



Board of Health Meeting 01-22

Public Health Sudbury & Districts

Thursday, February 17, 2022

1:30 p.m.

Virtual



Corporation of the Municipality of French River
 Corporation de la Municipalité de French River
 P.O. Box/C.P. 156, 44 rue St. Christophe Street
 Noelville, Ontario POM 2NO

RESOLUTION

MOVED BY: bob priest NO: Resol.2022-6
 SECONDED BY: dave viau DATE: January 19, 2022

BE IT RESOLVED THAT Council appoints Councillor Dean Wenborne to the Public Health Sudbury & District Board to replace Councillor Randy Hazlett for the remainder of the Council Term.

CARRIED

DEFEATED

G. Pageau
CHAIR'S SIGNATURE

Division Vote

	FOR	AGAINST		FOR	AGAINST
MAYOR Gisèle Pageau	___	___	COUNCILLOR Richard Malette	___	___
COUNCILLOR Renée Carrier	___	___	COUNCILLOR David Viau	___	___
COUNCILLOR Ron Garbutt	___	___	COUNCILLOR Dean Wenborne	___	___
COUNCILLOR Randy Hazlett	___	___			

Disclosure of Pecuniary Interest

Name: _____

Name: _____

Disclosed his/her (their) interest(s), abstained from discussion and did not vote on this question.

AGENDA – FIRST MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL MEETING
THURSDAY, FEBRUARY 17, 2022 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- Resolution from the Municipality of French River dated January 19, 2022, Re: appointment of Dean Wenborne to the Board of Health

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. ELECTION OF OFFICERS

APPOINTMENT OF CHAIR OF THE BOARD

(2021 Chair: René Lapierre – 7 terms)

THAT the Board of Health appoints _____
as Chair for the year 2022.

APPOINTMENT OF VICE-CHAIR OF THE BOARD

(2021 Vice-Chair: Jeffery Huska – 6 terms)

THAT the Board of Health appoints _____
as Vice-Chair for the year 2022.

APPOINTMENT TO BOARD EXECUTIVE COMMITTEE

(2021 Board Executive: Jeffery Huska – 7 terms; René Lapierre – 7 terms; Ken Noland – 5 terms; Claire Gignac – 1 term; Randy Hazlett – 2 terms)

THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2022:

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

APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

(2021 Finance Committee: Carolyn Thain – 7 terms; René Lapierre – 7 terms; Mark Signoretti – 5 terms; Randy Hazlett – 3 terms)

THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2022:

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

5. DELEGATION/PRESENTATION

- i) **Public Health Sudbury & Districts and the COVID-19 Pandemic: from risk to resilience**
 - Lesley Andrade, Foundational Standards Specialist, Knowledge and Strategic Services Division

6. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
 - a. Board of Health Meeting – November 18, 2021
 - b. Special Board of Health Meeting – December 15, 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, February 2022
- v) **Correspondence**
 - a. COVID Vaccine and the Immunization of School Pupils Act (ISPA)
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated February 3, 2022
 - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County, to the Minister of Health, dated November 23, 2021

- b. One-time Funding for 2021-22 and 2022-23 years for Public Health Programs and Services
 - Letter from the Deputy Premier and Minister of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated January 21, 2022
 - c. Health System Transformation
 - Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ride District Health Unit to the Deputy Premier and Minister of Health, dated January 20, 2022
 - d. Public Health Funding
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Deputy Premier and Minister of Health, dated December 17, 2021
 - Letter from the President and Mayor of the Town of Parry Sound, Association of Municipalities Ontario, to the Minister of Health, dated November 29, 2021
 - e. First Nation Communities Wildland Fire Evacuation
 - Letter from the Chief Emergency Management Ontario, Assistant Deputy Minister, Ministry of the Solicitor General, to Dr. Sutcliffe, dated December 3, 2021
- vi) Items of Information**
- a. Annual Survey Results from 2021 Regular Board of Health Meeting Evaluations
 - b. Annual Meeting Attendance Summary Board of Health for Public Health Sudbury & Districts 2021
 - c. alPHa Information Break December 20, 2021
January 21, 2022
 - d. Statement from the Chief Public Health Officer of Canada on the CPHO Annual Report 2021: A Vision to Transform Canada’s Public Health System December 13, 2021
 - e. Letter from alPHa to the Deputy Premier and Minister of Health re Provincial Strategies to Control Omicron Variant of COVID-19 December 14, 2021
 - f. Letter from alPHa to the Associate Deputy Minister re One-year anniversary of the first Dose of COVID December 14, 2021
 - g. [alPHa 2022 Winter Symposium and Section Meetings](#) February 25, 2022

APPROVAL OF CONSENT AGENDA

MOTION:

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

7. NEW BUSINESS

i) Public Health Sudbury & Districts: 2021 COVID-19 Response – Reporting and Accountability Monitoring

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated February 10, 2022, Re COVID-19 Response by the Numbers
- Public Health Sudbury & Districts Infographic *COVID-19 Response by the Numbers*

COVID-19 RESPONSE – REPORTING AND ACCOUNTABILITY MONITORING

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts receive the 2021 COVID-19 Response – Reporting and Accountability briefing note and associated infographic and support the broad dissemination of the infographic with the public and with local and provincial partners.

ii) Public Health Sudbury & Districts Infrastructure Modernization Project

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 10, 2022
- Sneak Peek video of new Elm Street office

iii) Public Health Sudbury & Districts and the COVID-19 Pandemic: From risk to resilience

- alPHa Report, Public Health Resilience in Ontario, January 2022
- Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to resilience Report, February 2022

PUBLIC HEALTH SUDBURY & DISTRICTS COVID-19 PANDEMIC, FROM RISK TO RESILIENCE

MOTION:

WHEREAS the redeployment of public health resources to the COVID-19 pandemic response has required Public Health Sudbury & Districts to stop or radically reduce many of its public health programs and services over the last two years, creating a significant and growing backlog of services and unmet needs across communities; and

WHEREAS Public Health Sudbury & Districts is preparing for pandemic recovery, assessing and addressing the ongoing and emerging health needs that require public health intervention; and

WHEREAS Public Health Sudbury & Districts has identified the following immediate priorities for public health recovery: Getting children back on track; Levelling up opportunities for health; Fostering mental health gains; and Supporting safe spaces; and

WHEREAS the Ministry of Health is recognizing recovery as a priority for local public health and providing boards of health, through the Annual Service Plan and Budget submission, the opportunity to request financial support through one-time funding for the recovery and resumption of public health programs and services; and

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts receive the report entitled *Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to recovery and resilience* and support its broad dissemination to the public and to local and provincial partners; and further,

THAT the Board of Health for Public Health Sudbury & Districts endorse the recovery priorities and their inclusion in the 2022 Annual Service Plan and Budget submission.

iv) HEALTH AND RACIAL EQUITY: DENOUNCING ACTS AND SYMBOLS OF HATE

HEALTH AND RACIAL EQUITY: DENOUNCING ACTS AND SYMBOLS OF HATE

MOTION:

WHEREAS the reduction of health inequities is a goal of Ontario’s public health programs and services as set out in the [Ontario Public Health Standards](#) (OPHS), health equity is a Foundational Standard of the OPHS, and programs and services must be implemented in accordance with the [Health Equity Guideline](#) which includes the requirement to apply anti-racist, anti-oppressive, and culturally safe approaches to public health practice; and

WHEREAS the [Vision](#) of the Board of Health for Public Health Sudbury & Districts, *Healthier communities for all*, is further guided by its Mission and [Strategic Plan](#), both of which prioritize action in support of health equity; and

WHEREAS the Board of Health for Public Health Sudbury & Districts is a leader among Ontario local public health agencies in their longstanding commitment to health and racial equity, including notably, the September 2019 endorsement of the [Racial Equity Action Framework for Improved Health Equity](#); and

WHEREAS recent events in Ontario have included public displays of racism, anti-Semitism and discrimination, all detrimental to optimal health for all and prompting the Ontario Public Health Association (OPHA) on January 31, 2022, to issue the following statement:

While the right to protest is a fundamental element of our democracy, OPHA is disturbed by the hate filled racist and white supremacist symbols and messages flowing from the demonstrations in Ottawa. We denounce all forms of hate, bigotry, racism, antisemitism, and discrimination. Acts and symbols of hate are unwelcome and should not be tolerated. Silence is not acceptable. We urge political leaders from all levels & parties to speak out against such hate and racism, and to promote the importance of vaccines and other public health measures that are protecting all of us, especially the most vulnerable, against illness, hospitalization, & death. Change can only happen when we stand up and speak out. Let's work together to build a society that values diversity, inclusion, and optimal health for all.

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the January 31, 2022, statement of the OPHA; and

FURTHER THAT the Board of Health encourage other Ontario boards of health and the Association of Local Public Health Agencies to do the same; and

FURTHER THAT that this resolution be shared with all boards of health, the Association of Local Public Health Agencies, area Honorable Members of Parliament and Provincial Parliament, the Ontario Public Health Association, the Association Municipalities of Ontario (AMO), among other stakeholders.

8. IN CAMERA

IN CAMERA

MOTION:

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

9. RISE AND REPORT

RISE AND REPORT

MOTION:

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

10. ADDENDUM

ADDENDUM

MOTION:

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

11. ANNOUNCEMENTS

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

12. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

APPOINTMENT OF CHAIR OF THE BOARD

(2021 Chair: René Lapierre – 7 terms)

**THAT the Board of Health appoints _____
as Chair for the year 2022.**

APPOINTMENT OF VICE-CHAIR OF THE BOARD

(2021 Vice-Chair: Jeffery Huska – 6 terms)

**THAT the Board of Health appoints _____
as Vice-Chair for the year 2022.**

APPOINTMENT TO BOARD EXECUTIVE COMMITTEE

(2021 Board Executive: Jeffery Huska – 7 terms; René Lapierre – 7 terms; Ken Noland – 5 terms; Claire Gignac – 1 term; Randy Hazlett – 2 terms)

THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2022:

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

APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

(2021 Finance Committee: Carolyn Thain – 7 terms; René Lapierre – 7 terms; Mark Signoretti – 5 terms; Randy Hazlett – 3 terms)

THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2022:

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

MINUTES – FIFTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
THURSDAY, NOVEMBER 18, 2021 – 1:30 P.M.

BOARD MEMBERS PRESENT

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

BOARD MEMBERS REGRETS

Glenda Massicotte	Mark Signoretti
-------------------	-----------------

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 1:31 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

- i) **Racial Equity: Public Health Sudbury & Districts**
 - Shana Calixte, Manager, Health Promotion Division

S. Calixte was introduced and invited to speak about the PHSD racial equity work and initiatives within the last year. Various and rising issues concerning race and racism as well as data have revealed the disproportionate impact the pandemic has had on communities historically discriminated against for reasons such as race. Work and initiatives that have been undertaken in support of our racial equity focus include:

- Indigenous engagement work ensuring respectful engagement with First Nations Communities and urban Indigenous health organizations in vaccine planning, organizing and supporting pop-up clinics, bi-weekly First Nation and urban Indigenous Vaccine Planning Committee meetings, National Day for Truth and Reconciliation/Orange Shirt Day awareness and most recently, Treaty Recognition Week in early November.
- A PHSD Racial Equity Task Group supported the development of a draft racial equity action framework and work plan materials for the agency as directed by the [Board motion 23-18](#).
- *The WOKE Age: Youth-driven Racial Equity Action in Sudbury* project work aimed to increase the capacity of Black and racialized youth to engage in anti-Black racism and allyship education with peer and ally groups, as well as to empower youth. From 2019 to March 2021, the project hosted over 1900 participants.
- Allyship workshops - additional workshop dates are being planned for the new year, including a 1-hour online module in French developed in conjunction with Centre de Santé Communautaire.
- In collaboration with community partners, two roundtables on Intersectionality, one in French and one in English, were held this summer on intersectionality.
- The Racial Equity team engaged with various communities around how Black, Indigenous and people of colour (BIPOC) communities have been affected by the pandemic. Findings showed a disproportionate effect of COVID-19 on BIPOC communities and the need for race-based data in our work during this pandemic. Subsequently, a pop-up vaccination clinic was held in conjunction with Black Lives Matter Sudbury, where 24 people were vaccinated.

Upcoming racial equity work will focus on:

- Establishment of a community of practice for trainers on allyship, in collaboration with Health Sciences North, Rainbow District School Board and Centre de Santé Communautaire.
- Creating plans to move racial equity work group work forward since the stall due to COVID-19.
- Further discuss the need for a racial equity lens on our current COVID-19 work.

There were no questions and comments and S. Calixte and team were commended for leading this important work.

5. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. Fourth Meeting – October 21, 2021
- ii) Business Arising From Minutes**
- iii) Report of Standing Committees**
 - a. Board of Health Executive Committee Unapproved Minutes dated October 21, 2021
 - b. Board of Health Finance Standing Committee Unapproved Minutes dated November 2, 2021
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, November 2021
- v) Correspondence**
 - a. Advocacy for Public Health Funding
 - Letter from the President, Association of Local Public Health Agencies, to the Minister of Health, dated November 10, 2021
 - Letter from the Board of Health Chair, Windsor Essex County Health Unit, to the Minister of Health and Deputy Premier, dated November 4, 2021
 - Letter from the Medical Officer of Health and Executive Officer, and the Board of Health Chair, North Bay Parry Sound District Health Unit, to the Minister of Health, dated November 1, 2021
 - b. Health System Transformation
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated November 5, 2021
 - c. [Prescription for Ontario: Doctor’s 5-Point Plan for Better Health Care](#)
 - Letter from the President, Association of Local Public Health Agencies, to the CEO, Ontario Medical Association, dated November 1, 2021
- vi) Items of Information**
 - a. Association of Local Public Health Agencies Summary: 2021 Ontario Economic Outlook and Fiscal Review: Build Ontario dated November 4, 2021
 - b. World Health Organization: COP 26 Special Report on Climate Change and Health: The Health Argument for Climate Action

29-21 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) Board of Health Manual

- Briefing note to the Board of Health Chair from the Medical Officer of Health dated November 12, 2021

Due to competing priorities relating to COVID-19, the manual review focused on the most important and timely revisions. All recommended changes appended to the Briefing Note are identified with tracked changes and are mostly housekeeping in nature. Next steps will include reviewing the Conflict of Interest Procedure to ensure alignment with Ministry requirements. Approved revisions will be updated on the website and in BoardEffect.

Questions and comments were entertained. The Board of Health members noted their appreciation for the tracked changes as it easily identifies proposed revisions. C. Thain noted the Public Health funding Information Sheet D-II-10 provides helpful and timely context. Although E-I-11 and G-I-30 proposes a revision to remove *Enquiries* from the Board of Health agenda, it was clarified that Board members continue to have the opportunity to ask questions relating to any business agenda items. Any enquiries that do not relate to the agenda can be directed at any time to the Board of Health Chair and or the MOH/CEO and can also be sent to the Board Secretary who will coordinate a response. The Board of Health Chair will continue to make relevant announcements at end of Board meetings.

30-21 BOARD OF HEALTH MANUAL

MOVED BY LEDUC – NOLAND: THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, approve the Manual as presented on this date.

CARRIED

ii) MOH/CEO Renewal Employment Contract

The Board of Health Chair shared that the MOH/CEO employment contract is up for renewal. Per past practice, the Board of Health Executive Committee has undertaken this responsibility following the Chair's engagement with the MOH. The goal is to have a recommendation come forward from the Board of Health Executive Committee at the

January Board of Health meeting. It was clarified that the current employment contract, expiring December 31, 2021, will remain in effect until the contract is renewed.

