



# Addendum: Board of Health Meeting

## Meeting # 05-21

Thursday, November 18, 2021

1:30 p.m.

Virtual Meeting

**ADDENDUM – FIFTH MEETING**  
**BOARD OF HEALTH**  
**NOVEMBER 18, 2021**

**7.0 ADDENDUM**

**DECLARATIONS OF CONFLICT OF INTEREST**

- i) Public Health Sudbury & Districts – 2020 Annual Report, [English](#) and [French](#)
- ii) aPHa Information Break Newsletter dated November 15, 2021
- iii) COVID-19 Status Updates
- iv) Annualized IPAC Hub Funding and Increase in Provincial Base Funding for Local Public Health
  - Letter from the Board of Health Chair, Algoma Public Health, to the Deputy Premier and Minister of Health, dated November 16, 2021

# Annual Report 2020



- [Message from Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer](#)
  - [Message from René Lapierre, Chair, Board of Health for Public Health Sudbury & Districts](#)
  - [Health hazards, inspections, and investigations](#)
  - [Community drug strategies](#)
  - [Healthy families, growth, and development](#)
  - [Recapping Public Health's response to COVID-19 in 2020](#)
  - [Financials](#)
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# Medical Officer of Health

## MESSAGE



## Message from Dr. Penny Sutcliffe

### Medical Officer of Health and Chief Executive Officer for Public Health Sudbury & Districts

The year 2020 was like no other for Public Health Sudbury & Districts—in fact, for our entire health system and community. At the early onset of the global COVID-19 pandemic, Public Health jumped into action to prepare for a thorough and comprehensive response for our communities. Extensive planning, immediate preparations, and emergency response exercises with Public Health staff and community partners signalled the start of what would be our agency’s largest public health response in its history. The pandemic forced Public Health to quickly pivot and dedicate significant resources to protect our communities. Our ability to adjust and respond to the challenges posed by COVID-19 were (and continue to be) heavily reliant on well-established and respectful relationships from which we have benefited with community agencies, service providers, health professionals, and municipal counterparts.

Starting in January of 2020 and continuing for the remainder of the year, our focus and dedication turned to responding to COVID-19. This necessary yet abrupt shift in our public health priorities meant the reduction or suspension of many important public health services. We have worked diligently as an agency and a community to reduce the

spread of the virus. However, we must also acknowledge that our pandemic response efforts significantly impacted our ability to deliver many programs and services upon which so many in our community rely. Even with those reductions, I am proud of the work we were able to continue throughout the year. The 2020 Annual Report highlights just some of the important work of Public Health that, in addition to our pandemic response, did continue. For example, this work includes efforts related to community drug strategies, family health programming, and food safety and health hazard inspections.

I am incredibly proud of the dedication, resiliency, and the professionalism of Public Health staff—each of whom I consider a hero in their own right—our community partners, and the skillful leadership of the Board of Health for their tireless efforts and unwavering commitment throughout the pandemic. Together, we continue to rise to the challenges presented by the pandemic and continue to promote and protect health and prevent disease in the communities we serve.

It is my pleasure to present Public Health Sudbury & Districts' *2020 Annual Report: Rising to the Challenge*.

Dr. Penny Sutcliffe

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# Board of Health MESSAGE



## Message from René Lapierre

### Chair, Board of Health for Public Health Sudbury & Districts

*Rising to the challenge* is a great way to describe Public Health Sudbury & Districts' level of community responsiveness in 2020. From early in the year, Public Health jumped into action to respond to COVID-19 with invaluable support from partner agencies and the community as a whole. Guided by Dr. Penny Sutcliffe's leadership and drawing on the agency's organizational values—humility, trust, and respect—Public Health continues to rise to the day-to-day challenges of COVID-19 and other public health priorities to meet the needs of the communities throughout the Sudbury and Manitoulin districts.

While COVID-19 has taken its toll, it is in situations like these that our collective resilience is tested. These are also situations that can lead to growth and unity, and further confirm the importance of a strong, local public health system which cannot be understated. Whether directly or indirectly, 2020 has truly put that into perspective for each and every one of us.

The investments we make in our public health system are critical, and the benefits are far-reaching. Public Health offers crucial programs and services, responding proactively as well as reactively to community needs.

Through the steadfast dedication of Public Health staff and our community's support and ongoing commitments, I am confident we can continue to work toward achieving the best possible health for all.

I am honoured to serve as Board Chair, and I am pleased to present the *2020 Annual Report: Rise to the Challenge*.

René Lapierre

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## **Health hazards, inspections, and investigations**

The pandemic significantly impacted many businesses, employers, and service providers, and required a shift to virtual workspaces for many. However, the importance of and need for Public Health to conduct routine inspections and investigations, in a COVID-

19-safe manner, persisted. Public health inspectors inspected food premises, personal services settings, public pools, and beaches. Our critical work to ensure the water you drink is safe was never compromised, for example, issuing drinking water or boil water advisories, as needed. We also responded to threats of emerging diseases and enteric outbreaks, and investigated health hazards, as seen with our comprehensive response to a large local hepatitis A outbreak linked to a local grocery store. This response included investigating and identifying the hazard, informing the community of the risks and precautions, and rapidly mounting hepatitis A vaccinations clinics to help prevent further infections and spread of the illness.

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## Community drug strategies

COVID-19 is not the only crisis our community is facing. Our collaborations to develop community drug strategies have been at the forefront of efforts to create locally viable responses to the opioid crisis. Throughout 2020, we continued to work closely with our community partners in Espanola, Greater Sudbury, Manitoulin, and Sudbury East to work toward identifying effective community drug strategies for each respective community.



We continued working toward our goal of building safer and healthier communities, free from harms related to substance use. To further draw attention to increasing opioid-related harms across our region, three drug warnings and two drug alerts were issued, and over 30 media interviews were conducted. The *Those People are Us* and *We Are Jeff* campaigns were promoted through television ads, social media posts, newspapers ads, and on billboards to help reduce the stigma of substance use and to foster empathy and compassion, and highlight how we all can be part of the solutions.

In 2020, the results from the [Needs Assessment and Feasibility Study \(NAFS\)](#) were released and indicated that Greater Sudbury would benefit from supervised consumption services (SCS). The findings were based on community, expert, and community partner input. Letters of support were received to proceed with the implementation of SCS and an Application Advisory Committee was created to work toward federal and provincial applications for funding and an exemption to operate a SCS.

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**Healthy families, growth, and development**

With a need to adapt to the needs of the community and recognizing the importance of public health services focused on family health, and growth and development, Public Health continued to offer invaluable programs services. For example, prenatal classes shifted to an online platform to allow expectant parents, their partners, and other health professionals to access information about pregnancy, labour and delivery, and what to expect and adapting to life with a new baby. Our *Health Information Line* continued to respond to calls from clients with questions about breastfeeding, vaccinations, healthy growth and development, infant feeding and care, car seat information, and general health inquiries. Our breastfeeding clinic and Healthy Babies Healthy Children program also focused on offering virtual appointments and consultations, though continued to maintain meeting with clients face-to-face, where needed, while following strict COVID-19 protocols.

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## **Recapping Public Health's response to COVID-19 in 2020**

Public Health Sudbury & Districts has been actively planning, coordinating, and responding to COVID-19 since the beginning of 2020, with even more focus since the first case was confirmed in our service area on March 10, 2020, and the declaration of COVID-19 as a global pandemic by the World Health Organization on March 11, 2020. The dedicated response to COVID-19 was ongoing throughout 2020, and the timeline below highlights a few key events and milestones.

# Public Health Sudbury & Districts 2020 Timeline of COVID-19

## 2020

**January 27**

Public Health activates its Emergency Response Plan for novel coronavirus.

**March 10**

The first confirmed case of COVID-19 is reported in the Sudbury and Manitoulin districts.

**April 2**

The first local death from COVID-19 is announced.

**April 19**

The first local COVID-19 outbreak in a long-term care home occurs.

**May 29**

COVID-19 testing is now offered to asymptomatic individuals concerned about exposures.

**August 8**

The *Top 10 COVID Rules to Live By* are promoted to encourage COVID-safe behaviours.



**October 26**

The first COVID-19 outbreak in a local school is reported.



**December 9**

Health Canada authorizes the Pfizer-BioNTech vaccine as the first COVID-19 vaccine in Canada.

**December 26**

The Ontario Government announces the first confirmed case of COVID-19 variant in Ontario.

**March 9**

Public Health hosts a Community Response Planning Session with almost 60 agencies from across Greater Sudbury, the Sudbury and Manitoulin districts, and area First Nations to prepare for local spread of COVID-19.

**March 12**

Publicly funded schools in Ontario were ordered closed by the Ontario Government.

**April 11**

COVID-19 testing is made available through local assessment centres to anyone with any symptoms.

**May 26**

Dr. Penny Sutcliffe praises efforts and encourages vigilance as the first wave of COVID-19 subsides.

**July 8**

Public Health requires face coverings to be worn in all commercial establishments and on public transit.

**September 2**

Northern Ontario Medical Officers of Health and Directors of Education issue joint statements about COVID-safe schools and the *Top 10 COVID-19 Basic Rules for Safe Schools*.

**December 1**

Public Health hosts the first of many COVID-19 Vaccine Taskforce meetings to prepare for the arrival of the vaccine.

