



Board of Health Meeting 04-21

Public Health Sudbury & Districts

Thursday, October 21, 2021

1:30 p.m.

Virtual

AGENDA – FOURTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL MEETING
THURSDAY, OCTOBER 21, 2021 – 1:30 P.M.

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) Healthy Babies Healthy Children Early Intervention Program Update**
 - Sandra Laclé, Director, Health Promotion Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Third Meeting – June 17, 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, October 2021
 - v) Correspondence**
 - a. Early Intervention Services for Children and Families 2021-22 Service Delivery Plan for PHSD
 - Memo from the Ministry of Children, Community and Social Services, dated September 20, 2021
 - b. Health System Transformation
 - Letter from the Mayor, City of Hamilton, to the Minister of Health and Long-Term Care, dated September 15, 2021
 - c. Vaccination Certificates
 - Letter from the President, Association of Local Public Health Agencies, to the Premier of Ontario dated September 1, 2021
 - d. Funding for Infection Prevention and Control
 - Letter from the Board of Health Chair, Chief Executive Officer and the Medical Officer of Health, Northwestern Health Unit, to the Deputy Premier and Minister of Health, dated August 27, 2021

e. Advocacy for Public Health Funding

- Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Deputy Premier, dated October 13, 2021
- Letter from to the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Deputy Premier and Minister of Health, dated September 16, 2021
- Letter from the Medical Officer of Health, Northwestern Health Unit, to the Deputy Premier and Minister of Health, dated August 27, 2021
- Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated August 6, 2021
- Letter from the Board of Health Chair, Southwestern Public Health, to the Deputy Premier and Minister of Health, dated July 20, 2021
- Letter from the Medical Officer of Health and Board of Health Chair, North Bay Parry Sound District Health Unit, to Minister of Health, dated June 24, 2021
- Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated June 23, 2021
- Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Minister of Health, dated June 21, 2021
- Letter from the Board of Health Chair, Public Health Sudbury & Districts, to the Minister of Health, dated June 21, 2021
- Letter from the Board of Health Chair and the CEO and Chief Nursing Officer, Windsor-Essex County Health Unit, to the Deputy Premier and Minister of Health and the Premier of Ontario, dated June 17, 2021

f. Congratulatory Letter – C. Gignac

- Letter of Congratulations from the Deputy Premier and Minister of Health to Claire Gignac on her reappointment to the Board of Health dated August 19, 2021

g. Response to COVID-19

- Memorandum from the Toronto Board of Health, to the Members of Provincial Parliament and Boards of Health, dated August 15, 2021

h. Ministry of Health’s Regional Associate Chief Medical Officers of Health

- Memorandum from the Chief Medical Officer of Health dated September 8, 2021

vi) Items of Information

- a. alPHa Information Break
 - June 21, 2021
 - July 20, 2021
 - August 13, 2021
 - September 20, 2021

- b. Message from the Boards of Health
Section Chair, Association of Local Public Health
Agencies
 - August 30, 2021

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) COVID-19 Pandemic Update

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

ii) 2021-22 Ministry of Health Funding

- Briefing Note from the Medical Officer of Health dated October 14, 2021
- Letter from the Deputy Premier and Minister of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated July 22, 2021

7. ADDENDUM

ADDENDUM

MOTION:

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

8. IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: _____

9. RISE AND REPORT

RISE AND REPORT

MOTION:

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

10. ANNOUNCEMENTS

- Please complete the October Board of Health meeting evaluation.

11. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

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

BOARD MEMBERS PRESENT

Claire Gignac	René Lapierre	Mark Signoretti
Randy Hazlett	Bill Leduc	Natalie Tessier
Robert Kirwan	Glenda Massicotte	Carolyn Thain

BOARD MEMBERS REGRETS

Jeffery Huska	Ken Noland
Paul Myre	Jacqueline Paquin

STAFF MEMBERS PRESENT

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

MEDIA PRESENT

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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

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

Claire Gignac was welcomed back to the Board following a temporary leave from the Board of Health to provide support at Public Health Sudbury & Districts COVID-19 vaccination clinics. Her term as a provincial appointee on the Board of Health expires on September 23, 2021. Claire has confirmed her interest in a reappointment; therefore, a letter will be submitted to the Ministry of Health by the Board of Health Chair supporting her reappointment.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

i) It Takes A Village - Public Health Sudbury & Districts' Vaccine Clinics

– Cynthia Peacock-Rocca, Manager, Health Protection Division

C. Peacock-Rocca was invited to share the processes and partnerships that are required to plan, setup and run a COVID-19 vaccination clinic as well as the comprehensive work that occurs behind the scenes to ensure every clinic runs smoothly.

PHSD is the lead agency for inventory management and ongoing planning takes place for vaccine allocations with a goal of vaccinating as many people as possible with no vaccine wastage. Valuable partnerships and strong relationships have allowed collective planning pertaining to respective community clinics including clinic locations, frequency of clinics, the uniqueness that some communities present with, setting up and operating clinics in a COVID-19 safe-manner and identifying the needs of the people in the community. Implementation committees represented our entire catchment area including with First Nations, City of Greater Sudbury, Lacloche Foothills, Manitoulin Island, Sudbury East and Chapleau.

Community paramedicine and Manitoulin Sudbury District Services Board partners helped administer over 500 doses of vaccine to date to our homebound clients. Local hospitals collaborations have taken place to vaccinate inpatients that are eligible for the second dose while admitted. We are working closely with primary care physicians with respect to training and distribution of vaccine and more recently in assisting with Sudbury's first drive-thru clinic. We have worked with the NE LHIN with identification of clients, working with the community social service groups to vaccinate our vulnerably housed and homeless members of the Sudbury community. PHSD has also engaged with the Directors of Education for the youth and family vaccination strategy to vaccinate youth aged 12-17 with two doses of Pfizer two weeks prior the beginning of school in September.

Clinics are typically setup to target a particular priority population and different types of clinics are being offered, including mobile clinics, vaccine-to-client clinics and mass immunization clinics. Organizing COVID-19 vaccination clinics is a massive undertaking and this work has been led by dedicated and passionate Public Health Sudbury & Districts staff who do what it takes to give the best client experience possible. Examples of client experiences include ensuring wheelchairs and walkers are available at clinics

geared to the 80+ age group; slowing down the pace of clinics, vaccinating clients in their vehicles, etc.

It was concluded that it takes a village to run a successful clinic with staff, partners, and volunteers all working in tandem. We have vaccinated over 100,000 clients with their first dose to date.

Questions and comments were entertained and related to vaccine interchangeability, clinic accommodation for those with fear of needles, pending provincial direction for return to school in September relating to personal protective equipment and safety/accommodation plans for younger children. Dr. Sutcliffe noted that vaccine coverage rates will continue to be an important factor when planning for the fall as well as for our public communication.

The Board of Health congratulated the team for the rolling out innovative, smooth, effective, and welcoming clinics in collaboration with partners.

5. CONSENT AGENDA

Questions were entertained regarding the seniors' dental program and Naloxone kit distribution.

R. Lapierre was congratulated on being acclaimed on the alPHa Board of Directors representing the North East region.

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

21-21 APPROVAL OF CONSENT AGENDA

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

CARRIED

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

Dr. Sutcliffe introduced H. Browne who is overseeing the IPAC Hub initiative to provide an update on the IPAC Hub mandate and the progress to date.

A one-time funding letter is attached by way of background information and motion is tabled for the Board's consideration.

The Ministry of Health's direction to the IPAC hubs is to provide tools to settings who work with or house the most vulnerable populations to protect them from diseases of public health significance, such as COVID-19, influenza and other respiratory organisms. Through this new, province-wide network, congregate living settings can access IPAC expertise, collaborative assistance and just-in-time advice, guidance, and direct support on IPAC practices for both prevention and response. The strategy of IPAC hubs is to:

- decrease number of COVID-19 cases and deaths
- increase quality of life for staff, residents, and families
- improve IPAC preparedness with a prevention goal

At Public Health Sudbury & Districts we welcomed the opportunity to work with our partners and build relationships to support our congregate residential and non-residential settings, to assess their IPAC preparedness and assist them with increasing their IPAC knowledge. The IPAC hub team consists of a manager and four IPAC practitioners who work collaboratively with the congregate settings throughout the Sudbury and Manitoulin districts to provide education, advice, guidance, and support. With the additional one-time funding provided by the Government of Ontario we have enhanced our presence in the community and specifically conducting visits to 92 congregate living settings.

The Ontario's Long-Term Care COVID-19 Commission April 2021 Final Report Commission outlined that measures implemented in response to learnings from SARS

and H1N1 were unfortunately not sustained and that, had they been, congregate living settings would have been better prepared when faced with COVID-19. The developments of IPAC hubs is an excellent start and the IPAC Hub has made tremendous progress with future infection prevention and control work identified as follows:

- Complete assessments and audits for all congregate living settings.
- Develop education plans.
- Enhance the agency website.
- Re-visit congregate living settings.

With ongoing funding, we would continue with this valuable IPAC work in congregate living settings across our service areas.

Questions/comments were entertained and H. Browne was thanked for this comprehensive presentation. The Board of Health acknowledged this much needed program to protect vulnerable citizens and the need for ongoing funding, beyond the one-time funding.

22-21 SUPPORT TO ESTABLISH THE INFECTION PREVENTION AND CONTROL (IPAC) HUB MODEL AS AN ONGOING PROGRAM

MOVED BY KIRWAN – MASSICOTTE: 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.

UNANIMOUSLY CARRIED

ii) 2020 Audited Financial Statements

– Public Health Sudbury & Districts Audited Financial Statements for 2020
Chair of the Board of Health Finance Standing Committee, C. Thain, reported that the Committee met on June 10, 2021, to review the 2020 draft audited financial statements, included in today's Board of Health agenda package. 2020 was an exceptional year considering the magnitude of changes and the year-end financial position is a testament to the hard work of the staff under the leadership of Dr. Sutcliffe.

It was recapped that the provincial government moved forward with the implementation of the changes to the funding formula as of January 1, 2020, and shortly thereafter was the onset of the COVID-19 pandemic. The pandemic resulted in the shifting of significant resources in support of the pandemic response. The ministry made several financial announcements to assist Public Health Units COVID-19 extraordinary expenses. During this time, PHSD navigated through these changing pressures and adjusted its spending approach to ensure the organization would be in the best financial position as possible. The 2020 Audited Financial Statements reflect that changing landscape.

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as of December 31, 2020, resulting in an annual surplus of \$697,918. The auditors did not identify any material misstatements, illegal acts or fraud and no internal control issues. As such, the auditors propose to issue an unqualified report on the financial statements subject to the approval today of the draft statements. The financial statements for 2020 are presented with the Board Finance Standing Committee's recommendation for approval of the 2020 audited financial statements.

Questions and comments were entertained. C. Thain and members of the Board of Health Finance Standing Committee were thanked for their careful review of the draft statements. Dr. Sutcliffe and team were thanked for their hard work through 2020.

23-21 ADOPTION OF THE 2020 AUDITED FINANCIAL STATEMENTS

MOVED BY THAIN – HAZLETT: 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.

CARRIED

7. ADDENDUM

24-21 ADDENDUM

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

CARRIED

DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

i) Report of Standing Committees

- Unapproved minutes of the Board of Health Finance Standing Committee, June 7, 2021
- Unapproved minutes of the Board of Health Finance Standing Committee, June 10, 2021

The unapproved minutes are shared for information.

ii) COVID-19: Respond, Recover, Restore

- Infographic

An Infographic was developed to help communicate Public Health Sudbury & Districts COVID-19 Pandemic response activities as well as key indicators such as case and contact management, immunization, public communications, and resources/financial implications. The infographic outlines examples of Public Health Sudbury & Districts' programs and services that have been impacted by the pandemic, pandemic control

measures and priorities that need to be acted upon. There is work required to recover and restore full system capacity to create equal opportunities for health for all.

The data and these observations will help identify key post-pandemic priorities. As we restore public health programs and services, we want to create the future and how public health will continue to contribute. Lessons learned will be a key point that will be part of our restoration. Restoration will require reflection and learning from the lessons of this pandemic. Public health has been resilient, as has been our communities and the province, and the recovery journey will require collective efforts and key partnerships.

The infographic will be available in French and will be shared publicly and promoted.

8. ANNOUNCEMENTS

- Board of Health members were invited to complete the survey for today’s Board of Health meeting.
- Board of Health members who have not had a chance to sign the Conflict of Interest and Code of Conduct declaration forms are reminded to do so through BoardEffect.
- The next Board of Health meeting is September 16 as there are no regular meetings in July and August. Everyone was wished great and safe summer.

9. ADJOURNMENT

25-21 ADJOURNMENT

MOVED BY THAIN – KIRWAN: THAT we do now adjourn. Time: 2:54 p.m.

CARRIED

(Chair)

(Secretary)

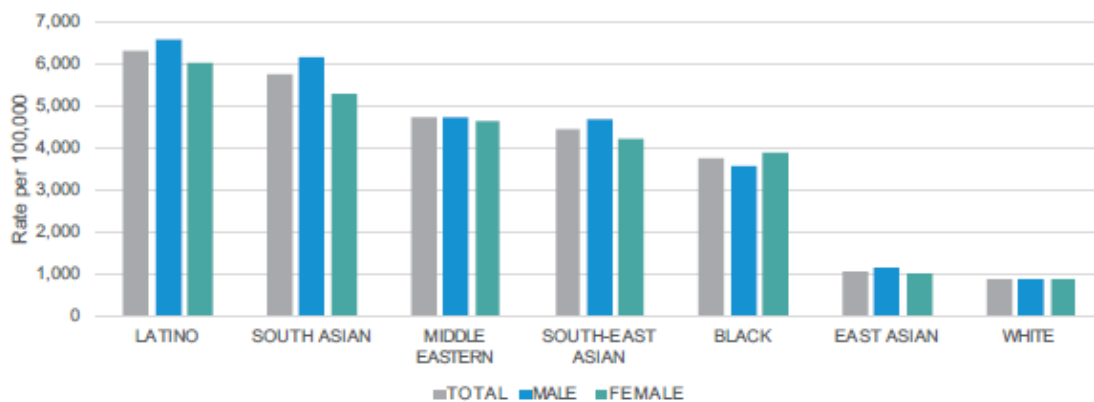
Medical Officer of Health/Chief Executive Officer Board of Health Report, October 2021

Words for thought

Tracking COVID-19 Through Race-Based Data

The racialized and inequitable health outcomes generated by the pandemic are not products of the pandemic alone—they are the result of systems that produce marginalization of racialized communities.

FIGURE 2. CUMULATIVE PER CAPITA INFECTION RATE BY RACE/GENDER IN ONTARIO (JUNE 26, 2020 TO APRIL 21, 2021)



Data source: CCM plus and 2016 census population

Data note: Missing race data for 43% of all cases (171,915/ 398,651). To avoid double counting, 505 cases (<1%) have been removed that indicated more than one ethnicity. While CCM does provide the option of selecting non-binary and transgender for the client gender question, the 2016 Census did not, and it is therefore not possible to present rates for non-binary and transgender COVID-19 cases. Denominators used refer to sex (not gender) and may include cases that do not in fact identify as male or female. The 2021 Census will include questions on both "sex at birth" and "gender".

Key findings

- COVID-19's impact has been highly racialized.
- Racialized populations experienced higher rates of COVID-19 infection, higher rates of COVID-19 related hospitalization, ICU admissions, and death.
- White Ontarians had the lowest rates of COVID-19 infection.

Three key recommendations identified in report to address health inequities from COVID-19

1. That Ontario's health and public health systems standardize the collection of socio-demographic data through health card registration and renewal.
2. That the health system apply anti-racist approaches to identify systemic causes of health inequities.
3. That the health system use race-based data to inform recovery efforts and address structural inequities. Directly acknowledging fundamental causes of systemic racism.

Source: [Report: Tracking COVID 19 Through Race-Based Data | Ontario Health](#)

Released August 6, 2021

General Report

1. Board of Health Membership

Claire Gignac has been reappointed to the Board of Health. Claire's term as a provincial appointee is until September 23, 2023.

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

I participated in COMOH (Council of Medical Officers of Health) Executive meetings on June 18, July 9, and September 10, 2021.

The Public Health Alumni Association (PHAA) of the Dalla Lana School of Public Health at the University of Toronto, recognized alumni Medical Officers of Health for their contributions during the pandemic. On September 10, 2021, I along with fellow alumni who are Associate/Medical Officers of Health, were recognized at the CP Shah Award virtual ceremony. Alumni members outlined the public health 'superpower' that were found most valuable during the pandemic. I also participated in the CP Shah/DLSPH Alumni Recognition Panel Discussion on September 17, 2021, which was held during the Introduction to Public Health Sciences course, and provided an opportunity for students to hear from alumni working in the front lines.

I attended the ALPHA Board of Directors meeting on September 17, 2021.

Various COVID-19 meetings continue to take place, including regular meetings the Ministry of Health such as COVID-19 Vaccine Operational and Plannings, COVID-19 Public Health Coordination meetings, meetings with the Chief Medical Officer of Health (CMOH), Council of Ontario Medical Officers of Health (COMOH) meetings as well as regular meetings between the Northern Medical Officers of Health. Various meetings with local partners continue, including meetings with the Directors of Education and the City of Greater Sudbury. The Public Health Sudbury & Districts Emergency Control Group (ECG) continues to meet twice weekly.

4. Financial Report

The August 2021 year-to-date cost-shared financial statements report a positive variance of \$2,024,352 before addressing COVID-19 related expenses. With COVID-19 expenses of \$6,577,202, and funding for COVID-19 extraordinary expenses received to date of \$11,206,992,

we are in a positive COVID-19 position of \$4,629,790 resulting in an overall positive variance of \$6,654,143 for the period ending August 31, 2021.

5. 2022 Cost-Shared Operating Budget

The 2022 budget planning process started in the middle of August and the Senior Executive Committee met over several meetings to review and prepare the 2022 operating budget. The Finance Standing Committee of the Board is scheduled to meet on November 2, 2022, to review a draft budget with the recommended budget being presented at the November 18, 2021, meeting of the Board of Health.