31-21 MOH/CEO RENEWAL EMPLOYMENT CONTRACT

MOVED BY PAQUIN – TESSIER: *WHEREAS the term of the current employment contract agreement for the Medical Officer of Health/CEO for the Sudbury & District Health Unit is until December 31, 2021; and*

WHEREAS the Board of Health Executive Committee has historically reviewed the MOH/CEO contract agreement; and

WHEREAS the Board of Health Executive Committee Terms of Reference stipulate that the Executive Committee of the Board of Health may, from time to time, be assigned responsibilities by the Board of Health in areas such as: policy, personnel, and property; and

WHEREAS responsibilities assigned to the Board of Health Executive Committee must be delegated by majority vote of the full Board;

THEREFORE BE IT RESOLVED THAT the Board of Health assign to the Board of Health Executive Committee the responsibility to review a renewal agreement and recommend the updated agreement to the Board of Health for approval.

CARRIED

iii) MOH/CEO Position Description (*Revised*)

The Public health Sudbury & Districts position description review cycle is every five years and the last review date for the MOH/CEO Position Description was 2016. Proposed revisions are housekeeping in nature such as the updated organizational name and reporting relationships as well as alignment with Ministry language.

32-21 MOH/CEO POSITION DESCRIPTION

MOVED BY HUSKA – MYRE: *BE IT RESOLVED THAT the Sudbury & District Board of Health endorse the revised position description for the Medical Officer of Health/Chief Executive Officer, dated November 2021.*

CARRIED

iv) 2022 Public Health Sudbury & Districts Operating Budget

- a. Briefing Note and Appendices from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 12, 2021

- b. Letter from the Deputy Premier and Minister of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated November 2, 2021

Chair of the Board of Health Finance Standing Committee, C. Thain, noted that, as part of its mandate, the Committee carefully reviewed the proposed 2022 operating budget at its meeting on November 2. Committee members: Randy Hazlett, René Lapierre, and Mark Signoretti were thanked for their dedicated participation.

C. Thain shared that the development of budget has again taken place during a global pandemic where resources have been diverted from regular programs and services to ensure our Public Health COVID-19 response. There are significant future unknowns and Dr. Sutcliffe and team were commended for the work they have done to navigate the pressures during these unprecedented times.

The proposed budget incorporates management's best estimate of the requirements to begin the recovery and reinstatement of the Ontario Public Health Standards programs and services while they continue to respond to the COVID-19 pandemic. Budget deliberations began with a projected shortfall of approximately \$1.77 million resulting from the ministry funding policy change and fixed cost increases of \$606,000.

The 2022 recommended budget totals \$28,020,382 representing an increase of \$553,893, or 2.02%, over the restated 2021 Board approved budget.

The recommended budget incorporates Ministry funding of \$1,179,000 which is the reinstatement of the one-time mitigation grant to offset the change to the funding formula announced in 2019. It also incorporates budget pressures to be covered in-year in the amount of \$52,066, and a municipal increase of \$593,893 (\$3.62 per capita or 7% over 2021).

C. Thain shared that following a careful review and deliberation, a motion was tabled at the November 2 Finance Standing Committee meeting to limit the municipal funding increase to 3%. The motion was debated and following a recorded vote, the motion was defeated. The motion to recommend the proposed budget of \$28,020,382 was carried and as such, the Finance Standing Committee recommends that the Board of Health adopt the recommended 2022 operating budget totaling \$28,020,382.

Dr. Sutcliffe provided highlights from the briefing note and outlined the assumptions listed in the briefing note that underpin the recommended budget. F. Quirion and the team were acknowledged for their work in the development of the budget.

Dr. Sutcliffe concluded that the recommended 2022 budget for public health programs and services has no enhancement; it totals \$28,020,382 representing an increase of 2.02% increase over the 2021 budget.

33-21 IN CAMERA

MOVED BY MASSICOTTE – KIRWAN: THAT this Board of Health goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 2:15 pm

CARRIED

34-21 RISE AND REPORT

MOVED BY KIRWAN – PAQUIN: THAT this Board of Health rises and reports. Time: 2:44

CARRIED

It was reported that two agenda items were discussed relating to Labour Relations and Employee Negotiations as well as a matter involving one or more identifiable individuals, including employees or prospective employees for which the following motion emanated:

35-21 APPROVAL OF MEETING NOTES

MOVED BY GIGNAC – MYRE: THAT this Board of Health approve the meeting notes of the May 20, 2021, Board in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

Discussion ensued regarding the recommended 2022 operating budget and related motion. R. Hazlett noted that surplus funds were moved to reserve in 2020 and that as the provincial one-time mitigation fund is temporary, requested PHSD explore a review process of programs and services to find cost savings. He put forward that the Board look to reserve or entertain a lower municipal increase to avoid future projected deficits. Board members voiced concerns with using reserve funds for ongoing operating expenses. Additional Board comments included that COVID-19 has affected everyone in province and costs are rising overall.

The Board Chair responded that a review of programs and services is premature in the context of the ongoing pandemic response expected of local public health. Further, the

Association of Local Public Health Agencies (alPHa) will be collaborating the Association of Municipalities of Ontario (AMO) to lobby the provincial government on behalf of municipalities regarding public health funding. Provincial funding has been flatlined for many years. It was also clarified that the Health Protection and Promotion Act stipulates that municipalities are obligated to fund local public health.

Caution was voiced regarding an initiative to cut public health programs and services given we are the lead for the local COVID-19 response and there is catch up work to be done with the significant backlog in public health programs and services. The future funding model is unknown, however, based on the current model, would result in significant financial pressures for health units throughout the province.

C. Thain clarified that proposed budget supported by the finance committee included information on financial pressures if funding scenarios less than 7% were entertained.

Concerns were voiced regarding provincial funding for public health programs and services and the need for more investment in issues such as addictions and housing.

In response to an inquiry regarding the opportunity to find administrative cost savings if there was less municipal funding, the Board was reminded that PHSD had previously eliminated positions and implemented attrition as well as various cost efficiencies. The recommended budget at 2% increase over 2021 leaves has no enhancements and leaves management with over \$50,000 in budget pressures to be found in 2022.

C. Thain indicated that Board of Health members have a responsibility to demonstrate accountability and have fiduciary responsibilities. Thorough and detailed information has been provided for the Board to make an informed decision for the recommended budget to cover estimated expenses for operating in 2022. It was recapped that when the funding formula was changed, PHSD had realigned its work, and deliberated on how to collaborate with other health units, find efficiencies, and streamline operations. The province's review of the public health system was stalled due to the pandemic and expected to be combined with the many post-pandemic anticipated to follow.

Dr. Sutcliffe noted that although there are rising fixed costs, the recommended budget at 2% includes no enhancements and efficiencies have been found. The demands and expectations of Public Health are growing, and boards of health across the province are experiencing financial pressures.

The following motion was tabled for consideration and a recorded vote requested.

36-21 2022 OPERATING BUDGET

MOVED BY HUSKA – LEDUC: THAT That the Board of Health approve the 2022 operating budget with no greater impacts than 6% to local municipalities.

YEAS: (3) Hazlett, Leduc, Paquin

NAYS: (8) Gignac, Huska, Kirwan, Myre, Noland, Tessier, Thain, Lapierre

Absent: (2) Massicotte, Signoretti

C. Gignac, Ken Noland and N. Tessier abstained.

DEFEATED (8 TO 3)

A recorded vote requested for the following:

37-21 2022 OPERATING BUDGET

MOVED BY THAIN – HUSKA: THAT the Board of Health approve the 2022 operating budget for Public Health Sudbury & Districts in the amount of \$28,020,382.

YEAS: (7) Gignac, Huska, Kirwan, Myre, Tessier, Thain, Lapierre

NAYS: (4) Hazlett, Leduc, Noland, Paquin

Absent: (2) Massicotte, Signoretti

Ken Noland abstained.

CARRIED (7 TO 4)

v) Staff Appreciation Day and Public Health Heroes

- Briefing Note from the Medical Officer of Health dated November 12, 2021

The Board of Health is familiar with the staff appreciation day motion that is tabled annually. The period to take the staff appreciation day off is being extended to the end of March to accommodate our response to the pandemic.

The briefing note outlines the history of the staff appreciation day as well as provides context for recommendation that the Board recognize all staff of Public Health Sudbury & Districts as Public Health Heroes considering their significant contributions during this pandemic. It was noted that expectations on Public Health are high and the Ministry of Health has shared its expectation that public health provide vaccination clinics over the holidays.

The work as well as the commitment that staff have displayed during the PHSD COVID-19 response and related personal sacrifices have been remarkable and onerous. Today's motion is an opportunity to thank and support staff for their tireless efforts. In response to an inquiry, Dr. Sutcliffe shared that there are no budget implications related to the staff appreciation day, however, further clarification would be shared via email.

38-21 STAFF APPRECIATION DAY AND PUBLIC HEALTH HEROES

MOVED BY MYRE – HUSKA: BE IT RESOLVED THAT this Board of Health recognize the tremendous contributions of Public Health Sudbury & Districts staff throughout the pandemic, and recognize all staff as Public Health Heroes; and

FURTHER, that this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during an extended period encompassing the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2021, to March 31, 2022. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.

CARRIED

7. ADDENDUM

39-21 ADDENDUM

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

CARRIED

i) Public Health Sudbury & Districts – 2020 Annual Report, [English](#) and [French](#)

The PHSD team was recognized for developing annual report while responding to a pandemic. The theme for the 2020 year's annual report is *Rising to the Challenge*. The report will be distributed widely through email distribution, social media and posted to phsd.ca.

ii) aLPHa Information Break Newsletter dated November 15, 2021

Newsletter is shared for information.

iii) COVID-19 Status Updates

Dr. Sutcliffe noted that the COVID-19 status update includes important information to describe the current situation requiring additional measures to reduce the risk of transmission.

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

No discussion.

8. ANNOUNCEMENTS

- Board members are asked to complete the mandatory BFI and emergency preparedness training by December 31, 2021. Once the training materials have been reviewed, please confirm this via email: quesnelr@phsd.ca.
- The Board Chair announced that this week is National Addictions Awareness week and a time for us pause to consider solutions to help address the harms related to alcohol and other drugs and the solutions for change. Supervised consumption and treatment service are one way in which PHSD is working with the Community Drug Strategy and other partners to address harms. R. Lapierre was proud to share the [INSIGHTS campaign](#) which features testimonials from experts in our community from a variety of backgrounds and experiences. They share their informed perspective on why supervised consumption and treatment services (SCTS) can play an important part in reducing the harms of substances in our community. These testimonials will be promoted in our community for the next 3 months.
- Board members were encouraged to complete the November Board of Health meeting evaluation following the meeting.
- There is no regular Board of Health meeting in December. Board members were wished a safe and happy holiday and all the best for 2022.
- Next regular meeting is Thursday, January 20, 2022, at 1:30 p.m.

9. ADJOURNMENT

40-21 ADJOURNMENT

MOVED BY Thain – GIGNAC: THAT we do now adjourn. Time: 3:39 pm

CARRIED

(Chair)

(Secretary)

UNAPPROVED MINUTES – SPECIAL MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL MEETING
WEDNESDAY, DECEMBER 15, 2021 – 1:00 P.M.

BOARD MEMBERS PRESENT

Randy Hazlett	Glenda Massicotte	Mark Signoretti
Robert Kirwan	Paul Myre	Natalie Tessier
René Lapierre	Ken Noland	Carolyn Thain

BOARD MEMBERS REGRETS

Bill Leduc	Jeffery Huska	Jacqueline Paquin
------------	---------------	-------------------

STAFF MEMBERS PRESENT

Rachel Quesnel	France Quirion	Dr. Penny Sutcliffe
----------------	----------------	---------------------

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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

Randy Hazlett has announced his resignation from the Board of Health, Public Health Sudbury & Districts, effective following this meeting, to pursue his campaigning for MPP of Nickel Belt. Sudbury East Municipalities Association (SEMA) will be appointing a replacement on the Board of Health for the new year.

Claire Gignac is again on temporary leave until the new year to provide support to PHSD vaccination clinics.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. IN CAMERA

– Labour Relations or Employee Negotiations

41-21 IN CAMERA

MOVED BY HAZLETT – MASSICOTTE: THAT this Board of Health goes in camera to deal with two matters relating to labour relations or employee negotiations.

Time: 1:07 PM

CARRIED

5. RISE AND REPORT

42-21 RISE AND REPORT

MOVED BY NOLAND – KIRWAN: THAT this Board of Health rises and reports.

Time: 1:39 P.M.

CARRIED

It was reported that two agenda items were discussed relating to Labour Relations and Employee Negotiations for which the following motions emanated:

43-21 APPROVAL OF BOARD OF HEALTH IN-CAMERA MEETING NOTES

MOVED BY THAIN – MYRE: THAT this Board of Health approve the meeting notes of the November 18, 2021, Board in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

44-21 ONA MEMORANDUM OF SETTLEMENT RATIFICATION

MOVED BY MASSICOTTE – SIGNORETTI: THAT the Board of Health ratify the Memorandum of Settlement between Public Health Sudbury & Districts (PHSD) and the Ontario Nurses' Association (ONA), dated December 3, 2021.

CARRIED

45-21 MOH/CEO RENEWAL EMPLOYMENT CONTRACT

MOVED BY KIRWAN – NOLAND: THAT the Sudbury & District Board of Health approve the Employment Contract between the Board of Health for the Sudbury & District Health Unit and the Medical Officer of Health and Chief Executive Officer, dated December 15, 2021.

UNANIMOUSLY CARRIED

Board of Health members were reminded to complete the mandatory training modules for Baby Friendly Initiative (BFI) and emergency preparedness by December 31, 2021. Best wishes for a safe and joyous holiday were extended to all.

6. ADJOURNMENT

46-21 ADJOURNMENT

MOVED BY MYRE – THAIN: THAT we do now adjourn. Time: 1:43 PM.

CARRIED

(Chair)

(Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, February 2022

Words for thought

Public Health Resilience in Ontario – Clearing the backlog, resuming routine programs, and maintaining an effective COVID-19 response

KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

Just like the widely reported “surgical backlog” in health care, a health promotion and protection backlog has accumulated since March 2020, which is certain to have a significant and measurable effect on the health of Ontarians for years to come.

OPHS mandated public health programs and services have been significantly curtailed for nearly two years, with an average of 74% of 2020 LPHA resources and 78% (to date) of 2021 LPHA resources having been diverted to the COVID-19 response. This increase reflected a general upward trend as the pandemic evolved, and additional resources had to be secured to meet the demand throughout the province. Uncertainties about funding sources presented a challenge to managing extraordinary costs and allocating resources.

Health protection programs such as Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion, but most were response-driven and prioritized according to the level of risk, which in turn would focus primarily on COVID-19 related threats.

The Chronic Disease Prevention and Well-being and School Health Standards, which include injury prevention, healthy eating and physical activity, immunization, mental health, and substance use, had the lowest rates of completion. The population health impact of these deficits will be felt over a longer period and will almost certainly be magnified by the effects of the pandemic, which will in turn add to the cost of catching up on the OPHS mandates in these areas.

