, administrators, parents, guardians, and students in the event of a decision for return to in-person learning.

The team provided guidance and recommendations to local Directors of Education and daycare operators on topics such as school graduation ceremonies and guidance for managing workers who may have symptoms post-immunization.

During the month of May, one outbreak was declared within a licensed child care setting within Greater Sudbury. Outbreak meetings as well as an Infection Prevention and Control visit were conducted with the outbreak site. The team continues to manage and follow-up on cases and contacts (household and other) of school-aged cases of COVID-19.

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.

COVID Vaccine

The School Health and COVID Behaviour Change team has been very busy with the PHSD COVID-19 vaccine program rollout. The team successfully launched the Motivation for Vaccination campaign on May 11. The goal of the campaign was to invite key stakeholders and community members to become “Public Health Influencers” by printing off a [speech bubble](#),

writing their reasons for getting the COVID-19 vaccine and sharing their picture or video with us via the [motivation for vaccination@phsd.ca](mailto:motivation_for_vaccination@phsd.ca) email address. Since then, many submissions have been received and a promotional video has been created. This video will be used on our social media channels and invite more individuals to share their reasons for getting vaccinated. There are also plans to distribute the speech bubble in the upcoming COVID-19 youth clinics as a way of promoting uptake in this population as well.

During the month of May, the School and Behaviour Change team produced 64 Facebook and Twitter posts to announce eligibility for the COVID-19 vaccine, options for clinics (including a pilot drive-thru clinic), share information on the vaccines themselves and communicate any important updates regarding recommendations from the Ontario Government (e.g. pausing of AstraZeneca). Also eight [Advisory Alerts](#) were written to inform Primary Care practitioners of any information pertinent to their patients and/or practice and finally, the team supported the development of eight news releases as well as five weekly updates, each requiring associated web content updates including answers to our COVID-19 Frequently Asked Questions page and information for booking a vaccine appointment on the vaccination clinic page.

In May, the team issued the 10th edition of the [vaccine bulletin](#). This bulletin is a summary document that provides its readers with key information and updates such as vaccine eligibility, updates that impact the rollout of the vaccine program from key governing bodies such as the National Advisory Committee on Immunization (NACI) as well as Health Canada and the Province of Ontario and the Ministry of Health.

Videos were also done by a PHN on the School and Behaviour Change team and shared on our social media channels as well as YouTube channels with school partners and workplaces. Topics included vaccine information, tips for self-isolation, as well as covid safe tips.

Members of the School and Behaviour Change team also provided eight media interviews for radio, TV, and newspapers on various topics such as vaccine rollout, COVID-19 vaccine updates (e.g. Pfizer being approved for ages 12+), as well as Public Health capacity to meet the current demands.

2. Vaccine Preventable Diseases and COVID Case and Contact Management

Vaccine clinics operate daily to provide a variety of publicly funded vaccines to children and adults. Annual inspections of sites, who store and provide publicly funded vaccine to clients, will commence in early June and continue through until the end of August.

3. COVID and Schools

Vaccination Clinic Implementation

On May 21, 2021 the Ministry of Health announced that youth 12 years of age and older would be eligible to schedule COVID-19 immunizations via the provincial book system as of May 23, 2021. The Ministry also announced that youth and family targeted clinics would be planned for the weeks of June 14 and 21, 2021.

PHSD has been engaging with local partners and working collaboratively with all local school boards and the Sudbury Student Services Consortium to establish the plan for bringing immunizations to youth and their families in our district areas. Two models are being planned concurrently, with implementation dependant on whether or not in-person learning has resumed. Day-time clinics will be offered for students, with transportation provided. Youth and family clinics will also be offered in the evening and on weekends. Parents who require their first dose of vaccine will be offered immunization along with their child. Accommodations and alternate models are being planned with community partners to reach students with special needs, high risk youth and youth not attending school. Additional youth-focused clinics are also being held in partnership with First Nation Communities. Youth and family targeted clinics are set to roll out over a 3-week period, beginning June 7, 2021.

May immunizations by the numbers:

- Mobile clinics in First Nation Communities:
 - 8 clinic dates
 - 1 134 total doses provided
- Mobile clinics - Long-term care, homeless population, and homebound clients:
 - 261 doses
- Partnership-coordinated clinics (HSN)
 - 893 doses
- Mass immunization clinics, including partner-led mass immunization clinics for Urban Indigenous clients:
 - 42 clinic dates
 - 32 519 doses
- Primary Care (23 participating sites/providers)
 - 2 747 + 660 (Primacy drive thru) = 3 407

TOTAL: 38 214 doses administered

Health Protection

1. Control of Infectious Diseases (CID)

During the month of May, staff followed-up with 126 new local cases of COVID-19 and their contacts.

Public health inspectors followed-up on 20 complaints, and 37 consultations and requests for service, related to compliance with COVID-19 preventative measures.

Respiratory Outbreaks

Four COVID-19 respiratory outbreaks were declared in the month of May. Staff continue to monitor all reports of respiratory illness.

Enteric Outbreaks

During the month of May, four sporadic enteric cases and two infection control complaints were investigated. One enteric outbreak was declared in an institution. The causative organism of the outbreak was not identified.

Infection Prevention and Control Hub

During the month of May, 324 IPAC follow-up calls were completed as well as 12 IPAC assessments and audits at congregate settings.

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 181 telephone assessments related to STIs, blood-borne infections and/or pregnancy counselling in May, resulting in 46 onsite visits.

Needle Exchange Program

In April, harm reduction supplies were distributed, and services received through 1,925 client visits across the Public Health Sudbury & Districts' region.

3. Health Hazard

In May, 21 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

4. Ontario Building Code

During the month of May, 60 sewage system permits, 11 renovation applications, two zoning, and two consent applications were received.

5. Rabies Prevention and Control

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

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

6. Safe Water

During May, 34 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated five regulated adverse water sample results.

Four boil water orders, and one drinking water order were issued. Furthermore three boil water orders, and one drinking water order were rescinded.