6. Infrastructure Modernization Project

1300 Paris Street

- The overall project is progressing well. General demolition is complete with metal studs and framing started as well as electrical rough ins.
- As a result of global supply issues and delay of the HVAC units, the phasing has been revised. PHSD has proposed and the contractor has agreed to complete level 1 & 2 by February 28, 2022, and completion of the ground level by March 31, 2022. This would allow for the main and second floor to be open at the same time and staff could be welcomed back to site one month sooner. This maintains the original completion date for the project.
- The project is on budget.
- Work to prepare the structure of the exterior wall for the new signage continues. Surface cladding is expected to be completed in October and signage installed in November.

Elm Place

- The project is progressing well with gypsum board completed at 80%.
- Delivery dates for HVAC units and equipment remain as stipulated by vendors.
- Barring any unforeseen circumstances, the space is expected to be completed on time.
- The project remains on budget.

7. Professional Practice and Chief Nursing Officer Report

On June 23, 2021, the Master of Science in Nursing/Nurse Practitioner Program (French and English) underwent a cyclical review as a requirement of Laurentian University's Institutional Quality Assurance Process. This process was designed to comply with the Quality Assurance Framework adopted by the publicly assisted universities of the Province of Ontario. Further to this, the Ontario Council of Academic Vice-Presidents (OCAV) established the Ontario Universities Council on Quality Assurance (the Quality Council). The Council operates at arm's length from universities and governments, to ensure its independence. The OCAV also

acknowledges that academic standards, quality assurance and program improvement are, in the first instance, the responsibility of the universities themselves. Public Health Sudbury & District's Chief Nursing Officer, as an external stakeholder, met with the review committee in order to provide feedback on the programs.

8. Annual Board of Health Self-Evaluation

As shared by email with the Board of Health, the annual Board of Health self-evaluation survey is deferred for 2021 due to the focus on COVID-19 and altered Board of Health meeting schedule this year.

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

Feedback regarding the MOH/CEO's annual performance appraisal, as per Board of Health Policy and Procedure I-VI-10, was sought from the Board of Health and Senior Management members through an electronic survey in BoardEffect on your iPad. The deadline to complete the survey was September 29, 2021, and extended to October 6.

The review process included feedback from all Board of Health members and the positions that report directly to the MOH/CEO. This feedback will be reviewed by the Board of Health Executive Committee, followed by a meeting between the Board Chair and the MOH/CEO. A Board Executive Committee meeting has been scheduled for this purpose. The Board of Health will be advised once the performance appraisal process is completed.

10. Annual Training Requirements

All Board members are asked to review these two mandatory annual Board of Health training materials before December 31, 2021:

Baby-Friendly Initiative (BFI)

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

The BFI Policies & Procedures (four), key messages and the online training module will be emailed to Board of Health members and can also be found in BoardEffect under Libraries – Board of Health – Annual Mandatory Training: Baby Friendly Initiative (BFI) for Board Members.

It is important to note that:

- (i) the [BFI online training module](#) will have to be viewed from a computer as the module software is not accessible from your iPads;
- (ii) the links within the module (except for the video on slide 22 on the importance of breastfeeding) will not work for you; however, all materials are available in BoardEffect; and
- (iii) it is not necessary for you to complete the Post Test section of the module.

Please email guesnelr@phsd.ca to confirm completion of the online training module and review of the BFI materials.

Emergency preparedness

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

The emergency preparedness Power Point is attached to the October 21 BoardEffect event and can also be found in BoardEffect under Libraries – Board of Health – Annual Mandatory Training: Emergency Preparedness Training for Board Members.

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

Following are the divisional program highlights.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Seniors dental care

Oral Health Program staff have been continuing to provide preventive oral health services to clients of the Ontario Seniors Dental Care Program (OSDCP) at our main office. Such services will be increasing from two and a half days per week to three full days, beginning in September. Staff have also been continuing to provide OSDCP enrollment support and coordinating client referrals to our contracted dental providers. Finally, staff contacted all existing OSDCP clients to confirm their eligibility for the new coverage year that began on August 1, 2021, and have been working to secure additional providers for denture-related services.

2. Healthy Growth and Development

Healthy growth and development

Between the months of June through September, 252 parents were sent reminder postcards to book an 18-month screen appointment for their child with their health care providers.

Breastfeeding

During the months of June through September, the breastfeeding clinic continued to deliver services to new parents and their infants. A total of 321 appointments were provided both in in-person and virtual settings as required.

Healthy pregnancies

The online prenatal program continues to be available online. During the months of June through September, 189 people registered to learn more about topics such as infant care, breastfeeding, and early stages of parenting.

3. Racial Equity

The Racial Equity team connected with associations representing priority populations in our community, to enquire about COVID-19 and challenges with vaccination uptake. This included: Centre de santé communautaire du Grand Sudbury (New-Comer Services), Nigerian Community Association of Greater Sudbury, Ivoirian community, Haitian community, Afro Heritage Association, Laurentian University Afro Caribbean Association, Black Lives Matter Sudbury and the Sudbury Prathana Samaj - Sri Lankan Association. The general theme from meetings with community leaders after consultations with their members is that many in community have been vaccinated (at least for their first dose) despite prior hesitancy and reluctance at the beginning of the vaccination campaign. They note that there continues to be some concern within their membership, and recommendations on future communications regarding vaccine safety and efficacy were collected.

A pop-up vaccination clinic was held in collaboration with Black Lives Matter, and 24 doses were administered.

Staff participated in 2 roundtables on intersectionality, one in French and one in English, in partnership with community agencies.

Also, the team met with the staff of Health Sciences North, who have volunteered to be part of an allyship trainers' community of practice.

4. School Health

Oral health

The Healthy Smiles Ontario preventive dental program staff have been continuing to provide dental cleanings for eligible children at the main office and district offices. Enrolled children receive preventive care twice a year. Many children experienced a reduction in oral health care due to COVID-19 restrictions and the team is seeing an increase in the number of children requiring access to emergency dental services.

5. Substance Use and Injury Prevention

Community drug strategy

The Community Drug Strategy Executive Committee, co-chaired by Dr. Sutcliffe and Chief Pedersen met on September 24. It was reported that two applications have been submitted to Health Canada for an exemption to operate an Urgent Public Health Needs Site and a Supervised Consumption Site. Also, that an application has been submitted to the Provincial Government for Supervised Consumption and Treatment Site funding. Following a presentation to City of Greater Sudbury Council from Dr. Sutcliffe, Chief Pederson and Dr. Richard Rainville, Council unanimously approved funding for the operating budget for a UPHNS and voted that funding for the site be treated as an un-budgeted expense in 2021 for the remainder of the year and that a maximum amount of \$1.1 million be added to the city's 2022 draft budget. The funding will be in place for 3 years. Funds will flow from the City to PHSD and then to Réseau ACCESS Network, managed by an Memorandum of Understanding with detailed deliverables. The City of Greater Sudbury has selected property off Energy Court immediately adjacent to the City's downtown as the site for a UPHNS and have purchased trailers to be installed on this property.

Comprehensive tobacco control

For the month of June, there were 21 calls received on the Quit Smoking Clinic telephone line. In July, there were 18. The number of calls responded to in August was 21, and September was 27 calls.

The Quit Smoking Clinic services are currently on hold, and individuals seeking support are being referred to other programs throughout Ontario.

Harm reduction – Naloxone

Agencies continue to adapt and be onboarded to the Ontario Naloxone program. In August, staff onboarded one Indigenous organization, which was Mnaamodzawin Health Services Inc.

During the months of June and July, Public Health Sudbury & Districts and community partners in our region distributed a total of 2 336 naloxone kits. During August and September, that number was 4 444.

Health Sciences North continues to expand their inpatient naloxone distribution programs to their internal medicine, respiratory, and cardio floors. For the month of July, they distributed 28 naloxone kits, August they distributed 39, and in September they distributed 72.

Life promotion, suicide risk and prevention

A report on suicide trends in Ontario was released by the Office of the Chief Coroner in August. The report indicated that although suicide rates have increased over recent years, there was no observed increase in the number of suicides in 2020 compared to previous years.

The report also noted that higher rates of suicide continue to be observed in males aged 40 to 59 compared to other age and sex groups, and that Northern Ontario continues to be affected by higher rates of suicide compared to Southern Ontario.

Action on suicide prevention remains critical. Public Health Sudbury & Districts, along with Compass (previously Child and Family Centre) co-chairs the Suicide Safer Network for the Sudbury and Manitoulin area. This is an inter-agency committee dedicated to creating a community free from suicide loss. In August, the Committee issued a survey to partners to inform future action in suicide prevention, intervention and postvention in our community.

In recognition of World Suicide Prevention Day on September 10, the Network hosted an event at Bell Park, which was covered by the Sudbury Star. This event was an opportunity to raise awareness of suicide, and to promote action to reduce the number of suicides. This year's theme was "Creating Hope Through Action". This event featured speakers with lived experience, and 32 members of the community joined to participate in a tea lighting ceremony.

Smoke Free Ontario Strategy

The North East Tobacco Control Area Network with the support of CTV will be running three initiatives through the fall and into winter months. Currently running is a Smoke-Free Campus ad, followed by a Multi-Unit Housing ad in October and November. Our final campaign of the year is our Quit Smoking Testimonial ads. The TCAN is also working on the completion of a media plan for youth vaping prevention and cessation messaging to run before year's end supported by our local NE PHUs and Bell Media. We also continue to develop the NE TCAN website platform.

Substance use

On June 9, 2021, staff at Public Health Sudbury & Districts, and the coordinator of the Community Drug Strategy for the City of Greater Sudbury participated in the "Two Years Too Many: A northern opioid townhall" discussion to address the opioid crisis in Northern Ontario, and to answer questions from the public.

In June, Northern Ontario health units created a Northern Community of Practice (CoP). The CoP was formed to explore innovative approaches and share knowledge to address the effects of opioids, as well as to develop approaches to prevent and mitigate the harms of the opioid epidemic in our regions. The purpose of the Northern Public Health Unit Opioid CoP is to collectively advocate and support the reduction in harms associated with the opioid epidemic in the north, prevent opioid use, end stigma, and save lives.

On behalf of the seven northern Ontario local public health agencies, a proposal was submitted to the provincial government outlining immediate needs which are specific to each respective health unit, and a medium-term pan-northern approach to address opioid-related issues in an effective and sustainable way.

At a City Council meeting on June 15, 2021, City of Greater Sudbury City Council selected property off Energy Court in the city's downtown as the site for a temporary supervised consumption site. Following this meeting, on June 29, 2021, the City of Greater Sudbury City Council unanimously approved funding for the operating budget for an Urgent Public Health Needs Site and voted that funding for the site be treated as an un-budgeted expense in 2021 for the remainder of the year and that a maximum amount of \$1.1 million be added to the city's 2022 draft budget. The funding will be in place for three years. Funds will flow from the City of Greater Sudbury to Public Health Sudbury & Districts and then to Réseau ACCESS Network, managed by a memorandum of understanding with detailed deliverables.

In response to securing funding and a location, Public Health Sudbury & Districts, in partnership with Réseau ACCESS Network applied for an exemption to operate an Urgent Public Health Needs Site in mid-July. We are awaiting approval from Health Canada.

Additionally, in August, an application was submitted to the Federal Government for an exemption to operate a Supervised Consumption Site, which would be a longer-term service. An application was also submitted to the Provincial Government for a Consumption and Treatment Service, which is eligible for provincial funding. We are currently waiting for approval on these applications. If approved, Réseau ACCESS Network will be the operator of the site.

Recently, the opioid fatality numbers from April 2020 to March 2021 have been released. From January to March 2021, we have lost 32 residents. This is the same number as all of 2018. These statistics show the importance of continuing to sound the alarm as Public Health Sudbury & Districts still has the highest rate of opioid-related deaths in Ontario, with a rate of 58.4 per 100 000.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. Mental Health Promotion

The School Health Promotion Team continues to provide up-to-date information and resources to school community members. The team also provided messaging regarding mental health promotion for social media use geared towards school-aged children and youth. The team has also met with Mental Health Leads from local school boards to plan and implement programming for the 2021-2022 school year. Of note, targeted mindfulness programming will be implemented in one school board, geared to secondary students that are part of the life skills program.

2. Vaccine Preventable Diseases and COVID Case and Contact Management

On June 17, 2021, the Vaccine Preventable Diseases team issued an advisory on [Missed opportunities for vaccination it is time to catch up](#). The target audience for this advisory was health care providers as well as parents in our community. *Publicly Funded Immunization Schedules for Ontario, January 2021* was highlighted for awareness and implementation. The need to report all vaccinations received in the community was also highlighted.

Public Health Sudbury & Districts started offering community catch-up clinics on July 14, 2021, to help children under 11 years of age catch-up on routine and required immunizations. A news release was issued on July 8 to advise the community of these much needed clinics: [Community Catch-up Clinics](#). These clinics were also opened up to adolescents and another public service announcement was issued on July 16, 2021: [Adolescents are now eligible for Community catch-up clinics](#). Throughout the summer, Public Health Sudbury & Districts was able to immunize 209 children.

On July 30, 2021, Public Health Sudbury & Districts responded to an Outbreak of Hepatitis A infection linked to frozen mangos affecting the entire province. The Vaccine Preventable Diseases team hosted 3 post exposure prophylaxis Hepatitis A clinics. A total of 46 individuals were immunized against Hepatitis A.

On October 1, 2021, the Vaccine Preventable Diseases team issued an advisory on [Influenza vaccine availability for the 2021/2022 season](#). The target audience for this advisory was health care providers in our community. The 2021-2022 Universal Influenza Immunization Program was highlighted, including available vaccines for this season. The Ministry of Health implementation package for health care providers was also provided, as well as an initial order form for health care providers.

3. COVID and Schools

Staff conducted three Infection Prevention and Control visits in schools and daycares that were in outbreak status, either due to COVID-19 or other respiratory agents. The team supported case and contact management and worked with the schools and daycare operators to provide education and guidance during the outbreak.

Staff also conducted COVID-19 consultations, education, and awareness building activities with parents and with school, daycare, and summer camp staff. Support and guidance on symptom management, illness prevention, personal protection strategies, and infection prevention and control were provided.

The team has reviewed the recently released *COVID-19: Health, safety and operational guidance for schools (2021-2022)* and the *COVID-19 guidance: school case, contact and outbreak management* guidance to prepare for the upcoming school year. The team updated the Schools and COVID section of the website and created social media messages for the return to school season.

COVID behaviour change

The School Health and Behaviour Change team members continue to develop social media posts pertaining to personal protective measures. Over the summer months, members of the team launched the COVID-19 safe summer adventures campaign. The purpose of this campaign was to promote safer personal health practices. Individuals were encouraged to protect themselves, their loved ones as well as their community by following public health guidelines for COVID-19. Because not all eligible residents have been vaccinated with both doses of the COVID-19, communication regarding continued mask wearing, physical distancing, hand hygiene were reinforced. In addition, the team developed a social media series entitled *Things in common*, being posted on social media channels every Friday as a fun fact. These are based on personal protective measures including handwashing, physical distancing, staying home when ill, and gatherings. The team continues to make website updates, and share COVID-safe tips in the weekly updates.

For Thanksgiving, the team developed a COVID-safe campaign which included website information on celebrating in a COVID-safe way, a social media series pertaining to traveling, promoting outdoor activities, and celebrating safely. The team also issued a news release for additional promotion.

Youth and youth adult survey

Members of the School and Behaviour Change team launched an online survey for youth and young adults. The goal was to collect feedback on our COVID-19 social media strategies and the effectiveness of our messaging on behaviour change for this population. A total of 710 people responded. The results provided insight into the type of messaging and language that resonates

with youth, where they are most likely to look for information regarding COVID-19 safe behaviours and some recommendations for communication strategies with youth and young adults on the importance of vaccination going forward. The team is currently working to integrate the findings into the workplan to encourage personal health behaviours regarding COVID-19 as well as encouraging vaccine uptake.

Vaccine program communication

The School Health and Behaviour Change team members created social media posts, completed regular website and weekly report updates, 15 media interviews as well as wrote news releases that provided our communities with information pertinent to receiving the COVID-19 vaccine. Shared were details such as general safety and efficacy of the COVID-19 vaccine, populations that are eligible (e.g., 12 year and older), interchangeability of the mRNA vaccines, updates on vaccine coverage by age and geography as well as dates, times and locations for vaccination.

Members of the School and Behaviour Change team created the Public Health Sudbury & Districts digital vaccine toolkit for workplaces. This toolkit is designed to serve as a resource for local businesses as they navigate encouraging vaccination in the workplace. In the toolkit are videos, posters, fact sheets, policy templates to be used as needed.

A review of vaccination coverage and uptake data at both the provincial and local levels demonstrated that certain populations are more hesitant or unable to access a vaccine. These populations include individuals that are pregnant, newcomers as well as those dealing with mental health or substance misuse and addictions. An Advisory Alert seeking support from health care providers to improve vaccine uptake among vulnerable groups and priority populations was written and issued in August to help increase confidence and reach for COVID-19 vaccination.

Members of the team continued to promote COVID-19 vaccination uptake through the “Sit here!” campaign using billboards and social media posts to encourage residents to sit with us to receive their vaccination, so we can return to other activities such as movies, weddings, and in-person learning.

The “Motivation for Vaccination” campaign has been underway since June with three additional videos and social media posts issued that share images of community members holding a sign with their reasons for getting vaccinated. The plan is to continue this campaign into the fall with more key influencers across the catchment area with the hope that any vaccine hesitant individuals will feel encouraged to book an appointment or use a walk-in option to get their COVID-19 vaccine.

The “Second Dose Summer” campaign was launched using social media in June promoting the importance of receiving both doses of the COVID-19 vaccine. Information was shared on the effectiveness of the vaccine with only a single dose versus having both doses. This campaign is

important to ensure individuals across the catchment area have maximum protection against the dominant Delta variant. It is also key for enhanced safety for return to school in the fall.

Vaccine Champion initiative

Members of the School Health and Behaviour Change team have launched the “Vaccine Champion” initiative. The goal is to gather influential community members to help encourage those that are hesitant to get vaccinated. An invitation to become a champion has been sent to a list of key influencers from various sectors in the catchment area, including school boards, health care providers, childcare centres, and mental health. Youth and young adults that have previously volunteered with Public Health Sudbury & Districts were also invited to participate.

Health Protection

Environmental Public Health week was celebrated September 20 to 24, 2021. This year's theme was "The Path Forward" which highlights the emerging issues responded to by Environmental Public Health practitioners across the country. These include response to the COVID-19 pandemic and the impacts of climate change, in addition to ongoing critical work to ensure that the air we breathe, the food we eat, and the water we drink are safe. We are extremely proud of the ongoing flexibility and dedication of local Public Health Inspectors.