Specific concerns were expressed about the program backlogs related to children’s health. Since the onset of the pandemic in March 2020, oral health screening in schools effectively ceased, and the Healthy Babies Healthy Children (HBHC) visits for vulnerable families and children were significantly reduced. Additionally, approximately 80% of the routine school immunization program was not completed during this time. Estimates indicate that this could account for a current backlog of up to 300,000 school-based vaccinations/year across the province.

Source: Association of Local Public Health Agencies
Public Health Resilience in Ontario Executive Summary
Date: January 2022

Chair and Members of the Board,

February historically is the month that I report to the Board on the previous year “by the numbers.” This year much of the focus is on the COVID-19 work in addition to a number of governance updates. I am very much looking forward to 2022 being the year of transition from a COVID-19 focus to a recovery focus, where we begin our journey back to the full scope of public health programs and services, focusing on the priorities emerging from the pandemic.

General Report

1. Board of Health

Board of Health Code of Conduct

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

All members are required to sign an annual declaration attesting to their understanding and acknowledgement of this Code. The Code of Conduct Policy is included in the February 17, 2022, Board of Health Event in BoardEffect. The declaration form, which must be signed and submitted annually, can be completed electronically in BoardEffect under Board of Health – Collaborate – Surveys. Deadline to submit is Friday, March 4, 2022.

Board of Health Conflict of Interest

As stipulated in the Board of Health Manual Code of Interest Policy and Procedure C-I-16, members bring a perspective based on their skills and experiences in order to act in the best interest of Public Health Sudbury & Districts in their capacity as members of the Board of Health and in compliance with their duties and obligations under the *Health Protection and Promotion Act*. Members cannot act in their own personal interest or as a representative of any professional, political, socio-economic, cultural, geographic, or other organization or group.

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

At the beginning of each calendar year, Board of Health members are required to complete the Declaration of Conflict of Interest form. The Conflict of Interest Policy and Procedure is included in the February 17, 2022, Board of Health *Event* in BoardEffect. The Conflict of Interest declaration form, which must be signed and submitted annually, can be completed electronically in BoardEffect under Board of Health – Collaborate – Surveys. Deadline to submit is Friday, March 4, 2022.

Membership

Jacqueline Paquin's term as provincial appointee on the Board of Health will be ending on February 22, 2022. Our thanks to Jacqueline for her service. She has indicated that she will not be seeking another reappointment to the Board of Health and the Ministry has been informed.

Effective January 13, 2022, Claire Gignac, has returned to the Board of Health from her temporary leave since November 19, 2021.

The Sudbury East Municipal Association (SEMA) has appointed Dean Wenborne to the Board of Health to replace Randy Hazlett who resigned on December 16, 2021. An orientation session was held on February 11, 2022.

2. Financial

As part of our Ministry of Health reporting requirements, PHSD has submitted its 4th quarter report. The estimated 2021 expenditures total \$44,732,185 which includes COVID-19, cost shared programs, 100% funded programs, and one-time funding initiatives expenditures.

Total estimated spending on COVID-19 in 2021 amounts to \$34,053,579 of which \$19,633,637 are covered by the cost shared budget, representing 77.5% of this budget. COVID Extraordinary costs, over and above those covered by the cost shared budget amount to \$14,419,942. Of this amount \$2,860,078 are attributed to the COVID General program – Case and Contact Management and \$11,559,864 are attributed to the COVID Vaccine program. Partnership expenditures in the amount of \$6,248,988 are included in these expenditures.

Based on the funding received from provincial funding sources, up to \$3,977,441 could potentially need to be returned to the Ministry of Health, pending the final Annual Reconciliation Report and Ministry decision on the opportunity to carry forward a few one-time funding initiatives.

4. Quarterly Compliance Report

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

Public Health Sudbury & Districts has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to January 21, 2022, on January 20, 2022. The Employer Health Tax has been paid as required by law, December 31, 2021, with an online payment date of January 10, 2022. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to December 31, 2021, with a cheque dated January 31, 2022. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

Corporate Services Division

Accounting

77.5% Of cost-shared operating budget redirected to support COVID-19 expenses

\$34 053 579 Projected costs of COVID-19 related expenditures in 2021

- 57.7% Covered through cost-shared operating budget
- 42.3% covered through COVID-19 one-time extraordinary funding

Human Resources

563 Staff employed by Public Health Sudbury & Districts on December 31, 2021

- 272 Full-time staff
- 86 Part-time staff
- 205 Casual staff

217 Staff employed by Public Health Sudbury & Districts on December 31, 2019

- 186 Full-time staff
- 16 Part-time staff
- 15 Casual staff

136 Volunteers onboarded to support COVID-19 response activities

Health Promotion Division

Liaison Officer

>100 Meetings with education and post secondary institutions, child care, Chamber of Commerce, Members of Provincial Parliament, municipalities, and First Nation Communities.

>100 Responses of clarification provided to partners from education and post secondary institutions, child care, Chamber of Commerce, Members of Provincial Parliament, municipalities, and First Nation Communities.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

Community Partnerships

15 New Public Health-led committees developed to support regional COVID-19 response activities

159 Agencies represented on Public Health-led COVID-19 committees

24 Advisory Alerts supporting COVID-19 response issued to local health system partners and primary care providers. Topics included case and contact tracing processes, COVID-19 vaccination updates

on eligibility and clinical guidance, and infection prevention and control (IPAC) measures

COVID-19 Call Centres

24 851 Calls processed by the Public Health Sudbury & Districts COVID-19 call centre

257 653 Calls processed by the COVID-19 vaccination booking call centre (operated by the City of Greater Sudbury and Public Health Sudbury & Districts)

- **197 902** incoming calls
- **59 751** outgoing calls

COVID-19 Vaccine Program

Vaccines Administered

381 733 Total vaccines administered throughout entire service area

80.1% Administered in Public Health-led clinics

- **5 607** Administered in Chapleau
 - **87.7%** Administered in Public Health-led clinics in Chapleau
- **310 094** Administered in Greater Sudbury
 - **79.6%** Administered in Public Health-led clinics in Greater Sudbury
- **21 389** Administered in Lacloche Foothills
 - **90.7%** Administered in Public Health-led clinics in Lacloche Foothills
- **26 927** Administered on Manitoulin Island
 - **88.7%** Administered in Public Health-led clinics on Manitoulin Island
- **13 400** Administered in Sudbury East
 - **79.2%** Administered in Public Health-led clinics in Sudbury East

Vaccine Events

Vaccination event types include mass immunization clinics held in large arenas or community centres; mobile vaccination teams attending targeted locations such as long-term care homes; pop-up clinics held in strategic locations such as shopping malls or outside gym facilities; and mobile bus clinics to reach targeted populations

1 761 Total vaccine events held throughout the entire service area

- **1 190** Total vaccine events held in Greater Sudbury
- **75** Total vaccine events held in Chapleau
- **160** Total vaccine events held in Lacloche Foothills
- **230** Total vaccine events held on Manitoulin Island
- **94** Total vaccine events held in Sudbury East

Public Health-led Vaccination Events

1 114 Total Public Health-led vaccination events

- **59** in Chapleau
- **752** in Greater Sudbury
- **105** in Lacloche Foothills
- **103** on Manitoulin Island
- **74** in Sudbury East

Vaccinations of Residents in Sudbury & Districts

87.0% of residents (5 years of age and older) received their first dose

- **44.1%** of residents 5 to 11 years of age received their first dose
- **89.7%** of residents 12 years of age and older received their first dose

81.0% of residents (5 years of age and older) received their second dose

- **0.6%** of residents 5 to 11 years of age received their second dose
- **86.9%** of residents 12 years of age and older received their second dose

57 580 Third or booster doses administered to residents in Sudbury and districts

0.4% COVID-19 vaccine doses wasted

Adverse Events

341 Total adverse events following immunization using all three federally approved vaccines, Moderna, Pfizer, and

AstraZeneca Vaxzevria (total of 387 361 doses)

88 Adverse events following immunization per 100 000 doses administered

- **149** Adverse events following immunization using the Moderna vaccine (total of 121 805 doses administered)
- **168** Adverse events following immunization using the Pfizer vaccine (total of 259 056 doses administered)
- **13** Adverse events following immunization using the AstraZeneca vaccine (total of 3 713 doses administered)

Health Protection Division

Case and Contact Management

5 553 Total COVID-19 cases

20 810 Contacts identified and followed

47 COVID-19-related deaths among residents of Sudbury and districts

Outbreak Management

167 Total COVID-19 outbreaks declared in Sudbury and districts

- **64** Outbreaks in schools and daycare settings (includes buses)
- **18** Outbreaks in long-term care homes and retirement homes
- **11** Outbreaks in congregate settings (such as jails, shelters, or group homes)
- **47** Outbreaks declared in 'other workplaces' (such as restaurants,

mining settings, and automotive repair and sales)

2021 COVID-19 Compliance and Enforcement

5 Letters of Instruction issued (**2** updates issued). Instructions are local requirements issued by the Medical Officer of Health under the *Reopening Ontario Act* to protect health; they included topics such as mandatory physical distancing, participation in organized sports, remote work, protective measures, and responsibilities for businesses and organizations

1 Section 22 Class Order issued (1 update issued)

18 Emails to local businesses or organizations (workplaces) outlining changes to provincial legislation and local

Letters of Instruction to approximately 3000 recipients

386 complaint investigations, and requests for services

3 closure orders issued under section 13 of the *Health protection and Promotion Act*

2 summonses issued under Part III of the *Provincial Offences Act*

1 ticket issued under Part I of the *Provincial Offences Act*

Knowledge and Strategic Services

Research and Evaluation

7 COVID-19-related surveys and evaluations conducted to help guide and plan the agency's COVID-19 response activities

Student Placement

16 Students onboarded to support COVID-19 response activities

Staff Development

9 Training opportunities in support of staff and managers during COVID-19 response (**4** separate sessions offered more than once)

1 mandatory Indigenous cultural competency training implemented for all agency staff, offered by the Indigenous Primary Health Care Council

French Language Services

9 responses to and/or consultations with community partners on issues related to French-language public health services

Indigenous Engagement

Engagement with over **20** communities and agencies including First Nations, Aboriginal Health Access Centres, and other

Indigenous-governed agencies to plan culturally appropriate vaccination clinics for First Nations and urban Indigenous community members

Priority Population Engagement

Engagement with over **20** agencies to plan supportive vaccination opportunities for homeless community members

Engagement with over **40** agencies to plan vaccination opportunities for residents, staff, volunteers, and caregivers in congregate settings

Communications

248 Public service announcements and news releases related to COVID-19 response issued. Topics ranging from high-risk exposures and outbreak declaration to COVID-19 vaccine updates, COVID-safe public health measures, and key public health updates.

8 793 451 People reached or impressions¹ on social media (total of all channels)

¹ Total number of people reached and impressions on our English and French Facebook, Twitter, and YouTube channels, all content.

1 175 585 Engagements² on social media
(total of channels)

Over 5.4 million Unique COVID-19 website
pageviews on our English and French
websites

608 Media requests and responses

484 Resource review and approval requests
related to COVID-19

2 803 COVID-19 related requests for
information or comments received through
Public Health’s website

Respectfully submitted,

Original signed by

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

² Total number of engagements (for example, likes,
shares, retweets, link clicks, or time watched for

videos) on our English and French Facebook, Twitter,
and YouTube channels, all content.

February 3, 2022

The Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@ontario.ca

Re: COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)

Dear Minister Elliott:

At its meeting on January 12, 2022, the Board of Health for Peterborough Public Health (PPH) received correspondence from Windsor-Essex County (WEC) Board of Health, dated November 23, 2021.

PPH supports the WEC Board of Health's resolution that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a "designated disease". Ontario has mandated that students be vaccinated against nine diseases such as polio, diphtheria, tetanus and measles before they can attend school and COVID-19 should be added to this list.

As shared by WEC, the addition of COVID-19 as a "designated disease" within the Immunization of School Pupils Act would support a number of important public health priorities including:

- Increased uptake of the vaccine, providing protection for those who are too young or medically unable to be vaccinated in school communities and beyond. This will result in a safer learning environment for students, staff, their families and the broader community; and
- A systematic framework for parental vaccine education.

COVID-19 vaccines are safe and effective for students 5 years of age and older. They are an essential tool to help to stop the spread of the virus and further support a safer school environment. In addition vaccinated students may see less time away from school due to illness, which will have positive impacts on both their physical and mental health.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Hon. Stephen Lecce, Minister of Education
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

November 23, 2020

Delivered via email: christine.elliott@ontario.ca

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

Dear Minister Elliott:

On November 18, 2021, the Windsor-Essex County Board of Health passed the following Resolution regarding the **COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)**. **WECHU's resolution is outlined below where the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a "designated disease":**

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT

COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)

November, 2021

ISSUE

On Thursday October 28, 2021, Chief Medical Officer of Health Dr. Kieran Moore indicated during a news briefing that the Province of Ontario would not be adding COVID-19 to the list of nine diseases that public school students must be immunized against.

Currently, there is no requirement for eligible students to provide proof of vaccination against COVID-19 for school attendance. Schools are a high-risk setting for COVID-19 and other communicable diseases as they bring together large numbers of individuals for long and extended periods of time increasing the likelihood transmission of certain diseases. As of November 15th, there have been more than 450 cohorts of students dismissed through schools and daycares due to COVID-19 exposure. The Immunization of School Pupils Act (Ministry of Health, 2021) requires that children and youth attending school be immunized against designated diseases, unless they have a valid exemption. The addition of COVID-19 as a "designated disease" within the Immunization of School Pupils Act would support a number of important public health priorities including:

- Increased uptake of the vaccine, providing protection for those who are too young or medically unable to be vaccinated in school communities and beyond. This will result in a safer learning environment for students, staff, their families and the broader community.
- A systematic framework for parental vaccine education.

BACKGROUND

Vaccines are the safest and most efficient way to guard against communicable diseases and prevent outbreaks. [The Immunization of School Pupils Act](#) (ISPA) R.S.O. 1990 (Ministry of Health, 2021) requires that specified vaccines to be given for a child to attend school in Ontario making sure that all school aged children are protected from vaccine

preventable diseases. Currently under the ISPA, students must be immunized against measles, mumps, rubella, diphtheria, tetanus, meningococcal, varicella and polio, or have a valid Medical, or Conscience or Religious Belief exemption on file at the Health Unit. There is no cost for vaccines covered by [the publicly funded immunization program in Ontario](#).

MOTION

Whereas available COVID-19 vaccines have been approved by Health Canada to be safe and effective for students born in 2009 or earlier; and

Whereas additional approval by Health Canada to vaccinate individuals born after 2009 with COVID-19 vaccine is anticipated by the end of 2021; and

Whereas the COVID-19 pandemic is a global pandemic;

Whereas the Windsor-Essex region has been disproportionately affected by the COVID-19 pandemic; and

Whereas the Windsor-Essex region has lower rates of vaccination against COVID-19 particularly among eligible children and youth; and

Whereas the purpose of the Immunization of School Pupils Act is to increase the protection of the health of children against the diseases that are designated diseases; and

Whereas the IPSA requires that students be immunized for “designated diseases”: diphtheria, measles, mumps, poliomyelitis, rubella, and tetanus, unless a specific exemption is sought through the act.

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a “designated disease”.