7. Vector Borne Diseases

Three ticks tested positive for the bacteria that can cause Lyme disease. Media releases were issued on May 3, 2021 and on May 26, 2021, announcing that local ticks had tested positive and reminding the public to take precautions to protect themselves and their families.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

Team members have continued to support with the COVID-19 response. This has included ongoing vaccination planning support for First Nations and urban Indigenous community members. Recent work has begun to support vaccination planning for Indigenous youth (12-17 years old) and youth living in congregate settings. COVID-19 vaccine approaches are being planned in response to specific community and group preferences and needs (mass immunization clinic, mobile clinic, or vaccine-to-client).

The team has also been working in partnership with service providers in Greater Sudbury to support COVID-19 vaccine planning for marginalized populations including those experiencing

homelessness and precarious housing. Following a series of large mobile clinics held in late March and April targeting this group, planning has continued to identify smaller ongoing immunization opportunities. This includes pop-up clinics staffed by frontline staff from service providers in the community with established relationships and trust with community members. The goal is to ensure immunizations are provided in safe and inclusive settings. The first pop-up clinic was held on May 26 and was made possible with the support of the City of Greater Sudbury, Shkagamik-Kwe Health Center, Centre de Santé Communautaire du Grand Sudbury, the Sudbury Action Centre for Youth, the YMCA and others. Additional pop-up clinics will be planned in the coming months.

Staff have also continued to support Greater Sudbury's Virtual Community Infrastructure project to enhance Ontario Telemedicine Network and other digital infrastructure to address inequities among low-income residents that have worsened since the COVID-19 pandemic. The pilot project which introduced virtual health and social service spaces into two of Greater Sudbury's housing complexes has now been launched. Participants have been able to borrow digital devices to connect virtually for medical appointments as well as for other reasons. Volunteers are available to help the participants with their training needs.

Staff met with a small group from Health Sciences North keen to partner with Public Health Sudbury & Districts and other local agencies to continue to offer Allyship training sessions to staff and community members beginning in the fall. A French language Allyship online module will be available soon on our website and a three-hour French interactive workshop is in development by community partners including the Centre de Santé Communautaire du Grand Sudbury.

2. COVID-19 Vaccine Program Support

Knowledge and Strategic Services staff continue to collaborate across the organization and with external partners to support ongoing planning for the COVID-19 Vaccine Program and report on progress. This includes provision of data to inform planning efforts, coordination of vaccine allocations to the various vaccine events across the service area, and support for all planning and roll-out efforts. A data framework has been developed to support accurate and timely analysis of our vaccination efforts and an in-house data repository allows us to seamlessly marry provincial vaccination records with internal information. Daily and weekly reports are produced for internal and external audiences, status updates on coverage rates, dose availability and other pertinent information. Public reporting on the vaccination program is also occurring via the weekly COVID-19 summary published every Thursday.

3. Strategic Engagement Unit and Communications

Keeping the community and partners up-to-date with the most current information related to, for example, the prevalence of COVID-19 and the risks in our community, behaviours to remain

COVID-safe, and the agency's progress in rolling out COVID-19 vaccinations, remains a key priority. In addition to producing and distributing information in various online formats (social and web), there are significant efforts to work alongside community agencies to ensure clients have access to timely, credible, and reliable sources of information to help them make informed choices to protect themselves and their families in relation to vaccination and COVID-19 precautions. Planning is also underway to support communication activities for upcoming dedicated youth vaccination clinics and address vaccine confidence for this audience.