1. Control of Infectious Diseases (CID)

During the months of June, July, August, and September, staff followed up with 319 new local cases of COVID-19 and their contacts.

Inspectors followed-up on 79 complaints, 71 consultations, and 12 requests for service related to compliance with COVID-19 preventative measures. One local business owner was issued a Summons to attend Provincial Offence Court for failing to comply with an order under the *Reopening Ontario Act*.

Sixteen respiratory outbreaks were declared in the months of June, July, August, and September. The causative organism of twelve of the outbreaks was identified as COVID-19. The cause of one outbreak was rhinovirus, and the cause of three respiratory outbreaks could not be confirmed. Staff continue to monitor all reports of respiratory and enteric illness.

Further, 45 sporadic enteric cases and six infection control complaints were investigated during the summer months. Thirteen requests for service were also addressed.

Infection prevention and control hub

During the months of June, July, August, and September, 732 IPAC follow-up calls were completed as well as 50 IPAC assessments and audits at congregate settings.

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

Sexual health promotion

A recent increase in syphilis cases across our service area prompted an Advisory Alert to be issued on August 20, 2021. The Advisory Alert provided an update regarding the importance of proper treatment of diagnosed infectious syphilis cases. Health care providers were reminded to treat as per the Canadian Guidelines on Sexually Transmitted Infections and that they have access to publicly funded syphilis treatment.

Sexual health clinic

The Elm Place office site completed a total of 1 126 telephone assessments related to STIs, blood-borne infections and/or pregnancy counselling in June, July, August, and September, resulting in 395 onsite visits.

Needle exchange program

In June, July, and August, harm reduction supplies were distributed, and services received through 6 844 client visits across the Public Health Sudbury & Districts' region.

3. Food Safety

In response to a multi-provincial Hepatitis A outbreak linked to frozen mango products, a media release was issued on August 5, 2021. The media release provided a list of recalled brands and directed those with recalled products to discard the product or return it to the store. The release also served to announce that individuals who had consumed the recalled mango product in the last 14 days qualified for free Hepatitis A vaccine through Public Health Sudbury & Districts at one of three mass immunization clinics or by attending their local Public Health office.

The recall of frozen all white meat fully cooked diced chicken due to *Listeria monocytogenes*, prompted public health inspectors to contact 29 institutions including hospitals, long-term care homes, and retirement homes. No recalled product was found.

4. Health Hazard

In June, July, August, and September, 90 health hazard complaints were received and investigated. Public health inspectors issued one order in response to a health hazard.

5. Ontario Building Code

During the months of June, July, August, and September, 234 sewage system permits, 92 renovation applications, 28 consent applications, and 2 zoning applications were received.

6. Rabies Prevention and Control

One hundred and forty-four rabies-related investigations were carried out in the months of June, July, August, and September. One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and was subsequently reported as negative.

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

7. Safe Water

During the months of June, July, August, and September, 34 beaches were sampled with a total of 1 136 samples collected during 187 visits. Re-sampling was conducted in response to 30 sampling results that exceeded the recreational water quality standard of 200 E. coli per 100 mL of water. Nine beaches were posted as unsafe for swimming due to elevated levels of E. coli. All beach sample results have since returned to levels that are deemed to be acceptable for recreational water use.

Public health inspectors investigated 13 blue-green algae complaints over the summer months, 3 of which identified blue green algae capable of producing toxin.

During June, July, August, and September, 362 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 45 regulated adverse water sample results, as well as drinking water lead exceedances at 9 local schools.

Twenty-two boil water orders, and 3 drinking water orders were issued. Furthermore, 18 boil water orders, and 3 drinking water orders were rescinded.

One pool was ordered closed due to adverse water chemistry. The order has since been rescinded following corrective action and the pool allowed to reopen.

8. Smoke-Free Ontario Act, 2017 Enforcement

In June, July, August, and September, *Smoke-Free Ontario Act* Inspectors charged four individuals for smoking on hospital property, and one individual for smoking in a workplace.

9. Vector Borne Diseases

In June, July, August, and September a total of 10 278 mosquitoes were trapped and sent for analysis. During this time, a total of 120 mosquito pools were tested for West Nile virus, with all of these testing negative.

Two human case of Lyme disease were reported within our service area. A media release was issued on July 30, 2021, to remind the public of how to prevent tick bites and also provided information on removing and submitting ticks for testing.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

Team members have continued to support and engage with the COVID-19 vaccination program. This includes efforts to support vaccine uptake among priority populations, marginalized individuals, individuals living in congregate settings, and schools and families requiring special accommodations or additional supports to receive their COVID-19 vaccine. This has included focused outreach and purposeful planning to bring vaccines to where the people are with new and evolving vaccination approaches (e.g., small pop-up clinics for individuals experiencing homelessness, sensory friendly clinics, mobile clinics for congregate settings, and mobile bus vaccine clinics for diverse groups and locations). Outreach has also continued to support vaccine uptake among pregnant women, newcomer immigrants, recent refugees, individuals with severe mental illness, substance use disorders, developmental disabilities, chronic home care, individuals experiencing homelessness, and individuals who may face barriers to safety at immunization clinics.

Work has continued to support ongoing vaccination programming with urban Indigenous and First Nations partners. This has included vaccination opportunities, the engagement of vaccine storing and handling agreements, and recent onboarding of First Nation communities wishing to have vaccination records retroactively entered into COVax. Staff have been collaborating with elder care lodges and long-term care homes to ensure delivery of third doses of vaccine among residents located in seven First Nation communities in the Public Health service area in September and October.

The team prepared agency messaging for the National Day for Truth and Reconciliation, including internal communication and sharing of staff development opportunities, a presentation at an all-staff meeting, and external communication materials including a video featuring the Medical Officer of Health.

2. COVID-19 Vaccine Program Support

Knowledge and Strategic Services staff team members continue to support the COVID-19 vaccination planning efforts. This has included ongoing support for overall vaccine program planning, support for the Greater Sudbury Implementation Committee, and outreach with youth in school settings, the essential workplace sector, and priority populations to ensure COVID-19 vaccinations are accessible to Sudbury and district residents.

School-based COVID-19 vaccine clinics started during the first week of school and were completed on October 1 for youth aged 12 to 17. Public health staff will be returning to all schools where students require a second dose to complete their vaccine series. These school visits will be happening throughout the month of October.

Greater Sudbury has retrofitted two buses to serve as mobile vaccination buses for Public Health use across our service area. Mobile bus clinics began operating in the summer and have focused on areas with low vaccination uptake, areas where younger individuals and families congregate, and areas identified as having had lower access to vaccination opportunities overall. From the launch of the mobile bus (mid-July), up to October 3, there have been 83 unique locations frequented by the buses and a total of 122 clinics. This approach has proven very successful in providing opportunities to reach clients.

3. Population Health Assessment and Surveillance

The Population Health and Surveillance team continue to field internal, external, and operational planning data requests for the management and decision support of COVID-19 and program priorities. Team members have led the reporting of COVID-19 data to capture and deliver information on both vaccination metrics and overall COVID-19 status for the community. These data are used to produce numerous up-to-date case, contact, and COVID-19 vaccination reports for internal and external audiences. The team has also worked closely with the Health Protection Division to improve data quality and manage outbreaks and continues to manage other duties including routine reporting and response to media, public, and internal inquiries.

4. Research and Evaluation

Knowledge and Strategic Services team members have developed and led the administration of surveys on vaccine motivations, barriers, and hesitancy. The first survey targeted members of the public and was administered by volunteers in public locations near vaccination clinic sites (for example, grocery store parking lots or municipal parks). Findings identified the top three reasons for COVID-19 vaccine hesitancy as: fear of long-term impacts, fear of side effects, and rumours and conspiracies. The final report will be posted to our website and shared with partners in the coming weeks. A similar survey was conducted to examine the causal factors of

vaccine hesitancy among adolescents. The majority of respondents agreed that vaccination is important to stop the spread of COVID-19. Forty percent (40%) of respondents shared that the decision to receive the vaccine was jointly made by themselves and their parent/guardians, while 36% noted that it was their own decision. Results of the survey are available on our website at <https://www.phsd.ca/health-topics-programs/diseases-infections/coronavirus/community-survey-results-covid-19/youth-vaccination-clinic-survey-summary-of-results/>. A survey was also circulated to primary care providers to gather their insights into reasons cited by patients and clients for receiving or not receiving the COVID-19 vaccine and to gather input into useful strategies for increasing uptake and decreasing vaccine hesitancy. This survey closes on October 8, 2021, and the findings will add additional insights to planning efforts.

Other program evaluations completed by team members over recent months include Opioid Surveillance System Evaluation and Allyship training and experiential evaluations.

Knowledge and Strategic Services is also leading the development of the Public Health Sudbury & Districts COVID-19 Recovery Plan. The Recovery Plan outlines key strategies to restore delivery of prioritized OPHS-mandated public health programs and services in the context of persistent COVID-19 infection. To support the restoration of public health programs and services, priorities and strategies to inform evidence-informed decision making, as well as organizational priorities, have been identified. The plan has been shared with senior management and is on track for implementation near the end of October.

5. Staff Development

Due to COVID-19 response, most staff development opportunities have been put on hold. Planning is underway this fall for staff CPR recertification and four staff and management training sessions on the topics of sustainability, resilience, performance/expectations, and emotional intelligence. Nine sessions will be offered throughout the fall, including a focused Management training. Staff and managers are strongly encouraged to attend where operationally feasible.

6. Student Placement

Due to our agency's COVID-19 response, our capacity to take students has been impacted since the spring 2020. For the fall of 2021, the Student Placement Program is hosting two nursing students, one medical resident, and one human resource student. Nursing students are supporting the COVID-19 response and our Healthy Babies Healthy Children program.

7. Strategic Engagement Unit and Communications

Throughout the pandemic, Public Health has focused its efforts on providing credible and reliable information to the community to help promote COVID-safe practices and provide updates on the current status and the ongoing risks to the community. Regularly produced reports that are posted and promoted online provide transparent access to important local updates, for example, Public Health’s Weekly COVID-19 Updates, Epidemiology Summaries, Vaccination Summaries, and weekday case reporting, which include case characteristics. In addition to responding to over 430 COVID-19 related media requests from January to October 2021, Public Health also issues routine public service announcements promoting vaccination clinic opportunities as well as to inform the community of high-risk COVID-19 risk exposures, as the need arises. Low-risk exposures continue to be listed online at PHSD.ca. Public Health’s call centre continues to be an important service to provide trustworthy information and answers to the community’s questions.

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 8 Periods Ending August 31, 2021

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	14,983,563	9,989,042	9,989,042	0	4,994,521
MOH - Other Related Program	1,806,221	1,204,156	1,222,550	(18,394)	583,671
MOH - One Time Mitigation Grant	1,179,500	786,333	786,335	(2)	393,165
MOH - Unorganized Territory	826,000	550,667	550,667	(0)	275,333
Municipal Levies	8,484,189	5,656,126	5,656,126	(0)	2,828,063
Interest Earned	140,000	42,563	42,563	0	97,437
Total Revenues:	\$27,419,473	\$18,228,888	\$18,247,283	\$(18,395)	\$9,172,190
Expenditures:					
Corporate Services:					
Corporate Services	4,638,766	3,205,659	3,270,830	(65,171)	1,367,936
Office Admin.	115,350	76,900	41,665	35,235	73,685
Espanola	119,440	78,725	74,427	4,298	45,012
Manitoulin	129,622	85,395	88,166	(2,771)	41,456
Chapleau	102,536	67,460	77,118	(9,658)	25,418
Sudbury East	18,104	12,069	11,965	104	6,139
Intake	345,062	225,617	228,878	(3,261)	116,184
Facilities Management	574,599	383,066	462,031	(78,965)	112,568
Volunteer Resources	3,850	962	0	962	3,850
Total Corporate Services:	\$6,047,328	\$4,135,855	\$4,255,080	\$(119,226)	\$1,792,248
Health Protection:					
Environmental Health - General	1,415,968	892,856	870,933	21,923	545,035
Environmental	2,541,894	1,546,848	1,267,721	279,128	1,274,173
Vector Borne Disease (VBD)	88,162	58,225	25,567	32,658	62,595
Small Drinking Water Systems	181,995	118,997	87,818	31,179	94,178
CID	1,193,061	852,467	811,367	41,100	381,694
Districts - Clinical	227,749	148,976	147,180	1,796	80,568
Risk Reduction	185,943	59,635	42,506	17,130	143,437
Sexual Health	1,171,539	760,440	739,023	21,417	432,516
MOHLTC - Influenza	0	0	(2,189)	2,189	2,189
MOHLTC - Meningitis	0	0	(816)	816	816
MOHLTC - HPV	0	0	(1,547)	1,547	1,547
SFO: E-Cigarettes, Protection and Enforcement	260,500	154,086	136,065	18,021	124,435
Infectious Diseases Control Initiatives	389,000	254,346	229,930	24,416	159,070
Food Safety: Haines Funding	18,250	3,042	0	3,042	18,250
Total Health Protection:	\$7,674,061	\$4,849,919	\$4,353,558	\$496,360	\$3,320,502
Health Promotion:					
Health Promotion - General	954,735	625,929	566,091	59,837	388,644
Districts - Espanola / Manitoulin	333,954	218,433	162,404	56,029	171,551
Nutrition & Physical Activity	1,218,644	802,330	473,102	329,229	745,542
Districts - Chapleau / Sudbury East	219,598	143,661	124,113	19,548	95,485
Injury Prevention	27,874	18,583	0	18,583	27,874
Tobacco, Vaping, Cannabis & Alcohol	344,382	225,836	195,504	30,333	148,878
Family Health	791,330	517,479	496,608	20,872	294,722
Healthy Growth and Development	45,700	15,667	8,808	6,858	36,892
Mental Health and Addictions	431,145	276,845	281,415	(4,571)	149,729
Dental	538,539	352,510	321,591	30,919	216,948
Healthy Smiles Ontario	612,200	399,409	361,195	38,214	251,005
Vision Health	70,486	46,382	0	46,382	70,486
SFO: TCAN Coordination and Prevention	383,000	221,151	191,571	29,580	191,429
SFO: Tobacco Control Coordination	100,000	65,384	30,735	34,649	69,265
SFO: Youth Tobacco Use Prevention	80,000	50,969	54,277	(3,308)	25,723
Harm Reduction Program Enhancement	150,000	98,150	88,719	9,431	61,281
Diabetes Prevention	175,000	115,340	37,287	78,053	137,713
Total Health Promotion:	\$6,476,587	\$4,194,057	\$3,393,421	\$800,636	\$3,083,166
School Health, Vaccine Preventable Diseases and COVID Prevention					
School Health, VPD, COVID Prevention - General	499,502	326,597	470,928	(144,331)	28,573
School	1,746,304	1,142,107	555,824	586,283	1,190,480
VPD and COVID CCM	1,923,998	1,257,999	1,076,362	181,636	847,636
Total SVC:	\$4,169,804	\$2,726,703	\$2,103,115	\$623,588	\$2,066,689
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,611,414	1,653,955	1,499,448	154,507	1,111,966
Workplace Capacity Development	23,507	15,671	936	14,735	22,571
Health Equity Office	14,440	9,626	1,369	8,258	13,071
Nursing Initiatives: CNO, ICPHN, SDOH PHN	392,100	256,372	235,963	20,409	156,137
Strategic Engagement	10,232	6,821	131	6,690	10,101
Total Knowledge and Strategic Services:	\$3,051,693	\$1,942,446	\$1,737,848	\$204,599	\$1,313,845
Total Expenditures:	\$27,419,473	\$17,848,979	\$15,843,022	\$2,005,957	\$11,576,450
Net Surplus/(Deficit) Before Covid Activity	\$(0)	\$379,909	\$2,404,261	\$2,024,352	
COVID-19 Extraordinary and Mass Immunization Costs (net of one-time funding)			\$4,629,790	\$4,629,790	
Net Surplus/(Deficit) Including COVID	\$(0)	\$379,909	\$7,034,051	\$6,654,143	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
 Summary By Expenditure Category
 For The 8 Periods Ending August 31, 2021

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
MOH Funding	27,477,373	18,286,788	18,335,806	11,206,992	(11,256,010)	9,141,567
Other Revenue/Transfers	772,475	431,577	547,885		(116,308)	224,590
Total Revenues & Expenditure Recoveries:	28,249,848	18,718,365	18,883,691	11,206,992	(11,372,319)	9,366,157
Expenditures:						
Salaries	18,484,179	12,075,058	10,777,393	5,031,252	(3,733,587)	7,706,786
Benefits	5,472,090	3,577,933	3,121,627	500,621	(44,314)	2,350,463
Travel	300,108	160,391	69,933	84,939	5,518	230,175
Program Expenses	1,153,791	499,112	261,697	90,231	147,185	892,094
Office Supplies	67,334	45,249	43,084	24,904	(22,739)	24,250
Postage & Courier Services	64,972	43,314	35,166	3,892	4,256	29,806
Photocopy Expenses	33,507	22,338	19,279	51,080	(48,022)	14,228
Telephone Expenses	65,266	43,510	37,948	87,712	(82,149)	27,318
Building Maintenance	369,995	246,663	359,801	78,533	(191,671)	10,194
Utilities	225,827	150,551	111,688		38,863	114,139
Rent	273,408	182,272	220,730		(38,458)	52,678
Insurance	121,234	119,567	131,212		(11,645)	(9,978)
Employee Assistance Program (EAP)	35,000	23,333	31,215		(7,882)	3,785
Memberships	30,889	21,813	29,200		(7,387)	1,689
Staff Development	156,773	87,731	14,460		73,270	142,313
Books & Subscriptions	9,345	6,469	4,188		2,281	5,157
Media & Advertising	131,950	81,913	21,773	44,626	15,514	110,177
Professional Fees	413,324	273,849	303,207	127,772	(157,130)	110,117
Translation	49,440	29,173	11,600	102,865	(85,292)	37,840
Furniture & Equipment	36,121	28,031	15,286	3,039	9,705	20,835
Information Technology	755,295	620,185	858,079	345,736	(583,630)	(102,784)
Main Office Renovations	0	0	862		(862)	(862)
Total Expenditures	28,249,847	18,338,456	16,479,430	6,577,202	(4,718,176)	11,770,418
Net Surplus (Deficit)	0	379,909	2,404,262	4,629,790	6,654,143	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended August 31, 2021

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
COVID and Schools	355	918,743	705,037	213,706	76.7%	Dec 31	66.7%
Indigenous Communities	703	90,400	56,337	34,063	62.3%	Dec 31	66.7%
Pre/Postnatal Nurse Practitioner	704	139,000	54,876	84,124	39.5%	Mar 31/2022	41.7%
Opioid Poisoning Surveillance System	710	24,489	21,435	3,054	87.5%	Dec 31	66.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	3,277	96,723	3.3%	Mar 31/22	41.7%
Northern Fruit and Vegetable Program	743	176,100	99,856	76,244	56.7%	Dec 31	66.7%
Triple P Co-Ordination	766	60,149	33,110	27,039	55.0%	Dec 31	66.7%
Supervised Consumption Study	770	11,763	-	11,763	0.0%	Dec 31	66.7%
Healthy Babies Healthy Children	778	1,476,897	556,481	920,416	37.7%	Mar 31/22	41.7%
IPAC Congregate CCM	780	839,901	168,827	671,074	20.1%	Dec 31	66.7%
Ontario Senior Dental Care Program	786	810,200	459,384	350,816	56.7%	Dec 31	66.7%
Anonymous Testing	788	61,193	26,435	34,758	43.2%	Mar 31/22	41.7%
Total		3,790,092	1,480,018	2,310,074			

Ministry of Children,
Community and Social
Services

Children with Special Needs
Division

Child Development and
Specialized Services Branch

101 Bloor Street West
2nd Floor,
Toronto ON M5S 2Z7
Phone: (416) 314-0811

Ministère des Services à
l'enfance et des Services
sociaux et communautaires

Division des services aux enfants
ayant des besoins particuliers

Direction du développement des
enfants et des services spécialisés

101 rue Bloor ouest
2^e étage
Toronto (Ontario) M5S 2Z7
Tél : (416) 314-0811



September 20, 2021

MEMORANDUM TO:

Dr. Penny Sutcliffe
Medical Officer of Health and Chief Executive Officer
Sudbury and District Health Unit
(sutcliffep@phsd.ca)

Sandra Lacle
Director, Health Promotion Division
(lacles@phsd.ca)

FROM:

Jane Cleve
Director

RE:

MCCSS-funded Early Intervention Services for Children
and Families 2021-22 Service Delivery Plan

Thank you for submitting your 2021-22 service delivery plan and forecast for the Ministry of Children, Community and Social Services funding anticipated to be spent on the Healthy Babies Healthy Children (HBHC) program.