References:

Ministry of Health. (2021, April 19). *Immunization of School Pupils Act, R.S.O. 1990, c. | .1*. Retrieved from Government of Ontario Laws: ontario.ca/laws/statute/90i01

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Nicole Dupuis
Chief Executive Officer

c: Hon. Stephen Lecce, Minister of Education
Dr. Kieran Moore, Chief Medical Officer of Health
Association of Local Public Health Agencies – Loretta Ryan
Greater Essex County District School Board – Erin Kelly
Windsor Essex Catholic District School Board – Emelda Byrne
CSC Providence (French Catholic) – Joseph Picard
Conseil Scolaire Viamonde (French Public) – Martin Bertrand
WECHU Board of Health
Windsor City Council and Essex County Council

November 23, 2020

Delivered via email: christine.elliott@ontario.ca

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

Dear Minister Elliott:

On November 18, 2021, the Windsor-Essex County Board of Health passed the following Resolution regarding the **COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)**. **WECHU's resolution is outlined below where the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a "designated disease":**

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT

COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)

November, 2021

ISSUE

On Thursday October 28, 2021, Chief Medical Officer of Health Dr. Kieran Moore indicated during a news briefing that the Province of Ontario would not be adding COVID-19 to the list of nine diseases that public school students must be immunized against.

Currently, there is no requirement for eligible students to provide proof of vaccination against COVID-19 for school attendance. Schools are a high-risk setting for COVID-19 and other communicable diseases as they bring together large numbers of individuals for long and extended periods of time increasing the likelihood transmission of certain diseases. As of November 15th, there have been more than 450 cohorts of students dismissed through schools and daycares due to COVID-19 exposure. The Immunization of School Pupils Act (Ministry of Health, 2021) requires that children and youth attending school be immunized against designated diseases, unless they have a valid exemption. The addition of COVID-19 as a "designated disease" within the Immunization of School Pupils Act would support a number of important public health priorities including:

- Increased uptake of the vaccine, providing protection for those who are too young or medically unable to be vaccinated in school communities and beyond. This will result in a safer learning environment for students, staff, their families and the broader community.
- A systematic framework for parental vaccine education.

BACKGROUND

Vaccines are the safest and most efficient way to guard against communicable diseases and prevent outbreaks. [The Immunization of School Pupils Act](#) (ISPA) R.S.O. 1990 (Ministry of Health, 2021) requires that specified vaccines to be given for a child to attend school in Ontario making sure that all school aged children are protected from vaccine

preventable diseases. Currently under the ISPA, students must be immunized against measles, mumps, rubella, diphtheria, tetanus, meningococcal, varicella and polio, or have a valid Medical, or Conscience or Religious Belief exemption on file at the Health Unit. There is no cost for vaccines covered by [the publicly funded immunization program in Ontario](#).

MOTION

Whereas available COVID-19 vaccines have been approved by Health Canada to be safe and effective for students born in 2009 or earlier; and

Whereas additional approval by Health Canada to vaccinate individuals born after 2009 with COVID-19 vaccine is anticipated by the end of 2021; and

Whereas the COVID-19 pandemic is a global pandemic;

Whereas the Windsor-Essex region has been disproportionately affected by the COVID-19 pandemic; and

Whereas the Windsor-Essex region has lower rates of vaccination against COVID-19 particularly among eligible children and youth; and

Whereas the purpose of the Immunization of School Pupils Act is to increase the protection of the health of children against the diseases that are designated diseases; and

Whereas the IPSA requires that students be immunized for “designated diseases”: diphtheria, measles, mumps, poliomyelitis, rubella, and tetanus, unless a specific exemption is sought through the act.

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a “designated disease”.

References:

Ministry of Health. (2021, April 19). *Immunization of School Pupils Act, R.S.O. 1990, c. | .1*. Retrieved from Government of Ontario Laws: ontario.ca/laws/statute/90i01

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Nicole Dupuis
Chief Executive Officer

c: Hon. Stephen Lecce, Minister of Education
Dr. Kieran Moore, Chief Medical Officer of Health
Association of Local Public Health Agencies – Loretta Ryan
Greater Essex County District School Board – Erin Kelly
Windsor Essex Catholic District School Board – Emelda Byrne
CSC Providence (French Catholic) – Joseph Picard
Conseil Scolaire Viamonde (French Public) – Martin Bertrand
WECHU Board of Health
Windsor City Council and Essex County Council

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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

Ministère de la Santé

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

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



eApprove-72-2021-324

January 21, 2022

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 \$294,875 in one-time funding for the 2021-22 funding year and up to \$884,625 in one-time funding for the 2022-23 funding year to support the provision of public health programs and services in your community.

This increased investment includes an extension to the one-time mitigation funding to ensure that municipalities do not experience any increase as a result of the cost-sharing change for another calendar year (2022).

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.

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

January 20, 2022

The Honourable Christine Elliott, Deputy Premier
Deputy Premier and 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 Elliott

RE: Support for Local Boards of Health versus Regional

At its meeting held on January 20, 2022, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) passed a motion to support correspondence from the Boards of Health for the City of Hamilton and Peterborough Public Health regarding the importance and preference for a local versus regional governance model for public health in Ontario.

We concur with our public health unit colleagues that local responsiveness, knowledge, and partnerships have been integral to our pandemic response and that this should be considered as part of a comprehensive post-pandemic review before considering any changes to, or reductions in, public health units in Ontario (regionalization). Also, that the Province and the Ministry consult the various partners that health units work with during pandemic and non-pandemic times to assess how they would be impacted by a regional versus a local public health unit approach.

Local public health units have always been important; the pandemic has highlighted the importance for us, the public, and our partners.

.../2

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
January 20, 2022
Page 2

Our Board looks forward to working with you to ensure that a meaningful review of local public health governance and effectiveness is conducted with a focus on the needs of the residents and all the partners we work with through the programs and services that are offered by health units during pandemic and non-pandemic times.

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

Encls. 2

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
Jennifer Moore, CAO, Northumberland County
Mike Rutter, CAO, Haliburton County
Ron Taylor, CAO, City of Kawartha Lakes
Susan Walsh, CEO, Northumberland Hills Hospital
Carolyn Plummer, CEO, Haliburton Highlands Health Services
Eric Hanna, Interim CEO, Campbellford Memorial Hospital
Kelly Isfan, CEO, Ross Memorial Hospital



December 17, 2021

The Honourable Christine Elliott
Ministry of Health, Deputy Premier
College Park 5th Floor
777 Bay Street
Toronto, ON M7A 2J3
Christine.Elliott@pc.ola.org

Dear Minister Elliott:

Re: Support for a Local Board of Health

On November 26, 2021 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Windsor-Essex County Health Unit regarding funding to support recovery and catch up over a multi-year period. The following motion was passed:

Motion No: 2021-95

Moved by: Alan Barfoot

Seconded by: Selwyn Hicks

“THAT, the Board of Health endorse the correspondence from Windsor-Essex County Health Unit about funding to support recovery and catch up over a multi-year period.”

Carried.

Sincerely,

A handwritten signature in cursive script that reads "Sue Paterson".

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Honourable Bill Walker MPP for Bruce-Grey-Owen Sound
Honourable Lisa Thompson MPP for Huron-Bruce
Honourable Jim Wilson MPP for Simcoe-Grey
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
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

Sent via e-mail: christine.elliott@ontario.ca

November 29, 2021

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

Dear Minister Elliott:

I am writing today regarding public health funding. The public health system delivers effective, coordinated, and cost-efficient services to the people of Ontario and has been on the frontlines of the COVID-19 pandemic response. AMO's municipal members and the Province share a commitment to strengthened public health, however, municipal governments have concerns about the cost-sharing changes announced in 2019.

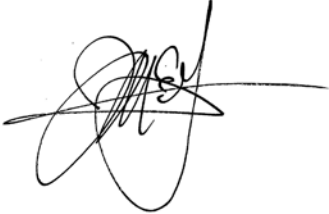
This decision was made prior to the onset of the COVID-19 pandemic and much has certainly changed. Our position is that the government should reconsider this decision. While the mitigation funding provided in 2021 and 2022 was most welcome and appreciated, it is problematic now as it is set to end in December. With the pandemic still ongoing, now is not the time to reduce funding. Negative financial impacts will continue into next year. Therefore, municipal and public health leaders are calling on the provincial government to extend this funding into 2022.

With the upcoming December 2021 end date fast approaching, it is important that municipal governments cannot be expected to make up for reductions in provincial funding, nor can they bear the cost of provincial restructuring. As Ontario recovers from the COVID-19 emergency, it has become clear that sustained, reliable funding to public health is more important now than ever.

AMO also asks that consultations on the public health changes resume with a COVID-19 lens once the pandemic waves have subsided. The pandemic exposed both strengths and areas of improvement, both locally and provincially, that must be considered in any future modernization and potential restructuring of public health.

AMO appreciates your consideration of this matter and looks forward to continuing to work with you and providing input on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'JM', with a long horizontal line extending to the right.

Jamie McGarvey
AMO President and Mayor of the Town of Parry Sound

cc: The Honourable Steve Clark, Minister of Municipal Affairs and Housing
Kate Manson-Smith, Deputy Minister, Ministry of Municipal Affairs and Housing
Dr. Catherine Zahn, Deputy Minister, Ministry of Health
Dr. Paul Roumeliotis, President, Association of Local Public Health Agencies (alPHa)

Office of the
Fire Marshal and
Emergency Management

25 Morton Shulman Avenue
Toronto ON M3M 0B1
Tel: 647-329-1200

Bureau du
commissaire des incendies et
de la gestion des situations d'urgence

25, rue Morton Shulman
Toronto ON M7A 1Y6
Tél.: 647-329-1200

December 3, 2021

Penny Sutcliffe
Medical Officer of Health and Chief Executive Officer
Sudbury & District Health Unit
1300 Paris Street
Sudbury, ON
P3E 3A3

Email: quesnelr@phsd.ca

Dear Penny Sutcliffe:

On behalf of Emergency Management Ontario (EMO), I would like to express our sincere gratitude and appreciation for the support and assistance that was provided by your organization to the First Nation communities that were evacuated due to the threats of wildland fires this summer.

Being evacuated from one's home, with very little warning, to an unfamiliar place can be extremely stressful. One can only imagine how this was further exacerbated in light of the COVID-19 pandemic. The support provided by our partners helped ensure these residents were safe, comfortable, and had the necessary resources to help alleviate some of that stress.

This year proved to be one of the most challenging wildland fire seasons on record, with approximately 1,200 fires across Northern Ontario burning 793,325 hectares of land and setting a new record in Ontario since 1960. The threat of these fires resulted in the evacuation of over 3,700 community members from six First Nation communities to both northern and southern Ontario locations and 15 emergency declarations; eight of which were impacted communities and seven host communities.

With October 31st marking the end of the 2021 wildland fire season, I am pleased to report that through the effective collaboration of those involved all evacuations, hosting and the safe return of evacuees took place without a single case of COVID-19 as a result of this process.

Successfully coordinating evacuations of this scale is truly a team effort and we are thankful for the compassion and support provided by you and your colleagues to the people of Ontario.

Page 2

As we review the successes and challenges of the last few months to improve planning for the 2022 Flood and Wildland fire season, we hope to count on your continued support. The EMO team will follow-up with your organizations early in 2022.

Wishing you a safe and happy holiday season and all the best in the new year.

Sincerely,



Teepu Khawja
Chief, Emergency Management Ontario
Assistant Deputy Minister, Ministry of the Solicitor General

CC:

Board of Health for Public Health Sudbury & Districts

Summary of Board Meeting Evaluations – 2021

After every regularly scheduled meeting, Board of Health members for Public Health Sudbury & Districts, are expected to complete a post-meeting evaluation survey. Overall, the response rate for all meetings was 62.5%. Response rates for each Board of Health meeting are indicated in the table below.

Table 1: Board of Health Response Rate by Month, 2021

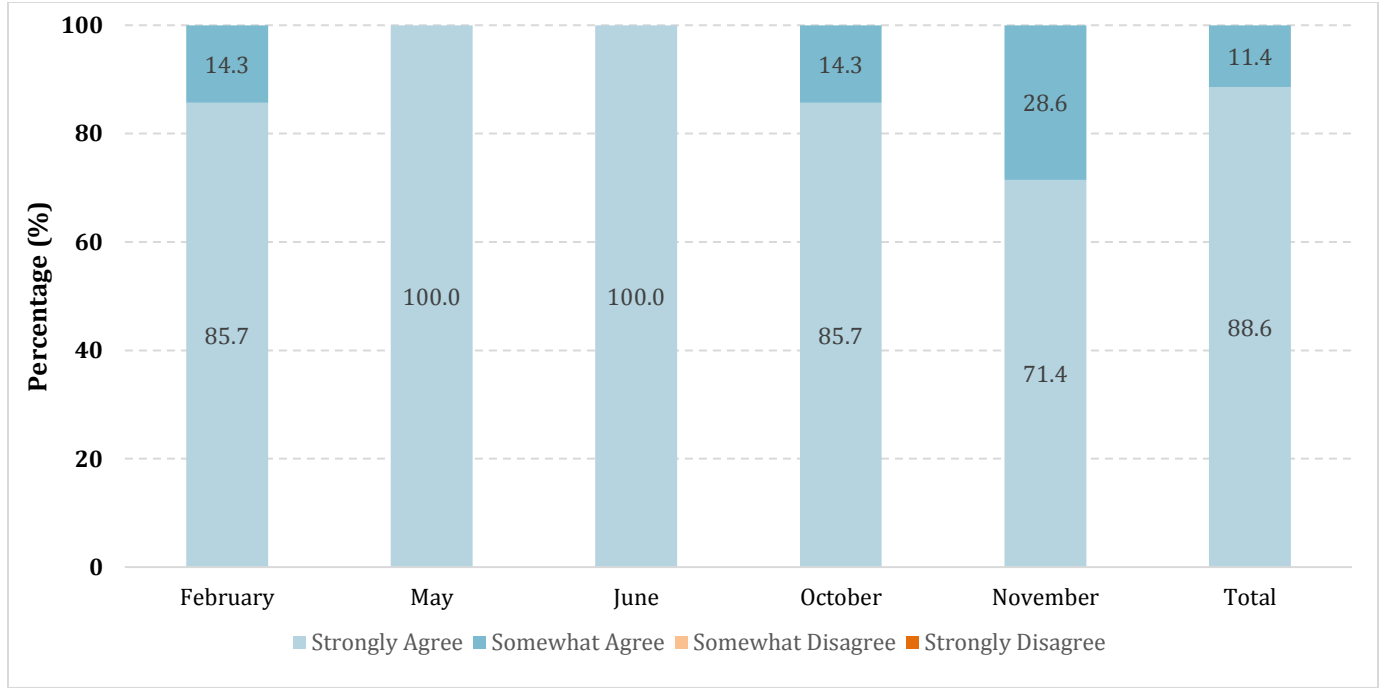
Month	Completed Evaluations	Total Attendance	Response Rate%
February	7	12	58.3
May	7	9	77.8
June	7	9	77.8
October	7	13	53.8
November	7	13	53.8