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts

STATEMENT OF REVENUE & EXPENDITURES

For the 4 Periods Ending April 30, 2021

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	14,983,563	4,994,521	4,994,521	0	9,989,042
MOH - Other Related Program	1,806,221	605,591	605,591	0	1,200,630
MOH - One Time Revenue	1,179,500	393,167	393,167	0	786,333
MOH - Unorganized Territory	826,000	275,333	275,333	0	550,667
Municipal Levies	8,484,189	2,828,063	2,828,063	0	5,656,126
Interest Earned	140,000	46,667	22,905	23,762	117,095
Total Revenues:	\$27,419,473	\$9,143,342	\$9,119,580	\$23,762	\$18,299,893
Expenditures:					
Corporate Services:					
Corporate Services	4,584,516	1,569,085	1,729,879	(160,794)	2,854,637
Office Admin.	115,350	38,450	18,568	19,882	96,782
Espanola	119,440	40,714	39,899	815	79,541
Manitoulin	129,622	44,226	44,961	(735)	84,661
Chapleau	102,536	35,075	41,465	(6,390)	61,071
Sudbury East	18,104	6,035	5,793	242	12,311
Intake	345,062	119,444	132,883	(13,439)	212,179
Facilities Management	574,599	191,533	303,835	(112,302)	270,764
Volunteer Resources	3,850	1,283	0	1,283	3,850
Total Corporate Services:	\$5,993,078	\$2,045,845	\$2,317,283	\$(271,438)	\$3,675,795
Health Protection:					
Environmental Health - General	1,297,270	445,872	451,198	(5,326)	846,072
Environmental	2,574,848	895,197	712,844	182,353	1,862,004
Vector Borne Disease	88,162	29,936	5,124	24,812	83,038
Small Drinking Water Systems	181,995	62,998	15,298	47,700	166,697
CID	1,322,036	458,619	399,181	59,438	922,855
Districts - Clinical	227,749	78,772	78,214	558	149,535
Risk Reduction	185,942	61,981	20,548	41,433	165,394
Sexual Health	1,064,344	367,335	406,569	(39,234)	657,775
MOHLTC - Influenza	0	613	(1,709)	2,322	1,709
MOHLTC - Meningitis	(0)	165	0	165	(0)
MOHLTC - HPV	0	239	0	239	0
SFO: E-Cigarettes Protection and Enforcement	0	0	0	0	0
SFO: Protection and Enforcement	296,500	89,268	72,078	17,190	224,422
Infectious Diseases Control Initiatives	389,000	134,654	118,761	15,893	270,239
Food Safety: Haines Funding	36,500	6,083	0	6,083	36,500
	\$7,664,347	\$2,631,732	\$2,278,106	\$353,626	\$5,386,241
Health Promotion:					
Health Promotion - General	954,735	328,806	329,446	(640)	625,289
Districts - Espanola / Manitoulin	333,954	115,521	96,374	19,147	237,580
Nutrition & Physical Activity	1,279,188	442,084	286,986	155,098	992,202
Districts - Chapleau / Sudbury East	219,598	75,937	73,776	2,161	145,822
Injury Prevention	27,874	9,291	36,557	(27,266)	(8,683)
Tobacco, Vaping, Cannabis & Alcohol	344,382	118,545	80,411	38,134	263,971
Family Health	791,330	273,850	171,156	102,694	620,174
Reproductive & Child Health	43,700	14,567	106,991	(92,424)	(63,291)
Mental Health and Addictions	372,600	128,526	186,721	(58,195)	185,879
Dental	538,539	186,028	128,749	57,279	409,790
Healthy Smiles Ontario	70,486	24,104	0	24,104	70,486
Vision Health	612,200	211,296	204,423	6,873	407,777
SFO: TCAN Prevention	0	0	0	0	0
SFO: TCAN Coordination	383,000	130,789	62,404	68,385	320,596
SFO: Tobacco Control Coordination	100,000	34,615	6,899	27,716	93,101
SFO: Youth Tobacco Use Prevention	80,001	27,644	25,981	1,663	54,020
Harm Reduction Program Enhancement	150,000	51,849	32,675	19,174	117,325
Diabetes Prevention	175,000	59,660	514	59,146	174,486
Total Health Promotion:	\$6,476,589	\$2,233,112	\$1,830,064	\$403,049	\$4,646,525
School Health, Vaccine Preventable Diseases and COVID Prevention					
School Health, VPD, COVID Prevention - General	366,674	126,925	299,905	(172,980)	66,769
School Health and Behavior Change	1,746,304	604,196	259,443	344,753	1,486,861
VPD and COVID CCM	2,120,790	734,120	659,784	74,335	1,461,006
Total School Health, VPD and COVID Prevention:	\$4,233,768	\$1,465,241	\$1,219,132	\$246,108	\$3,014,636
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,611,414	902,159	795,364	106,795	1,816,050
Workplace Capacity Development	23,507	7,836	936	6,900	22,571
Health Equity Office	14,440	4,813	2,138	2,675	12,302
Social Determinants of Health Nurses Initiatives	392,100	135,726	38,501	97,225	353,599
Strategic Engagement	10,232	3,411	0	3,411	10,232
Total Knowledge and Strategic Services:	\$3,051,693	\$1,053,945	\$836,939	\$217,006	\$2,214,754
Total Expenditures:	\$27,419,475	\$9,429,875	\$8,481,524	\$948,351	\$18,937,951
COVID-19					
Pandemic - Case and Contact Management / Admin			1,515,070	(1,515,070)	
Mass Immunization Project			1,471,496	(1,471,496)	
Total COVID-19			\$2,986,567	\$(2,986,567)	
Net Surplus/(Deficit)		\$(286,533)	\$(2,348,510)	\$(2,061,977)	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
 Summary By Expenditure Category
 For The 4 Periods Ending April 31, 2021

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
Funding	27,506,573	9,172,543	9,212,626		(40,083)	18,293,947
Other Revenue/Transfers	783,954	261,317	238,189		23,128	545,765
Total Revenues & Expenditure Recoveries:	28,290,527	9,433,860	9,450,816		(16,955)	18,839,711
Expenditures:						
Salaries	18,506,504	6,394,829	5,801,182	2,192,315	(1,598,668)	10,513,007
Benefits	5,478,755	1,896,392	1,696,744	225,785	(26,137)	3,556,226
Travel	300,108	100,036	20,907	19,664	59,465	259,537
Program Expenses	1,126,997	370,114	101,321	55,611	213,182	970,065
Office Supplies	67,334	22,445	26,812	3,701	(8,068)	36,821
Postage & Courier Services	64,972	21,657	15,947	356	5,354	48,669
Photocopy Expenses	31,367	10,456	9,778	38,499	(37,821)	(16,910)
Telephone Expenses	65,266	21,756	19,547	53,711	(51,502)	(7,992)
Building Maintenance	372,135	124,045	240,924	56,978	(173,857)	74,233
Utilities	225,827	75,276	50,980		24,296	174,847
Rent	325,160	108,386	120,468		(12,082)	204,692
Insurance	121,234	40,412	123,631		(83,219)	(2,397)
Employee Assistance Program (EAP)	35,000	11,667	22,850		(11,183)	12,150
Memberships	29,889	9,963	18,008		(8,045)	11,881
Staff Development	157,773	52,593	5,462		47,131	152,311
Books & Subscriptions	9,345	3,113	2,944		169	6,401
Media & Advertising	133,535	43,981	10,587	17,347	16,047	105,601
Professional Fees	413,324	137,775	106,847	28,936	1,992	277,541
Translation	49,440	16,481	5,713	52,420	(41,652)	(8,693)
Furniture & Equipment	21,270	7,090	14,669	3,039	(10,618)	3,562
Information Technology	755,292	251,766	397,273	238,205	(383,712)	119,813
Total Expenditures	28,290,527	9,720,233	8,812,594	2,986,567	(2,078,928)	16,491,367
Net Surplus (Deficit)	0	(286,372)	638,222	(2,986,567)	(2,061,972)	

Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended April 30, 2021

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	23,759	66,641	26.3%	<i>Dec 31</i>	33.3%
Pre/Postnatal Nurse Practitioner	704	139,000	11,714	127,286	8.4%	<i>Mar 31/2021</i>	8.3%
CGS - Local Poverty Reduction Evaluation	707	67,771	14,357	53,414	21.2%	<i>Mar. 31/2021</i>	40.0%
WOKE Age: Youth Driven Racial Equity	708	199,937	60,955	138,982	30.5%	<i>Mar 31/2021</i>	8.3%
Opioid Poisoning Surveillance System	710	24,489	-	24,489	0.0%	<i>Dec 31</i>	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	78,475	21,525	78.5%	<i>Mar 31/21</i>	8.3%
Northern Fruit and Vegetable Program	743	176,100	28,022	148,078	15.9%	<i>Dec 31</i>	33.3%
Triple P Co-Ordination	766	46,580	15,339	31,241	32.9%	<i>Dec 31</i>	33.3%
Supervised Consumption Study	770	12,920	-	12,920	0.0%	<i>Dec 31</i>	33.3%
Healthy Babies Healthy Children	778	1,476,897	122,995	1,353,902	8.3%	<i>Mar 31/21</i>	8.3%
IPAC Congregate CCM	780	839,901	71,890	768,011	8.6%	<i>Dec 31</i>	33.3%
Ontario Senior Dental Care Program	786	810,200	358,553	451,647	44.3%	<i>Dec 31</i>	33.3%
Anonymous Testing	788	61,193	-	61,193	0.0%	<i>Mar 31/21</i>	8.3%
Total		4,045,388	786,058	3,259,330			

From: Rachel Quesnel <quesnelr@phsd.ca>

Sent: June 9, 2021 12:05 PM

To: 'sperras@townsrf.ca' <sperras@townsrf.ca>; 'nhjacko@icloud.com' <nhjacko@icloud.com>; 'ckidd@temiskamingshores.ca' <ckidd@temiskamingshores.ca>; 'shagman@algomapublichealth.com' <shagman@algomapublichealth.com>; 'sally.hagman@sympatico.ca' <sally.hagman@sympatico.ca>

Cc: Penny Sutcliffe <sutcliffep@phsd.ca>; René Lapierre <lapierrerr@phsd.ca>; Rachelle Cote <coter@timiskaminghu.com>; Sheri Beaulieu <sheri.beaulieu@healthunit.ca>; Tania Caputo <tcaputo@algomapublichealth.com>; 'lori.mccord@porcupinehu.on.ca' <lori.mccord@porcupinehu.on.ca>; Tania Caputo <tcaputo@algomapublichealth.com>

Subject: follow-up thank you message from R. Lapierre re alPHa Board of Directors North East representative

Follow-up note from René Lapierre, Board of Health Chair, Public Health Sudbury and Districts.

Hello NE BOH colleagues.

I wanted to take a moment and thank each of you for your support & participation at the alPHa virtual AGM & conference on June 8th. Also thank you for your confidence in me as I was acclaimed to the position of NE representative for the alPHa BOH executive. I wanted to share with you that I was nominated and elected to the Vice-Chair position for that same section.

I look forward to continuing working with all of you as your representative for the North-East. Should you have any questions or would like to chat please do not hesitate to contact me.

Thank you and hope you all have a great safe summer.

René Lapierre
Board of Health Chair, Public Health Sudbury & Districts



Jamie West

Member of Provincial Parliament, Sudbury
Député provincial, Sudbury

Dr. Penny Sutcliffe
Public Health Sudbury and Districts
1300 Paris Street
Sudbury, ON P3E 3A3

June 7, 2021

Dear Dr. Sutcliffe and the entire PHSD team,

While many people stay home to help flatten the curve of COVID-19, you and your team are leading the way in helping our communities be successful.

You and your staff have been working tirelessly for over a year, grappling with constant changes and doing everything you can to keep our citizens safe. We owe everything to our health care workers and that is why I wanted to say thank you.

Thank you all so much for your courage, compassion, dedication and determination during this time. We are seeing a light at the end of the tunnel because you have shown us the way.

My office continuously hears about wonderful experiences that individuals have had while receiving their vaccine. Your team quickly implemented an effective, smooth and safe operation during a very challenging timeline.

You have brought calm to the chaos and I wanted to ensure that all of your sacrifices and hard work were recognized.

My team and I, and the entire community, are very grateful to all of you.

Thank you.

Sincerely,

Jamie West, MPP/Député Sudbury

Community Office

4b-555, route Barrydowne Rd. Sudbury, ON P3A 3T4
📞 705-675-1914 📧 JWest-CO@ndp.on.ca

Queen's Park

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From: Ontario News
Sent: May 30, 2021 9:23 AM
To: Loretta Ryan
Subject: Ontario To Appoint New Chief Medical Officer of Health

NEWS RELEASE

Ontario To Appoint New Chief Medical Officer of Health

Province Thanks Dr. David Williams for his Dedicated Service to Ontarians

May 30, 2021
[Ministry of Health](#)

TORONTO — On Monday, May 31, 2021, the Ontario government will table a motion in the Legislature to appoint Dr. Kieran Moore as the province's next Chief Medical Officer of Health to succeed Dr. David Williams upon his retirement on June 25, 2021. Should the motion be passed, Dr. Moore would assume office effective June 26, 2021.

"Should this motion pass, Dr. Moore has agreed to take on this important role at a critical juncture in our fight against COVID-19. As we continue to vaccinate more Ontarians and embark on our Roadmap to Reopen in the coming weeks, Dr. Moore's years of experience working in public health will be crucial as we begin to gradually lift public health measures," said Christine Elliott, Deputy Premier and Minister of Health. "I would like to thank Dr. Williams for his dedication to safeguarding the health and safety of Ontarians during his many years of service. We are incredibly grateful for his experienced leadership at the helm of the province's pandemic response to protect our communities from COVID-19 and its devastating impacts."

To ensure a seamless transition into his new role, Dr. Moore will work alongside Dr. Williams for a few weeks, starting Monday, June 7, 2021.

Dr. Kieran Moore has served as the Medical Officer of Health for Kingston, Frontenac and Lennox & Addington Public Health since July 1, 2017. Dr. Moore has also had the distinction of serving in a variety of other roles, including as a Program Director for the Public Health and Preventive Medicine Residency Program at Queen's University, as a Professor of emergency, family medicine and public health sciences, at Queen's University, as an attending physician at Kingston General Hospital (KGH) and Hotel Dieu Hospital (HDH), and as a principal investigator at the Canadian Institutes of Health Research-funded Canadian Lyme Disease Research Network.