We have completed our review of your plan and are pleased to confirm that we have approved your submission with no further information required.

We have taken note of the innovative approaches to service delivery that your Health Unit is employing to support the HBHC program including the triage and prioritization tools that you have adopted as well as the approach you have taken to manage clients on the waiting list by calling weekly to determine if their needs have changed.

Your service delivery plan forecasts a zero financial variance for 2020-21. Thank you for your efforts towards using the full allocation to support HBHC service delivery this fiscal year. The ministry will continue to track spending through the standard financial reporting processes. Should circumstances change, please note that

variances can only be applied to HBHC related costs such as resuming full services levels earlier than expected.

Please be advised that the ministry has requested Public Health Ontario to conduct an evaluation of the restoration of HBHC services to identify lessons learned in the pandemic context and emerging best practices that the Public Health Units have adopted. Should you have any questions on the evaluation process or the comments emerging from the review of your submission please do not hesitate to contact Riffaat Mamdani, A/Manager Child Development Unit, riffaat.mamdani@ontario.ca.

The ministry recognizes Sudbury and District Health Unit's leadership in prioritizing the delivery of HBHC services over the past year, as a key part of the COVID-19 response given the high levels of risk and vulnerabilities families are experiencing.

On behalf of the ministry, thank you for your commitment in continuing to support children and families in these challenging times.

Sincerely,



Jane Cleve

- c. Rene Lapierre, Chairperson, Board of Health (rene.lapierre@greatersudbury.ca)
Annie Berthiaume, Manager, Health Promotion (berthiaumea@phsd.ca)
Stacey Weber, Director, Integration and Program Effectiveness Branch



OFFICE OF THE MAYOR
CITY OF HAMILTON

September 15, 2021

Honourable Christine Elliott
Minister of Health and Long-Term Care
10th Floor, 80 Grosvenor Street,
Toronto, ON M7A 2C4
Christine.Elliott@pc.ola.org

RE: Support for a Local Board of Health

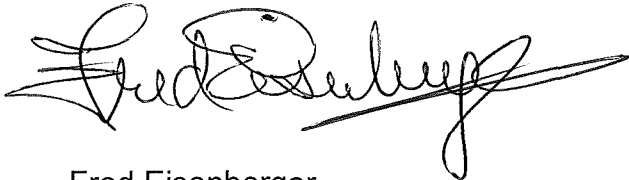
Dear Minister Elliott,

As the province of Ontario and Public Health Unit's across the province continue to respond to the COVID-19 pandemic, the City of Hamilton's Board of Health has been reflecting on our local pandemic response. COVID-19 has highlighted the importance of public health local responsiveness, particularly when dealing with local outbreaks. During the past eighteen months we have seen how local knowledge and partnerships has strengthened the pandemic response by better understanding the needs in the community and leveraging trusted relationships. The strength, timeliness, and flexibility of local collaboration can be seen through the implementation of various strategies, including increased public health measures, equitable access to COVID-19 testing, and an extremely complex and targeted vaccination strategy.

We are writing this letter to reiterate our position that a local, rather than regional governance is preferred to inform planning on how to strengthen and modernize the public health system. One of the current strengths of the governance system in Hamilton is the ties to the municipal sector which has a direct influence on opportunities for health where people live. As a governing body, the Hamilton Board of Health / Council can remain flexible and make decisions to increase, decrease or change service delivery based on local need. This has been particularly important throughout the pandemic as regular public health programs had to be flexible with the level of their operations to allow for resources to be shifted to essential services and the COVID-19 response. Maintaining the local voice supports ongoing advocacy of local need to ensure that priorities in the community are met, for example, the collection of local Social Determinants of Health Data which has allowed public health efforts to more effectively reach those who are disproportionately affected by the pandemic.

It is believed that if there is a shift to a regional board of health model, there will be a reduced local leadership voice in decision making. Due to this, it is important that public health governance remains local while ensuring accountability to municipalities, the province and the local population. Leveraging local responsiveness during the pandemic has reinforced our position that a local rather than regional governance remains the preferred model.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a long horizontal stroke extending to the right.

Fred Eisenberger
Mayor

CC:

Andrea Horwath, MPP, Hamilton Centre
Paul Miller, MPP, Hamilton East – Stoney Creek
Monique Taylor, MPP, Hamilton Mountain
Sandy Shaw, MPP, Hamilton West – Ancaster – Dundas
Donna Skelly, MPP, Flamborough – Glanbrook
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

Affiliate

Organizations:

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

September 1, 2021

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

Dear Premier Ford

Re: Vaccination Certificates

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, we are writing today to thank you for taking the important step of introducing a vaccine certificate policy for the Province of Ontario.

Careful management of the fourth wave of the COVID-19 pandemic, which is being driven by the highly transmissible Delta variant of the virus, will be crucial to ensuring that the economic recovery that has already begun can continue. Despite one of the highest vaccination rates in the world, Ontario is experiencing a surge of cases that is a clear threat to our hospital capacity and has put the idea of re-implementing public health restrictions back on the table.

As of today, just over 67% of all Ontarians are fully vaccinated, which is short of the estimated community threshold for herd immunity in our current circumstances. With such a significant number of Ontarians still unvaccinated, including every individual born after 2009, other measures to break the chain of transmission remain vital.

We believe that vaccine certificates that regulate entry into non-essential settings that pose a high risk for SARS-CoV-2 transmission (e.g., indoor dining, bars, gyms, cultural and sports events) will be an effective tool for both lowering the risk in such settings and incentivizing uptake of the highly effective and widely available vaccines by individuals who have thus far been hesitant or complacent. The net effect will be to permit the continuation of Ontario's cautious economic and societal reopening in a way that was not possible before vaccines became a significant protective factor.

As the leaders of Ontario's locally based public health system, we welcome and are in full support of this measure, which we believe will have a significant effect on reducing the impact of the fourth wave of COVID-19, ensuring that our hospitals are not overwhelmed, and protecting our unvaccinated children as they return to school.

We look forward to reinforcing and supporting this along with the existing public health measures that we know will eventually put an end to the COVID-19 pandemic.

Sincerely,



Dr. Paul Roumeliotis,
President

COPY: Hon. Christine Elliott, Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health



August 27, 2021

VIA ELECTRONIC MAIL

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health, 5th Floor
777 Bay Street
Toronto, ON M7A 2J3

Dear Minister Elliott:

Re: Support to Establish the Infection Prevention and Control (IPAC) Hub Model as an Ongoing Program

At its August 27, 2021 meeting, the Board of Health for the Northwestern Health Unit recognized the continued importance of supporting long-term care homes and other community congregate living settings through provincially funded infection protection and control (IPAC) measures. Northern health units are uniquely positioned, and the temporary funding for each board of health to be the “Hub” in the IPAC “Hub and Spoke” model has been particularly effective and continues to be critical to ensure vulnerable residents are protected and outbreaks of infections such as SARS-CoV-2 are prevented.

Infection Prevention and Control programming is a requirement of Boards of Health under the *Ontario Public Health Standards*. In December 2020, Northern public health units received temporary funding to establish local networks to enhance IPAC practices in community-based congregate living settings, which resulted in enhanced partnerships between Social Services Boards, Associations for Community Living, and increased staff and management capacity for this important work which is carried out across the Northwestern Health Unit catchment area and throughout Northern Ontario.

The establishment of IPAC Hubs is a strong first step in addressing the need for supports related to IPAC within congregate living facilities, as identified in *Ontario’s Long-Term Care COVID-19 Commission April 2021 Final Report*, and while we would welcome the news of funding for this programming for the 2021/2022 period, **we would request that stable, annualized funding for this program be established in recognition of the criticality of the interventions.** Temporary or one-time funding does not allow us to successfully recruit trained professionals for the required positions, given the chronic recruitment challenges that have only been worsened by the pandemic.

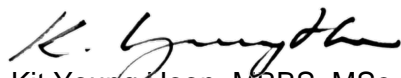
With this in mind, the Board of Health carried the following resolution #79-2021:

THAT the Board of Health for the Northwestern Health Unit make a request to the Provincial Government to make the IPAC Hub model an ongoing program with stable annual funding to provide for the protection from infectious diseases in community congregate living settings and long-term care homes.

AND FURTHER that this resolution be shared with Ministers of Health and Long-Term Care, area partners, Northern Boards of Health, Ontario Health, aPHa, and the Chief Medical Officer of Health.

Northwestern Health Unit is grateful to have been able to work with health units in the north to come together in support of protecting vulnerable residents from infectious diseases in long-term care and other congregate living settings; We thank you for the opportunity to do so.

Sincerely,



Kit Young Hoon, MBBS, MSc., MPH, FRCPC
Medical Officer of Health

cc: Honourable R. Phillips, Minister of Long-Term Care
Dr. K. Moore, Chief Medical Officer of Health, Ministry of Health
All Northern Ontario Boards of Health
C. Geiger, President and CEO, Public Health Ontario
M. Anderson, President and CEO, Ontario Health
B. Kytör, Transitional Regional Lead (Northern Ontario)

October 13, 2021



The Honourable Christine Elliott , Deputy Premier
Ministry of Health and Long-Term Care
10th Floor, 80 Grosvenor St
Toronto, ON M7A 2C4
Christine.Elliott@pc.ola.org

Dear Minister Elliott:

Re: Support for a Local Board of Health

On September 24, 2021 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Haliburton, Kawartha, Pine Ridge District Health Unit regarding support for a local Board of Health. The following motion was passed:

Motion No: 2021-80

Moved by: Mitch Twolan

Seconded by: Brian Milne

“That the Board of Health endorse the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit Re: requesting ongoing provincial government financial support for local public health.”

Carried.

Sincerely,

A handwritten signature in black ink that reads "Sue Paterson".

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Dr. Charles Gardner, Chair, Council of Medical Officers of Health
Association of Municipalities of Ontario
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies

Encl.
/mh

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca

519-376-9420

1-800-263-3456

Fax 519-376-0605

September 16, 2021

Honourable Christine Elliott, Deputy Premier
Minister of Health, Ontario
Hepburn Block 10th Floor 80 Grosvenor Street Toronto,
ON M7A 1E9
Sent via email: christine.elliott@pc.ola.org

Dear Minister Elliot,

I want to begin by thanking you and your government for your leadership and financial support during the COVID-19 pandemic. On behalf of the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), I have appreciated the province's announcements to date which have included a commitment to fund 100% of the costs related to the COVID-19 response as well as the continuation of mitigation funding for the year 2022.

I am writing today to specifically request ongoing government financial support for the following items that have not been captured by previous funding announcements:

1. Allocations to support program "restarts", "catchup", and broader recovery
2. Increased base funding to reflect the following demands on health unit resources:
 - a. Endemicity of COVID-19 response activities
 - b. Increased wage, benefit, and operational costs due to inflation
 - c. Increased demand for health unit services to support population recovery from COVID-19 (e.g. mental wellness, harm reduction)

Since the start of the COVID-19 pandemic, HKPRDHU has responded to greater than 2,300 confirmed cases of COVID-19, 71 COVID-19 related outbreaks, responded to greater than 700 community complaints regarding infection prevention and control and enforcement for COVID-19 public health measures, and 6,930 COVID-19 related inquiries through our COVID-19 call centre. In addition, HKPRDHU has coordinated the implementation of COVID-19 vaccination across our jurisdiction with greater than 270,000 doses of vaccine administered.

Throughout the pandemic, resources at HKPRDHU have been diverted from pre-existing services to ensure a timely response to COVID-19 and prevent further spread of the virus throughout Ontario. Similar to other areas of the health sector, difficult decisions have been made about which programs to scale down (or stop) and which to continue. This has resulted in a backlog of services that includes the following:

- 2400 students that missed the school-based immunization program and an additional 1200 that have not been offered second doses to complete their full immunization series through the school program
- Greater than 70 small drinking water systems that require inspection in addition to the routine annual cohort for 2022
- 5300 children needing Oral health screening

.../2

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PROTECTION · PROMOTION · PREVENTION

HEAD OFFICE
200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · 1-866-888-4577
Fax · 905-885-9551

HALIBURTON OFFICE
Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336

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

Minister Elliott
September 16, 2021
Page 2

We are reaching a point locally that if we don't start to catch up on these services the backlog will become too large of a hurdle to overcome. As such, we intend to build in capacity to begin addressing this issue but will require assurance from the Ministry that extraordinary costs associated with this will be covered.

It is now clear that COVID-19 will require dedicated attention for many years to come. Case and contact management, outbreak management, infection prevention and control, immunization, surveillance, communication, and enforcement activities will all see a baseline of increased work for the foreseeable future. To do this work well, we need to expand our public health workforce and provide opportunities for permanent positions.

Prior to COVID-19, local public health agencies had received only one increase to base funding in the past five years. Despite this, several new programs were introduced to the Ontario Public Health Standards, including Vision Screening and requirements to respond to Infection Prevention and Control Complaints and inspection of private swimming pools. Furthermore, due to inflation, wage, benefit, and operating costs continued to increase. This means that we were already under-resourced to respond to an infectious disease emergency as well as implement routine public health priorities prior to the pandemic.

Now, more than ever, our communities need a robust public health system to not only respond to the threat of newly emerging infectious diseases, but also help the population recover from the many collateral harms that have resulted throughout the pandemic response. Harms such as increased opioid overdose deaths and deterioration of children's mental health have been well documented over the last year. These are two key areas that local public health agencies have a clear mandate to address but will require the resources to do so.

For the above reasons, the Board of Health urges the provincial government to commit dedicated funding to support both catch-up and recovery of public health activities as well as the ongoing increased demands for health unit response to COVID-19. The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. As we look to the future, it is imperative that we support the recovery of public health in a comprehensive and sustainable way.

In writing this letter, we also call upon the Association of Local Public Health Agencies of Ontario to endorse/support this request.

Respectfully,

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT
Original signed by Mr. Elmslie

Doug Elmslie, Chair, Board of Health

DE/nb

Cc (via email): The Hon. Doug Ford, Premier
The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Dr. Charles Gardner, Chair, Council of Medical Officers of Health
Association of Municipalities of Ontario
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies



Northwestern
Health Unit

www.nwhu.on.ca

210 First Street North
Kenora, ON P9N 2K4

August 27, 2021

Honourable Christine Elliott
Minister of Health / Deputy Premier
Ministry of Health
College Park 5th Floor
777 Bay Street, Toronto, ON M7A 2J3

VIA EMAIL: Christine.elliott@pc.ola.org

Dear Minister Elliott,

On behalf of the Board of Health for the Northwestern Health Unit (NWHU), we wish to express our appreciation for the guidance and leadership shown by the Government of Ontario through the COVID-19 Pandemic Response and Vaccine Rollout. As we progress further along the Roadmap to reopening and begin our own recovery discussions, the topic of modernization and a shift in the cost-sharing model are front and centre.

At the forefront of recovery for public health units and the municipalities we serve, and who contribute to public health funding, is financial stability. NWHU serves 19 municipalities in the province's Northwest; each of which generates much of its revenue through tourism and other economic development initiatives which have been significantly impacted by the pandemic. Mitigation funding received in recent years has been critical to the maintenance of public health programming by boards of health and in easing related financial impacts on our obligated municipalities, especially during the pandemic response, which has required NWHU to augment its staffing and redeploy existing staff to the response.

As the pandemic continues to come under control, NWHU will shift into recovery mode, which will include several months' and even years' work to catch up on programming such as school immunizations, and will require us to maintain staffing levels sufficient for the resumption of our standard public health programming, and outstanding efforts related to pandemic control such as remaining case and contact management, child and youth vaccinations and the potential for booster vaccinations at some point in the future.