**December 4**

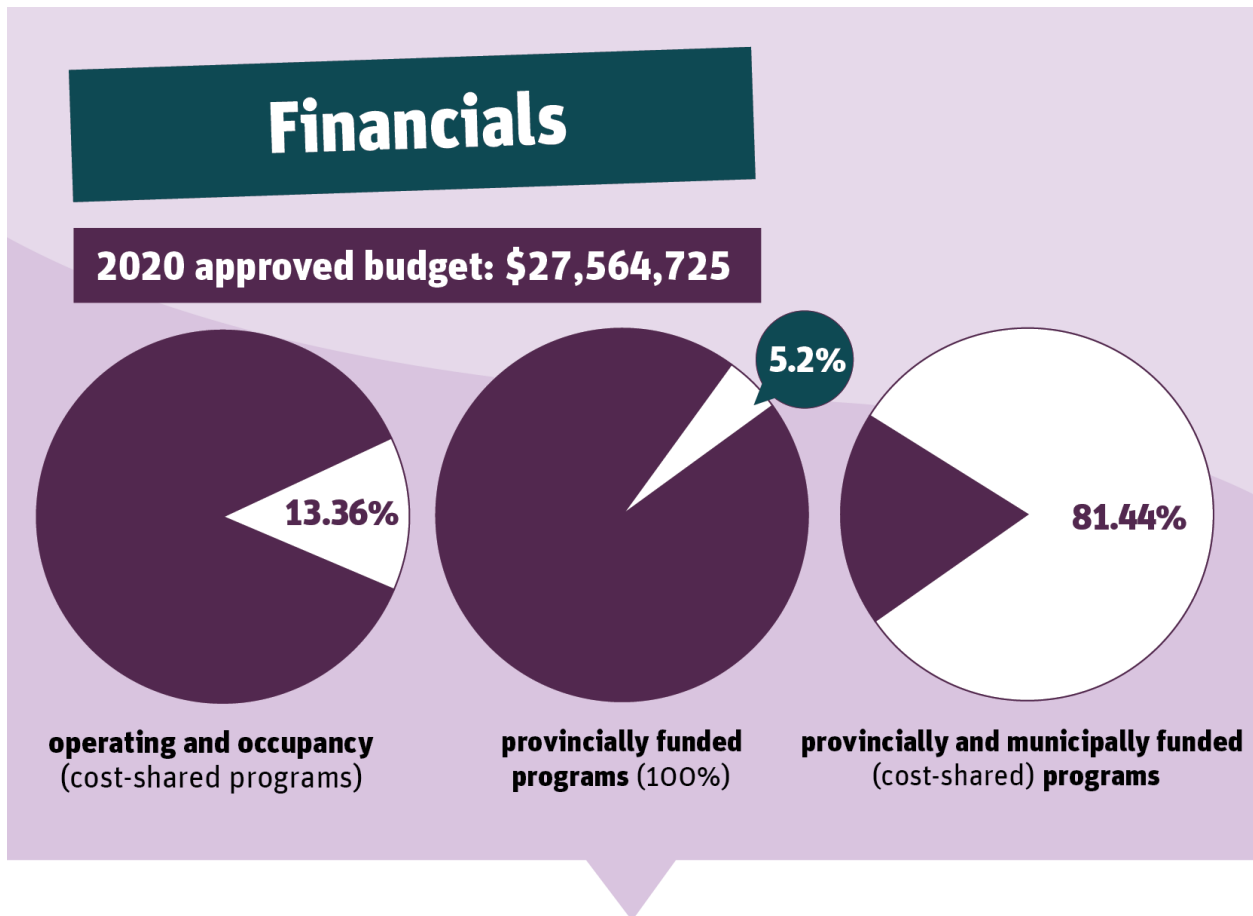
The first COVID-19 outbreak in a daycare is reported.

**December 21**

The Ontario Government announces a province-wide shutdown effective December 26, due to elevated risks.

- January 27: Public Health activates its Emergency Response Plan for novel coronavirus.
- March 9: Public Health hosts a Community Response Planning Session with almost 60 agencies from across Greater Sudbury, the Sudbury and Manitoulin districts, and area First Nations to prepare for local spread of COVID-19.
- March 10: The first confirmed case of COVID-19 is reported in the Sudbury and Manitoulin districts.
- March 12: Publicly funded schools in Ontario were ordered closed by the Ontario Government.
- April 2: The first local death from COVID-19 is announced.
- April 11: COVID-19 testing is made available through local assessment centres to anyone with any symptoms.
- April 19: The first local COVID-19 outbreak in a long-term care home occurs.
- May 26: Dr. Penny Sutcliffe praises efforts and encourages vigilance as the first wave of COVID-19 subsides.
- May 29: COVID-19 testing is now offered to asymptomatic individuals concerned about exposures.
- July 8: Public Health requires face coverings to be worn in all commercial establishments and on public transit.
- August 8: The *Top 10 COVID Rules to Live By* are promoted to encourage COVID-safe behaviours.
- September 2: Northern Ontario Medical Officers of Health and Directors of Education issue joint statements about COVID-safe schools and the *Top 10 COVID-19 Basic Rules for Safe Schools*.
- October 26: The first COVID-19 outbreak in a local school is reported.
- December 1: Public Health hosts the first of many COVID-19 Vaccine Taskforce meetings to prepare for the arrival of the vaccine.
- December 4: The first COVID-19 outbreak in a daycare is reported.
- December 9: Health Canada authorizes the Pfizer-BioNTech vaccine as the first COVID-19 vaccine in Canada.
- December 21: The Ontario Government announces a province-wide shutdown effective December 26, due to elevated risks.

- December 26: The Ontario Government announces the first confirmed case of COVID-19 variant in Ontario.



## Financials

- 2020 operating budget: \$27,564,725, of which:
  - 13.36% is operating and occupancy (\$3,683,445 actual expenses)
  - 5.2% is public health programs that are 100% provincially funded (\$1,433,416 actual expenses)
  - 81.44% is public health programs that are jointly funded by the province and area municipalities (\$22,447,864 actual expenses)

# Rapport annuel 2020



- [Message de la D<sup>re</sup> Penny Sutcliffe, Médecin-hygiéniste et directrice générale](#)
  - [Message de René Lapierre, Président du conseil, Santé publique Sudbury et districts](#)
  - [Risques pour la santé, inspections et enquêtes](#)
  - [Stratégies communautaires contre les drogues](#)
  - [Familles en santé, croissance et développement](#)
  - [Récapitulation : réponse de Santé publique à la pandémie de COVID-19 en 2020](#)
  - [Données financières](#)
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## **MESSAGE DE LA** **médecin-hygiéniste**



### **Message de la D<sup>re</sup> Penny Sutcliffe**

#### **Médecin-hygiéniste et directrice générale, Santé publique Sudbury et districts**

L'année 2020 a été sans précédent pour Santé publique Sudbury et districts. En fait, elle l'a été pour l'ensemble de notre système de santé et de notre collectivité. Dès le début de la pandémie mondiale de COVID-19, Santé publique s'est aussitôt mis en mode intervention afin de préparer une réponse rigoureuse et complète pour nos collectivités. Une planification approfondie, des travaux préparatoires immédiats et des exercices d'intervention d'urgence mis en œuvre par le personnel de Santé publique et des partenaires communautaires ont marqué le début de ce qui allait être la plus importante intervention en santé publique de l'histoire de notre organisme. La pandémie a forcé Santé publique à rapidement recentrer ses efforts et à consacrer d'importantes ressources à la protection de ses collectivités. Notre capacité à nous adapter et à relever les défis posés par la COVID-19 ont reposé (et reposent toujours) sur les relations bien établies et respectueuses dont nous avons bénéficié avec les organismes communautaires, les prestataires de services, les professionnels de la santé et les homologues municipaux.

À compter de janvier 2020 et pendant le reste de l'année, nous avons consacré nos efforts et nos activités à réagir à la COVID-19. Ce changement nécessaire, mais néanmoins brusque, de nos priorités en matière de santé publique a signifié la diminution ou l'interruption de plusieurs importants services de santé publique. En tant qu'organisme et collectivité, nous avons travaillé avec diligence à endiguer la propagation du virus. Toutefois, nous sommes contraints de reconnaître que nos efforts consacrés à contrer la pandémie ont eu un impact très marqué sur notre capacité à fournir des programmes et des services dont dépendent tant de gens d'ici. En dépit de ces réductions, je suis fière du travail que nous avons pu poursuivre au cours de l'année. Le rapport annuel de l'année 2020 met en lumière seulement une partie de l'important travail que Santé publique a pu poursuivre en plus de sa réponse à la pandémie. À titre d'exemple, ce travail comprend les activités liées à des stratégies communautaires contre les drogues, aux programmes de santé familiale, ainsi qu'aux inspections en matière de salubrité alimentaire et de risques sanitaires.

Je suis très fière du dévouement, de la résilience et du professionnalisme qu'ont manifesté le personnel de Santé publique (chacun de ses membres est un héros en soi, selon moi) et nos partenaires communautaires, ainsi que de l'habile leadership du Conseil de santé. Ils ont tous déployé des efforts acharnés et fait preuve d'un engagement indéfectible tout au long de la pandémie. Ensemble, nous continuons de nous montrer à la hauteur des défis que pose la pandémie, en plus de promouvoir la santé et de la protéger, mais aussi de prévenir les maladies dans les collectivités que nous servons.

C'est avec plaisir que je présente le *Rapport annuel 2020 : À la hauteur du défi* préparé par Santé publique Sudbury et districts.

D<sup>re</sup> Penny Sutcliffe

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## MESSAGE DU Conseil de santé



### Message de René Lapierre

#### Président du conseil, Santé publique Sudbury et districts

*À la hauteur du défi* décrit bien le niveau de réactivité communautaire de Santé publique Sudbury et districts en 2020. Dès le début de l'année, Santé publique s'est lancé dans l'action pour répondre à la pandémie de COVID-19 à l'aide du soutien inestimable d'organismes partenaires et de la communauté dans son ensemble. Guidé par le leadership de la D<sup>re</sup> Penny Sutcliffe et propulsé par ses valeurs organisationnelles – l'humilité, la confiance et le respect – Santé publique continue de se montrer à la hauteur des défis quotidiens posés par la COVID-19 et d'autres priorités de santé publique pour répondre aux besoins des collectivités des districts de Sudbury et de Manitoulin.

Bien que la COVID-19 ait eu de graves conséquences, c'est dans des situations comme celles-ci que la résilience est mise à l'épreuve. Ce sont aussi de telles situations qui peuvent conduire à la croissance et à l'unité, en plus de confirmer l'importance d'avoir un solide système de santé publique dans la région, qu'il ne faudrait pas sous-estimer.

Que ce soit directement ou indirectement, 2020 a vraiment mis cela en perspective pour chacun d'entre nous.

L'argent que nous investissons dans notre système de santé publique est crucial et ses avantages ont une grande portée. Santé publique offre plusieurs programmes et services essentiels qui permettent de répondre proactivement aux besoins de la collectivité.