“Being considered for the role of Ontario’s Chief Medical Officer of Health is a great honour and one that I do not take lightly,” said Dr. Kieran Moore. “If appointed as the province’s next Chief Medical Officer of Health, I would remain steadfast in my commitment to fight COVID-19 and I would provide all necessary advice to the government to ensure the health and safety of all Ontarians.”

The Ontario government thanks Dr. Williams for his dedicated service to the province, including the last five years as Chief Medical Officer of Health, a position he has held since February 16, 2016. Dr. Williams has been at the forefront of Ontario’s pandemic response and his tireless work and measured advice have helped the government to keep Ontarians safe and informed. Dr. Williams had previously postponed his retirement to continue guiding the province through the pandemic and on [November 23, 2020](#) was reappointed as Ontario’s Chief Medical Officer of Health from February 16 up until September 1, 2021.

Under Dr. Williams’ leadership, Ontario has achieved significant milestones in its fight against COVID-19 including:

- Becoming a leader in testing and case and contact management, including the development of the case and contact management central resource team;
- Advocating for and initiating the addition of school-focused nurses in public health units to provide rapid-response support to schools and boards in facilitating public health and preventative measures, including screening, testing, tracing and mitigation strategies;
- The development and implementation of the Keeping Ontario Safe and Open Framework in the Fall and Winter to ensure that public health measures are targeted, incremental and responsive to help limit the spread of COVID-19; and
- The release of the [Roadmap to Reopen](#), a three-step plan to safely and cautiously reopen the province and gradually lift public health measures based on the provincewide vaccination rate and improvements in key public health and health care indicators.

Dr. Williams also played a key role at the Federal Provincial and Territorial level as a member of the Special Advisory Committee on COVID-19 and was a co-chair of the Ministry of Health’s Health Coordination Table.

During his tenure, Dr. Williams was also an ex-officio member on the Board at Public Health Ontario and served as a member of its Strategic Planning Committee. He also introduced Ontario’s Seniors Dental Program, led the provincial public health response through multiple challenges including preparing Ontario’s Zika readiness strategy with steps in place to manage any potential threats and acted as Ontario’s first ever Provincial Overdose Coordinator in 2018-19.

“It has been a pleasure and an honour to serve the people of Ontario as their Chief Medical Officer of Health”, said Dr. David Williams. “I have had the privilege to

work with some of the most gifted and talented people over my career, and I want to thank them all for their contributions and dedication not only during this pandemic, but for all they have done for the health and well-being of Ontarians. I also want to thank the people of Ontario for the resilience they have displayed throughout this pandemic and for the support they have shown me in these challenging times.”

Quick Facts

- The Chief Medical Officer of Health safeguards the health of Ontarians and provides advice on public health matters to the health sector and the government.
- The term of the Chief Medical Officer Health’s appointment is for five years, with the possibility of reappointment for an additional term or terms of 5 years.
- Dr. Williams was first appointed as Interim Chief Medical Officer of Health for the province of Ontario on July 1, 2015 and was appointed as the province’s new permanent Chief Medical Officer of Health on February 16, 2016. In November 2018, he was appointed as the Assistant Deputy Minister for the Office of the Chief Medical Officer of Health, Public Health. He was the Medical Officer of Health for the Thunder Bay District Board of Health from October 2011 to June 30, 2015. Dr. Williams has also held the position of Associate Chief Medical Officer of Health, Infectious Disease and Environmental Health Branch Director at the Ministry of Health and Long-Term Care from 2005 to 2011. During this time, he was also the Acting Chief Medical Officer of Health for Ontario from November 2007 to June of 2009. Prior to working at the province, Dr. Williams was the Medical Officer of Health and CEO for the Thunder Bay District Health Unit from 1991 to 2005.

Additional Resources

- [Ontario’s Next Chief Medical Officer of Health](#)
- [Ontario Releases Three-Step Roadmap to Safely Reopen the Province](#)
- Visit Ontario’s [COVID-19 vaccine web page](#) to view the latest provincial data and information on COVID-19 vaccines.
- Visit Ontario’s COVID-19 information [website](#) to learn more about how the province continues to protect the people of Ontario from the virus.
- For public inquiries call ServiceOntario, INFOLine at 1-866-532-3161 (Toll-free in Ontario only).

Media Contacts

Alexandra Hilkene
Minister Elliott's Office
alexandra.hilkene@ontario.ca

David Jensen
Communications Division
media.moh@ontario.ca
[416-314-6197](tel:416-314-6197)

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□

APPROVAL OF CONSENT AGENDA

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

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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

Ministère de la Santé

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

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



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

SUPPORT TO ESTABLISH THE INFECTION PREVENTION AND CONTROL (IPAC) HUB MODEL AS AN ONGOING PROGRAM

MOTION:

WHEREAS Infection Prevention and Control (IPAC) programming is a requirement of the Board of Health under the Ontario Public Health Standards; and

WHEREAS in September 2020, in the context of COVID-19 outbreaks and tragic outcomes in long-term care homes, the Provincial Government announced the establishment of IPAC Hubs across the province to support infection prevention and control in community settings, including long-term care homes; and

WHEREAS in Northern Ontario, the Hub host organizations are public health units (hospitals in the South), each of which received one-time funding in December 2020 to develop local networks to enhance IPAC practices in community based, congregate living settings; and

WHEREAS Public Health Sudbury & Districts' funding of \$840,000 has funded a very successful multi-partner network serving congregate living settings through the service area; and

WHEREAS Ontario's Long-Term Care COVID-19 Commission April 2021 Final Report identified an urgent need for supports related to infection prevention and control, for the benefit of all clients in congregate living facilities;

THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts request the Provincial Government to transition the IPAC Hub model to an ongoing program with stable annual funding to provide for the protection from infectious diseases for residents in long-term care and other congregate living settings; and

FURTHER that this motion be shared with Ministers of Health and of Long-Term Care, area partners, Northern boards of health, Ontario Health, and the Chief Medical Officer of Health.