Mitigation funding will be crucial to ensure the success of public health programming; without it, public health activities including ensuring the safety of the school environment will be significantly challenged. Our obligated municipalities are not in a position to shift to substantially increased levies to support this work, and public health is not in a position to reduce its staffing to below pre-pandemic numbers and

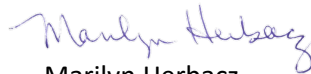
still keep our communities safe through our programming which is a substantial risk if mitigation funding and/or an increase to our base budget in 2022 is not received.

The Board of Health for the Northwestern Health Unit endeavours to carry out its fiduciary responsibilities while balancing the needs of the population in our broad catchment area. We respectfully request that the Province of Ontario reconsider its approach to the funding of public health. Public health has been instrumental in the response to the COVID-19 pandemic, and will continue to play a large and important role in the recovery process, especially given the long list of inequities that the pandemic has uncovered in our population's access to health supports.

Sincerely,



Doug Lawrance
Board of Health Chair



Marilyn Herbacz
Chief Executive Officer



Dr. Kit Young Hoon
Medical Officer of Health

CC: Premier Doug Ford
Dr. Kieran Moore, Chief Medical Officer of Health
Greg Rickford, MPP Kenora-Rainy River
Sol Mamakwa, MPP Kiiwetinoong
Judith Monteith-Farrell, MPP Thunder Bay - Atikokan
Ontario Boards of Health
Member Municipalities (19)
Association of Local Public Health Agencies (ALPHA)
Association of Municipalities of Ontario (AMO)

August 6, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Dear Minister Elliott,

As per its recommendation on July 21st, 2021, I am writing on behalf of the Board of Health for Peterborough Public Health (PPH) requesting the Ministry of Health (MOH) consider funding an increase to our cost-shared base budget to accommodate the addition of 2.8 full-time equivalent (FTE) staff positions and monies to update the Environmental Health database used by PPH, for the implementation of the *Menu Labelling*, *Child Visual Health and Vision Screening*, and *Consumption and Treatment Services Compliance and Enforcement* protocols under the Ontario Public Health Standards (OPHS).

In 2018, the *Menu Labelling* and the *Child Visual Health and Vision Screening* protocols were added to the *OPHS and Protocols*. The BOH appreciated receiving one-time funding for the implementation of the *Menu Labelling* protocol, however we are concerned that no additional base funding is being provided to support the sustained implementation of the *Menu Labelling* protocol.

In addition on June 10, 2021, PPH received a memo from the Chief Medical Officer of Health indicating an amendment of the OPHS which included the addition of a requirement to deliver the Ontario Seniors Dental Care Program (OSDCP) in accordance with the revised *Oral Health Protocol, 2021* and amendments to the Effective Public Health Practice; Healthy Environments; and Substance Use and Injury Prevention Program Standards to require routine and complaint-based inspections of Consumption and Treatment Services and reference to the new *Consumption and Treatment Services Compliance and Enforcement Protocol, 2021 (CTSCEP)*. Although the OSDCP is 100% funded by the Ministry of Health, no additional funding was announced to support the implementation of the CTSCEP.

This is a particular concern in Peterborough as community partners have made application to the provincial government for a Consumption and Treatment Site (CTS) for 220 Simcoe Street, Peterborough. A Health Canada Exemption to allow for illicit drug use on site has been approved. A separate application for CTS funding was submitted to the MOH for operations funding for staffing/facility and awaits approval.

Although the 2021 amended standards and associated protocols are welcomed, local public health agencies (LPHAs) like PPH have very limited capacity to implement them without a supporting budget. As noted above, LPHAs are already carrying a load of previously mandated protocols that have never been funded, including the vision screening and menu labelling protocols. In addition, due to the COVID-19 pandemic, LPHAs are behind in implementing many requirements of these programs and need all allocated FTE for programs and services that have fallen behind. We are concerned that these FTE cannot be stretched even further to fulfill the requirements of these unfunded programs.

With the anticipated return to regular programs and services in the upcoming fall and winter and the ongoing demands of COVID-19 response, it will be critical that programs that have not been operating for the past 16 months respond to the gaps and inequities created or exacerbated during the pandemic. We fear that the addition of new mandates may jeopardize the prioritization of programs and services that are intended to reduce health inequities and are evidence based.

More specifically we note:

Rationale for CTS-Related Funding

The addition of the new CTS protocol will add more pressure to divert finite resources from other programs and services to complete these new requirements. It is anticipated that additional Health Promoter time, up to 1.0 FTE in the first year, and funding to support reporting would be required to fulfill the requirements of the new protocol including routine inspections, responding to complaints, creating an inspection and reporting module, additional licenses for the inspection and reporting software, and collaborating with stakeholders.

Rationale for Increased Public Health Inspector Resources

Prior to the pandemic, PPH dedicated Public Health Inspector (PHI) resources to focus on menu review and inspections of existing regulated food service premises that fall under the *Healthy Menu Choices Act, 2015* (HMCA), and inspections of each new food service premise within their first year of operation. Compliance to date with this protocol is estimated at 60% and was identified as an Environmental Health priority in 2020. Additional PHI time, up to 0.5 FTE, is needed in 2022 to complete HMCA inspections (not routine inspections).

Rationale for Vision Screening Staffing Request

Prior to the emergency response to COVID-19, at PPH, the Vision Screening program was subsidized by staffing from the Oral Health and Ministry of Children, Community and Social Services (MCCSS)-funded programs, including a Certified Dental Assistant and an Administrative Assistant, amounting to a total of 1.3 FTE. Moving into the post-pandemic era this support will not be possible since many of the Oral Health screening program recipients will be priority for services. All of the staffing allocated to these programs will be needed to make up for lost time and ensure the oral health of school children is assessed and appropriate treatment offered.

Our Board of Health, looks forward to working with the Ministry to ensure that all mandated programs are adequately resourced and that health of the community continues to be protected.

Yours truly,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Dr. Kieran Moore, Incoming Ontario Chief Medical Officer of Health
Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health



St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

July 20, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

delivered via email
christine.elliott@ontario.ca

Dear Minister Elliott,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we wish to applaud the continuing commitment shown by you and your government for the financial support of local public health units in their ongoing COVID-19 pandemic response. The collective effort of all levels and branches of government in their prioritization of the health and well-being of Ontarians has been truly exceptional and heartening.

Much progress has been made in increasing vaccine rates, decreasing cases, alleviating pressures on our healthcare system, containing transmission, and implementing public health measures against COVID-19 whereby we have now progressed to Step 3 in the Roadmap to Reopen Ontario. Indeed, the improvements we have seen in recent weeks is cause for a thoughtful and thorough consideration of our larger recovery plans as the pandemic has significantly impacted our many and diverse communities.

As other health units have experienced, the extensive resources required to support our COVID response resulted in the necessary reduction or cessation of many programs and services. As we look towards the latter part of the fiscal year and into 2022, we note that much work remains as SWPH engages in rebuilding programs and services, addressing community needs, reviving regional connections and supports, and assessing the aftereffect of public health's focused pandemic work on local populations.

In essence, the recovery of post-pandemic public health programs and services cannot rest upon the support of local funders alone. Without a continuation of mitigation funding, our board will need to reduce staffing numbers that would be needed to resume standard public health services as well as address ongoing COVID-19 work, such as vaccine outreach and immunization, possible booster vaccinations, and case and contact management in schools and workplaces.

Given the leadership role public health units will play in their continued COVID-19 response, the extensive resources required to ensure Ministry targets and requirements are met and maintained, and public health's commitment to the mandates identified in the Ontario Public Health Standards (OPHS), we request that the Ministry commit to the following:

- Extension of mitigation funding for the 2022 fiscal year;
- Extension of the availability of one-time funding for COVID-19 extraordinary expenses;
- An increase in base funding levels to accommodate increasing operating costs since 2019; and,
- Multi-year funding dedicated to COVID recovery to restore and return programs to OPHS requirement levels.

Sufficient and sustained financial support from you and your government is a key component of public health recovery planning. At this time, we await approval of SWPH's 2021 Annual Service Plan and COVID-19 extraordinary expense one-time funding submission – plans and scope which have considerably exceeded our initial estimation given the priority mandate to vaccinate local populations posthaste. I would emphasize once more that our local plans to meet the needs of our communities hinge upon a timely indication of vital funding commitments for 2022 as well as this current year.

Our Board extends its sincere thanks for considering this critical request.

Yours truly,

A handwritten signature in blue ink that reads "Larry D. Martin". The signature is written in a cursive, flowing style.

Larry Martin
Chair, Board of Health

c: Cynthia St. John, CEO, Southwestern Public Health
The Honourable Doug Ford, Premier of Ontario
Ernie Hardeman, MPP Oxford County
Jeff Yurek, MPP Elgin Middlesex London
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

June 24, 2021

The Honourable Christine Elliott
Minister of Health
Ministry of Health
777 Bay Street
College Park 5th Floor
Toronto, ON M7A 2J3

Dear Minister Elliott:

RE: Public Health Funding for 2022

At the recent meeting of the Board of Health for the North Bay Parry Sound District Health Unit (Health Unit), public health funding for 2022 was discussed. In follow up to direction provided by the Board of Health, this correspondence is being forwarded to bring attention to some urgent issues related to 2022 public health funding. The Board of Health resolution from the June 23 meeting is attached. (Appendix A).

The background behind this discussion began in April 2019 with the introduction of the provincial Public Health Modernization initiative, along with a change to the funding formula to 30% municipal / 70% provincial cost-sharing for almost all public health programming. At that time, it was communicated that there was to be a phased in approach to the funding formula while the Modernization process took place.

With the need for the Public Health Modernization process to be put on hold to address and respond to the COVID-19 pandemic, the Province announced in August 2020 that mitigation funding would be provided for 2020 and 2021 to help relieve over-burdened municipalities. Without continuation of this mitigation funding, the Health Unit's 31 member municipalities will suffer an increase in their 2022 municipal levies of 50.5%.

The Board of Health has been informed by our municipalities, many of whom have a small population base, that levy increases are not manageable, particularly at this significant of an increase.

The cost-sharing formula is only one piece of the public health funding issue for 2022. Health units have had only one base funding increase in the past five years; however, wage and benefit

increases and general increases to operating costs due to inflation continue.

The COVID-19 pandemic has taught us that a robust, prepared public health system is more important than ever. Without a base funding increase, public health's capacity will be diminished, with even harder choices having to be made regarding where we can assist in building healthier and sustainable communities. A base funding increase for 2022 is necessary in order to maintain public health at status quo.

Additionally, there are new pressures on public health as a result of the COVID-19 pandemic that will require funding if public health is to participate fully in the health recovery of the citizens of Ontario.

Some examples of health recovery that will be required post-pandemic include, but are not limited to the following:

1. **Mental wellness:** Families and youth have undergone a considerable level of stress in the past two years. Public health needs to be at the table to assist with bringing together health, education and other partners to reach a consolidated plan forward to improve family resiliency and outlook.
2. **Harm Reduction – Youth and Opioid:** There are many community drug strategies. Public health can provide more capacity to these important and much needed community strategies by assisting partners with leadership, evaluation support, population health data, research, and best practice to ensure that initiatives have the best possible outcomes.
3. **Backlogged Services:** Backlogs within the Health Unit's critical clinics and community programming has occurred due staff redeployment to COVID-19 immunization clinics, call centres, and case and contact management. Staff deployment to the COVID-19 pandemic response has meant:
 - i. Increased wait lists for oral health services, especially preventative care and school-based programs
 - ii. Sexual health clinic clients are presenting with more complex issues due to COVID-19 lockdowns/stay-at-home orders, fear of attending clinic appointments during the pandemic, and extended wait times for appointments
 - iii. School-based vaccine programs have not operated since the fall of 2019, leaving many age cohorts under vaccinated
 - iv. Smoking cessation clinics have longer than usual wait lists because clinics were suspended during lockdowns, and because staff were deployed to address prioritized COVID-19 activities

Of other consideration are the ongoing costs directly related to COVID-19. We know that COVID-19 will be managed by public health moving forward, but how that will look is still being formulated

and negotiated at the provincial level. However, some things we know will continue into 2022 are as follows:

- Case and contact management and outbreak management for COVID-19;
- Infection prevention and control (IPAC) guidance and support in long-term care homes, retirement homes, and other congregate settings;
- Provision of accurate information for the public, businesses, and municipalities as rules, regulations, and guidelines change to address situations until such time that things normalize;
- There will be added costs for doing regular business, such as:
 - Personal protective equipment (PPE)
 - Additional cleaning and disinfecting between clients, impacting the number of clients that can be seen per day, and increase use of cleaning supplies;
- It is a requirement that there be 24-hour per day / 7 days per week medical officer of health coverage; the pandemic has made it abundantly clear that an Associate Medical Officer of Health is necessary to sustain this required coverage, particularly during a long crisis period, such as the COVID-19 pandemic, or for any other major public health emergency; and
- There will likely be outstanding COVID-19-related court/enforcement issues continuing into 2022.

Both 2020 and 2021 have been extremely difficult on staff. The burden of continued wait lists can be an added stressor on staff diligently working to get through these wait lists to address the needs of our vulnerable populations who are often in crisis situations. Recruitment of qualified professionals, whether staff or management, has been affected by the Public Health Modernization, and this continues to be a challenge.

Over the next few years, we believe we will continue to see retention and recruitment challenges along with burnout and stress effects throughout the Health Unit. People cannot work at current pressure levels on a continual basis without ramifications. A **healthy workplace** will require additional personnel in order to get caught up on work that has been paused.

Without additional support from the province, program prioritization will need to take place. In these times, deciding which programs/services not to return to will be difficult as the need for public health assistance is all around us.

As a final point, we would like to emphasize the urgency of establishing funding expectations for 2022. This is not a good time for public health to reduce its participation in recovery plans due to lack of capacity. We need to plan now for 2022, and while we understand and appreciate the burden on the Province and the Ministry of Health in responding to the COVID-19 pandemic, we are respectfully requesting assistance by setting public health funding expectations as soon as possible.

We look forward to discussing with you the ways Public Health Units can work with the Province to bring better health and well-being to all of the citizens of Ontario.

Sincerely yours,



James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer



Nancy Jacko
Chairperson, Board of Health

/sb

Enclosure (1)

Copy to: Premier Doug Ford

Hon. Helen Angus, Deputy Minister of Health
Chief Medical Officer of Health

Elizabeth Walker, Director, Public Health Accountability and Liaison Branch

Collen Kiel, Director, Public Health Strategy and Planning Branch

Vic Fedeli, MPP, Nipissing

Norm Miller, MPP, Parry Sound-Muskoka

John Vanthof, MPP, Timiskaming-Cochrane

Ontario Boards of Health

Member Municipalities (31)

Association of Municipalities Ontario (AMO)

Hon. Steve Clark, Minister of Municipal Affairs and Housing

**NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT
BOARD OF HEALTH**

RESOLUTION

DATE: June 23, 2021

MOVED BY: Jamie McGarvey

RESOLUTION: #BOH/2021/06/04

SECONDED BY: Gary Guenther

Whereas, the Government of Ontario in its budget of April 11, 2019, initiated a Public Health Modernization process which included a change in municipal cost-sharing from 25% of mandatory public health programs covered by municipalities to 30% of almost all public health programs based on 2018 third quarter spending levels; and

Whereas, on August 21, 2020, the Ministry of Health (Ministry) announced that provincial mitigation funding would be provided to offset the increase to municipal cost-sharing for 2020 and 2021; and

Whereas, the COVID-19 pandemic, which started in early 2020, has further affected municipalities' ability to pay levy increases, it has stalled modernization processes, increased the cost-of-living, and affected the health and well-being of the public, and more specifically, public health clients and staff.

Therefore Be It Resolved, that the Board of Health for the North Bay Parry Sound District Health Unit supports returning to the 2018 cost-sharing formulas at 25%/75%, with 100% provincially funded programs; and

Furthermore Be It Resolved, that the Board of Health supports mitigation funding continue for 2022 to eliminate the additional financial burden of a 42-50% levy increase to the Health Unit's 31 member municipalities if it is not possible to return to the 2018 cost-sharing formula with 100% provincially funded programs; and

Furthermore Be It Resolved, that the Board of Health requests the 2022 public health funding include increases to reflect, cost-of-living increases, public health program changes related to ongoing COVID-19 response, and funding to assist with program and community recovery efforts; and

Furthermore Be It Resolved, that the Board of Health requests a base funding increase to fund an Associate Medical Officer of Health to support the Medical Officer of Health with the continual demands of 24/7 on call coverage that have been highlighted throughout the COVID-19 pandemic; and

Furthermore Be It Resolved, that the Board of Health instructs the Medical Officer of Health and Senior Management to write a letter to the Minister of Health detailing the financial and organizational pressures on public health, including outlining the urgency for establishing the funding levels for 2022 to assist public health and community budget planning.

CARRIED: **AMENDED:** **DEFEATED:** **CHAIRPERSON:** McGarvey

Page 1 of 2

June 23, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Dear Minister Elliott,

I want to begin by thanking you and your government for your financial support during the pandemic. Local boards of health have appreciated the province's commitment to funding, at 100%, the costs related to the COVID response and the mandate to implement the largest mass immunization campaign in Ontario's history. Your approach has facilitated our ability to serve our local population.

As we move towards summer, we are encouraged by the increase in vaccine coverage, decreased cases and opening of businesses and facilities. However, there is still a lot of work ahead and, if we've learned anything from this experience, the end point is never truly predictable.

The impact of your assistance was noted by our Board when we recently approved the audited financial statements for Peterborough Public Health's 2020 fiscal year. At the same time, we continue to await approval of our 2021 Annual Service Plan - including the provincial cost-shared grant and extraordinary one-time funding for COVID Response and COVID Vaccination. Your anticipated assistance in mitigating costs in 2021 will be critical in allowing us to complete the job of controlling the pandemic.

During the COVID emergency, we have had to make difficult decisions about which program activities to stop, which to continue at reduced capacity, and which to continue without disruption. Post-COVID we will need to rebuild programs, catch up on wait lists and delayed activities, meet new community needs and continue to address the fallout from an intense 21 months of COVID work.

Facing these challenges, I ask that you ensure public health is adequately funded to meet the evolving public health needs of our communities and further ask that you and your officials provide timely clarity regarding what support local public health agencies can anticipate in 2022. Early advice on key funding commitments for 2022 will allow my Board to more effectively manage our 2022 fiscal requirements.