Grâce au dévouement indéfectible du personnel de Santé publique, à l'appui de notre collectivité et à des engagements soutenus, je suis sûr que nous pouvons continuer à œuvrer pour que tout le monde soit en meilleure santé possible.

C'est un privilège pour moi d'être le président du conseil et je suis heureux de présenter le *Rapport annuel 2020 : À la hauteur du défi*.

René Lapierre



**Risques pour la santé, inspections et enquêtes**

La pandémie a eu un impact significatif sur plusieurs entreprises, employeurs et prestataires de services, en plus d'exiger pour plusieurs le passage aux espaces de travail virtuels. Néanmoins, l'importance et la nécessité pour Santé publique d'effectuer des inspections de routine, de manière sécuritaire dans le contexte de la COVID-19, se sont maintenues. Les inspecteurs de Santé publique se sont livrés à des inspections de dépôts d'aliments, d'établissements de soins personnels, d'écoles publiques et de plages. Notre travail essentiel pour s'assurer que l'eau que vous buvez est salubre n'a jamais été compromis. À titre d'exemple, quand il y a eu lieu de le faire, nous avons émis des avis concernant la qualité de l'eau potable ou des avis de faire bouillir l'eau. Nous avons également contré les menaces de maladies émergentes et de flambées de maladies entériques, enquêté sur des risques sanitaires, comme on a pu le voir par notre réponse concertée à l'importante flambée d'hépatite A liée à une épicerie locale. Cette réponse a comporté une enquête, l'identification du risque, l'information de la population au sujet des risques et des précautions à prendre, ainsi que la mise sur pied rapide de centres de vaccination contre l'hépatite A dans le but d'éviter des infections supplémentaires et la propagation de la maladie.

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## Stratégies communautaires contre les drogues

La COVID-19 n'est pas la seule crise à laquelle notre communauté doit faire face. Nos collaborations pour élaborer des stratégies communautaires contre les drogues ont été à l'avant-garde des efforts déployés pour créer des réponses viables à l'échelle locale dans le but de contrer la crise des opioïdes. Tout au long de l'année 2020, nous avons poursuivi notre étroite collaboration avec nos partenaires communautaires d'Espanola, du Grand Sudbury, de Manitoulin et de Sudbury Est pour travailler à la mise au point de stratégies communautaires contre les drogues pour chacune de ces collectivités. Nous avons poursuivi notre travail afin de bâtir des collectivités plus sûres et plus saines, libres des méfaits associés à la toxicomanie. Dans le but d'attirer une attention accrue sur les méfaits croissants liés aux opioïdes dans notre région, nous avons diffusé trois mises en garde et deux alertes au sujet de ces médicaments. Nous avons aussi donné plus de 30 entrevues aux médias. Nous avons fait la promotion des campagnes *Ces personnes sont nous* et *Nous sommes Jeff* au moyen de publicités télévisées, de publications dans les médias sociaux, d'annonces dans les journaux et sur des panneaux-réclames pour aider à faire reculer la stigmatisation qui entoure la toxicomanie et à favoriser l'empathie et la compassion, ainsi que pour faire ressortir comment nous pouvons tous faire partie des solutions.

En 2020, nous avons publié les résultats de l'[Étude sur la faisabilité et la nécessité \(ÉFN\)](#) d'instaurer des services de consommation supervisée (SCS). Ces résultats révélaient que la Ville du Grand Sudbury pourrait tirer profit de tels SCS. Les conclusions de cette étude sont fondées sur la rétroaction de la population, d'experts et de partenaires communautaires. Nous avons reçu des lettres d'appui pour aller de l'avant avec la mise en œuvre de SCS et nous avons créé un comité consultatif qui préparera des demandes pour les gouvernements fédéral et provincial en vue d'obtenir du financement et une exemption pour exploiter des SCS.

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# Familles en santé, croissance ET DÉVELOPPEMENT



## Familles en santé, croissance et développement

Devant la nécessité de s'adapter aux besoins de la collectivité et de reconnaître l'importance des services de santé publique qui mettent l'accent sur la santé familiale, ainsi que sur la croissance et le développement de la famille, Santé publique a poursuivi sa prestation de programmes et de services inestimables. À titre d'exemple, les cours prénataux sont passés à une plateforme en ligne afin de permettre aux futurs parents, à leurs partenaires et à d'autres professionnels de la santé d'avoir accès à de l'information au sujet de la grossesse, du travail et de l'accouchement, en plus de leur indiquer à quoi s'attendre et comment s'adapter à la vie avec un nouveau-né. Grâce à notre ligne *Info-santé*, nous avons continué de répondre aux appels de la clientèle qui avait des questions sur l'allaitement, la vaccination, une croissance et un développement sains, l'alimentation d'un nourrisson et les soins à lui prodiguer, les sièges d'auto et la santé en général. Notre clinique d'allaitement et notre programme Bébés en santé, enfants en santé ont aussi axé leurs efforts sur l'offre de consultations et de rendez-vous virtuels, bien qu'ils aient maintenu l'offre de rencontres en personne, le cas échéant, tout en respectant les protocoles rigoureux mis en place dans le contexte de la COVID-19.

## **Récapitulation : réponse de Santé publique à la pandémie de COVID-19 en 2020**

Depuis le début de l'année 2020, Santé publique Sudbury et districts s'est engagé activement dans la planification, la coordination et la réponse à la COVID-19. Ses efforts ont pris de l'ampleur depuis la confirmation du premier cas dans sa zone de service, le 10 mars 2020, et depuis que l'Organisation mondiale de la Santé a déclaré une pandémie mondiale de COVID-19, le 11 mars 2020. La réponse consacrée à la COVID-19 s'est poursuivie tout au long de 2020. La chronologie ci-dessous met en lumière quelques faits saillants et jalons importants.

## Santé publique Sudbury et districts Représentation chronologique

2020

27 janvier

Devant le nouveau coronavirus, Santé publique déclenche son plan d'intervention d'urgence.

10 mars

On confirme le premier cas de COVID-19 dans les districts de Sudbury et de Manitoulin.

2 avril

On annonce le premier décès causé par la COVID-19 dans la région.

19 avril

Première éclosion de COVID-19 dans un foyer de soins de longue durée de la région.

29 mai

On offre maintenant des tests de dépistage de la COVID-19 aux personnes asymptomatiques qui craignent d'avoir été exposées.

8 août

Promotion des 10 principales règles à respecter concernant la COVID pour encourager des comportements sécuritaires contre le coronavirus.

26 octobre

On rapporte le premier cas de COVID-19 dans une école locale.

9 décembre

Santé Canada autorise le vaccin de Pfizer BioNTech; il s'agit du premier vaccin contre la COVID-19 au Canada.

26 décembre

Le gouvernement ontarien annonce le premier cas confirmé d'infection à un variant du virus de la COVID-19 dans la province.

9 mars

Santé publique tient une séance de planification de la réponse communautaire qui réunit près de 60 organismes en provenance du Grand Sudbury, des districts de Sudbury et de Manitoulin et des Premières Nations de la région en vue de se préparer à contrer la propagation de la COVID-19 à l'échelle locale.

12 mars

Le gouvernement de l'Ontario ordonne la fermeture des écoles ontariennes soutenues par les deniers publics.

11 avril

On offre, dans des centres d'évaluation locaux, des tests de dépistage de la COVID-19 à toute personne qui présente des symptômes.

26 mai

Après la diminution de la première vague de COVID-19, la D<sup>re</sup> Penny Sutcliffe loue les efforts déployés et appelle à la vigilance.

8 juillet

Santé publique exige le port de couvre-visages dans tous les établissements commerciaux et dans les transports publics.

2 septembre

Les médecins-hygiénistes et les directeurs de l'éducation du Nord de l'Ontario diffusent des déclarations communes au sujet de la sécurité dans les écoles dans le contexte de la pandémie de COVID-19 et publient *Les 10 principales règles de base à respecter concernant la COVID-19 pour assurer la sécurité dans les écoles*.

1 décembre

Santé publique tient la première d'une série de réunions de groupe de travail sur la vaccination contre la COVID-19 pour se préparer à l'arrivée des vaccins.

4 décembre

On rapporte la première éclosion de COVID-19 dans une garderie.