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

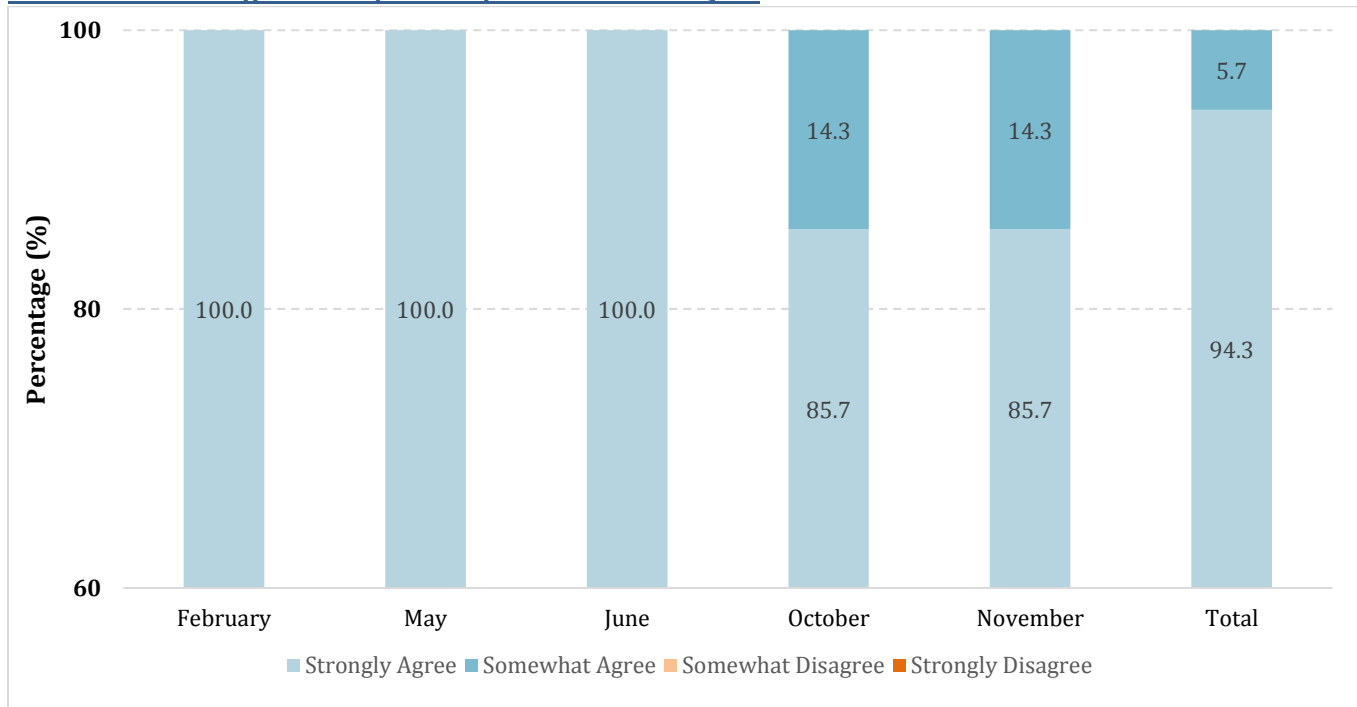
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.
3. The MOH/CEO report was informative,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

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

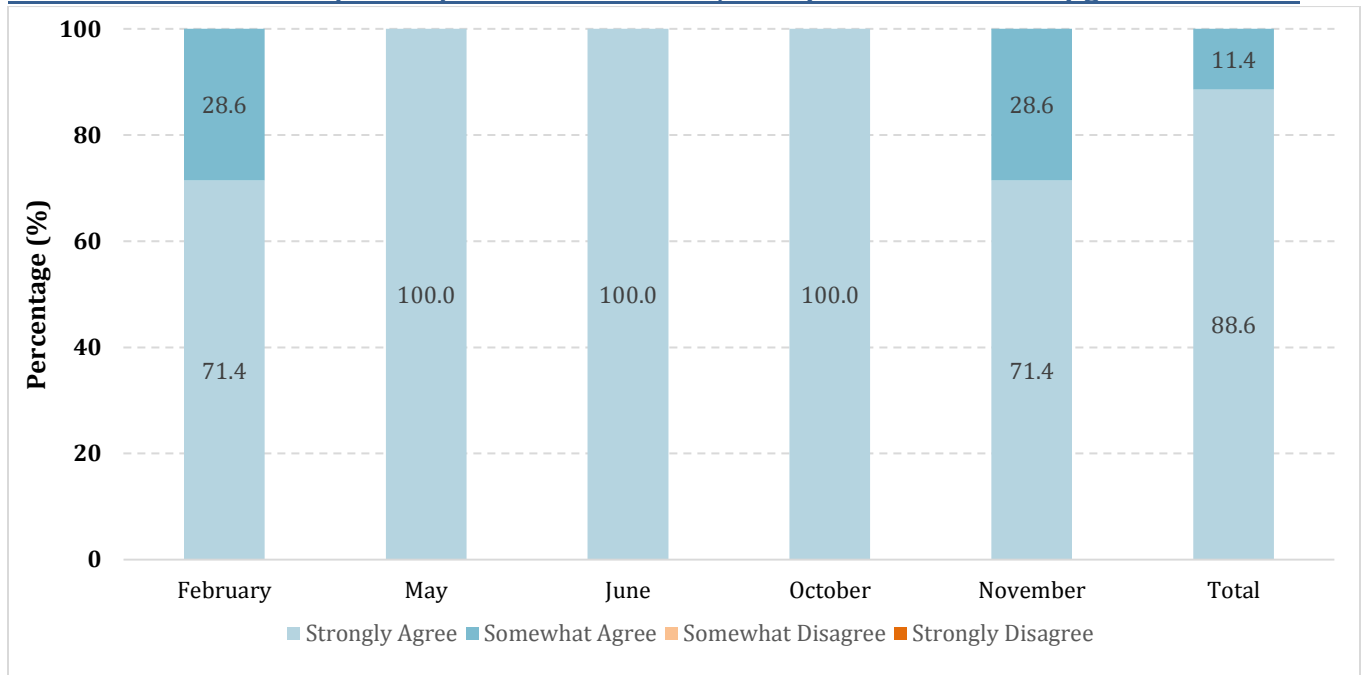
Statement #1: The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role



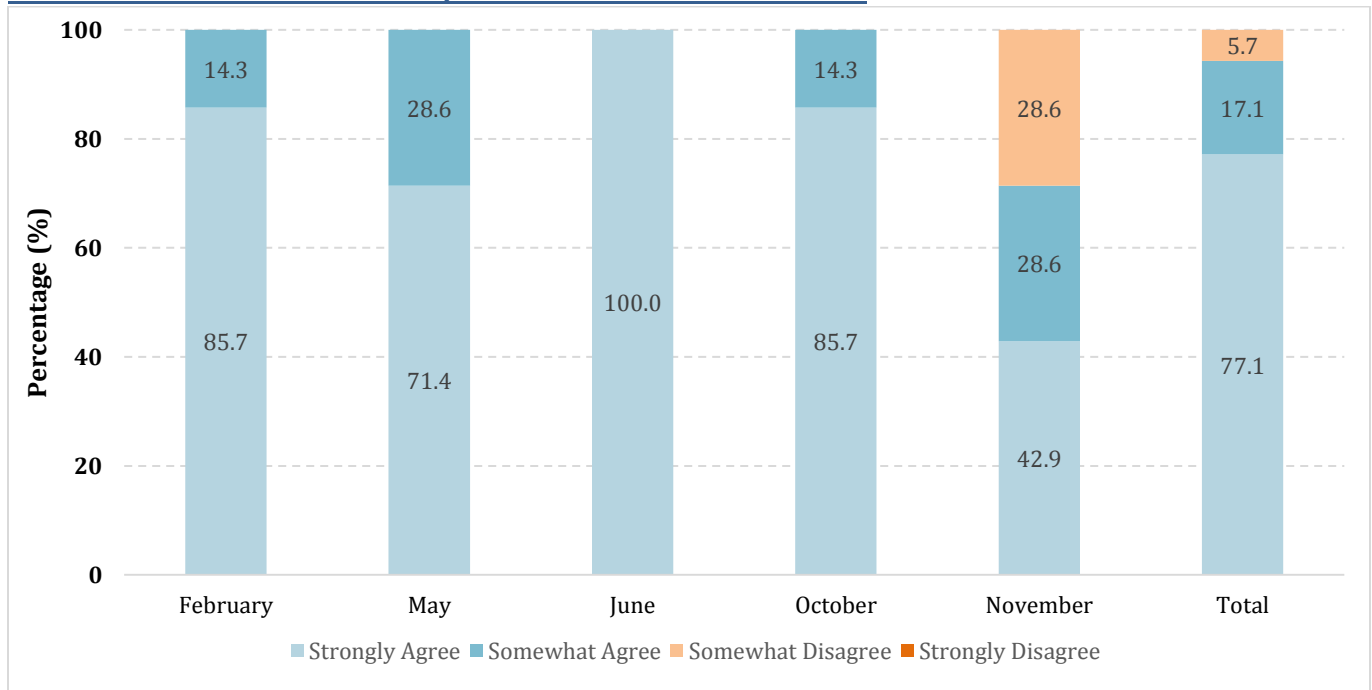
Statement #2: The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject



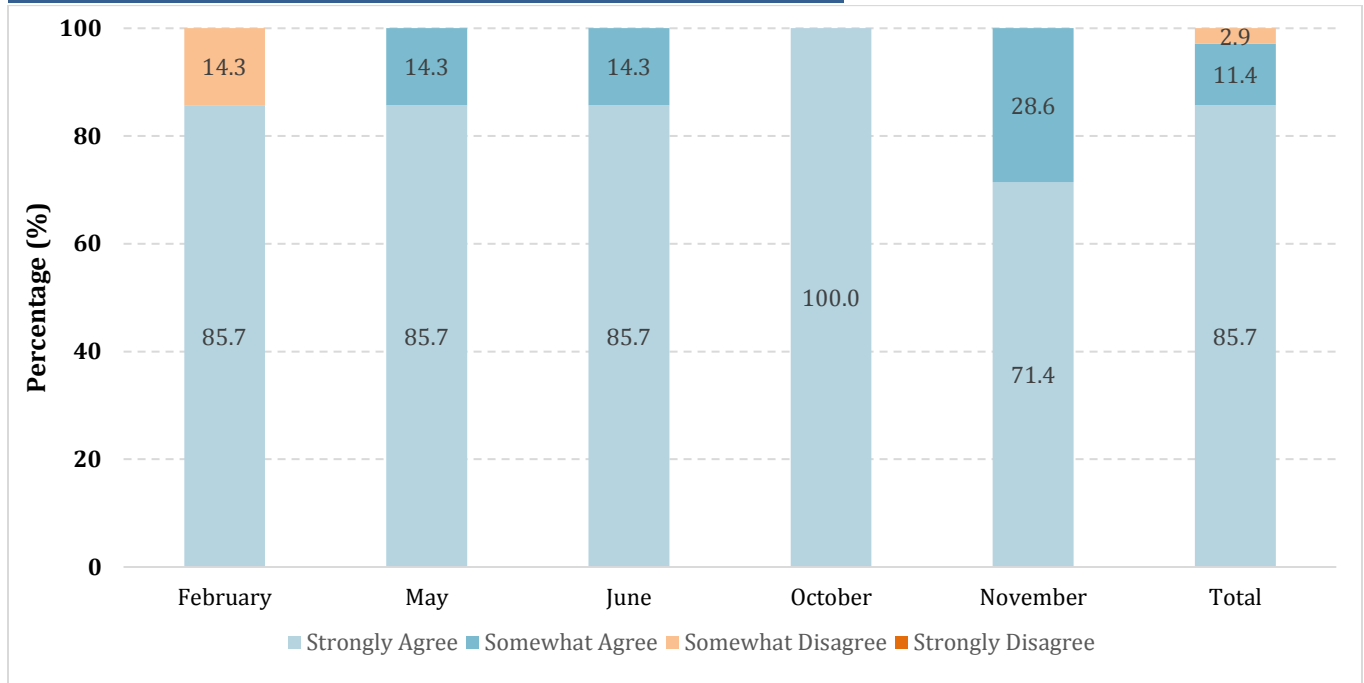
Statement #3: The MOH/CEO report was informative, timely and relevant to my governance role



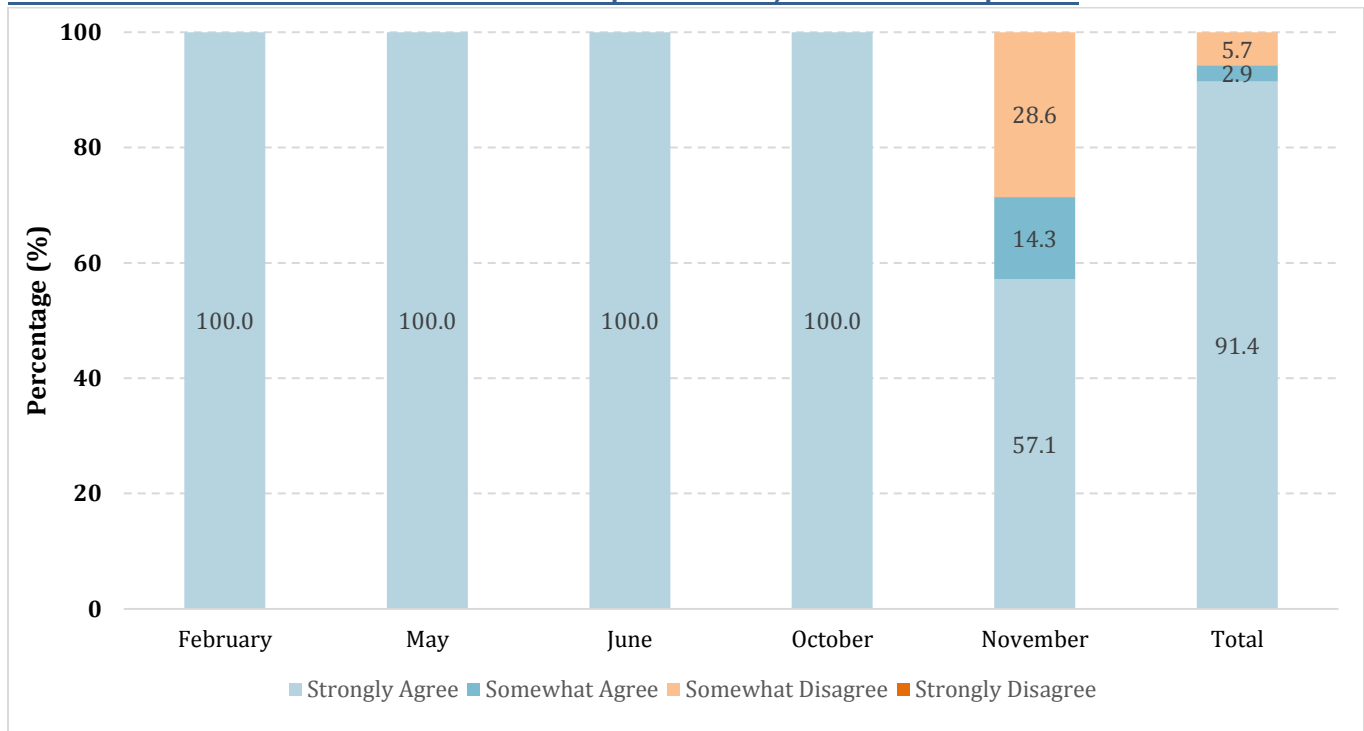
Statement #4: Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbory & Districts' Vision and Mission



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



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



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

Table 2: Overall (cumulative) Response to Statements

Statement	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Total Responses
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.	31 (88.6%)	4 (11.4%)	0 (0.0%)	0 (0.0%)	35
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.	33 (94.3%)	2 (5.7%)	0 (0.0%)	0 (0.0%)	35
3. The MOH/CEO report was informative, timely and relevant to my governance role.	31 (88.6%)	4 (11.4%)	0 (0.0%)	0 (0.0%)	35
4. Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' vision and mission.	27 (77.1%)	6 (17.1%)	2 (5.7%)	0 (0.0%)	35
5. There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan.	30 (85.7%)	4 (11.4%)	1 (2.9%)	0 (0.0%)	35
6. Board members' conduct was professional, cordial and respectful.	32 (91.4%)	1 (2.9%)	2 (5.7%)	0 (0.0%)	35

Comments and suggestions

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

A few respondents took the opportunity to praise and show appreciation. Items identified included for example, Dr. Sutcliffe providing good updates even during difficult times and for acknowledging the public members that were present during a meeting.