More specifically, our Board would ask that your government consider a commitment to:

1. Continuation of mitigation funding for the 2022 fiscal year;
2. Continuation of the availability of one-time funding for COVID expenses;
3. An increase in the base funding levels to accommodate increased operating costs since 2019; and,
4. Funding to support the enhanced need for "re-starting" or returning programs to OPHS requirement levels.

Local public health agencies, along with their partners, are determined to rebuild community health. This effort cannot be put on the shoulders of local funders alone and we look to a continuing partnership with the government.

Our Board looks forward to working with you and your Ministry as we plan for and implement post-pandemic public health initiatives.

Yours truly,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Dr. Kieran Moore, Incoming Ontario Chief Medical Officer of Health
Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health

June 21, 2021

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

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit, I commend the strong progress being made in bringing COVID-19 under control through the public health measures and the vaccination campaign directed by the provincial government of Ontario. Much work remains as we collectively work to complete the vaccination of the population and to work through the provincial Roadmap very carefully, all the while maintaining close surveillance on the trajectory of transmission. However, our strong progress enables us to begin planning for and working towards recovery, including the recovery of the public health system across the province.

One essential enabler of recovery is financial stability. At this point in time, boards of health are in active communication with Ministry of Health staff on the finances required to continue managing the pandemic in our communities. However, it would also be timely to consider for boards of health to soon receive communication from the province on the financial support from the province for our operational budgets in 2022. The Mitigation Funding received in recent years has been essential in maintaining public health programming by boards of health and easing the related financial impacts on our obligated municipalities, particularly during our response to the pandemic in 2020 and 2021. For this reason, on June 15, the Board of Health approved a motion recommending that boards of health receive the Mitigation Funding from the Ministry of Health in 2022 that they received in 2021.

Boards of health have had to greatly augment their staffing through the course of the pandemic to enable our overall response, including the immunization of the population that has proved to be so essential. As we recover, boards of health will need to reduce staffing provided that the pandemic continues to come under control and remain under control; however, boards of health will also need to maintain staff levels sufficient for the resumption of our standard public health programming, and for any outstanding needs related to the ongoing control of the pandemic (such as remaining case and contact management, the potential for booster vaccinations at some point in the future, and ongoing work to ensure the safety of the school environment).

Without a continuation of Mitigation Funding in 2022 the maintenance of these activities would be greatly challenged. Boards of health would need to engage with their funding municipalities regarding the potential for substantial levy increases. Resulting staffing reductions below the levels that had been in place before the pandemic, would both impact program delivery and require sufficient advance notice to be managed. To be in place in time for the commencement of the 2022 year, boards of health would

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705-445-0804
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Huntsville:
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705-789-8813
FAX: 705-789-7245

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

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

also need to commence these staffing reductions in the present year while we are still responding to the pandemic.

For these reasons the Board of Health urges the provincial government to commit to the Mitigation Funding in 2022 at a level in keeping with that in 2021. The communication of this commitment soon would help to avoid the potential for boards of health to otherwise commence this kind of anticipatory action.

Thank you for considering this important matter.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CG:cm

cc: Ontario Boards of Health
MPPs of Simcoe Muskoka
Mayor Jeff Lehman, City of Barrie
Mayor Steve Clarke, City of Orillia
District Chair John Klinck, District of Muskoka
Warden George Cornell, County of Simcoe
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies.

June 21, 2021

The Honourable Christine Elliott
Minister of Health
College Park, 5th Floor
777 Bay Street
Toronto, ON M7A 2J3

Dear Minister Elliott:

RE: COVID-19 Recovery and 2022 Budgets

I am writing on behalf of the Board of Health for Public Health Sudbury & Districts as we begin our planning for COVID-19 recovery and our January 1, 2022 annual budget.

On behalf of the Board, I also want to extend my sincere appreciation for your and your team's leadership throughout the pandemic. Our local public health agency has benefitted greatly from the talents, responsiveness, and commitment of your Ministry team. We are also grateful for the financial support provided through several initiatives, including importantly, the COVID-19 fund for extraordinary expenses.

Although we remain at over-capacity as we roll out the important COVID-19 vaccination program, we are beginning to turn our minds to COVID-19 recovery and restoration of core and essential public health programs and services. To this end, I am writing with inquiries about both core public health funding and about continued access to COVID-19 funds for extraordinary expenses related to our ongoing COVID-19 response.

As you are aware, your Ministry granted an extension to the "one-time" mitigation grant to local boards of health for 2021. This was to offset the provincial funding shortfall that would have otherwise resulted from the funding policy change announced in 2019 (i.e. to reduce the provincial grant to up to 70% of board-approved budgets and to apply this formula to most previously 100%-funded programs). We are seeking to obtain information on what we might expect for 2022 and to share that we anticipate a need for enhanced and stable funding as we recover and restore from the COVID-19 pandemic.

While this may appear to be a premature request in the current context, our budgeting process begins now, and we would anticipate significant human resources implications depending on the outcome. For such planning, we require sufficient lead time to manage implications. To be clear, our Board of Health is grateful for the mitigation grants to date, however, we remain very concerned about public health funding and the growing

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Letter

RE: COVID-19 Recovery and 2022 Budgets

Page 2

financial burden on local municipalities to ensure effective and sustainable local public health programs and services. Thank you for any information that you can share and anticipated timing of your response.

Our Finance Standing Committee has identified that provincial budget principles and parameters on both the future of mitigation grants and of COVID-19 extraordinary funds is critical to inform our recovery and related budgeting processes for 2022.

Sincerely,



René Lapierre, Chair

Board of Health, Public Health Sudbury & Districts

cc: Dr. David Williams, Chief Medical Officer of Health
The Honourable Peter Bethlenfalvy, Minister of Finance
Dr. Charles Gardner, Chair, Council of Ontario Medical Officers of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

June 17, 2021

The Hon. Christine Elliott
Minister of Health, Deputy Premier
Ministry of Health
College Park 5th Floor
777 Bay St, Toronto, ON M7A 2J3

The Hon. Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto, ON M7A 1A1

Dear Minister Elliott/Premier Elect Doug Ford:

Appeal to the Province of Ontario – Public Health Funding

The Board of Health for the Windsor-Essex County Health Unit operates as an autonomous Board of Health. The Windsor-Essex County Health Unit (WECHU) services the geographic area of Windsor and Essex County, having a population of 398,953 based on the 2016 census.

In April 2019, with the proclamation of the 2019 Ontario Budget, Protecting what Matters Most, the Province of Ontario made changes to the funding model for public health units as well as introduced modernization plans having an impact on the structure and delivery of public health in Ontario. More specifically, regionalization to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units. Funding changes, which included:

- Mandatory programs funded at 75% by the Province of Ontario and 25% by the Obligated Municipalities would change to a model of 70% and 30% respectively;
- Related programs funded at a rate of 100% by the Province of Ontario, would change to being funded at a rate of 70% by the Province of Ontario and 30% by the Obligated Municipalities

These funding changes represented a substantial shift in the burden of public health funding to the obligated municipalities in a relatively short timeframe. After consultations with the Association of Municipalities of Ontario as well as other stakeholders, the Province of Ontario approved mitigation funding equivalent to the change in the percentage of the funding allotment. The mitigation funding was for a two-year period expiring December 31, 2021.

On March 20, 2020, the WECHU reported its first case of COVID-19 in Windsor and Essex County (WEC). WEC is home to one of the busiest border crossings in North America. Approximately six thousand (6,000) residents in WEC work in the state of Michigan and, in particular, seventeen hundred (1,700) in the health care industry. In addition, WEC is home to eight thousand (8,000) to ten thousand (10,000) temporary foreign workers, one hundred seventy-six (176) farms and over seven hundred (700) seasonal accommodations. WEC also has forty-four (44) long-term care and retirement homes. These characteristics have made it challenging, from a public health perspective, to

manage the response to the COVID-19 pandemic. To date, WEC has had 16,753 cases of COVID-19 of which, 1,920 represent Variants of Concern. Our community has lost 433 of our residents to COVID-19.

On January 1, 2021, the WECHU started COVID-19 vaccination efforts in the community beginning with the vaccination of staff and residents of long-term care and retirement homes followed by other priority groups as mandated by the Ministry of Health. Our approach was and continues to be a coordinated effort with various stakeholders in the community, all with a common goal, to return our hard-hit community to some semblance of normalcy. To date, we have successfully immunized 72.9% of our adult population with one dose of a COVID-19 vaccine. In addition, 27.4% of our adult residents are now fully vaccinated with the completion of a two-dose series. It is anticipated that vaccination efforts will continue throughout the summer months.

In the months and year ahead, the WECHU will focus on planning and administering programs that are centred on the recovery needs of our community. Additional human resource capacity previously hired to support case and contact management, as well as vaccination administration, will be deployed to support recovery efforts. The loss of mitigation funding effective January 1, 2022, impacts those efforts. The WECHU will be required to reduce human resource capacity to meet operating budgets at the expense of meeting the public health needs of our community.

The WECHU endeavours to carry out its fiduciary responsibilities while balancing the needs of the residents of WEC. We respectfully request that the Province of Ontario reconsider its approach to funding public health. Public health has been instrumental in the response to the COVID-19 pandemic, and it is crucial that the focus of Public Health in Ontario continues to meet the needs of the communities it serves.

Sincerely,



Gary McNamara
Board of Health Chair



Theresa Marentette, RN, MSc
CEO, Chief Nursing Officer

c: Dr. David Williams, Chief Medical Officer of Health, Ontario Association of Municipalities of Ontario (AMO)
 Lisa Gretzky, MPP Windsor-West Brian Masse, MP Windsor-West
 Percy Hatfield, MPP Windsor-Tecumseh Irek Kusmierczyk, MP Windsor-Tecumseh
 Taras Natyshak, MPP Essex Chris Lewis, MP Essex
 Rick Nicholls, MPP Chatham-Kent-Leamington Dave Epp, MP Chatham-Kent-Leamington

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
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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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August 19, 2021

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

Dear Ms. Gignac:

Congratulations on your reappointment to the Board of Health for the Sudbury and District Health Unit. Your experience has been a tremendous asset and I am looking forward to your continued service beginning September 24, 2021 until September 23, 2023.

I am very pleased that you have again taken on this important responsibility to serve the people of Ontario. We expect that you will continue to be committed to the principles and values of public service and that you will perform your duty with integrity.

I have enclosed a copy of the Order in Council which was approved on July 15, 2021.

Again, please accept my congratulations. I am confident you will continue to find this experience both interesting and rewarding.

Sincerely,

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

Christine Elliott
Deputy Premier and Minister of Health

Enclosure

c: Medical Officer of Health
Jamie West, MPP



Ontario

**Executive Council of Ontario
Order in Council**

**Conseil exécutif de l'Ontario
Décret**

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

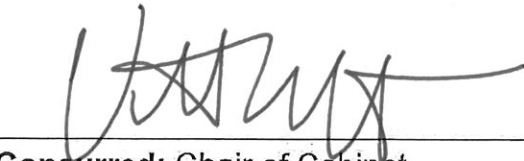
Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Claire Gignac** of Sudbury be reappointed as a part-time member of the Board of Health for the Sudbury and District Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding two years, effective September 24, 2021 or the date this Order in Council is made, whichever is later.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Claire Gignac** de Sudbury est reconduite au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Sudbury et du district pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de deux ans, à compter du dernier en date du 24 septembre 2021 et du jour de la prise du présent décret.



Recommended: Minister of Health
Recommandé par : La ministre de la Santé



Concurred: Chair of Cabinet
Appuyé par : Le président | la présidente du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : JUL 15 2021


**Lieutenant Governor
La lieutenante-gouverneure**

City Clerk's Office

Secretariat
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August 15, 2021

SENT VIA E-MAIL

To: Toronto Members of Parliament and Members of Provincial Parliament and Boards of Health in Ontario

Subject: Response to COVID-19 - June 2021 Update (Item HL29.1) (see Part 1.e. of Toronto City Council's decision on page 1 which is addressed to Toronto Members of Parliament and Members of Provincial Parliament, the Prime Minister of Canada, the Premier of Ontario, the Federal and Provincial Ministers of Health and all Boards of Health in Ontario)

Toronto City Council, during its meeting on July 14, 15 and 16, 2021, considered [Item HL29.1](#) and adopted the following:

1. City Council acknowledge and thank the Black Scientists' Task Force on Vaccine Equity for their work and report and:
 - a. fully support the recommendations in the report from the Black Scientists' Task Force on Vaccine Equity;
 - b. request the City Manager, in consultation with the Medical Officer of Health, to advance the recommendations in the report from the Black Scientists' Task Force on Vaccine Equity;
 - c. request the City Manager, in consultation with the Medical Officer of Health, to report to the Board of Health in the fourth quarter of 2021 on the status of each recommendation in the report from the Black Scientists' Task Force on Vaccine Equity, including actions by the Federal, Provincial and Municipal Governments;
 - d. request the Executive Director, Social Development, Finance and Administration, in consultation with the Medical Officer of Health, to use the report from the Black Scientists' Task Force on Vaccine Equity to inform the ongoing development of the Toronto Black Health Plan; and
 - e. direct that the report (May 31, 2021) from the Medical Officer of Health, including the report from the Black Scientists' Task Force on Vaccine Equity, be forwarded to Toronto Members of Parliament and Members of Provincial Parliament, the Prime Minister of Canada, the Premier of Ontario, the Federal and Provincial Ministers of Health and all Boards of Health in Ontario.

2. City Council repeal Section 545-8.4.1. (COVID-19 measures) in City of Toronto Municipal Code Chapter 545, Licensing.
3. City Council repeal City of Toronto By-laws 322-2020 and 323-2020 related to physical distancing in parks and public squares.
4. City Council authorize the Medical Officer to Health to extend the funding agreement with the Public Health Agency of Canada for the receipt and expenditure of funding for the Toronto Voluntary Isolation Centre and to undertake appropriate measures to ensure the full and effective use of federal funds, on such terms and conditions that are satisfactory to the Medical Officer of Health and in a form approved by the City Solicitor.
5. City Council approve the receipt of the funds from the Public Health Agency of Canada for the continued operation of the Toronto Voluntary Isolation Centre in accordance with the terms and conditions of the funding agreement until March 2022.
6. City Council authorize the Medical Officer to Health to increase the Toronto Public Health 2021 Operating Budget by \$3.329 million gross and \$0 net and to include \$2.466 million and \$0 net in the 2022 Operating Budget Request for the continued operation of the Toronto Voluntary Isolation Centre.
7. City Council authorize the Medical Officer of Health to enter into new or extend existing agreements or other suitable arrangements with City divisions, Federal or Provincial agencies, community agencies, private entities and/or individuals to expend the funds from the Public Health Agency of Canada for the operation of the Toronto Voluntary Isolation Centre, in accordance with the terms and conditions of the funding agreement and on such other terms and conditions that are acceptable to the Medical Officer of Health.

The Toronto Board of Health, during its meeting on June 14, 2021, also:

1. Requested the Governments of Canada and Ontario to establish data systems that allow for the regular reporting of COVID-19 epidemiology to include cases of Post COVID-19 Condition (or "Long COVID") and to work with local Public Health Units, as appropriate.
2. Called on the Government of Ontario to work with arts industry stakeholders and local Public Health Units to address the concerns raised by the Campaign for Fairness for Ontario Arts and to work collaboratively in support of a safe resumption of performance rehearsals, livestreamings, recordings and planning for the eventual return of live audiences.
3. Requested the Ontario Ministry of Health and Public Health Ontario to consider adopting and using laboratory methods that provide rapid results on the presence of variants of concern to facilitate the detection of areas with high transmission (e.g., hot spots) and where there may be lagging vaccine coverage, in order to address increased concern around the spread of the Delta variant.

4. Requested the Ontario Ministry of Health, as it implements the COVID-19 Roadmap to Reopen, to continue working closely with local Public Health Units and to proceed with caution given the learnings that other jurisdictions have had with reopening and emerging evidence on variants of concern.
5. Requested the Ontario Ministry of Health to provide additional vaccine supplies that would enable the City of Toronto to continue accelerating full vaccination rates through a hot spot campaign, while ensuring high vaccine coverage for older age groups who are most at risk for severe outcomes of COVID-19 infection.
6. Requested the Ontario Ministry of Health to accelerate its commitment to provide a data linkage between COVaxON, the Provincial vaccine system, and the Provincial Case and Contact Management (CCM) system, in order for Toronto Public Health to have access to more comprehensive vaccine efficacy data, including specific details on potential infection breakthroughs after vaccination and their association with variants of concern.
7. Requested the Ontario Ministry of Health to take action to mandate and facilitate the collection of socio-demographic data by all vaccination providers, to mandate that the Ontario Health Data Platform support the use of this equity data and to make this data routinely available to local Public Health Units for assessment and planning.
8. Requested the Ontario Ministry of Health to expedite the assembly of curated lists of enrolled patients that have been vaccinated and to make them available to physicians for the purpose of engaging these clients and promoting the opportunity for vaccinations.
9. Acknowledged and thanked the Black Scientists' Task Force on Vaccine Equity for their work and report and:
 - a. fully supported the recommendations in the report from the Black Scientists' Task Force on Vaccine Equity;
 - b. requested the Medical Officer of Health, in consultation with the City Manager, to advance the recommendations in the report from the Black Scientists' Task Force on Vaccine Equity; and
 - c. requested the Medical Officer of Health, in consultation with the Executive Director, Social Development, Finance and Administration, to use the report from the Black Scientists' Task Force on Vaccine Equity to inform the ongoing development of the Toronto Black Health Plan.
10. Requested the Medical Officer of Health to provide an update at the September 20, 2021 meeting of the Board of Health on the impacts of the COVID-19 pandemic on children and youth and measures to enhance the safety of schools.
11. Requested the Medical Officer of Health to clarify with the Government of Ontario when strip clubs, swinger clubs and bathhouses will be permitted to reopen under the COVID-19 Roadmap to Reopen and to urgently consult and work with industry

stakeholders and community organizations that carry out public health promotion in these facilities to develop detailed guidelines for their safe reopening.

12. Requested the Medical Officer of Health to provide an update on the Provincial public health modernization that considers lessons from COVID-19, including the current and future role of public health partnerships with community agencies, recommended performance indicators related to health equity and community inclusion and recommended governance structures that maximize health equity and systems resilience.

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

- <http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.HL29.1>.