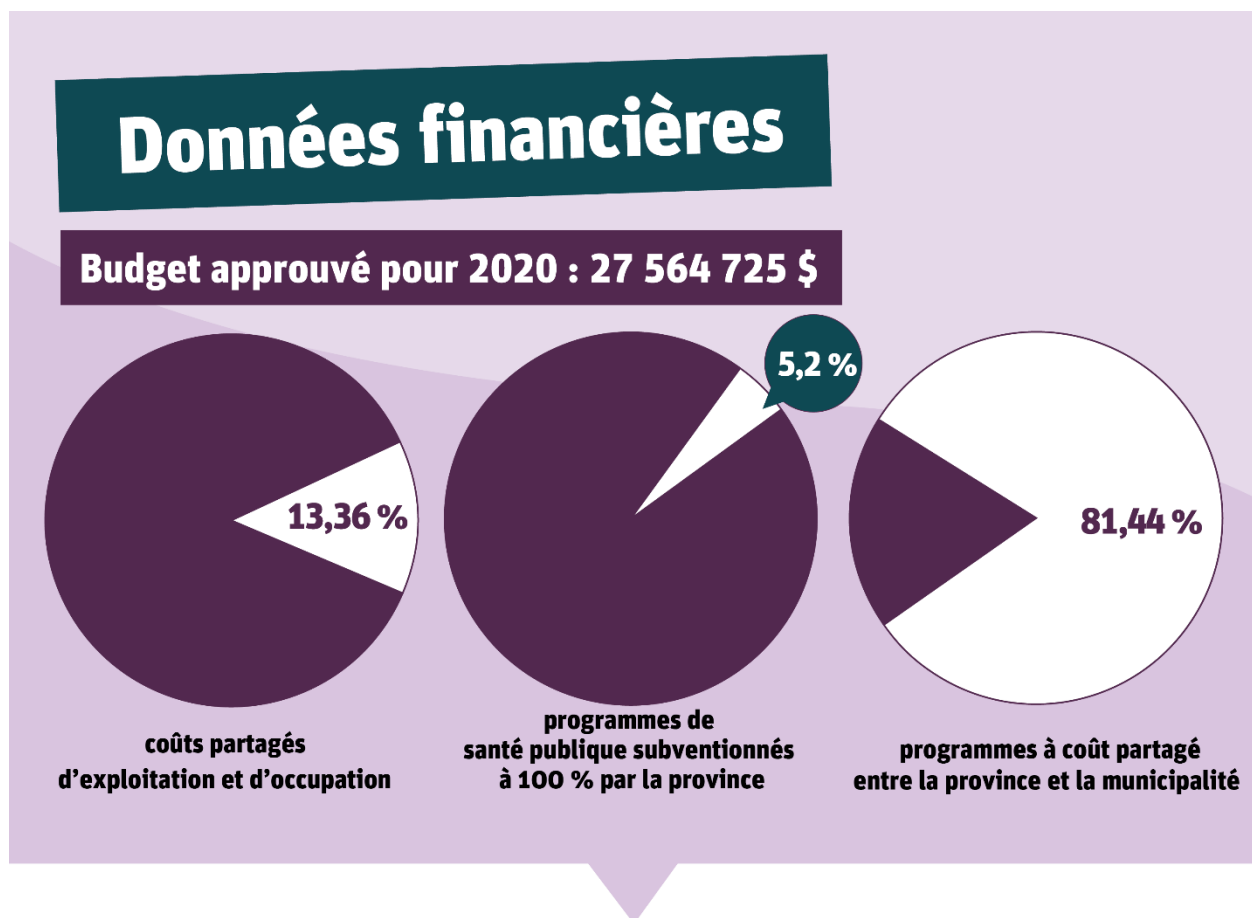
21 décembre

En raison des risques accrus d'infection, le gouvernement de l'Ontario annonce qu'un confinement dans l'ensemble de la province sera en vigueur à compter du 26 décembre.

- Le 27 janvier : Devant le nouveau coronavirus, Santé publique déclenche son plan d'intervention d'urgence.
- Le 9 mars : Santé publique tient une séance de planification de la réponse communautaire qui réunit près de 60 organismes en provenance du Grand Sudbury, des districts de Sudbury et de Manitoulin et des Premières Nations de la région en vue de se préparer à contrer la propagation de la COVID-19 à l'échelle locale.
- Le 10 mars : On confirme le premier cas de COVID-19 dans les districts de Sudbury et de Manitoulin.
- Le 12 mars : Le gouvernement de l'Ontario ordonne la fermeture des écoles ontariennes soutenues par les deniers publics.
- Le 2 avril : On annonce le premier décès causé par la COVID-19 dans la région.
- Le 11 avril : On offre, dans des centres d'évaluation locaux, des tests de dépistage de la COVID-19 à toute personne qui présente des symptômes.
- Le 19 avril : Première éclosion de COVID-19 dans un foyer de soins de longue durée de la région.
- Le 26 mai : Après la diminution de la première vague de COVID-19, la D<sup>re</sup> Penny Sutcliffe loue les efforts déployés et appelle à la vigilance.
- Le 29 mai : On offre maintenant des tests de dépistage de la COVID-19 aux personnes asymptomatiques qui craignent d'avoir été exposées.
- Le 8 juillet : Santé publique exige le port de couvre-visages dans tous les établissements commerciaux et dans les transports publics.
- Le 8 août : Promotion des *10 principales règles à respecter concernant la COVID* pour encourager des comportements sécuritaires contre le coronavirus.
- Le 2 septembre : Les médecins-hygiénistes et les directeurs de l'éducation du Nord de l'Ontario diffusent des déclarations communes au sujet de la sécurité dans les écoles dans le contexte de la pandémie de COVID-19 et publient *Les 10 principales règles de base à respecter concernant la COVID-19 pour assurer la sécurité dans les écoles*.
- Le 26 octobre : On rapporte le premier cas de COVID-19 dans une école locale.
- Le 1<sup>er</sup> décembre : Santé publique tient la première d'une série de réunions du groupe de travail sur la vaccination contre la COVID-19 pour se préparer à l'arrivée des vaccins.
- Le 4 décembre : On rapporte la première éclosion de COVID-19 dans une garderie.



- Le 9 décembre : Santé Canada autorise le vaccin de Pfizer-BioNTech; il s'agit du premier vaccin contre la COVID-19 au Canada.
- Le 21 décembre : En raison des risques accrus d'infection, le gouvernement de l'Ontario annonce qu'un confinement dans l'ensemble de la province sera en vigueur à compter du 26 décembre.
- Le 26 décembre : Le gouvernement ontarien annonce le premier cas confirmé d'infection à un variant du virus de la COVID-19 dans la province.



## Données financières

- Budget de fonctionnement pour l'année 2020 : 27 564 725 \$
  - 13,36 % : exploitation et occupation (dépenses réelles de 3 683 445 \$)

- 5,2 % : programmes de santé publique financés à 100 % par le gouvernement provincial (dépenses réelles de 1 433 416 \$)
- 81,44 % : programmes de santé publique à frais partagés entre le gouvernement provincial et les municipalités régionales (dépenses réelles de 22 447 864 \$)



**November 15, 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](http://alphaweb.org).*

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**Fall Symposium and Section Meetings  
Ontario's Public Health System: Response & Recovery - Friday, November 19<sup>th</sup>, 2021**

The **alpha 2021 Fall Symposium: Ontario's Public Health System: Response & Recovery** and Section Meetings are taking place this Friday, November 19<sup>th</sup>, 2021! The program can be accessed by clicking on the [Symposium Banner](#) on the homepage or [here](#) on the alpha website. Members of the Boards of Health Section can also find their meeting package on this webpage. (Members of COMOH will receive their meeting package separately.)

Registration is \$149 plus HST and information on how to register can be found [here](#). The closing date and time to register is Wednesday, November 17<sup>th</sup> at 6 pm. Please note that you must be an alpha member to participate in the Symposium or Section meetings. If you are already registered, please stay tuned for your login information. We will be sending this to you by email later in the week.

Thank you to everyone who responded to our call out for public health videos. We received an overwhelming response and will be featuring as many as we can at our upcoming Fall Symposium. Log in at 8:15 am to catch the start of the showcase and catch these again during the morning break and at lunchtime. Thank you to EOHU for their production work to sequence the videos.

A big shout out to all of our speakers and to the alpha Board members who are moderating the sessions. alpha would also like to thank the University of Toronto's Dalla Lana School of Public Health for their generous support and the People Corporation for their sponsorship.

We hope to see you online on Friday, November 19<sup>th</sup>.

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**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 public 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](#)

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## 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:

<a href="#">ALPHA Letter - Extraordinary COVID-19 Funding</a>	2021-11-10
<a href="#">ALPHA Letter - Prescription for Ontario</a>	2021-11-01

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

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## 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](mailto:gordon@alphaweb.org) for posting in the appropriate library. Resources available on the ALPHA website include:

- [Orientation Manual for Boards of Health](#)
- [Review of Board of Health Liability, 2018](#)
- [Legal Matters: Updates for Boards of Health](#)
- **Ontario Boards of Health by Region**
- [Governance Toolkit](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#)
- [List of Health Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System \(2021\) \*\*New!\*\*](#)

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## RRFSS Update

There has never been a greater need for Health Units to collect RRFSS data in 2022!

- ✓ **RRFSS provides local COVID-19 data** – RRFSS has over 100 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](#).

- ✓ **RRFSS provides timely data** – data is available to HUs approximately 8 weeks after data collection – giving [current](#) local data which is essential for PHUs particularly given the delay of the CCHS data. Letters of Intent to join RRFSS in 2022 are due in November and cost options are now available. So now is the perfect time to plan on joining RRFSS.
- ✓ **RRFSS provides data for post pandemic planning** - PHUs will be undertaking pandemic recovery planning and will need to have data for this purpose including data on the success of the vaccination roll-out, concerns about the vaccine and improving uptake. In addition, data will be necessary on other health conditions that were de-prioritised during the pandemic as the direct and indirect effects of COVID-19 on the population’s longer-term health become apparent.

So don’t delay and contact the RRFSS Coordinator, [Lynne Russell](#) to find out how your Health Unit can collect local data by joining RRFSS.

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## PHO Resources

### PHO Resources for Personal Protective Equipment (PPE) Auditing

PHO has created a set of [PPE auditing resources](#) to assist health care settings to establish, improve and maintain a PPE auditing and feedback program to support implementation of infection prevention and control (IPAC) best practices.

- [At a Glance: Implementing Personal Protective Equipment Audits in Health Care Settings](#)
- PPE Auditing Observation Forms:
  - [Auditing of Personal Protective Equipment \(PPE\) Use](#)
  - [Supporting the Use of Personal Protective Equipment \(PPE\) Audit](#)
- [Recorded Presentation: Supporting the Implementation of Personal Protective Equipment Auditing in Health Care Settings](#)

For more information, contact your [Regional IPAC Support Team](#) or email [ipac@oahpp.ca](mailto:ipac@oahpp.ca).

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## Upcoming PHO Events

- November 16 | [PHO Rounds: Public Health 2.0: Black Health, COVID-19 & Vaccines](#)

Interested in PHO’s upcoming events? Check out the [Events](#) page to stay up to date with all PHO events. Missed an event? Check out PHO’s [Presentations](#) page for full recordings our events.

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## Upcoming DLSPH Events, Courses and Webinars

The Dalla Lana School of Public Health hosts many public-health related events, from regular seminar series, featured guest speakers, and professional development opportunities. View all events by day, month, or type of event [here](#). You can explore all past webinars [here](#).