A few respondents provided suggestions for technical improvement. These include consideration of looking at other softwares such as Zoom since Microsoft teams had technical issues.

Overall, the majority of comments received for the monthly Board of Health meeting evaluations were positive.

**ATTENDANCE
2021 BOARD OF HEALTH MEETINGS**

Date of Meeting	01/12/21 cancelled	02/18/21 (virtual)	04/15/21 cancelled	05/20/21 (virtual)	06/17/21 (virtual)	09/16/21 cancelled	10/21/21 (virtual)	11/18/21 (virtual)	12/15/21 Special Mtg (virtual)	Total	%
Gignac, Claire		LOA		LOA	√		√	√	LOA	3/3	100 %
Hazlett, Randy <i>(resigned Dec 16/21)</i>		√		√	√		√	√	√	6/6	100 %
Huska, Jeffery		√		√	regrets		√	√	regrets	4/6	67 %
Kirwan, Robert		√		√	√		√	√	√	6/6	100 %
Lapierre, René		√		√	√		√	√	√	6/6	100 %
Leduc, Bill		√		regrets	√		regrets	√	regrets	3/6	50 %
Massicotte, Glenda		√		regrets	√		regrets	regrets	√	3/6	50 %
Myre, Paul		√		regrets	regrets		√	√	√	4/6	67 %
Noland, Ken		√		√	regrets		√	√	√	5/6	83 %
Paquin, Jacqueline		√		√	regrets		√	√	regrets	4/6	67 %
Signoretti, Mark		regrets		√	√		√	regrets	√	4/6	67 %
Tessier, Natalie		√		√	√		regrets	√	√	5/6	83 %
Thain, Carolyn		√		√	√		√	√	√	6/6	100%

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

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

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



December 20, 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.

Fall Symposium and Section Meetings Wrap Up and Proceedings Ontario's Public Health System: Response & Recovery Friday, November 19th, 2021

A big thank you to all those who attended alpha's 2021 Fall Symposium:

Ontario's Public Health System: Response & Recovery and Section Meetings on Friday, November 19th, 2021! The event would not have been such a success without our outstanding speakers, the many Board members who volunteered to be moderators, and the participation and support of the alpha membership. Proceedings from the symposium and meetings can be found on the alpha [website](#).

alpha would 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.

Thank you also to those who filled out the post-symposium survey. We are excited to announce the winner for the draw is Mike Bodnar from the Board of Health for Brant County Health Unit.

Our next symposium will take place on Friday, February 25th, 2022. Stay tuned for registration details and a preliminary program in January!

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](#)

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

aPHa Correspondence

Through policy analysis, collaboration, and advocacy, aPHa'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:

aPHa Letter - Strengthening Response to Omicron	2021-12-17
aPHa Letter - Anniversary of 1st COVID-19 vaccine	2021-12-14
aPHa Letter - Control of Omicron Variant	2021-12-14
COMOH Letter - Bill 37	2021-11-29
aPHa Letter - Proof of Vaccination	2021-11-23

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

Boards of Health: Shared Resources

A resource [page](#) is available on aPHa'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 aPHa 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!**](#)

PHO Resources

Ontario COVID-19 Data Tool

The Ontario COVID-19 Data Tool provides epidemiological information on COVID-19 activity in Ontario to-date. Explore the most recent COVID-19 data including daily case counts by hospitalizations and deaths, vaccine uptake by age and public health unit, COVID-19 reproduction number and doubling time, outbreaks, and laboratory testing.

The COVID-19 Data Tool is updated Monday to Fridays at 1 p.m. except on statutory holidays. For weekend case counts see the [Daily Epidemiological Summary](#).

For questions about the data, please contact EPIR@oahpp.ca.

Upcoming PHO Events

- January 12 | [Webinar: The Neurobiology of Trauma, Attachment and Substance Use: How relationships built during the COVID-19 pandemic offer hope and healing](#)
- February 8 | [PHO Rounds: Novel Disease Surveillance Tools for the Next Pandemic](#)

Interested in our upcoming events? Check out our [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.

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:

- January 17th – 20th - [Journeys of Wellness and Hope](#)
 - January 21st - [Centre for Critical Qualitative Health Research Seminar – Still Arriving?! Decentering the “Post” in \(Post\)Qualitative Inquiry](#)
 - January 31st - [Race, Equity & Action Speaker Series – Antisemitism: Here and Now](#)
-

2nd Annual Fit Cities Fit Towns Canada Conference Invitation – Save the Date March

The Housing for Health in the Division of Preventive Medicine, Department of Medicine, University of Alberta is hosting the 2nd Annual Fit Cities Fit Towns Canada Conference (Virtual) in March 2022. The theme of the 2022 conference is *Healthy Housing and Affordability for All Populations* and will be 2 half days 8:30 A.M. – 12:30 P.M. MST daily on either March 1st - 2nd or March 2nd - 3rd, 2022. The final dates will be sent when the speakers are finalized. Registration details will be shared in early 2022.

News Releases

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

Happy Holidays!



**All the best for a safe
holiday season
filled with warmth, happiness,
and good health!**

*alPha's office will close at noon on Friday, December 24th
and reopen on Tuesday, January 4th .*

alPha

Association of Local
PUBLIC HEALTH
Agencies

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





January 21st, 2022

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.

**alpha Report
Public Health Resilience in Ontario: Clearing the Backlog, Resuming Routine Programs,
and Maintaining an Effective COVID-19 Response**

The alpha report on public health resilience highlights the need for the resumption of public health programs and services that were all but suspended during the pandemic response, clearing the backlog, and addressing the indirect public health impacts of the response measures. It is hoped that the content of will be of great value as we work together to advocate for a stable, sustainable, and resilient public health system in Ontario over the months and years to come. Read the [full report](#) and its [executive summary](#).

**alpha Deputation and Submission to the Standing Committee on Finance
and Economic Affairs Re: 2022 Ontario Budget**

The Standing Committee on Finance and Economic Affairs has been holding hearings via videoconference to conduct Pre-Budget Consultations. alpha was selected to present before the committee and Dr. Robert Kyle appeared on our behalf on January 19th. alpha's [deputation](#) and [submission](#) recommend provincial supports for local public health agencies' ongoing pandemic response efforts, clearing the backlog of services not provided, and resumption of routine OPHS activities.

**Winter Symposium and Section Meetings
Public Health Resilience - Friday, February 25th, 2022**

alpha is pleased to announce that registration is now open for the alpha Winter Symposium: Public Health Resilience and the Section Meetings that are taking place on Friday, February 25, 2022.

We have an exciting line-up of speakers for this online event including the Hon. Christine Elliott (Deputy Premier and Minister of Health), Jamie McGarvey (President, AMO), Dr. Kieran Moore (Chief Medical Officer of Health), Colleen Geiger (President and CEO (acting), Public Health Ontario), Dr. Brian Schwartz (Vice President, Public Health Ontario), Dr. Christopher Simpson (Executive Vice-President, Medical, Ontario Health), Dr. Sara Allin (Associate Professor, DLSPH), and Dr. Charles Gardner (Chair, Council of Ontario Medical Officers of Health). **alPHA's President, Dr. Paul Roumeliotis, is the Symposium Chair and members of alPHA's Board of Directors are moderating the sessions.**

Registration information, the draft Symposium program, the draft agenda for the BOH Section meeting, and the event flyer can be accessed by going to the [alPHA website](#) and clicking on the Symposium Banner or by going to the [event page](#). This webpage is also where updates are posted. The closing date to register is Friday, February 18th at 5 pm. Please note that you must be an alPHA member to participate in the Symposium or Section meetings.

alPHA would like to thank the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support.

We hope to see you online on Friday, February 25th!

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 reach out to 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 Reports and 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. Reports and correspondence since the last Newsletter:**

alPHA Report: PH Resilience 2022	2202-01-20
alPHA Report: PH Resilience 2022 Executive Summary	2202-01-20
alPHA Speaking Notes - Pre Budget, Jan 19, 2022	2022-01-19
alPHA Letter - 2022 Pre-Budget Submission	2022-01-19
alPHA Letter - Strengthening Response to Omicron	2022-01-04
alPHA Letter - Anniversary of 1st COVID-19 vaccine	2022-01-04

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 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!
-

PHO Resources

Omicron Resources

Fact Sheets

- [How to Self-Monitor](#) (updated)
- [How to Self-Isolate](#) (updated)
- [Optimizing the Use of Masks Against COVID-19](#)

Evidence Briefs

- [SARS-CoV-2 Omicron Variant and Community Masking](#)
- [COVID-19 Variant of Concern Omicron \(B.1.1.529\): Risk Assessment](#)

Data and Surveillance

- [Early Dynamics of Omicron in Ontario](#)
- [Early Estimates of Omicron Severity in Ontario based on a Matched Cohort Study](#)

Check out PHO's [Variants of Concern](#) web page for the most up-to-date resources.

Upcoming PHO Events

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 their events.

- February 8 | [PHO Rounds: Novel Disease Surveillance Tools for the Next Pandemic](#)
-

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:

- January 24th - [CVPD Webinar: Community Outreach and Engagement in the COVID-19 Vaccine Rollout](#)
 - January 26th - [Advanced Artificial Intelligence and Healthcare: Is Consent Really in Jeopardy?](#)
 - January 31st - [Race, Equity & Action Speaker Series – Antisemitism: Here and Now](#)
-

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



Statement from the Chief Public Health Officer of Canada on the CPHO Annual Report 2021: A Vision to Transform Canada's Public Health System Français

NEWS PROVIDED BY

Health Canada →

Dec 13, 2021, 11:19 ET

OTTAWA, ON, Dec. 13, 2021 /CNW/ - Today, my annual report on the state of public health in Canada, entitled '*A Vision to Transform Canada's Public Health System*', was tabled in Parliament by the Honourable Jean-Yves Duclos, Minister of Health. The report is an appeal to strengthen our public health system in Canada, in order to ensure we are better equipped against present and future health threats.

COVID-19 has greatly tested public health systems in Canada and around the world. From the onset of the pandemic, Canada's public health system was thrust into the spotlight, as the first line of defense against the SARS-CoV-2 virus. As the pandemic has continued to unfold, we have witnessed our public health system rapidly adapt to meet the challenge of protecting the health of Canadians. It has risen to the occasion - but at a serious cost: our public health system is stretched dangerously thin and it is in need of critical reinforcements.

The pandemic has served as an important wake-up call on the need for public health renewal in Canada. And while fighting the pandemic remains Canada's top priority, other complex public health challenges require urgent attention. These include the health impacts of climate change, the opioid overdose crisis, antimicrobial resistance, and worsening mental health amongst Canadians.



Throughout the consultation sessions I held to inform the development of this report, I often heard that the broad role of public health was not fully understood by those outside of the public health sector. In public health, the population is the patient. Public health's mission is to prevent injury and illness, promote healthy behaviours, and to ensure that ALL people have an equal opportunity to stay healthy and well. Public health is the outbreak that did not happen, the traumatic injury that did not occur, and the opioid overdose that was avoided.

An effective health system is about more than treating illness through medicines and hospital procedures – it means preventing these illnesses from happening in the first place. The public health and healthcare systems complement each other: by keeping people healthy, our public health system reduces the burden on our healthcare system and contributes to its sustainability. We must change the way we think about and value health in our country, so that we come to value prevention and wellness the way we value medical treatments and care.

In my 2020 annual report *From Risk to Resilience: An Equity Approach to COVID-19*, I described how people in Canada were not on an equal footing when the pandemic took hold. Broader inequities in our society have resulted in disproportional impacts of COVID-19 on the health of some populations in Canada. The same people who were affected most severely by COVID-19 will also be those harder hit by other health crises.

We must take action to ensure that *everyone* in Canada is equally protected and able to achieve their optimal health moving forward.

In my report, I describe four priority areas of action, intended to stimulate public health system transformation:

- **Strengthening our public health workforce:** The pandemic has taken a toll on public health workers, who have been working day and night for nearly two years, with frequent reports of burnout. At the same time, it has also sparked increased interest in the field of public health. We must further this progress and work to recruit, retain and build the next generation of public health professionals, with a highly skilled, diverse and inclusive workforce that best reflects the communities it serves. Surge capacity is also required to rapidly expand the workforce in times of emergency.
- **Improving our public health tools:** Our pandemic response was hindered in part, by significant gaps in our public health surveillance and data systems - including a lack of data on race and ethnicity, a lack of comparable data between provinces and territories and information gaps at the local level.

Working across federal, provincial and territorial governments, the Pan-Canadian Health Data Strategy aims to address these gaps in a secure and ethical manner. Its timelines must be accelerated to ensure that public health has the right data at the right time for effective decision-making. We must also strengthen a "made-in-Canada" research agenda, in order to identify which public health interventions and models are most effective to improve the health of populations and reduce health inequalities.

- **Modernizing our models of governance and collaboration structures:** The pandemic has demonstrated unequivocally that we cannot work in siloes, and that complex public health challenges require a "whole of society" approach, working together across jurisdictions, sectors, industries, communities and borders. We must ensure that these efforts are better supported, with collective action based on clear and measurable indicators, to understand if we are meeting our goals of achieving better health for all.

First Nations, Inuit and Métis communities must also be supported in developing their own public health priorities, plans, and solutions.

- **Ensuring stable and consistent funding to match the mandate of public health:** As we have seen in the past, public health resources are often scaled back after public health emergencies as governments move to address other priorities. This is referred to as the "boom and bust" cycle of public health spending. This places the public health system at a disadvantage at the onset of each crisis by not having the capacity or the networks



required for a rapid response.

Moving forward, public health needs sustained investments at all levels of government. Pan-Canadian objectives and priorities should be established across federal, provincial and territorial governments, and federal funding could be used to support these priorities with an annual report card back to Canadians on our progress.

While the COVID-19 pandemic is not yet over, this is a time for forward thinking. My hope is that the recommendations outlined in my report spark a much-needed national dialogue and catalyze collective action on public health renewal.

We have witnessed remarkable achievements throughout the pandemic, including the largest mass vaccination campaign in Canadian history, which mobilized many sectors and individuals across the country, examples of Indigenous community ownership of the pandemic response, and innovative local efforts to help community members in need. This is just a glimpse of what is possible when we all work together.

The public's health is a responsibility that we all share. To fully realize a world-class public health system, we must all be invested.

By joining forces across communities, governments, sectors, and internationally, we can build a public health system that best serves us all, and supports a healthy and thriving society.

It is in working together, that we can make sure we get it right.