Financial Statements of

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

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

And Independent Auditors' Report thereon

Year ended December 31, 2020

DRAFT



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

INDEPENDENT AUDITORS' REPORT

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

Opinion

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

- the statement of financial position as at December 31, 2020
- the statement of operations and accumulated surplus for the year then ended
- the statement of changes in net financial assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2020, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

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



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

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

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

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

Auditors' Responsibility for the Audit of the Financial Statements

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

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

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

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

We also:

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

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

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



Page 3

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

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

June 7, 2021

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2020, with comparative information for 2019

	2020	2019
Financial assets		
Cash and cash equivalents	\$ 17,922,732	\$ 16,710,305
Accounts receivable	301,178	358,227
Receivable from the Province of Ontario	1,357,961	286,617
	<u>19,581,871</u>	<u>17,355,149</u>
Financial liabilities		
Accounts payable and accrued liabilities	1,908,800	1,807,946
Deferred revenue	466,524	362,121
Payable to the Province of Ontario	1,099,437	532,065
Employee benefit obligations (note 2)	3,294,290	2,956,463
	<u>6,769,051</u>	<u>5,658,595</u>
Net financial assets	12,812,820	11,696,554
Non-financial assets:		
Tangible capital assets (note 3)	4,652,960	5,097,476
Prepaid expenses	351,206	325,038
	<u>5,004,166</u>	<u>5,422,514</u>
Commitments and contingencies (note 4)		
Accumulated surplus (note 5)	<u>\$ 17,816,986</u>	<u>\$ 17,119,068</u>

See accompanying notes to financial statements.

On behalf of the Board:

_____ Board Member

_____ Board Member

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2020, with comparative information for 2019

	Budget 2020	Total 2020	Total 2019
(unaudited)			
Revenue (note 9):			
Provincial grants	\$ 20,829,315	\$ 22,849,930	\$ 20,934,817
Per capita revenue from municipalities (note 7)	8,080,180	8,080,191	7,345,618
Other:			
Plumbing inspections and licenses	317,000	368,509	290,514
Interest	140,000	146,802	300,985
Other	545,154	814,144	883,397
	29,911,649	32,259,576	29,755,331
Expenses (note 9):			
Salaries and wages	19,493,909	20,539,456	18,295,647
Benefits (note 6)	5,608,614	5,747,346	5,041,211
Administration (note 8)	2,353,235	2,568,680	2,287,486
Supplies and materials	1,419,232	1,321,246	1,532,008
Amortization of tangible capital assets (note 3)	-	588,011	691,091
Small operational equipment	672,322	621,401	464,669
Transportation	364,337	175,518	307,048
	29,911,649	31,561,658	28,619,160
Annual surplus	-	697,918	1,136,171
Accumulated surplus, beginning of year	17,119,068	17,119,068	15,982,897
Accumulated surplus, end of year	\$ 17,119,068	\$ 17,816,986	\$ 17,119,068

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2020, with comparative information for 2019

	2020	2019
Annual surplus	\$ 697,918	\$ 1,136,171
Purchase of tangible capital assets	(143,496)	(547,131)
Amortization of tangible capital assets	588,011	691,091
Change in prepaid expenses	(26,167)	(12,477)
Change in net financial assets	1,116,266	1,267,654
Net financial assets, beginning of year	11,696,554	10,428,900
Net financial assets, end of year	\$ 12,812,820	\$ 11,696,554

See accompanying notes to financial statements.

DRAFT

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2020, with comparative information for 2019

	2020	2019
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus	\$ 697,918	\$ 1,136,171
Adjustments for:		
Amortization of tangible capital assets	588,011	691,091
Change in employee benefit obligations	337,827	51,385
	<u>1,623,756</u>	<u>1,878,647</u>
Changes in non-cash working capital:		
Decrease in accounts receivable	57,049	174,150
Increase in receivable from the Province of Ontario	(1,071,344)	(110,558)
Increase in accounts payable and accrued liabilities	100,854	482,655
Increase in deferred revenue	104,403	47,385
Increase in payable to the Province of Ontario	567,372	35,604
Increase in prepaid expenses	(26,167)	(12,477)
	<u>1,355,923</u>	<u>2,495,406</u>
Cash flows from investing activity:		
Purchase of tangible capital assets	(143,496)	(547,131)
	<u>1,212,427</u>	<u>1,948,275</u>
Increase in cash	1,212,427	1,948,275
Cash and cash equivalents, beginning of year	16,710,305	14,762,030
Cash and cash equivalents, end of year	<u>\$ 17,922,732</u>	<u>\$ 16,710,305</u>

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

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

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

1. Summary of significant accounting policies:

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

(a) Basis of accounting:

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

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

(b) Cash and cash equivalents:

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

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

Guaranteed investment certificates amounted to \$2,323,093 as at December 31, 2020 (2019 - \$2,303,303) and these can be redeemed for cash on demand.

(c) Employee benefit obligations:

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

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

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

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

1. Summary of significant accounting policies (continued):

(c) Employee benefit obligations (continued):

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

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

(d) Non-financial assets:

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

(e) Tangible capital assets:

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

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

(f) Prepaid expenses:

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

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

1. Summary of significant accounting policies (continued):

(g) Accumulated surplus:

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

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

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

- Unfunded employee benefit obligations:

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

The accumulated surplus consists of the following reserves:

- Working capital reserve:

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

- Public health initiatives:

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

- Corporate contingencies:

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

- Facility and equipment repairs and maintenance:

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

- Sick leave and vacation:

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

- Research and development:

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

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

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

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

(i) Budget figures:

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

(j) Use of estimates:

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

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

2. Employee benefit obligations:

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

	2020	2019
Accumulated sick leave benefits	\$ 667,497	\$ 710,365
Other post-employment benefits	1,475,123	1,348,868
	2,142,620	2,059,233
Vacation pay and other compensated absence	1,151,670	897,230
	\$ 3,294,290	\$ 2,956,463

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

	2020	2019
Discount	4.00%	4.00%
Health-care trend rate		
Initial	6.42%	6.42%
Ultimate	3.75%	3.75%
Salary escalation factor	2.75%	2.75%

The Health Unit has established reserves in the amount of \$675,447 (2019 - \$675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2020 are \$2,202,391 (2019 - \$2,112,718).