Upcoming events include:

- [Virtual Hereditary Cancer Series](#) (January 15 - November 19)
- [Research or Not Research? This Is Not the Question for Public Health Emergencies](#) (November 17)
- [Something in the Air: Aerosol and Pandemics](#) (November 18)
- [Health AI Ethics and Governance: The WHO Guidance, Can It Make a Difference?](#) (November 23)

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### News Releases

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

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#### **Association of Local Public Health Agencies**

480 University Avenue, Suite 300 | Toronto ON | M5G 1V2  
416-595-0006 | [www.alphaweb.org](http://www.alphaweb.org) | [info@alphaweb.org](mailto:info@alphaweb.org)





**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

# Public Health Sudbury & Districts: Update on COVID-19 Board of Health

Dr. Penny Sutcliffe, Medical Officer of Health

November 18, 2021

# Key messages

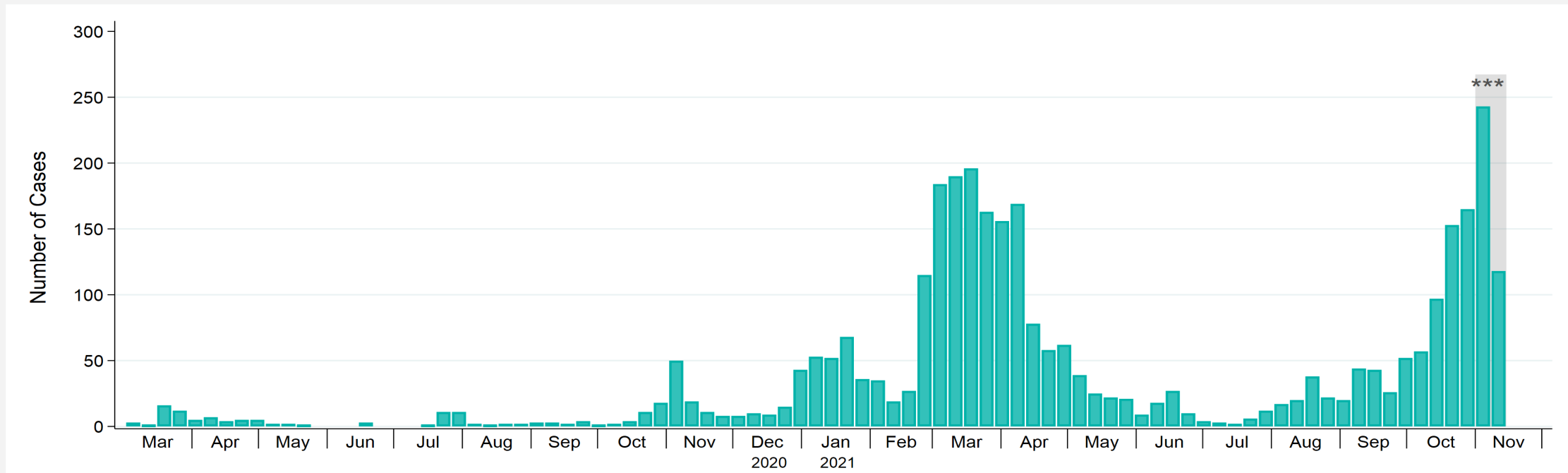
- COVID-19 case counts continue to **rise rapidly** in Greater Sudbury
- Timing of case increases **aligned with lifting of provincial protections**, beginning October 9, 2021
- We have some of the **highest case rates in the province**
- In response, Public Health Sudbury & Districts' Medical Officer of Health issued Letters of Instruction to limit the spread of the virus and protect the health system.
- These **time-limited** additional measures combined with a recommitment to **individual COVID-safe behaviours** will protect people, the health system, and in-person learning



# COVID-19 in Sudbury & Districts

- As of November 17, our region has seen **3 385 reported cases** of COVID-19.
- **33% of all of the COVID cases to date have occurred since the start of September.**

Confirmed COVID-19 cases, by week, Sudbury and districts

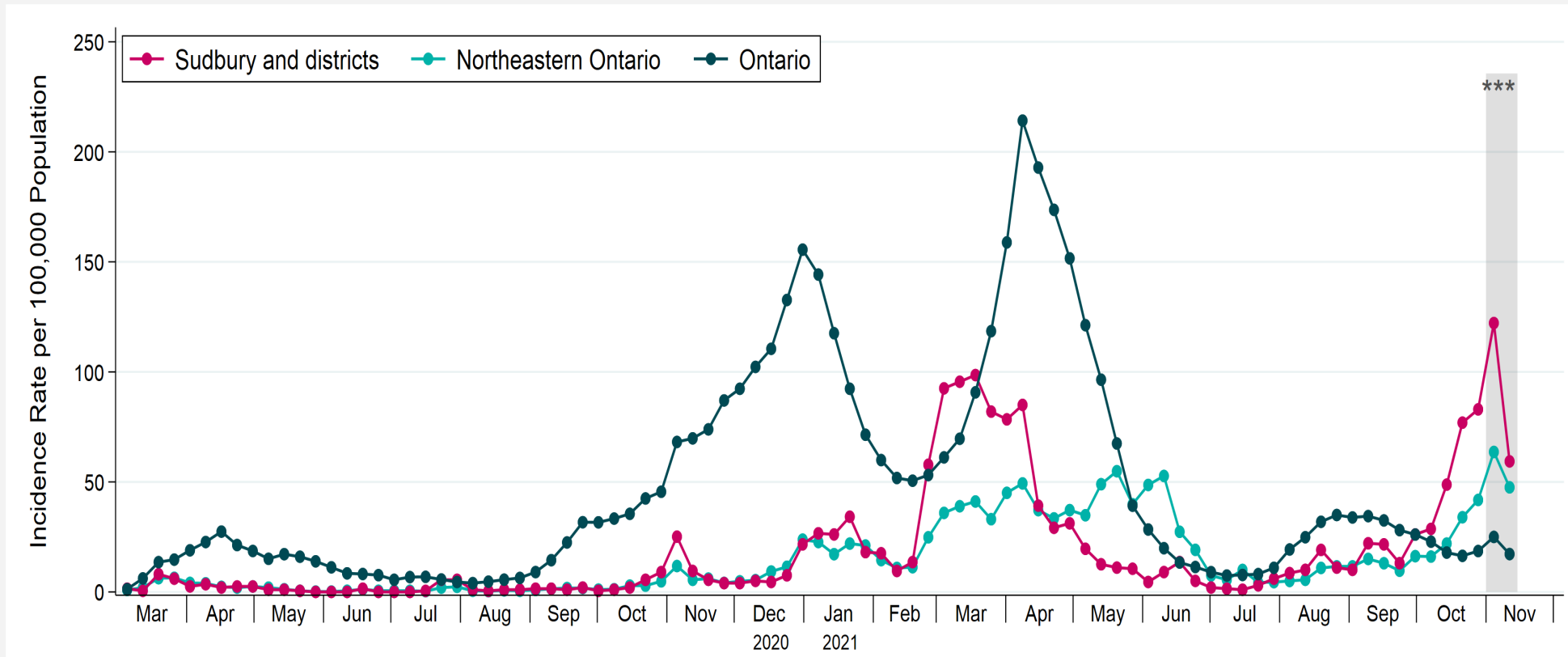


# Impact of Delta Variant

- Currently, 99% of whole genome sequenced samples are positive for Delta.
- There are **no indications of anything different** with locally circulating strains as compared with those in the province overall.
- The Delta variant is highly transmissible, which means that it can spread and impact our health system despite high levels of vaccination.
- These risks can be mitigated by increasing **vaccine uptake** and **public health measures** such as capacity restrictions, masking, distancing, testing, remote work, and staying home if even mildly unwell.

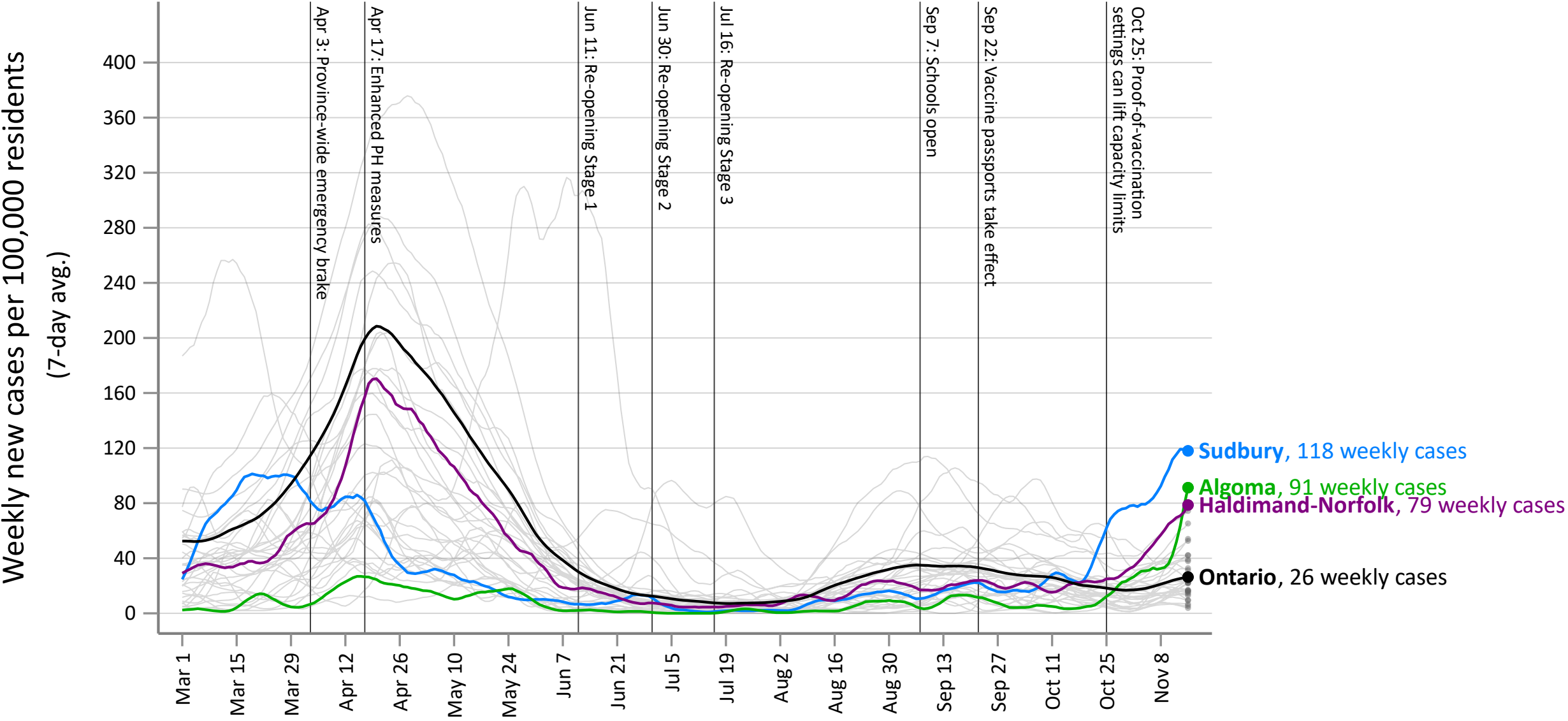
# PHSD vs. the Rest of the Province

Incidence rate of COVID-19 per 100,000 population, by week and geographic region



Weeks start on Monday and are the earliest of the following: the case's date of symptom onset, their date of testing, or the date the case was reported to public health. \*\*\* Infections occurring during this period may not yet be detected and/or reported. Data Source: Ontario Treasury Board Secretariat, Data Catalogue, Confirmed positive cases of COVID-19 in Ontario. <https://data.ontario.ca/dataset/confirmed-positive-cases-of-covid-19-in-ontario> (Access Date: November 06, 2021) and Population Projections 2020, Ontario Ministry of Health, IntelliHEALTH Ontario, Access Date: April 21, 2021