Related Products

- The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2021, A Vision to Transform Canada's Public Health System
- Backgrounder: Annual Report - The Chief Public Health Officer of Canada's 2021 Report on the State of Public Health in Canada: 'A Vision to Transform Canada's Public Health System'



For further information: Contacts: Media Relations, Public Health Agency of Canada, 613-957-2983, media@hc-sc.gc.ca

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

December 14, 2021

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

Dear Minister Elliott:

RE: Provincial Strategies to Control Omicron Variant of COVID-19

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to ask you to strongly consider province-wide strategies to protect Ontarians from the rising tide of COVID infections and its highly transmissible Omicron variant, including clear public messaging about the gravity of the situation and implementing stronger province-wide restrictions as needed.

Last week's announcement of maintaining the proof-of-vaccination requirement for non-essential activities and the recent expansion of vaccine eligibility to 5-11-year-olds and booster shots for 50+ were welcome and important steps towards our eventual return to normal. But the emergence of the Omicron variant, which is said to be as much as 10 times more transmissible than previous ones has unfortunately moved the goalposts.

Presentations of modeling data from the Science Advisory Table last week paint an alarming picture of the Omicron variant contributing to a steep and rapid increase in COVID-19 transmission, with doubling times measured in days and not weeks, and risk of infection as many as three times higher even for those who are fully vaccinated. We have seen this play out in other jurisdictions, and it has already begun in Ontario.

This will unfold very quickly in the coming weeks, at a pace that cannot be mitigated in through the vaccinations that are taking place now. We certainly support any effort to maximize vaccination of children 5-11, reach Ontarians who have not yet had first or second doses, and of course provide everyone with the third doses that have been shown to restore protection against Omicron to levels similar to those for the previous variants. The reality is that even with maximum effort, the benefit is unlikely to be seen until well into the new year.

This new wave we are facing is substantial and its effects will be felt throughout the province. If we are to manage it with any success, it will be critically important for all Ontarians to fully understand the gravity of the immediate situation, the importance of maintaining compliance with existing public health measures (e.g. masking, distancing, self-screening, testing if symptomatic) and the need for additional measures that reduce physical interaction as much as practicable in all settings. This messaging must be clear, persuasive, and consistent and must come from leadership at all levels, starting with the provincial government, to motivate individual and collective action to respond to the danger that we are facing.

After a relatively calm autumn, we are observing that the prevailing sense among the public is that we are emerging from the pandemic and there is very little understanding of the threat that is suddenly before us. This has resulted in an understandable and noticeable reduction in adherence to the simple measures (masking, limiting inessential interactions, distancing, avoiding indoor gatherings) that kept us safer in the earlier stages of the pandemic, which is especially concerning as the holidays approach along with the accompanying travel and gatherings that are no longer seen as risky. The urgency of our current situation must be communicated strongly and immediately to reinforce the need to change individual behaviour in the coming weeks.

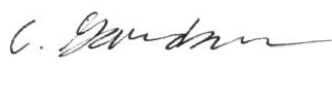
We are also confident that reinstating some of the province-wide public health measures will be necessary to stem the Omicron tide. As you are aware, this is already being done in several public health units in Ontario and it is only a matter of time before they are required in all of them. We understand that there is very little appetite anywhere for the kinds of restrictive measures that were in place at the beginning of the pandemic and again during its third wave, and we understand that such measures have significant negative consequences. To avoid these in the future, we urge you to consider immediate reinstatement of some of the restrictions such as the workplace capacity limits that were in place earlier this fall and gathering limits for indoor and outdoor settings, as well as extending proof-of-vaccination requirements to additional venues where it is possible to do so and requiring mandatory vaccinations in additional workplaces, starting with all health care settings not already included. These interventions have proven their worth and effectiveness throughout the pandemic. We know that they will work again.

Even before the emergence of the Omicron variant, many parts of Ontario's health system, including public health units and hospitals, were reaching the limits of their COVID-19 response capacity. We must do everything we can now to prevent this new wave from overwhelming it. The ongoing leadership role of the province will be indispensable.

Sincerely,



Dr. Paul Roumeliotis
President, alPha



Dr. Charles Gardner
Chair, Council of Ontario
Medical Officers of Health
(COMOH)



Wess Garrod,
Chair, Boards of Health
Section

COPY: Dr. Kieran Moore, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery

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

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

December 14, 2021

Alison Blair
Associate Deputy Minister,
Pandemic Response and Recovery
Ministry of Health
10th Flr, 56 Wellesley St W.
Toronto, ON M5S 2S3

Dear Ms. Blair

As you know, December 14th marks the one-year anniversary of the first dose of COVID-19 vaccine administered in Ontario. While putting needles in arms is routine business for so many public health, health care and pharmacy professionals, this event meant so much more, because it gave Ontarians hope after a grim nine months. One year later, we feel that it is appropriate to celebrate the remarkable and continuing success of Ontario's COVID-19 vaccination program in decreasing severe illness and saving lives.

This is easily the largest and most complex mass vaccination campaign in Ontario's history, and it has required an all-hands-on-deck approach throughout. Your leadership and your team's hard work, in collaboration with the Vaccine Distribution Task Force and the Office of the Chief Medical Officer of Health, has been extraordinary.

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health (COMOH), Boards of Health (BOH) Section, and Affiliates, we thank you for the continual collaboration between the Ministry of Health team and the hardworking staff local Public Health Units from across this province to protect all Ontarians.

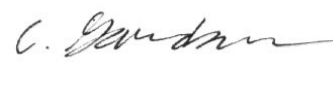
This campaign has already saved countless lives and has prevented untold suffering in this province. We look forward to continuing our invaluable partnership as we redouble our efforts to ensure that every eligible Ontarian receives their first, second and third doses as soon as they can as we face the new challenge of the Omicron variant.

For now, we will take a brief pause to mark December 14th as the anniversary of the first COVID-19 vaccine given in Ontario and congratulate all concerned for the 24,500,000 that have been given since.

Sincerely,



Dr. Paul Roumeliotis
President, alPHa



Dr. Charles Gardner
Chair, Council of Ontario
Medical Officers of Health
(COMOH)



Wess Garrod,
Chair, Boards of Health
Section

Copy: Hon. Christine Elliott, Minister of Health
Hon. Sylvia Jones, Solicitor General
Dr. Catherine Zahn, Deputy Minister, Health
Dr. Kieran Moore, Chief Medical Officer of Health

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

APPROVAL OF CONSENT AGENDA

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

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

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

Date: February 10, 2022

Re: Public Health Sudbury & Districts: 2021 COVID-19 Response – Reporting and Accountability
Monitoring

For Information

For Discussion

For a Decision

Issue:

Since March 2020, Public Health Sudbury & Districts has focused most of its resources on pandemic response, with between 70% to 80% of base resources being reallocated to COVID-19. The annual Accountability Monitoring Plan (AMP) developed by PHSD contributes to the Board’s compliance with its duties under the Ontario Public Health Standards (OPHS) to assess, plan, deliver, manage and evaluate public health programs and services. The Plan has been paused with the most recent report to the Board in February 2020.

While the attached *2021 COVID-19 Response by the Numbers* infographic does not replace the comprehensive AMP, it does provide an accounting of COVID-19 response activities over the last year. Detailing for the Board of Health the impressive volume and scope of work associated with Public Health’s pandemic response contributes to accountability and transparency to the Board, the public, our communities, stakeholders, and the Ministry of Health.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts receive the *2021 COVID-19 Response – Reporting and Accountability* briefing note and associated infographic and support the broad dissemination of the infographic with the public and with local and provincial partners.

Background:

Accountability Monitoring Plan

Public Health Sudbury & Districts developed a comprehensive Accountability Monitoring Plan, in place since 2013 (previously named Performance Monitoring Plan). The [2018-2022 Accountability Monitoring Plan](#) serves as an overarching framework for organizational accountability, monitoring and

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

reporting on provincial requirements and local priorities including the Public Health Sudbury & Districts 2018-2022 Strategic Plan. The Accountability Monitoring reflects the Board's commitment to quality and transparency and contributes to the Board's compliance with the 2018 Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS). A Board of Health Working Group (currently on hiatus) reviews the reports for content and format, provides interpretative comments on results, and presents the reports to the full Board.

The Plan includes three categories of reporting:

1. Provincial **organizational** requirements,
2. Provincial and local **program** requirements, and
3. Board of Health Strategic Priorities.

Regular Accountability Monitoring reports include:

- Board of Health Strategic Priority narrative reports (presented twice yearly)
- Annual Accountability Monitoring report (presented in February)

Since 2020, the provincial and local public health systems have been focused on the COVID-19 response. As such, collation of Public Health Sudbury & Districts data for the Accountability Monitoring reports has been on pause.

Public Health COVID-19 response and accountability:

Public Health Sudbury & Districts has been actively planning, coordinating and responding to COVID-19 since the beginning of 2020. The first case of COVID was confirmed in our service area on March 10, 2020 and on March 11, 2020, the World Health Organization declared COVID-19 a pandemic. On March 17, 2020, the Government of Ontario declared a province-wide emergency. Locally, all public health programs and services were adapted with many being paused or significantly reduced as we responded to this emergency.

Public Health response activities are wide ranging including case, contact, and outbreak management, rollout of the COVID-19 vaccination program, COVID-19 prevention and behaviour change, school and COVID-19 programming, ongoing quality, monitoring, and evaluation of public health services, regular reporting and communication to members of the public. This has all been supported by the essential work of data analysis and epidemiological reviews, stakeholder engagement, human resources, and information technology supports.

The 2021 *COVID-19 Response by the Numbers* infographic provides an accounting of COVID-19 response activities over the last year. The impressive volume and scope of our public health pandemic leadership contributes to accountability and transparency to the Board, the public, our communities, stakeholders, and the Ministry of Health.

The infographic presents data on activities that demonstrate the scope of the Public Health undertaking in the local COVID-19 response. The following categories are included: 1) Health and human resource capacity and financial impact; 2) Overall COVID-19 program supports; 3) Case, contact, and outbreak management; and 4) COVID-19 Vaccine Program.

2018–2022 Strategic Priorities:

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

O: October 19, 2021
R: January 2017

Most of the standardized collection of program-specific data for Ministry of Health public health programs and services is paused. However, it remains important to capture metrics of the timely, integrated, and effective COVID-19 emergency response, as aligned with ministry pandemic policy and guidelines. The infographic paints a picture of the volume and scope of our response, in addition to noting the public health programs and services that have been minimally maintained throughout the pandemic as we have strived to manage competing health risks in our communities.

The *2021 COVID-19 Response by the Numbers* infographic demonstrates the agency's ongoing commitment to transparency. With the Board's support, it will be shared broadly to highlight Public Health's pandemic leadership and contributions throughout the last year.

Accountability monitoring and reporting will continue to be reviewed with the goal of resuming the comprehensive Accountability Monitoring Plan as soon as capacity allows.

Financial Implications:

None

Ontario Public Health Standard:

All

Strategic Priority:

Organizational Commitment

Contact:

Dr. Penny Sutcliffe

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



Public Health Sudbury & Districts has been actively planning, coordinating, and responding to COVID-19 since the beginning of 2020. Public Health response activities are wide-ranging and include case, contact, and outbreak management, the COVID-19 vaccination program, COVID-19 prevention and behavior change and school health, and ongoing reporting and communication to partners and members of the public. This has all been supported by the essential work of data analysis and epidemiological reviews, stakeholder engagement, human resources, and information technology supports.

The 2021 COVID-19 Response by the numbers report demonstrates the agency’s ongoing responsibilities and transparency to stakeholders, clients, and community members by showcasing key activities and indicators of success.

Overall COVID-19 program supports

Count	Indicator
24 851	Calls processed by the Public Health Sudbury & Districts COVID-19 call centre
257 653	Calls processed by the COVID-19 vaccination booking call centre (operated by the City of Greater Sudbury and Public Health Sudbury & Districts)
197 902	<i>Incoming calls</i>
59 751	<i>Outgoing calls</i>
248	Public service announcements and news releases related to COVID-19 response issued <ul style="list-style-type: none"> » Topics ranging from high-risk exposures and outbreak declaration to COVID-19 vaccine updates, COVID-safe public health measures, and key public health updates.

Overall COVID-19 program supports (continued)

Count	Indicator
24	<p>Advisory Alerts supporting COVID-19 response issued to local health system partners and primary care providers</p> <ul style="list-style-type: none"> Topics included case and contact tracing processes, COVID-19 vaccination updates on eligibility and clinical guidance, and infection prevention and control (IPAC) measures.
5	<p>Letters of Instruction (2 updates issued)</p> <ul style="list-style-type: none"> <i>Instructions</i> are local requirements issued by the Medical Officer of Health under the <i>Reopening Ontario Act</i> to protect health; they included topics such as mandatory physical distancing, participation in organized sports, remote work, protective measures and responsibilities for businesses and organizations.
1	Section 22 Class Order issued (1 update issued)
8 793 451	People reached and impressions ¹ on social media
1 175 585	Engagements ² on social media
Over 5.4 million	Unique COVID-19 pageviews on our English and French websites
608	Media requests and responses

¹ Total number of people reached and impressions on our English and French Facebook, Twitter, and YouTube channels, all content.

² Total number of engagements (for example, likes, shares, retweets, link clicks, or time watched for videos) on our English and French Facebook, Twitter, and YouTube channels, all content.

Overall COVID-19 program supports (continued)

Count	Indicator
15	New Public Health-led committees developed to support regional COVID-19 response activities
159	Agencies represented on Public Health-led COVID-19 committees
7	COVID-19-related surveys and evaluations conducted to help guide and plan the agency's COVID-19 response activities

Case, contact, and outbreak management

Count	Indicator
5 553	Total COVID-19 cases
20 810	Contacts identified and followed
47	COVID-19-related deaths among residents of Sudbury and districts
167	Total COVID-19 outbreaks declared in Sudbury and districts
64	<i>Outbreaks in schools and daycare settings (includes buses)</i>
18	<i>Outbreaks in long-term care and retirement homes</i>
11	<i>Outbreaks in congregate settings (such as jails, shelters, or group homes)</i>
47	<i>Outbreaks declared in 'other workplaces' (such as restaurants, mining settings, and automotive repair and sales)</i>

COVID-19 vaccine program

Percent/count	Indicator
381 733	Total vaccines administered throughout entire service area
80.1%	Administered in Public Health-led clinics
5 607	<i>Administered in Chapleau</i>
87.7%	<i>Administered in Public Health-led clinics in Chapleau</i>
310 094	<i>Administered in Greater Sudbury</i>
79.6%	<i>Administered in Public Health-led clinics in Greater Sudbury</i>
21 389	<i>Administered in Lacloche Foothills</i>
90.7%	<i>Administered in Public Health-led clinics in Lacloche Foothills</i>
26 927	<i>Administered on Manitoulin Island</i>
88.7%	<i>Administered in Public Health-led clinics on Manitoulin Island</i>
13 400	<i>Administered in Sudbury East</i>
79.2%	<i>Administered in Public Health-led clinics in Sudbury East</i>
1 114	Total Public Health-led vaccination events
59	<i>In Chapleau</i>
752	<i>In Greater Sudbury</i>
105	<i>In Lacloche Foothills</i>
103	<i>On Manitoulin Island</i>
74	<i>In Sudbury East</i>

- Vaccination event types include mass immunization clinics held in large arenas or community centers; mobile vaccination teams attending targeted locations such as long-term care homes; pop-up clinics held in strategic locations such as shopping malls or outside gym facilities; and mobile bus clinics to reach targeted populations.