Yours sincerely,

Julie Lavertu

Julie Lavertu
Board Secretary
Toronto Board of Health

Sent (via e-mail) to the following elected officials and Boards of Health in Ontario:

- Gary Anandasangaree, M.P. (Scarborough—Rouge Park), Parliamentary Secretary to the Minister of Crown-Indigenous Relations
- Yvan Baker, M.P. (Etobicoke Centre)
- The Honourable Carolyn Bennett, P.C., M.P. (Toronto—St. Paul's), Minister of Crown-Indigenous Relations
- The Honourable Bill Blair, P.C., M.P. (Scarborough Southwest), Minister of Public Safety and Emergency Preparedness
- Shaun Chen, M.P. (Scarborough North)
- Julie Dabrusin, M.P. (Toronto—Danforth), Parliamentary Secretary to the Minister of Canadian Heritage
- Han Dong, M.P. (Don Valley North)
- The Honourable Kirsty Duncan, P.C., M.P. (Etobicoke North), Deputy House Leader of the Government
- Julie Dzerowicz, M.P. (Davenport)
- Ali Ehsassi, M.P. (Willowdale), Parliamentary Secretary to the Minister of Innovation, Science and Industry (Innovation and Industry)
- Nathaniel Erskine-Smith, M.P. (Beaches—East York)
- The Honourable Chrystia Freeland, P.C., M.P. (University—Rosedale), Deputy Prime Minister and Minister of Finance
- The Honourable Ahmed Hussen, P.C., M.P. (York South—Weston), Minister of Families, Children and Social Development
- Marci Ien, M.P. (Toronto Centre)
- James Maloney, M.P. (Etobicoke—Lakeshore)
- The Honourable John McKay, P.C., M.P. (Scarborough—Guildwood)
- The Honourable Marco E. L. Mendicino, P.C., M.P. (Eglinton—Lawrence), Minister of Immigration, Refugees and Citizenship

- Robert Oliphant, M.P. (Don Valley West), Parliamentary Secretary to the Minister of Foreign Affairs
- Yasmin Ratansi, M.P. (Don Valley East)
- Ya'ara Saks, M.P. (York Centre)
- The Honourable Judy A. Sgro, P.C., M.P. (Humber River—Black Creek)
- Adam Vaughan, M.P. (Spadina—Fort York), Parliamentary Secretary to the Minister of Families, Children and Social Development (Housing)
- Arif Virani, M.P. (Parkdale—High Park), Parliamentary Secretary to the Minister of Justice and Attorney General of Canada
- Jean Yip, M.P. (Scarborough—Agincourt)
- Salma Zahid, M.P. (Scarborough Centre)
- Jill Andrew, M.P.P. (Toronto—St. Paul's)
- Roman Baber, M.P.P. (York Centre)
- Aris Babikian, M.P.P. (Scarborough—Agincourt)
- Doly Begum, M.P.P. (Scarborough Southwest)
- Jessica Bell, M.P.P. (University—Rosedale)
- Rima Berns-McGown, M.P.P. (Beaches—East York)
- The Honourable Raymond Sung Joon Cho, M.P.P. (Scarborough North), Minister for Seniors and Accessibility
- The Honourable Stan Cho, M.P.P. (Willowdale), Associate Minister of Transportation (Transit-Oriented Communities)
- Michael Coteau, M.P.P. (Don Valley East)
- Chris Glover, M.P.P. (Spadina—Fort York)
- Faisal Hassan, M.P.P. (York South—Weston)
- Christine Hogarth, M.P.P. (Etobicoke—Lakeshore), Parliamentary Assistant to the Solicitor General
- Mitzie Hunter, M.P.P. (Scarborough—Guildwood)
- Bhutila Karpoche, M.P.P. (Parkdale—High Park)
- Vincent Ke, M.P.P. (Don Valley North), Parliamentary Assistant to the Minister of Heritage, Sport, Tourism and Culture Industries (Culture and Sport)
- Robin Martin, M.P.P. (Eglinton—Lawrence), Parliamentary Assistant to the Minister of Health
- Christina Maria Mitas, M.P.P. (Scarborough Centre)
- Suze Morrison, M.P.P. (Toronto Centre)
- Tom Rakocevic, M.P.P. (Humber River—Black Creek)
- Marit Stiles, M.P.P. (Davenport)
- The Honourable Kinga Surma, M.P.P. (Etobicoke Centre), Minister of Infrastructure
- Peter Tabuns, M.P.P. (Toronto—Danforth)
- Vijay Thanigasalam, M.P.P. (Scarborough—Rouge Park), Parliamentary Assistant to the Minister of Transportation
- Kathleen O. Wynne, M.P.P. (Don Valley West)
- Algoma Public Health Board of Health, c/o Mayor Sally Hagman, Chair
- Brant County Board of Health, c/o Councillor John Bell, Chair
- Chatham-Kent Board of Health, c/o Councillor Joe Faas, Chair
- City of Hamilton Board of Health, c/o Mayor Fred Eisenberger, Chair
- Durham Region Board of Health (Health and Social Services Committee), c/o John Henry, Durham Regional Chair

- Eastern Ontario Health Unit Board of Health, c/o Councillor Syd Gardiner, Chair
- Grey Bruce Health Unit Board of Health, c/o Mayor Sue Paterson, Chair
- Haldimand-Norfolk Health Unit Board of Health, c/o Mayor Kristal Chopp, Chair
- Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health, c/o Councillor Doug Elmslie, Chair
- Halton Region Board of Health (Regional Council), c/o Gary Carr, Halton Regional Chair
- Hastings Prince Edward Public Health Board of Health, c/o Mayor Jo-Anne Albert, Chair
- Huron Perth Public Health Board of Health, c/o Councillor Kathy Vassilakos, Chair
- Kingston, Frontenac, Lennox & Addington Public Health Board of Health, c/o Deputy Warden and Mayor, Denis Doyle, Chair
- Lambton County Board of Health (County Council), c/o County Warden and Mayor, Kevin Marriott, Chair
- Leeds, Grenville & Lanark District Health Unit Board of Health, c/o Mayor Doug Malanka, Chair
- Middlesex-London Health Unit Board of Health, c/o Councillor Maureen Cassidy, Chair
- Niagara Region Board of Health (Regional Council), c/o Jim Bradley, Regional Chair
- North Bay Parry Sound District Health Unit Board of Health, c/o Nancy Jacko, Chair
- Northwestern Health Unit Board of Health, c/o Mayor Doug Lawrance, Chair
- Ottawa Board of Health, c/o Councillor Keith Egli, Chair
- Peterborough Public Health Board of Health, c/o Deputy Warden and Mayor Andy Mitchell, Chair
- Porcupine Health Unit Board of Health, c/o Mayor Sue Perras, Chair
- Public Health Sudbury & Districts Board of Health, c/o Councillor René Lapierre, Chair
- Region of Peel Board of Health (Regional Council), c/o Nando Iannicca, Regional Chair and Chief Executive Officer
- Region of Waterloo Board of Health (Region of Waterloo Council), c/o Karen Redman, Regional Chair
- Renfrew County and District Health Unit Board of Health, c/o Ann Aikens, Chair
- Simcoe Muskoka District Health Unit Board of Health, c/o Deputy Mayor and Councillor Anita Dubeau, Chair
- Southwestern Public Health Board of Health (Oxford, Elgin and St. Thomas), c/o Warden Larry Martin, Chair
- Thunder Bay District Health Unit Board of Health, c/o Councillor James McPherson, Chair
- Timiskaming Health Unit Board of Health, c/o Mayor Carman Kidd, Chair
- Wellington-Dufferin-Guelph Public Health Board of Health, c/o Mayor and Councillor George Bridge, Chair
- Windsor-Essex County Health Unit Board of Health, c/o Warden and Mayor Gary McNamara, Chair
- York Region Board of Health (York Regional Council), c/o Wayne Emmerson, York Region Chairman and Chief Executive Officer

Sent (via e-mail) to the following elected officials (under separate cover):

- The Right Honourable Justin Trudeau, P.C., M.P. (Papineau), Prime Minister of Canada
- The Honourable Doug Ford, M.P.P. (Etobicoke North), Premier of Ontario and Minister of Intergovernmental Affairs
- The Honourable Patty Hajdu, P.C., M.P. (Thunder Bay—Superior North), Minister of Health
- The Honourable Christine Elliott, M.P.P. (Newmarket—Aurora), Deputy Premier and Minister of Health

cc (via e-mail):

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

Ministry of Health

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

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

Ministère de la Santé

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

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

September 8, 2021

MEMORANDUM

TO: Medical Officers of Health

RE: Fall updates

Dear Colleagues:

As we head into a busy Fall season, planning has been underway to support the public health response to COVID-19, including the local and regional action that may be needed in response to jurisdictional conditions. As such, I am writing to provide updates to inform and support planning for the coming months.

Regional Associate Chief Medical Officers of Health

We are positioning the medical leadership at the Office of the Chief Medical Officer of Health (OCMOH) to better support public health units. Associate Chief Medical Officers of Health (ACMOH) are now assigned to each of the five Ontario Health (OH)-based regions, working with the public health units within them to facilitate communication, collaboration, and coordination across the province.

I encourage you to reach out to your ACMOH as they are available to consult and advise you on your local / regional approaches. Should your public health unit (PHU) cross more than one OH region, please choose one ACMOH as your point of contact. ACMOHs will be also be participating at OH Regional tables alongside medical officers of health to bolster public health presence and to ensure there is a line of sight into where the province can be of assistance.

We are sharing contact information and a list of the current ACMOHs and their assigned regions. Please note these assignments may change, and we will ensure we keep you updated.

COVID-19 Vaccination Policy: Amendments to O. Reg 364/20: Rules for Areas at Step 3 and the Roadmap Exit Step

On August 24, 2021, amendments were made to both Step 3 and the Roadmap Exit Step in O. Reg 364/20, under the *Reopening Ontario (A Flexible Response to COVID-19) Act (ROA)*, to require businesses or organizations to comply with any advice, recommendations and instructions related to **COVID-19 vaccination policies** that are issued by the OCMOH, or by a medical officer of health **after consultation with the OCMOH**. Please see Schedule 1, Section 2(2.1) and (2.2) in [O. Reg 364/20](#) for the provision that is currently in effect.

As stated above, **prior to** issuing any proposed mandatory instrument, medical officers of health are required to consult with the OCMOH. I am writing to provide clarity around the consultation with my office that is noted in the amendment. As a first point of contact, medical officers of health should contact their Region's lead ACMOH with a copy to Colleen Kiel, Director, Strategy and Planning, at colleen.kiel@ontario.ca and Chris Harold, Manager, Integrated Strategy and Policy Coordination, at chris.harold@ontario.ca.

Consultation with my office provides an opportunity for awareness and alignment with CMOH instructions that may be issued under the ROA and avoids duplication of efforts.

Advice, recommendations, and instructions under ROA

If the intent of a medical officer of health is to issue mandatory advice, recommendations or instructions under ROA, the instrument must be formally issued and must explicitly reference the applicable sections under O. Reg 364/20. We would also suggest labelling the instrument "Instructions" to avoid any ambiguity.

Again, if the "Instructions" are related to vaccination policies, consultation with OCMOH must occur prior to their release.

Medical officers of health or public health units should clearly communicate when publishing any non-mandatory advice, recommendations or guidance that it is **voluntary**, and is not intended to be legally enforceable under the ROA.

In addition, when you are issuing what you intend to be a mandatory instruction under the ROA, please consider providing sufficient communications to the affected businesses, organizations, or classes to provide notice of the requirements, and consultation with your legal counsel prior to issuance.

For any advice, recommendations and instructions under ROA, as well as class communicable disease orders issued under section 22 of the HPPA, we would ask that you continue to notify the OCMOH in advance (as per above) of issuing these instructions or orders. In addition, the OCMOH is available for consultation in the development of these instructions and orders. Please contact us if you require support.

If you have any questions or wish to communicate with the Ministry on this issue, please contact Colleen Kiel, Director, Strategy and Planning, at colleen.kiel@ontario.ca or Chris Harold, Manager, Integrated Strategy and Policy Coordination, at chris.harold@ontario.ca.

Case and Contact Management

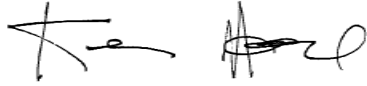
Case and contact management continues to be an important tool to prevent the spread of COVID-19, especially in the context of the increased transmissibility of the Delta variant. While declining case counts have allowed us to return to a more fulsome case and contact management model, increasing case counts as we head into the fall may place pressure on your health unit's case and contact management capacity.

To ensure continued capacity for a fulsome case and contact management model, the province will continue to offer the support of provincial staff in the fall. Prior to introducing any modifications to your health unit's case and contact management model, please reach out to the Ministry to explore all support options, including mutual aid, provincial staffing supports, and technology supports (the Virtual Assistant). The expectation is that health units continue full contact tracing using these available supports.

For any questions regarding case and contact management supports, please contact either Rhonda McMichael, Assistant Deputy Minister, at Rhonda.McMichael@ontario.ca or Brianna Guertin, Manager at Brianna.Guertin4@ontario.ca, in the Population Health Initiatives Division.

Thank you for your continued efforts.

Yours truly,



Kieran Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC
Chief Medical Officer of Health

- c. Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health (ACMOH),
Ministry of Health (MOH)
- Dr. David McKeown, ACMOH, MOH
- Dr. Daniel Warshafsky, ACMOH, MOH
- Dr. Barbara Yaffe, ACMOH, MOH
- Rhonda McMichael, Assistant Deputy Minister, Population Health Initiatives, MOH
- Colleen Kiel, Director, Strategy and Planning, MOH
- Dianne Alexander, Director, Health Promotion and Prevention Policy and Programs,
MOH
- Robert Lerch, A/Director, Health Protection and Surveillance Policy and Programs,
MOH
- Elizabeth Walker, Director, Accountability and Liaison, MOH

Attachment: Associate Chief Medical Officers of Health (ACMOH) Interim Regional
Assignments

Attachment: Associate Chief Medical Officers of Health (ACMOH) Interim Regional Assignments

Current up to September 13, 2021

REGION	ACMOH	Email
West	Dr. David McKeown	David.mckeown@ontario.ca
Toronto	Dr. Barbara Yaffe	Barbara.yaffe@ontario.ca
East	Dr. Mary Choi (Back-up Dr. Barbara Yaffe)	Mary.Choi@ontario.ca
Central	Dr. Daniel Warshafsky	Daniel.warshafsky@ontario.ca
North	Dr. Fiona Kouyoumdjian	Fiona.kouyoumdjian@ontario.ca

September 13, 2021 Onwards

REGION	ACMOH	Email
West	Dr. Wajid Ahmed	Wajid.Ahmed@Ontario.ca
Toronto	Dr. Barbara Yaffe	Barbara.Yaffe@Ontario.ca
East	Dr. Mary Choi (Back-up Dr. Barbara Yaffe)	Mary.Choi@Ontario.ca
Central	Dr. Daniel Warshafsky	Daniel.Warshafsky@ontario.ca
North	Dr. Fiona Kouyoumdjian Dr. David McKeown	Fiona.Kouyoumdjian@ontario.ca David.McKeown@ontario.ca



June 21st, 2021

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

COVID-19 Update

As part of the response to COVID-19, ALPHA continues to represent the public health system and work with key stakeholders. To keep members up-to-date, ALPHA shares Ministry of Health Situation Reports and COVID-19-related news. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of ALPHA.

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

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

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

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

[ALPHA's recent COVID-19 related submissions can be found here](#)

Conference and Annual General Meeting Wrap Up

This year's Conference and AGM ***Ontario's Public Health System: Challenges – Changes – Champions*** was held on June 8th, 2021, and focused on the critical role of Ontario's public health system. ALPHA's members participated in a [program](#) that featured speakers who discussed Ontario's key public health issues, including the response to COVID-19.

The 2021 Disposition of ALPHA Resolutions from this year's online conference and further information on ALPHA's resolutions are available [here](#). ALPHA's [Annual Report](#), recipients of ALPHA's [Distinguished Service Awards for 2020 and 2021](#), detailed [bios](#) for speakers and other materials can be found on our

[website](#). A presentation by alPHA's legal counsel, James LeNoury, on legal matters for Boards of Health can be found [here](#). Conference proceedings will be distributed within the next few weeks, so stay tuned!

We are grateful to our outgoing board for their direction and guidance during these challenging times and we are excited to welcome the 2021-2022 alPHA Board of Directors. Further information on the new Board, including bios, can be found [here](#).

A special thanks to our Conference Chair, Trudy Sachowski, the Conference Planning Advisory Committee: Loretta Ryan (Chair), Dr. Kit Young Hoon, Marilyn Herbacz, Trudy Sachowski, Carmen McGregor, Denis Doyle, Lindsay Koch, Lee Pitt, Shannon Robinson, Gord Fleming, and the Conference Support team: Akanksha Ganguly, Doug Lawrance, Obadiah George, and Sarah Edmonds. Thank you to our Conference Partners: Northwestern Health Unit and the Dalla Lana School of Public Health. alPHA is also grateful to our gold level sponsor, Gillons Insurance Brokers – *A division of Westland Insurance group* and our silver level sponsor, Mosey and Mosey for their continued support.

alPHA Correspondence

Through policy analysis, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities.

Correspondence since the last Newsletter:

- June 6th, 2021 - [MCCSS Response - Student Nutrition Programs](#)
- May 29th, 2021 - [Joint Letter incl COMOHO - Reopening Schools](#)
- May 21st, 2021 - [COMOHO - Sick Kids Letter: Reopening Schools](#)

A complete online library is available [here](#).

Boards of Health: Shared Resources

A resource [page](#) is available on alPHA's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the alPHA website include:

- [Orientation Manual for Board of Health](#)
- [Review of Board of Health Liability \(PowerPoint presentation\)](#)

- [Legal Matters: Updates for Boards of Health \(Video, June 8, 2021\)](#)
 - [Governance Toolkit](#)
 - [Risk Management for Health Units](#)
 - [Healthy Rural Communities Toolkit](#)
 - [The Ontario Public Health Standards](#)
 - [Public Appointee Role and Governance Overview](#)
 - [Ontario Boards of Health by Region](#)
 - [List of Units sorted by Municipality](#)
 - [List of Municipalities sorted by Health Unit](#)
-

PHO Resources

Schools, Childcare and Day Camps

Understanding how COVID-19 is transmitted and ensuring that proper public health measures are in place is important for preventing the spread of COVID-19 in day camps, schools and childcare settings:

- [Pre-camp Planning: COVID-19 Preparedness and Prevention for Day Camps](#)
- [Daily Camp Operations: COVID-19 Preparedness and Prevention for Day Camps](#)
- [Preventing COVID-19: Presentations for Schools and Childcare Settings](#)

Opioid-Related Deaths

Learn more about [patterns surrounding opioid-related deaths](#) that occurred in Ontario during the COVID-19 pandemic up to the end of December 2020. Report prepared by The Ontario Drug Policy Research Network, the Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service and PHO.