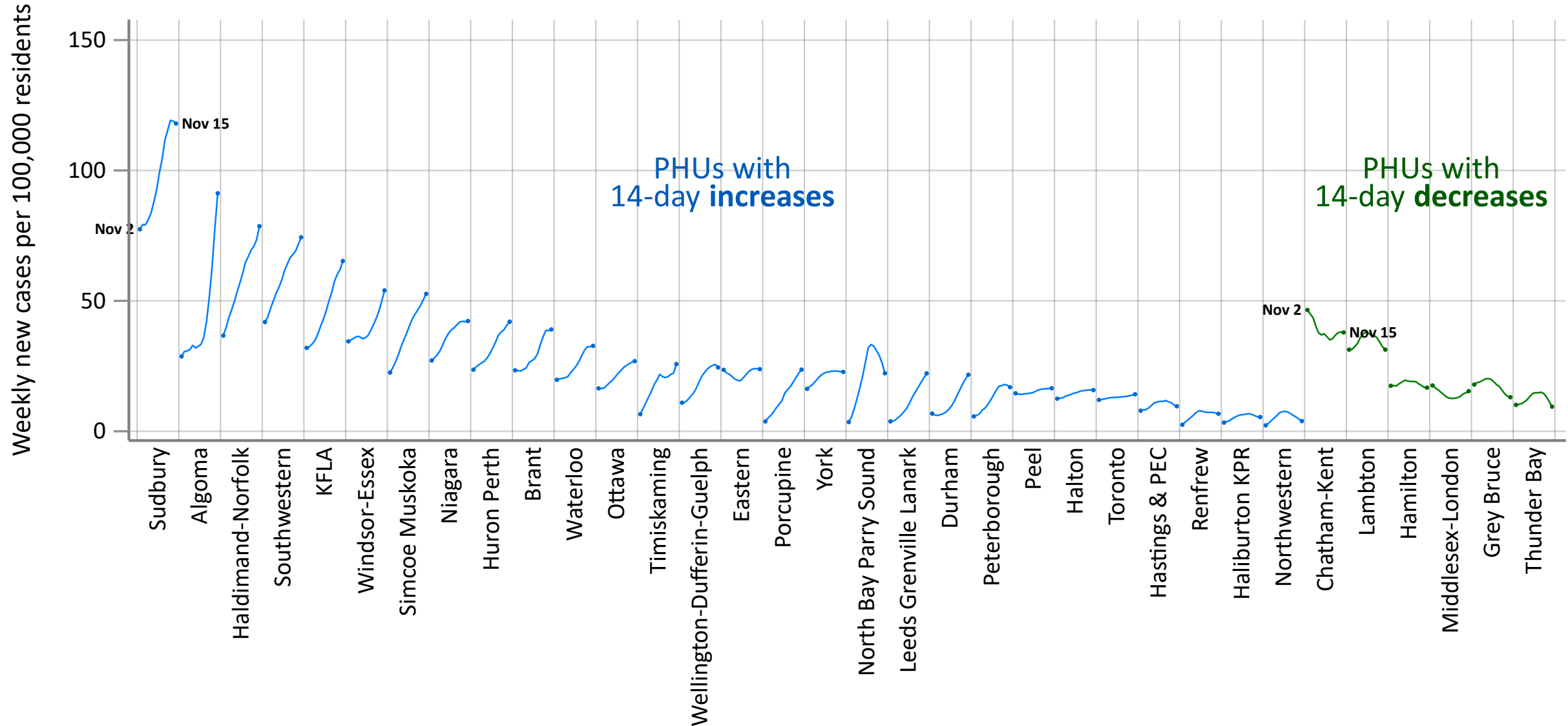
# Total new cases per 100,000 residents per week across PHUs



Data source: Case and Contact Management System (CCM), data up to November 15  
 Data note: Data for the most recent day have been censored to account for reporting delays

# Average weekly cases across Public Health Units

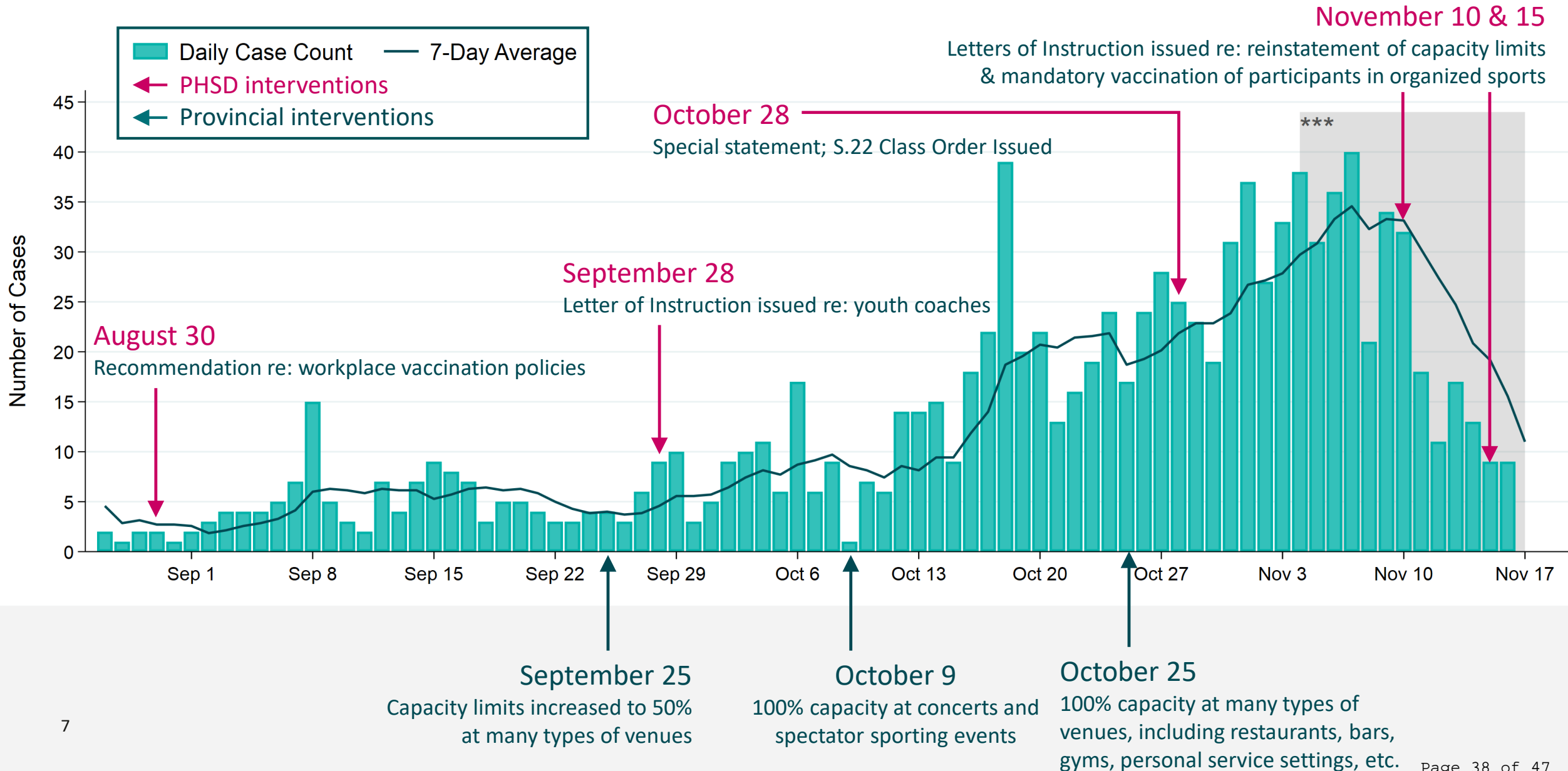
14-day trend (November 2 to November 15)



Data source: CCM

Data note: Data for the most recent day have been censored to account for reporting delays