	2020	2019
Benefit plan expenses:		
Current service costs	\$ 177,271	\$ 169,489
Interest	84,610	81,336
Amortization of actuarial loss	(6,286)	(6,282)
	\$ 255,595	\$ 244,543

Benefits paid during the year were \$172,209 (2019 - \$173,515). The net unamortized actuarial loss of \$59,771 (2019 - \$53,485) will be amortized over the expected average remaining service period.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

3. Tangible capital assets:

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	2020 Total
Balance, January 1, 2020	\$ 26,938	7,153,834	396,739	2,686,438	410,602	69,845	2,580,217	252,346	13,576,959
Additions	-	-	-	121,407	4,605	-	17,483	-	143,495
Balance, December 31, 2020	\$ 26,938	7,153,834	396,739	2,807,845	415,207	69,845	2,597,700	252,346	13,720,454

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2020	\$ -	3,109,063	396,739	2,122,827	410,602	69,845	2,219,717	150,690	8,479,483
Amortization	-	178,846	-	263,410	4,605	-	115,915	25,235	588,011
Balance, December 31, 2020	\$ -	3,287,909	396,739	2,386,237	415,207	69,845	2,335,632	175,925	9,067,494

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2019	\$ 26,938	4,044,771	-	563,611	-	-	360,500	101,656	5,097,476
At December 31, 2020	26,938	3,865,925	-	421,608	-	-	262,068	76,421	4,652,960

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

3. Tangible capital assets (continued):

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	2019 Total
Balance, January 1, 2019	\$ 26,938	7,068,781	396,739	2,363,853	374,825	69,845	2,486,251	242,596	13,029,828
Additions	-	85,053	-	322,585	35,777	-	93,966	9,750	547,131
Balance, December 31, 2019	\$ 26,938	7,153,834	396,739	2,686,438	410,602	69,845	2,580,217	252,346	13,576,959

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2019	\$ -	2,932,343	396,739	1,788,436	374,825	69,845	2,099,774	126,430	7,788,392
Amortization	-	176,720	-	334,391	35,777	-	119,943	24,260	691,091
Balance, December 31, 2019	\$ -	3,109,063	396,739	2,122,827	410,602	69,845	2,219,717	150,690	8,479,483

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2018	\$ 26,938	4,136,438	-	575,417	-	-	386,477	116,166	5,241,436
At December 31, 2019	26,938	4,044,771	-	563,611	-	-	360,500	101,656	5,097,476

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

4. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2019 - \$500,000). There is \$Nil balance outstanding on the line of credit at year end (2019 - \$Nil).

(b) Lease commitments:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2020 are as follows:

No later than one year	\$	250,042
Later than one year and no later than 5 years		1,007,868
Later than five years		1,194,143
	\$	2,452,053

(c) Contingencies:

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

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

5. Accumulated surplus:

The accumulated surplus consists of individual fund surplus accounts and reserves as follows:

	Balance, Beginning of Year	Annual Surplus (Deficit)	Purchase of Tangible Capital Assets	Balance, End of Year
Invested in tangible capital assets	\$ 5,097,476	(588,011)	143,496	\$ 4,652,961
Unfunded employee benefit obligation	(2,956,463)	(337,827)	-	(3,294,290)
Working capital reserve	5,745,748	1,623,756	(143,496)	7,226,008
Public health initiatives	2,500,000	-	-	2,500,000
Corporate contingencies	500,000	-	-	500,000
Facility and equipment repairs and maintenance	5,500,000	-	-	5,500,000
Sick leave and vacation	675,447	-	-	675,447
Research and development	56,860	-	-	56,860
	\$ 17,119,068	697,918	-	\$ 17,816,986

6. Pension agreements:

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

The amount contributed to OMERS for 2020 was \$1,822,937 (2019 - \$1,766,045) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

7. Per capita revenue from municipalities:

	2020	2019
Township of Assiginack	\$ 37,093	\$ 33,720
Township of Baldwin	24,811	22,555
Township of Billings (and part of Allan)	24,650	22,408
Township of Burpee	13,418	12,198
Township of Central Manitoulin	84,201	76,545
Municipality of St. Charles	56,890	51,717
Township of Chapleau	94,220	85,654
Municipality of French River	116,764	106,148
Town of Espanola	214,534	195,030
Township of Gordon (and part of Allan)	22,064	20,057
Town of Gore Bay	36,366	33,059
Municipality of Markstay-Warren	114,501	104,091
Township of Northeastern Manitoulin & The Islands	104,724	95,203
Township of Nairn & Hyman	19,478	17,707
Municipality of Killarney	17,053	15,503
Township of Sable and Spanish River	131,792	119,811
City of Greater Sudbury	6,949,771	6,317,974
Township of Tehkummah	17,861	16,238
	\$ 8,080,191	\$ 7,345,618

8. Administration expenses:

	Budget	2020	2019
	2020		
	(unaudited)		
Professional fees	\$ 624,803	\$ 720,798	\$ 527,202
Advertising	135,950	404,592	231,679
Building maintenance	379,925	445,072	525,514
Staff education	258,118	57,771	167,605
Utilities	225,249	183,264	181,854
Rent	306,712	267,000	262,925
Liability insurance	117,849	115,712	109,903
Postage	64,972	57,113	59,469
Telephone	200,686	281,783	188,322
Memberships and subscriptions	38,971	35,575	32,980
Strategic planning		-	33
	\$ 2,353,235	\$ 2,568,680	\$ 2,287,486