Upcoming PHO Events

- **June 23:** [Planning Sustainable Health Promotion Programs \(Repeat presentation\)](#)

Interested in our upcoming events? Check out our [Events](#) page to stay up-to-date with all PHO events.

Missed an event? Check out our [Presentations](#) page for full recordings our events.

Upcoming DLSPH Events and Webinars

- [Evaluating Knowledge Transfer – June 25th \(12:00 – 1:00 pm\)](#)

View all past webinars [here](#).

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).

Association of Local Public Health Agencies

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

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





July 20th, 2021

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

COVID-19 Update

As part of the response to COVID-19, alpha continues to represent the public health system and work with key stakeholders. To keep members up-to-date, alpha shares Ministry of Health Situation Reports and COVID-19-related news. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of alpha.

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

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

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

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

[alpha's recent COVID-19 related submissions can be found here](#)

alpha Meets with the new Chief Medical Officer of Health

Over the past few weeks, alpha and COMOH representatives have met with the new Chief Medical Officer of Health, Dr. Kieran Moore. We look forward to working with Dr. Moore on the response to and recovery from COVID-19, as well as ensuring a robust, responsive, and sustainable public health system that will serve the health protection and promotion needs of all Ontarians.

Meeting with the Association of Municipalities of Ontario (AMO)

alpha's new Executive Committee met with the President from the Association of Municipalities of Ontario, Gradyon Smith, and his staff. AMO is an important partner and key stakeholder for local public health. alpha representatives appreciated the opportunity to

discuss strategic priorities, areas of mutual interest and to further explore opportunities to continue to work together.

Conference and Annual General Meeting Wrap Up

This year's Conference and AGM ***Ontario's Public Health System: Challenges – Changes – Champions held on June 8th, 2021*** celebrated the Northwest and focused on the critical role of Ontario's public health system.

A big thank you again to everyone who attended and helped make alPHa's first ever online conference and AGM a huge success! **Proceedings from this year's conference have been [uploaded](#). [These and other materials can be found on our website](#).** Please note that for the proceedings, sign-in is required to download. The proceedings can also be provided upon request.

Congratulations to the winner of our prize for filling out the conference survey, Sally Hagman, from the Algoma Public Health Unit!

alPHa Correspondence

Through policy analysis, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities.

Correspondence since the last Newsletter include:

- June 30th, 2021 - [alPHa Letter - Ombudsman Annual Report](#)
- June 29th, 2021 - [alPHa Letter - Outgoing CMOH](#)
- June 28th, 2021 - [alPHa Letter - Welcome CMOH Dr. Moore](#)
- June 23rd, 2021 - [CMHO Communiqué de Presse - Vaccins COVID-19](#)
- June 23rd, 2021 - [COMOH Press Release - COVID Vaccines](#)
- June 14th, 2021 - [COMOH Letter - School Reporting Recommendations](#)

A complete online library is available [here](#).

Boards of Health: Shared Resources

A resource [page](#) is available on alPHa's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to

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-

PHO Resources

Vaccine Resources

PHO is actively monitoring, reviewing and assessing relevant research related to COVID-19 vaccines. Check out new vaccine resources or visit PHO's [COVID-19 Vaccines](#) page for more information.

- [Fundamentals: Immunization Technique for Intramuscular \(IM\) Injections – Deltoid Muscle](#)
 - [Myocarditis and Pericarditis Following COVID-19 mRNA Vaccines](#)
 - [Evidence Brief: Risk of COVID-19 Transmission from Vaccinated Cases](#)
 - [COVID-19 Vaccination for Post-Exposure Prophylaxis \(PEP\) or Ring Vaccination – What We Know So Far](#)
 - Recorded event presentations:
 - [COVID-19 vaccine program surveillance - Part One: Vaccine safety surveillance](#)
 - [COVID-19 vaccine program surveillance - Part Two: Monitoring vaccine impact and surveillance for special populations](#)
-

Upcoming PHO Events

- July 20: [PHO Rounds: COVID-19 and HVAC: A Practical Perspective](#)

Interested in our upcoming events? Check out our [Events](#) page to stay up-to-date with all PHO events.

Missed an event? Check out our [Presentations](#) page for full recordings our events.

Travax Renewal Time!

It is renewal time for Travax (Travel Health Information Website) subscription licenses for ALPHA members who have existing subscriptions, and it is also an opportunity for Public Health Units to sign up. For more information, members can visit www.shoreland.com. To obtain the ALPHA member discount, please contact Maggie Liefert, Shoreland, Inc. at 703-399-5424.

RRFSS Update

Attention Health Units: It's time to start planning your fall RRFSS data collection!

The RRFSS survey is up and running again and Health Units can still join RRFSS in 2021 for the fall data collection cycle: September–December. RRFSS has a very large selection of health-related topics and questions available to survey your local community as well as many COVID-19 related questions such as *Precautions (Distancing and Face coverings)*, *Employment*, *Financial Impacts*, *Food Security* and *Vaccine Readiness*. Read an example of how one Health Unit has been able to utilize COVID-19 RRFSS data [here](#).

Visit the RRFSS website for more information (including a current list of all topics and questions): www.rfss.ca or contact the RRFSS Coordinator, [Lynne Russell](#) to find out how your health unit can collect local data by joining RRFSS.

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).

Association of Local Public Health Agencies

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2
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August 13th, 2021

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

COVID-19 Update

As part of the response to COVID-19, ALPHA continues to represent the public health system and work with key stakeholders. To keep members up-to-date, ALPHA shares Ministry of Health Situation Reports and COVID-19-related news. If you are not receiving these, please get in touch with the contact person at your health unit who distributes information on behalf of ALPHA.

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

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

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

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

[ALPHA's recent COVID-19 related submissions can be found here](#)

Hold the Date!

Fall and Winter Symposiums, Conference and AGM

Please hold the date for the ALPHA's Fall Symposium on **Friday, November 19th, 2021**, the Winter Symposium on **Friday, February 25th, 2022** and the Conference and Annual General Meeting from **Sunday, June 12th – Tuesday June 14th, 2022**.

More details regarding the Fall Symposium will be available in the next newsletter.

ALPHA Correspondence

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disease prevention, and surveillance services in all of Ontario's communities. Correspondence since the last Newsletter include:

- July 27th, 2021 - [alPHa Letter - A Cautious and Measured Reopening](#)
- July 21st, 2021 - [alPHa Letter - Resolution A21-2, Opioids](#)
- July 21st, 2021 - [alPHa Letter - Resolution A21-1, Vaping Products](#)

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 - [Confirmed Cases of COVID-19 Following Vaccination in Long-Term Care Homes & Retirement Homes in Ontario: December 14, 2020 to June 30, 2021](#)
-

Upcoming PHO Events

- August 17th: [PHO Rounds: The Occurrence of Anaplasmosis and Passive Tick Surveillance Options in Ontario](#)

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Upcoming DLSPH Events and Webinars

- [August 25th: Dalla Lana Certificate in Health Impact](#)

View all past webinars [here](#).

News Releases

- [Dr. Catherine Zahn appointed to become Deputy Minister of Health effective September 7, 2021](#)

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alPHa

Association of Local
PUBLIC HEALTH
Agencies

September 20th, 2021

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As part of these stakeholder activities, alPHa's Executive Committee met with Minister Christine Elliott on September 7th. Key public health issues, including the pandemic response and recovery from COVID-19, were discussed and alPHa looks forward to ongoing dialogue with the Minister.

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- [September 13th, 2021 - alPHa Letter - Support for Research Project](#)
- [September 13th, 2021 - alPHa Letter - Welcome ACMOH Ahmed](#)
- [September 7th, 2021 - alPHa Letter - Welcome DM Zahn](#)
- [September 7th, 2021 - alPHa Letter - Vaccine Certificates](#)
- [September 7th, 2021 - COMOH Letter - Vaccine Policies in Post-Secondary](#)
- [August 19th, 2021 - alPHa Letter - Ontario Green Leadership Meeting](#)
- [August 19th, 2021 - alPHa Letter - Ontario Liberal Leadership Meeting](#)
- [August 19th, 2021 - alPHa Letter - Health Critic Meeting](#)
- [August 19th, 2021 - alPHa Letter - Minister of Health Meeting](#)
- [August 19th, 2021 - alPHa Letter - COVID-19 Vaccine Policies](#)

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 - [Adverse Event Following Immunization \(AEFI\) Reporting Form](#)
 - [Confirmed Cases of COVID-19 Following Vaccination in Long-Term Care Homes & Retirement Homes in Ontario: December 14, 2020 to June 30, 2021](#)
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Upcoming PHO Events

- September 23rd: [PHO Rounds: Slowing the spread: A risk-based case prioritization model to manage surging cases of COVID-19](#)

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DLSPH White Paper

Upcoming DLSPH Events and Webinars

DLSPH has released a *Public Health and Learning Health Systems White Paper*. A copy can be found [here](#). Thank you to the alpha Board for providing input and comment on drafts of the paper.

Upcoming Events:

- September 27th: [Health Equity and Transformation through Community Advocacy](#)
- September 30th: [Honouring Truth and Reconciliation Day](#)

View all past webinars [here](#).

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).

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From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** Loretta Ryan
Sent: August 30, 2021 3:20 PM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Cc: Carmen McGregor <carmen.mcgregor@chatham-kent.ca>; Paul Roumeliotis <proumeliotis@eohu.ca>; Steven Rebellato <Steven.Rebellato@smdhu.org>; Wess Garrod <wessgarrod@gmail.com>; Charles Gardner <charles.gardner@smdhu.org>; Trudy S. <TRUDSKI@hotmail.com>; Robert Kyle <robert.kyle@durham.ca>
Subject: [allhealthunits] Message from BOH Chair Wess Garrod to All Board of Health Members

PLEASE ROUTE TO:

All Board of Health Members

To all members of Ontario's 34 Boards of Health,

Hello. My name is Wess Garrod, and I am the Chair of the alPHA Boards of Health Section for the 2021-22 term. This is my third year serving the alPHA membership on its Board of Directors and I have already completed terms as Vice-President and Treasurer.

I have been a public appointee to the KFL&A Board of Health since 2014 and am currently the Vice-Chair, working closely with our Chair Denis Doyle. I also had the privilege of working equally closely with Dr. Kieran Moore, who was KFL&A's Medical Officer of Health until his recent appointment as Ontario's Chief Medical Officer of Health.

I strongly believe in the value and importance of local public health. We keep our communities safe and we make a difference. Our governance role is critical as we provide support and accountability for our MOHs, staff and the programs and services that they deliver.

Everyone in public health has worked diligently in extremely challenging circumstances during this pandemic and it appears that COVID-19 will continue to present challenges as we return focus to our mandated routine responsibilities.

As we move into the fall with a high percentage eligible Ontarians vaccinated, many of us feel safer and more optimistic than ever about a return to a new normal. Unfortunately, the highly infectious Delta variant has raised the bar. We must be constantly vigilant and continually reinforce the importance of public health measures such as vaccinations, mask wearing, hand washing and social distancing.

As your Chair, I am congratulating each of my counterparts in each of Ontario's 34 Boards of Health for providing the leadership, support and necessary role modelling thus far and encouraging all of us to continue the battle against COVID-19.

Protect yourself.
Protect each other.
Protect your community.

alPHA is our organization that keeps us all connected and informed. Led by Executive Director Loretta Ryan, alPHA gives public health a collective voice that is heard and listened to by decision makers, partner associations such as the Association of Municipalities of Ontario (AMO), and numerous other

stakeholders. alPHa staff does excellent work on our behalf and the means for all of us in public health to work together to provide strong and consistent messages about the value of local public health.

Together, we make a difference.

I look forward to working with all of you during the coming year.

Sincerely

Wess Garrod,
Chair, Boards of Health Section



APPROVAL OF CONSENT AGENDA

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

Briefing Note

To: René Lapierre, Chair, Board of Health, Public Health Sudbury & Districts
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: October 14, 2021
Re: 2021/2022 Ministry of Health Funding

For Information

For Discussion

For a Decision

Issue:

At its November 19, 2020 meeting, the Board of Health approved the 2021 operating budget (January to December 2021) for Public Health Sudbury & Districts. On July 22, 2021, the agency received notice of Ministry of Health funding for 2021, including one-time funding for the 2021-22 and the 2022-23 funding years.

Recommended Action:

This information is for review and informational purposes. There are no recommended actions.

Background:

Base Funding

Table 1 compares the 2021 Board of Health approved operating budget with the Ministry of Health approved funding allocation for cost shared and 100% funded programs.

Table 1

Maximum Base Funds (For January 1 to December 31, 2021)			
Program/Sources of Funding	2021 BOH Approved Allocation	2021 Ministry of Health Approved Allocation	Variance
Mandatory Programs (cost-shared)	\$16,789,783	\$16,836,800	\$47,017
Ontario Seniors Dental Care Program (100%)	\$810,200	\$810,200	\$0
Unorganized Territories/Mandatory Programs (100%)	\$826,000	\$826,000	\$0
Unorganized Territories/Indigenous Communities (100%)	\$90,400	\$90,400	\$0
Unorganized Territories/Northern Fruit and Vegetable Program (100%)	\$176,100	\$176,100	\$0
MOH/AMOH Compensation (100%)	\$129,000	\$129,000	\$0

2018–2022 Strategic Priorities

1. Equitable opportunities
2. Meaningful relationships
3. Practice excellence
4. Organizational commitment

Total Maximum Base Funds	\$18,821,483	\$18,868,500	\$47,017
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All of the requested Base Funding for the 2021 year has been approved by the Ministry of Health, with a small increase to the Smoke Free Ontario programs in the amount of \$47,017. This increase restores funding levels for the Smoke Free Ontario programs to the 2019 funding level.

One Time Funding

The Board of Health also requested one time funding as detailed in Table 2 for the 2021/2022 and 2022/2023 funding years.

Table 2

Maximum One Time Funds (For the Period January 1 st to December 31 st , 2021 unless otherwise noted)			
Projects/Initiatives	2021 BOH Requested	2021 Ministry of Health Approved to date	Variance
Mitigation Grant (100%)	\$1,179,500	\$1,179,500	\$0
COVID-19: Extraordinary Costs (100%) CCM*	\$3,540,677	\$1,490,000	(\$2,050,677)
COVID-19: Vaccine Program (100%)	\$19,834,046	\$9,722,100	(\$10,111,946)
School-Focused Nurses Initiative (100%) – 12 FTE’s (Apr 1, 21 to July 31, 2022)	\$1,596,000	\$1,596,000	\$0
Ontario Seniors Dental Care Program Capital: Elm Place Clinic Site (100%)	\$1,106,200	\$1,106,200	\$0
Capital: Infrastructure Modernization Project	\$4,810,850	\$200,000	(\$4,610,850)
Total Maximum One Time Funds	\$32,067,273	\$15,293,800	

*CCM – case and contact management

As an initial allocation, funding related to COVID-19 Extraordinary (CCM) costs was approved at 42% of the requested amount and funding related to the COVID-19 Vaccine Program was approved at 49% of the requested amount. The ministry has advised that the second round of approvals is being reviewed using the second quarterly report which has submitted at end of September. They are expediting the review and approval process to be able to advise health units as quickly as possible. They are very cognizant of the urgent need to get COVID-19 Extraordinary funding to health units as soon as possible.

The Ministry also approved the carryforward of the unspent 2020 funding related to the Capital requirements for the Ontario Seniors Dental Care Program in the amount of \$599,653 in addition to approving the additional amount of \$506,547 requested for 2021. These funds must be spent by March 31, 2022.

In an effort to offset costs related to the Infrastructure Modernization project, PHSD submitted capital requests totaling \$4.8M. The Ministry approved only one project in the amount \$200,000 of the \$250,000 requested in one time funding for elevator upgrades for the Paris Street location to be spent by March 31, 2022.

2018–2022 Strategic Priorities

1. Equitable opportunities
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The Ministry has also provided one time funding for the School-Focused Nurses Initiative in the amount of \$1,200,000 for the period from April 1, 2021, to March 31, 2022, and a further \$396,000 for the period from April 1, 2022 to July 31, 2022.

In addition, PHSD received approval to carryforward \$606,237 of unspent funds from the Infection Prevention and Control (IPAC) Hub program to 2020/2021. These funds must be spent by March 31, 2022.

The one time mitigation grant to offset the change in funding policy, now in its second year, is being extended a third time for 2022 as announced at the 2021 virtual Association of Municipalities of Ontario (AMO) conference on August 18, 2021.

Ontario Public Health Standard:

Organizational Requirements

Strategic Priority:

Organizational Commitment

Contact: France Quirion, Director, Corporate Services

2018–2022 Strategic Priorities

1. Equitable opportunities
2. Meaningful relationships
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Ministry of Health

Office of the Deputy Premier
and Minister of Health

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

Ministère de la Santé

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

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Toronto ON M7A 1N3
Téléphone: 416 327-4300
Télécopieur: 416 326-1571
www.ontario.ca/sante



eApprove-72-2021-262

July 22, 2021

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 \$13,322,300 in one-time funding for the 2021-22 funding year and up to \$396,000 in one-time funding for the 2022-23 funding year, to support the provision of public health programs and services in your community, including extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province.

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19, including leading the roll-out of the COVID-19 vaccination program at the local level.

The Ministry of Health has approved one-time funding to support approximately 50% of estimated eligible COVID-19 extraordinary costs at this time, and will work with you to monitor and track more detailed and accurate requirements and spending for COVID-19 through in-year financial reports and make any adjustments to funding, as required, throughout the 2021 funding year.

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

.../2

Mr. René Lapierre

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

Sincerely,

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

Christine Elliott
Deputy Premier and Minister of Health

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery

ADDENDUM

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

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: _____

RISE AND REPORT

MOTION:

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

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

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____