# Recent case counts and public health measures



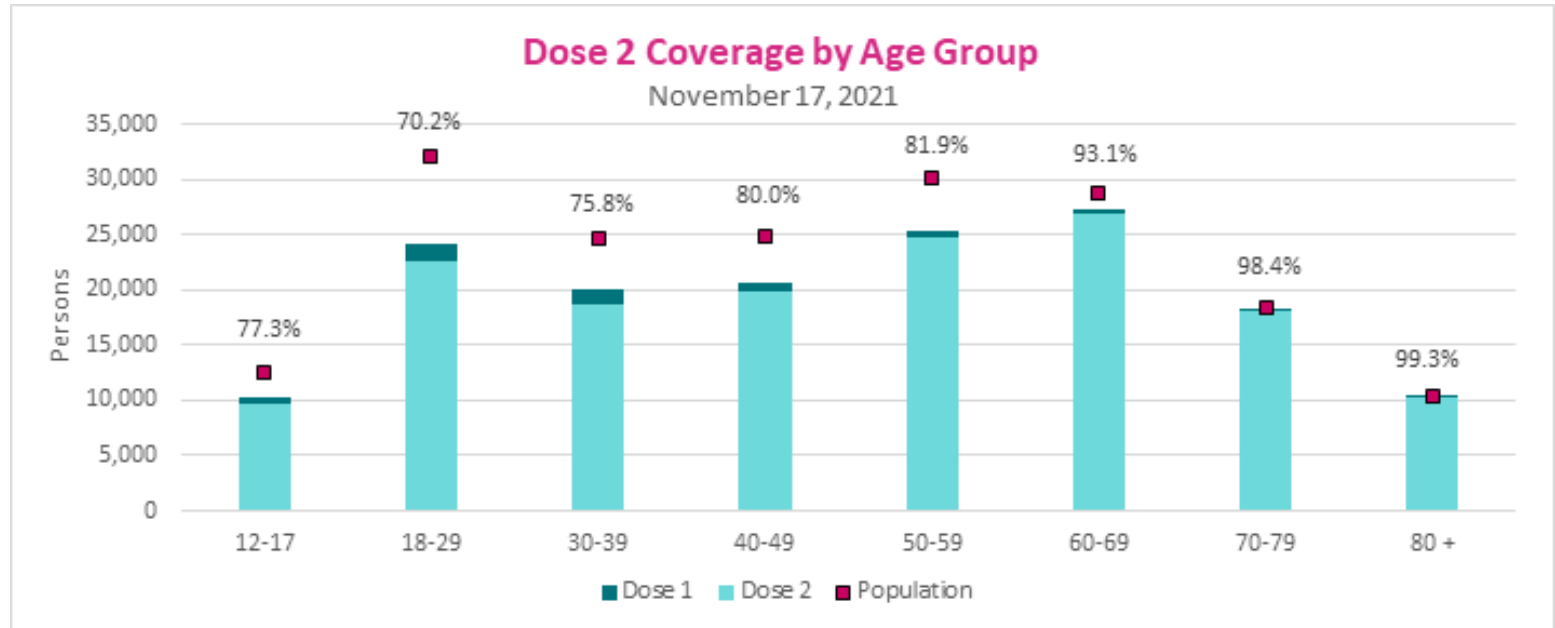
# The Impact of Vaccine Coverage on Case Rates

**Highest local case** incidence rates among those in their **20's** and **30's** for the 28-day period ending November 17.

**Lowest dose-2 vaccine** coverage rates among those in their **20's** and **30's** as of November 16.

## 28-day Incidence Rate / 100k Pop

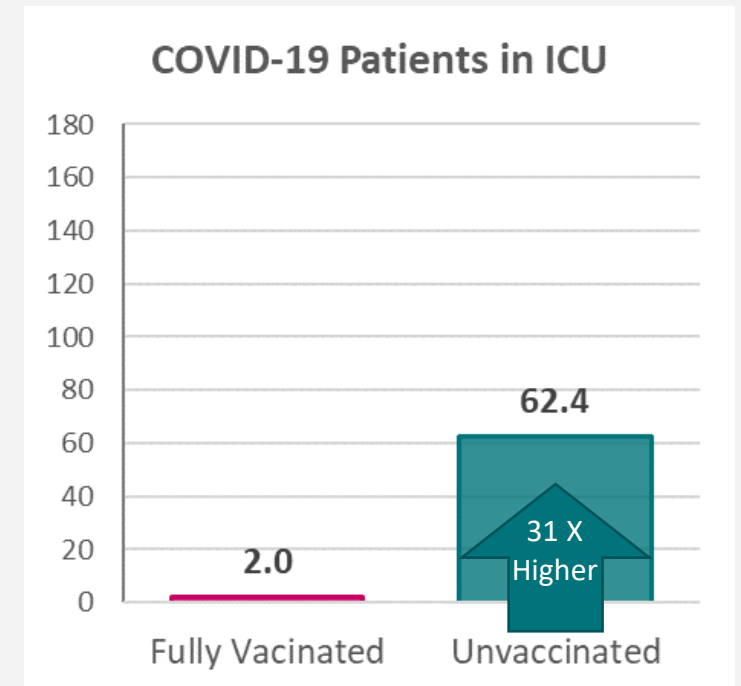
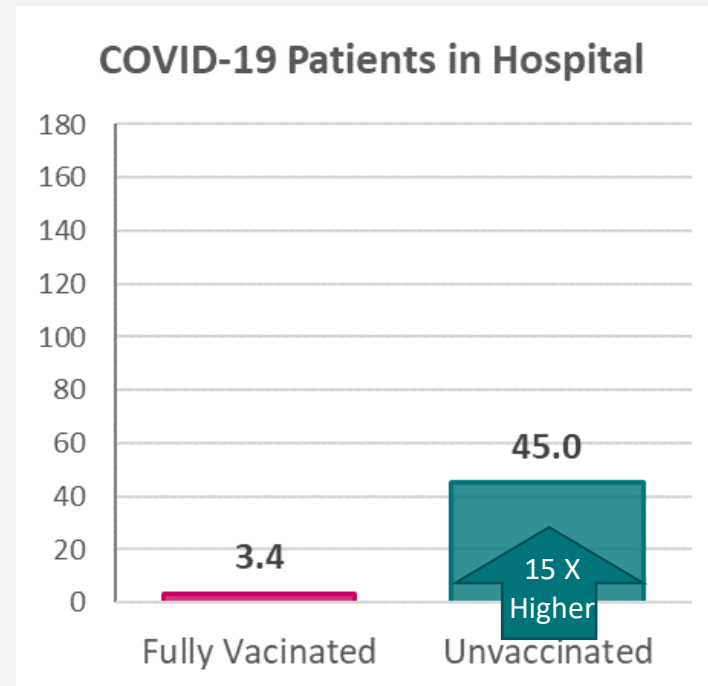
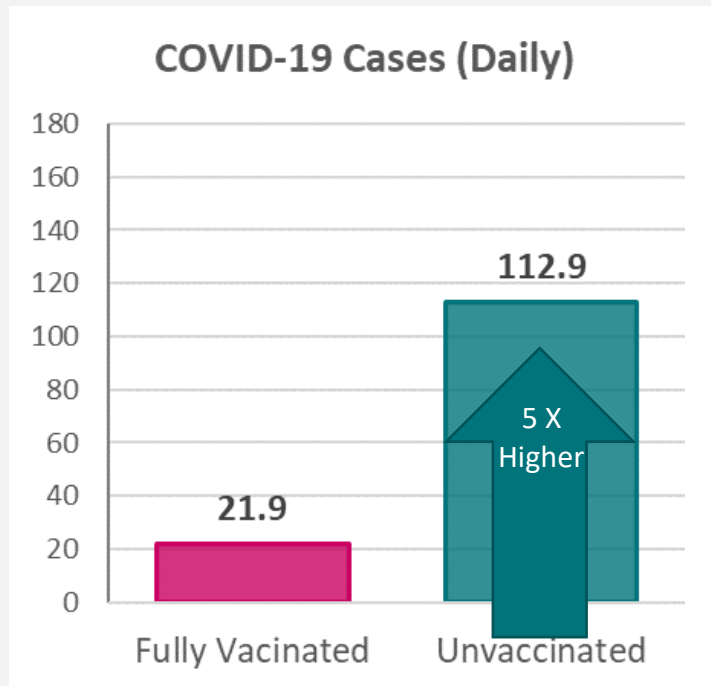
Age (groups)	Incidence Rate
19 and under	383.3
20s	581.7
30s	669.8
40s	469.0
50s	212.3
60s	191.1
70s & 80s & 90s	195.3
<b>Total</b>	<b>376.1</b>



# Vaccines Are Working ...

Generally, vaccines are working. Vaccination decreases the risk of becoming infected with COVID-19, as well as the risk of hospitalization or ICU admission for COVID-19.

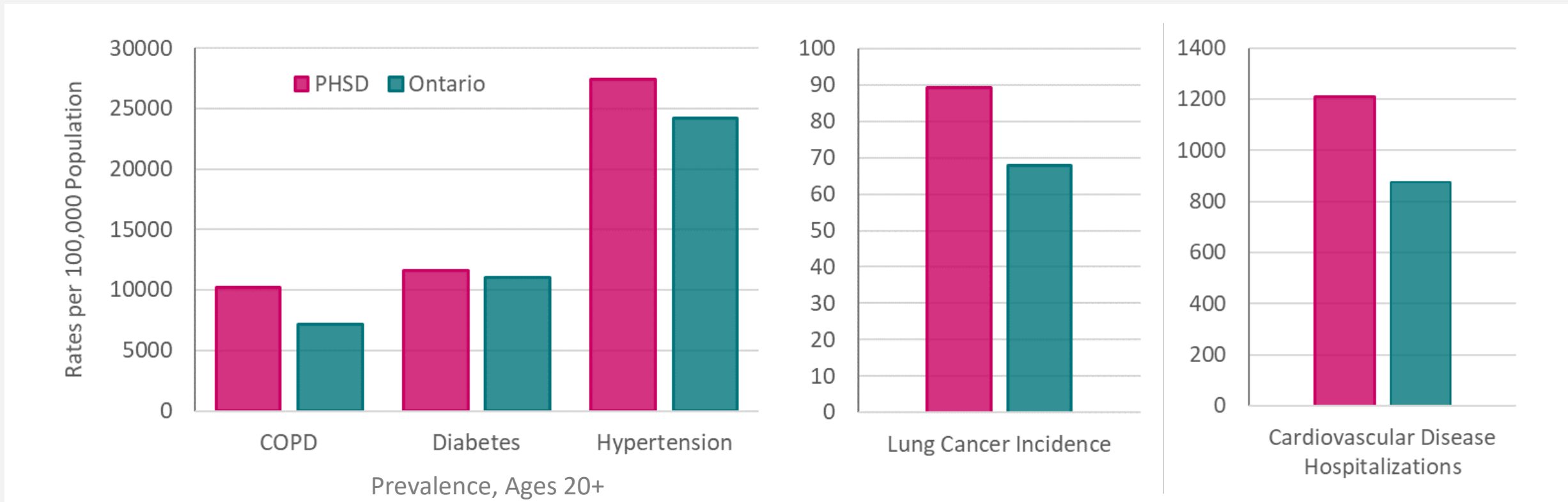
Rates per Million Inhabitants, by Vaccination Status, November 7, 2021