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

9. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	Ontario Sr. Dental Care Program	MOH/AMOH	MCCSS: HBHC & PPNP	HIV-Aids Anonymous Testing	Non-Ministry	2019-20 One-time Funding		Sub-Total	
											Public Health Inspector Practicum	Needle Exchange Program		
Revenue:														
Provincial grants														
Operation	\$ 16,836,800	-	-	-	-	340,463	34,871	1,559,762	61,017	-	-	-	-	18,832,913
Mitigation grant	1,179,500	-	-	-	-	-	-	-	-	-	-	-	-	1,179,500
One-time	-	-	-	-	-	-	-	-	-	-	6,432	26,618	-	33,050
Unorganized territories	-	-	-	-	1,058,082	-	-	-	-	-	-	-	-	1,058,082
Municipalities	8,080,191	-	-	-	-	-	-	-	-	-	-	-	-	8,080,191
Plumbing and inspections	368,509	-	-	-	-	-	-	-	-	-	-	-	-	368,509
Interest	146,802	-	-	-	-	-	-	-	-	-	-	-	-	146,802
Other	359,098	13,170	6,248	10,515	-	-	-	-	-	425,113	-	-	-	814,144
	26,970,900	13,170	6,248	10,515	1,058,082	340,463	34,871	1,559,762	61,017	425,113	6,432	26,618	-	30,513,191
Expenses:														
Salaries and wages	17,322,979	11,328	5,680	9,134	644,927	60,183	34,871	1,229,450	49,646	278,331	5,683	-	-	19,652,212
Benefits	5,096,137	1,125	568	913	168,104	18,285	-	293,095	11,286	39,541	663	-	-	5,629,717
Transportation	23,527	-	-	-	118,052	652	-	27,639	-	58	86	-	-	170,014
Administration (note 8)	1,741,670	-	-	-	8,330	211,354	-	3,280	85	63,973	-	-	-	2,028,692
Supplies and materials	846,051	717	-	468	118,669	45,319	-	6,298	-	43,210	-	26,618	-	1,087,350
Small operational equipment	483,001	-	-	-	-	4,670	-	-	-	-	-	-	-	487,671
Amortization of tangible capital assets	588,011	-	-	-	-	-	-	-	-	-	-	-	-	588,011
	26,101,376	13,170	6,248	10,515	1,058,082	340,463	34,871	1,559,762	61,017	425,113	6,432	26,618	-	29,643,667
Annual surplus	\$ 869,524	-	-	-	-	-	-	-	-	-	-	-	-	869,524

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

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

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

Non-Ministry - Non-Ministry Funded Initiatives

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

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

	2020-21 One-time Funding								
	COVID-19 Infection Prevention and Control Hub	COVID-19 Extraordinary Cost	COVID-19 Case and Contact Management	COVID-19 School Focused Nurses	MOH/AMOH Compensation	Ontario Senior Dental Care Program Capital	Temprary Pandemic Pay	Capital Infrastructure	Total
Revenue:									
Provincial grants									
Operation	\$ -	-	-	-	-	-	-	-	18,832,913
Mitigation grant	-	-	-	-	-	-	-	-	1,179,500
One-time	99	1,217,723	9,911	418,117	10,900	70,464	19,171	-	1,779,435
Unorganized territories	-	-	-	-	-	-	-	-	1,058,082
Municipalities	-	-	-	-	-	-	-	-	8,080,191
Plumbing and inspections	-	-	-	-	-	-	-	-	368,509
Interest	-	-	-	-	-	-	-	-	146,802
Other	-	-	-	-	-	-	-	-	814,144
	99	1,217,723	9,911	418,117	10,900	70,464	19,171	-	32,259,576
Expenses:									
Salaries and wages	-	505,792	-	353,343	9,621	-	18,488	-	20,539,456
Benefits	-	50,893	-	64,774	1,279	-	683	-	5,747,346
Transportation	-	5,504	-	-	-	-	-	-	175,518
Administration (note 8)	99	364,262	-	-	-	70,464	-	105,163	2,568,680
Supplies and materials	-	233,896	-	-	-	-	-	-	1,321,246
Small operational equipment	-	57,376	9,911	-	-	-	-	66,443	621,401
Amortization of tangible capital assets	-	-	-	-	-	-	-	-	-
	99	1,217,723	9,911	418,117	10,900	70,464	19,171	171,606	31,561,658
Annual surplus	\$ -	-	-	-	-	-	-	(171,606)	697,918

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

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

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

Non-Ministry - Non-Ministry Funded Initiatives

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

10. Comparative information:

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

11. Financial risks:

The Health Unit's main sources of revenue are government operation grants, municipal levies and other service fees. In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. This resulted in the Canadian, Provincial and Municipal governments enacting emergency measures to combat the spread of the virus. The Health Unit realigned its resources in support of the COVID-19 response. In doing so, programs and services were adapted. Some programs were temporarily suspended while others were adjusted and delivered ensuring COVID-19 safe measures were put in place.

Significant resources were required to respond to the pandemic. The provincial government has provided financial relief in the form of grants totaling \$1,757,901. Of the provincial funding received, \$92,880 has been deferred and \$1,212,615 of provincial funding is to be received after year end. The impact of COVID-19 is expected to negatively impact normal operations for a duration that cannot be reasonably predicted. The further overall operational and financial impact is highly dependent on the duration of COVID-19, including the potential occurrence of additional waves of the pandemic, and could be affected by other factors that are currently not known at this time. The Provincial government has made a commitment to fund the extraordinary expenses required to respond to COVID-19. Management is actively monitoring the effect of the pandemic on its financial condition, liquidity, operations, suppliers, and workforce. Given the daily evolution of the pandemic and the global responses to curb its spread, the Agency is not able to fully estimate the effects of the pandemic on its results of operations, financial condition, or liquidity at this time.

ADOPTION OF THE 2020 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2020 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 10, 2021;

THEREFORE BE IT RESOLVED THAT the 2020 audited financial statements be approved as distributed.

ADDENDUM

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

Please remember to complete the Board meeting evaluation in BoardEffect following the Board meeting.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____