# Our community is vulnerable due to higher underlying rates of chronic disease

Age-standardized rates of various chronic disease outcomes, Sudbury and districts vs. Ontario



# Taking further action to limit the spread of the virus and protect community health and the health system

- Instructions issued under the provincial *Reopening Ontario Act* require **Greater Sudbury businesses and operators to reinstate protections recently lifted by the province:**
  - Reinstatement of **capacity limits** and **physical distancing requirements** at premises that require proof of vaccination, while preserving their proof of vaccination requirements.
  - Businesses and organizations to **ensure masking at organized public events held indoors and outdoors** where participants are within 2 metres of individuals not part of their households.
  - Effective 12:01 a.m. Wednesday, November 10, 2021
- Instructions issued under the provincial *Reopening Ontario Act* require persons responsible for **facilities where organized sports are played in Public Health service area to ensure proof of vaccination for individuals aged 12 and older** who participate actively in organized sport, unless a medical exemption applies (effective 12:01 a.m. November 15, 2021)
- In addition to personal public health measures, everyone is asked to:
  - Work from home where possible
  - Minimize outings to what's really essential
  - Get tested even if mildly unwell
  - Take all precautions possible in face-to-face interactions (including consideration of the number of people and the vaccination status of potential contacts)
- **Exploring Rapid Antigen Testing** with school board partners given elevated community transmission

# Key messages recap

- COVID-19 case counts continue to **rise rapidly** in Greater Sudbury
- Timing of case increases **aligned with lifting of provincial protections**, beginning October 9, 2021
- We have some of the **highest case rates in the province**
- In response, Public Health Sudbury & Districts' Medical Officer of Health issued Letters of Instruction to limit the spread of the virus and protect the health system.
- These **time-limited** additional measures combined with a recommitment to **individual COVID-safe behaviours** will protect people, the health system, and in-person learning

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SUDBURY & DISTRICTS

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November 16, 2021

The Honorable Christine Elliott,  
Deputy Premier and Minister of Health  
[christine.elliott@ontario.ca](mailto:christine.elliott@ontario.ca)

Dear Minister Elliott:

**RE: Request for Annualized IPAC Hub Funding and Increase in Provincial Base Funding for Local Public Health**

On October 27, 2021, at a regular meeting of the Board of Health for the Algoma Health Unit, the board approved a resolution requesting that the:

Board of Health for the District of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government **commit to increased base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north**, such that public health units are able to both continue a robust pandemic response, and restore the delivery of mandated public health services to Ontario citizens.

Motion No.: 2021-92      Moved by: L. Mason      Seconded by: E. Pearce

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On behalf of the Board of Health for the District of Algoma Health unit, we thank you and your government for your leadership and financial support during the COVID-19 pandemic. We have appreciated the province's announcements to date for 2022, which have included one-time reimbursement to local public health units for extraordinary COVID-19 expenses and one-time mitigation funding to offset the impacts of the cost-sharing formula change to municipalities. We also express gratitude for the recent approval of 2021-2022 one-time funding for the Infection Prevention and Control (IPAC) Hub Program at Algoma Public Health.

I am writing today to request provincial government commitment to **(a) annualize IPAC funding for northern PHUs to sustainably support IPAC hubs and (b) increase base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north**, to reflect the rising pressures on local public health unit resources. These pressures include:

- The need to routinize COVID-19 response activities, recognizing that COVID-19 will likely become a disease of public health significance and increase baseline public health work going forward;
- Increased wage, benefit, and operational costs due to inflation; and
- Increased demand for health units to restore mandatory programs to pre-pandemic capacity, address the backlog of services, and support population recovery from the COVID-19 pandemic.

Since the start of the COVID-19 pandemic, Algoma Public Health (APH) has provided a robust pandemic response to prevent and mitigate the spread of COVID-19. To date, APH has (a) managed 613 confirmed cases of COVID-19

<p><b>Blind River</b> P.O. Box 194 9B Lawton Street Blind River, ON P0R 1B0 Tel: 705-356-2551 TF: 1 (888) 356-2551 Fax: 705-356-2494</p>	<p><b>Elliot Lake</b> ELNOS Building 302-31 Nova Scotia Walk Elliot Lake, ON P5A 1Y9 Tel: 705-848-2314 TF: 1 (877) 748-2314 Fax: 705-848-1911</p>	<p><b>Sault Ste. Marie</b> 294 Willow Avenue Sault Ste. Marie, ON P6B 0A9 Tel: 705-942-4646 TF: 1 (866) 892-0172 Fax: 705-759-1534</p>	<p><b>Wawa</b> 18 Ganley Street Wawa, ON P0S 1K0 Tel: 705-856-7208 TF: 1 (888) 211-8074 Fax: 705-856-1752</p>
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in Algoma residents and non-Algoma residents temporarily in Algoma, 2506 high-risk close contacts of cases, and 30 COVID-19 related outbreaks, (b) fielded numerous community concerns regarding infection prevention and control and enforcement for COVID-19 measures, and (c) responded to over 42,000 COVID-related inquires through our dedicated COVID-19 phone lines. Moreover, APH has coordinated COVID-19 mass immunization across the district, with **86.0% of eligible residents (12+) in Algoma now fully vaccinated** (as of November 8, 2021). Local public health knowledge, responsiveness, and partnerships have allowed for a flexible, equitable, and tailored pandemic response in Algoma that has strengthened our ability to achieve pandemic goals as a community.

However, to resource urgent pandemic response and immunization program needs, APH has diverted resources from moderate to low risk public health services to ensure a timely response to COVID-19 and maintenance of high-risk programming. Similar to other areas of the health sector, this has resulted in significant service **backlogs that unless addressed in the short-term and resourced appropriately, will continue to grow and result in negative community health impacts**. For perspective, the backlog of services includes, but is not limited to:

- 105 individuals on the waitlist for smoking cessation, which is equivalent to a 1-year waiting period.
- 14, 200 doses of vaccine to complete grade 7 catch-up along with 3370 doses required among newly eligible grade seven students.
- A 45 % reduction in food safety inspections completed in 2021, as compared to 2019 (pre-pandemic).
- An 18-month backlog in school dental screening and oral health preventative clinics for children.

As a local public health unit, if we do not start to catchup on the backlog of services and restore programming, the backlog will become too large to overcome.

### **Limitation of One-Time IPAC Hub Program Funding**

As of October 19, 2021, APH received the 2021-2022 updated funding letter with one-time funding to continue the IPAC Hub program. One-time funding provided by the provincial government has been invaluable in supporting immediate IPAC needs in community based congregate living settings in Algoma. However, to date, these needs have been addressed by the existing staff complement, as the one-time nature of the IPAC funding has limited our ability to hire skilled, qualified professionals to support this work in the north. Therefore, as further detailed below, to ensure **sustainable resourcing and commitment to IPAC Hub support**, we are asking that the province commit to annual IPAC Hub Program funding for northern PHUs.

### **Need to Strengthen and Stabilize Public Health Human Resources**

Ontario health systems continue to face many complexities, **with health human resources (HHR) being the biggest challenge**. Layered on the provincial HHR struggle includes the significant and longstanding challenges with recruitment and retention of skilled public health professionals in northern Ontario, similar to the unique HHR challenges of the health care sector in the north.

SARS demonstrated that our **most valuable resource in public health is our HHR** and the high level of expertise that exists at the central and local levels of public health.<sup>1</sup> In addition, as per recommendations from the post-SARS commission, there is need for attention and resourcing of a **public HHR and capacity building strategy**, alongside funding.<sup>1</sup>

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*. In addition,

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<sup>1</sup>The SARS Commission. (2004). SARS and public health in Ontario. Retrieved from [http://www.archives.gov.on.ca/en/e\\_records/sars/report/v4.html](http://www.archives.gov.on.ca/en/e_records/sars/report/v4.html)

inflation, wage, benefit, and operating costs continued to increase. This means that we were **under-resourced to respond to an infectious disease emergency and implement routine public health priorities prior to the pandemic**, and will remain under-resourced to sustain response, program restoration, and recovery on the go forward unless base funding increases to match public health pressures.

To date, one-time funding has been geared towards curtailing the pandemic, as opposed to annual funding for the hiring of permanent staff to build long-term public health capacity to manage the emergency of today, and prepare for the public health emergencies of tomorrow. This comes at a detriment to northern Ontario, as when one-time funding is available, retention and recruitment continue to pose barriers to fulsome service delivery by public health (i.e., highly skilled professionals unlikely to move to the north for, or with the uncertainty of, a 4-month IPAC position contract).

One-time funding is inadequate to sustainably recruit, hire, and retain skilled, qualified public health professionals in northern Ontario to provide a robust pandemic response, and simultaneously fulfil a provincial mandate of providing core public health programs and services.

Without sustainable increases to provincial base funding, alongside municipal funding support to stabilize and strengthen the local public health workforce for the long-term, with strategies for recruitment and retention that align to northern Ontario, **local public health will be unable to sustain the COVID-19 response and immunization program while restoring mandated public health programming** to meet the needs of our communities and prepare for future health crises without further risk of exhausting existing human resources.

The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. Now, more than ever, 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 (e.g., increase in opioid overdose deaths, children's mental health).

For the above reasons, the Board of Health of Algoma Health Unit urges the provincial government to **commit to (a) annualized IPAC Hub funding and (b) increase base funding to local health units, with particular attention to addressing longstanding public health human resource challenges in the north**, such that public health units are able to both continue pandemic response and restore mandatory public health services to Ontario citizens.

Thank you for considering this urgent matter.  
Sincerely,



Mayor Sally Hagman  
Chair, Board of Health

Cc: The Hon. Doug Ford, Premier  
The Hon. Ross Romano, MPP Sault Ste. Marie  
Michael Mantha, MPP Algoma-Manitoulin  
Terry Sheehan, MP, Sault Ste. Marie  
Carol Hughes, MP Algoma-Manitoulin-Kapuskasing  
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