COVID-19 vaccine program (continued)

Percent/count	Indicator
87.0%	Of <i>residents</i> (5 years of age and older) received their first dose
81.0%	Of <i>residents</i> (5 years of age and older) received their second dose
57 580	Third or booster doses administered to <i>residents</i> in Sudbury and districts
0.4%	COVID-19 vaccine doses wasted
341	Total adverse events following immunization using all three federally-approved vaccines, Moderna Spikevax, Pfizer-BioNTech Comirnaty, and AstraZeneca Vaxzevria (total of 387 361 doses)
88	<i>Adverse events following immunization per 100 000 doses administered</i>

Health and human resource capacity and financial impact

Percent/count	Indicator
\$34,053,579	Projected costs of COVID-19-related expenditures in 2021
57.7%	<i>Covered through cost-shared operating budget</i>
42.3%	<i>Covered through COVID-19 one time extraordinary funding</i>
77.5%	Of cost-shared operating budget redirected to support COVID-19 expenses
563	Staff employed by Public Health Sudbury & Districts on December 31, 2021
272	<i>Full-time staff</i>
86	<i>Part-time staff</i>
205	<i>Casual staff</i>
217	Staff employed by Public Health Sudbury & Districts on December 31, 2019
186	<i>Full-time staff</i>
16	<i>Part-time staff</i>
15	<i>Casual staff</i>
16	Students onboarded to support COVID-19 response activities
136	Volunteers onboarded to support COVID-19 response activities

Public health programs and services

Some public health programs and services (not related to COVID-19) have been minimally maintained throughout the pandemic as we have strived to manage competing health risks in our communities. These include:

- ❖ Immunization programming
- ❖ Sexual health services and Growing Family Clinic
- ❖ Healthy Babies Healthy Children programming including home visiting (in-person or virtual)
- ❖ Breastfeeding support; phone support via the Family Health Team and Health Information Line; online prenatal classes
- ❖ Community Drug Strategy work, including surveillance of local opioid-related events and community engagement
- ❖ Needle Exchange Program
- ❖ Naloxone training and provision of kits
- ❖ Health promotion campaigns such as mental health promotion, substance use, injury prevention, healthy eating, and physical activity
- ❖ School health promotion
- ❖ North East Tobacco Control Area Network (NE TCAN) partnership
- ❖ Quit smoking services and referrals
- ❖ Stay On Your Feet partnership
- ❖ Age Friendly Communities partnerships, modified work
- ❖ Support for food access initiatives, such as community gardens
- ❖ Dental programming including Healthy Smiles Ontario and Seniors Dental Program
- ❖ Food safety
- ❖ Communicable and infectious diseases response and control
- ❖ Emergency response
- ❖ Safe water response (drinking/recreational water)
- ❖ On-site sewage system inspection
- ❖ Health hazard response
- ❖ Part VIII Ontario Building Code
- ❖ Rabies control
- ❖ Smoke-Free Ontario Act inspections and enforcement

COVID-19 RESPONSE – REPORTING AND ACCOUNTABILITY MONITORING

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts receive the 2021 COVID-19 Response – Reporting and Accountability briefing note and associated infographic and support the broad dissemination of the infographic with the public and with local and provincial partners.

Briefing Note

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

From: Dr. Penny Sutcliffe, Medical Officer of Health/CEO

Date: February 10, 2022

Re: Infrastructure Modernization Project – Elm Place Office

For Information

For Discussion

For a Decision

Issue:

At its July 28, 2020, meeting, the Board of Health approved an investment of \$11 million dollars to implement an infrastructure modernization project involving the main office located at 1300 Paris Street and the Elm street office, located at 10 Elm Street in the Elm Place mall. Over the course of the project, updates have been shared with the Board of Health through the Medical Officer of Health monthly reports, keeping the Board apprised on the status of the project, the timelines, any issues needing to be flagged and budget updates. As this is a significant organizational undertaking, this briefing note provides a summary of the status of the projects to date.

Recommended Action:

That the Board of Health receive this Briefing Note as an update on the Infrastructure Modernization Project.

Status Update:

Elm Place

We are very pleased to report that the Elm Place project was substantially completed on January 28, 2022, with keys turned over to PHSD for occupancy. The physical relocation took place over the weekend with the doors to the new location opening to the public on Monday, January 31, 2022. Small deficiencies items are being address and the final inspection and close out will be scheduled in the next couple of weeks. Signage for the site is targeted to be completed by mid-March.

The Elm Place office co-locates the Ontario Seniors Dental Care program with the Sexual Health, Family Growth and Harm Reduction Needle Exchange programs maximizing the use of common spaces and resources and provides an environment that meets the special requirements for heating, ventilation, and air conditioning (HVAC) systems in health care facilities (CSA 317.2-19), and other legislative requirements including accessibility and infection control standards. Information technology and physical environment security measures are also part of the infrastructure (door access controls, video surveillance, and duress system) and energy efficiencies features (auto on/off led lighting, building automation allowing temperature set points and time of use) have been incorporated into the design.

Budget Status:

The project remains on budget. Final accounting of the project will be completed in the next couple of months.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

1300 Paris Street

The mechanical equipment installation is progressing well with 40% being completed. The equipment is being housed in a new room located on the first level. This is in parallel with work on the roof where new units, curbs, ‘doghouses’ and reroofing is taking place. That work is 50% complete and subjected to weather conditions. Level 2 has taken shape with rough-ins ranging from 85%-99% complete. Painting has begun on this level. Level 3 has walls almost completed and rough-ins at approximately 60% complete.

This project continues to be impacted by global supply chain issues and delivery delays. We had been able to able to maintain the April 2022 completion date by removing the phasing approach to our construction schedule, however, we recently were advised of further delays in deliveries. The delivery of the fin radiation system is now delayed to the end of March/beginning of April. Vendors are not committing to firm delivery dates given the challenges with obtaining supplies. The majority of material delivery delays relate to mechanical systems; copper fittings, cast iron, and heating and ventilation systems. In addition, contractors are also experiencing increased staff absenteeism due to COVID-19 which could impact the construction schedule. We continue to monitor the project schedule closely.

At this time, the contractor is estimating completion of the second and third levels by end of May. This will mean extending our lease at our temporary Lasalle office. The budget implications can be supported within the operating budget.

Exterior wall cladding is complete, and signage is expected to be completed by March 2022.

Budget Status:

The project remains on budget.

Next Steps:

We continue our transition into the new space in Elm Place and look forward to offering full services at this site once we can repatriate staff redeployed COVID-19.

We continue to carefully monitor progress at the Paris Street site to ensure the project is optimized in the current environment and adjust staffing plans accordingly.

We have established a Working Group to support the transition of our working environment to a modern working environment wherein staff work remotely or on site or a combination based on the nature of their position. The Working Group’s focus is the planning, coordination and change management necessary for PHSD to transition successfully to this future state.

Ontario Public Health Standard:

Good Governance

Strategic Priority:

Organizational Commitment

Contact:

France Quirion, Director, Corporate Service

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017



Public Health Resilience in Ontario

CLEARING THE BACKLOG, RESUMING ROUTINE PROGRAMS, AND MAINTAINING AN EFFECTIVE
COVID-19 RESPONSE

Association of Local Public Health Agencies
January 2022

Since the beginning of the COVID-19 pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing response. They have prevented COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, outbreak management, infection prevention and control, communication of credible advice to the public, coordination with local and provincial partners and leadership of the vaccination campaign.

These extraordinary efforts have come at the expense of nearly all the routine programs and services mandated by the Ontario Public Health Standards (OPHS) as their resources were redeployed almost exclusively to the pandemic response. This has resulted in a backlog of public health work that will have immediate and longer-term impacts on population health.

The purpose of this report is to demonstrate the need for additional investments in public health that will be required to clear the backlog, resume routine programs and services, and maintain an effective pandemic response. The content is adapted from an earlier and more detailed draft report that the Council of Ontario Medical Officers of Health (COMOH) submitted to the Chief Medical Officer of Health in early October. This was informed largely by a survey of all 34 public health units that gathered information about program deficits since 2020.

KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

Just like the widely reported "surgical backlog" in health care, a health promotion and protection backlog has accumulated since March 2020, which is certain to have a significant and measurable effect on the health of Ontarians for years to come.

OPHS mandated public health programs and services have been significantly curtailed for nearly two years, with an average of 74% of 2020 LPHA resources and 78% (to date) of 2021 LPHA resources having been diverted to the COVID-19 response. This increase reflected a general upward trend as the pandemic evolved, and additional resources had to be secured to meet the demand throughout the province. Uncertainties about funding sources presented a challenge to managing extraordinary costs and allocating resources.

Health protection programs such as Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion, but most were response-driven and prioritized according to the level of risk, which in turn would focus primarily on COVID-19 related threats.

The Chronic Disease Prevention and Well-being and School Health Standards, which include injury prevention, healthy eating and physical activity, immunization, mental health, and substance use, had the lowest rates of completion. The population health impact of these deficits will be felt over a longer period and will almost certainly be magnified by the effects of the pandemic, which will in turn add to the cost of catching up on the OPHS mandates in these areas.

Specific concerns were expressed about the program backlogs related to children’s health. Since the onset of the pandemic in March 2020, oral health screening in schools effectively ceased, and the Healthy Babies Healthy Children (HBHC) visits for vulnerable families and children were significantly reduced. Additionally, approximately 80% of the routine school immunization program was not completed during this time. Estimates indicate that this could account for a current backlog of up to 300,000 school-based vaccinations/year across the province.

Summary of PHUs self-reported completion of OPHS Standards in the context of the COVID-19 pandemic:



LESSONS LEARNED: PROCESS IMPROVEMENTS AND REINFORCEMENT OF PARTNERSHIPS AND COLLABORATION

The COVID-19 pandemic presented opportunities for public health to demonstrate its resilient and innovative capacity to meet local needs despite major resource challenges. Technological innovation, enhanced coordination with a wide range of partners, improvements to processes such as data analysis, reporting, surveillance, and communications, and the application of data to inform health equity approaches were highlighted. Each of these is expected to yield lasting benefits beyond the COVID-19 response.

RESTORING PUBLIC HEALTH’S WORK TO IMPROVE THE HEALTH OF ONTARIANS

LPHAs are beginning to develop recovery plans, which are aimed at resuming their vital and mandated programs and services under the OPHS while continuing to provide an effective ongoing response to COVID-19. These plans include ongoing assessments of program deficits that have resulted from the pandemic response and recommendations for a phased and priority-based approach to returning to full service while giving special attention to the public health needs of populations that have been disproportionately affected. Program areas that address mental health, substance use and harm reduction, child immunization catch-up, food safety inspection, and oral health were cited as priorities for the earliest stages of the recovery.

STRENGTHENING PUBLIC HEALTH FOR A MORE RESILIENT ONTARIO

Substantial recovery efforts will not be possible if the pandemic response continues to consume the bulk of local public health resources. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years. Additional and immediate investments will be required as maintaining COVID-19 response activities while resuming OPHS activities will not be feasible without additional resources. Recovery will also require addressing high levels of stress and burnout among public health staff to support their personal recovery.

RECOMMENDATIONS

Provincial support for an ongoing pandemic response: Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

- Ongoing provincial coordination of the response between sectors
- Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.
- Strengthening Public Health Ontario's capacity to provide scientific and technical advice to government, public health, health care, and related sectors

Provincial support for Local Public Health Agencies: Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

- Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.
- One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas.
- Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

Provincial support for evaluation and renewal: Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

- Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.
- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

INTRODUCTION

Since the beginning of the pandemic, Ontario's 34 local public health agencies (LPHAs) have been at the forefront of the ongoing pandemic response. Led by dedicated local medical officers of health, boards of health, and a diverse and skilled workforce, these agencies have been instrumental in preventing COVID-19 transmission, hospitalizations, and death through enactment and enforcement of public health measures, case and contact management, infection prevention and control, communication of credible advice to the public, and leadership of the vaccination campaign. These activities have been crucial to preserving the capacity of Ontario's health care system as well as allowing for cautious and measured steps towards reopening the economy.

The unfortunate consequence of the extraordinary efforts required to limit the spread of COVID-19 and decrease its impact on the population at the local level is that LPHAs have had to suspend a significant proportion of the routine programs and services mandated by the Ontario Public Health Standards (OPHS) and redeploy their resources to the pandemic response.

This has resulted in a backlog of public health work that includes both quantifiable and less quantifiable impacts. Quantifiable impacts include services not performed, such as inspections, immunizations, disease investigations, and family visits to support early childhood development. Less quantifiable are the population health impacts of the reduction of public health programs and services, including health equity, active living and healthy eating, mental health, substance use including addressing the opioid epidemic, and poverty.

The purpose of this report is to summarize the backlog of public health programs and services created by the pandemic response, to outline the requirements for additional investments to support the resumption of these routine activities as the response continues, and to identify key secondary population health impacts of the pandemic that will require additional resources to tackle. Its content is derived almost exclusively from an earlier and more detailed report by the Council of Ontario Medical Officers of Health (COMOH) that was submitted to the Chief Medical Officer of Health in early October.

Information Sources

In the developmental stages of the COMOH report to the CMOH in the late summer of 2021, all 34 LPHAs in Ontario were invited to complete a 62-question survey designed to assess the proportion of resources reallocated to COVID-19 response and the consequent impact on OPHS programs and services requirements. It also asked for an outline of reasons for the program backlog and a ranking of public health topics for priority focus during the recovery stages. The survey also invited LPHAs to submit additional material related to recovery and priorities, which included recovery plans, reports,

presentation slide decks, and reports on indirect harms associated with the COVID-19 pandemic (the pandemic itself, and the public health measures).

Other sources of information also contributed to our understanding of the indirect impacts of the COVID-19 pandemic, the unintended consequences of public health measures used to slow COVID-19 transmission, and the effects of the curtailment of public health services on the health of the population. Discussions involving the Council of Ontario Medical Officers of Health and Ministry colleagues, various letters to the Ministry from Boards of Health on recovery, the Ontario Health dashboard for recovery topics, and public reports released by Public Health Ontario were invaluable to identifying priority population health issues that were aggravated by the pandemic. Mental health, substance use, healthy growth and development, chronic disease, health equity, income, violence/family violence, oral health, and racism emerged as the most significant.

KEY FINDINGS: IMPACTS ON MANDATED PUBLIC HEALTH PROGRAMS AND SERVICES

As noted in the Ontario Public Health Standards, the role of LPHAs is to “support and protect the physical and mental health and well-being, resiliency and social connectedness of the health unit population, with a focus on promoting the protective factors and addressing the risk factors associated with health outcomes”, through the core functions of population health assessment and surveillance, health promotion and protection, disease prevention and emergency management.

Simply put, public health keeps people and communities healthy, saves lives and saves money. Public health programs and services prevent health problems from occurring in the first place and help prolong healthy lives, which reduces the need to draw on expensive and increasingly scarce resources of the health care system.

These routine public health supports to population health were significantly diminished throughout the pandemic. The survey data provided by LPHAs revealed that, on average, 74% of their 2020 resources and 78% (to date) of their 2021 resources were allocated to the COVID-19 response, with ranges of 20% to 100% in 2020 and 40% to 90% in 2021. A more fulsome analysis of what factors may have accounted for placement within these ranges was not completed, but the figures below demonstrate a general upward trend in resource diversion to the COVID-19 response between 2020 and 2021.

Figure 1. Public Health Unit reports of proportion of PHU resources allocated to COVID 19 response during the pandemic for 2020.

In 2020 - approximately what proportion of your PHU resources were allocated to COVID-19 response during the pandemic?

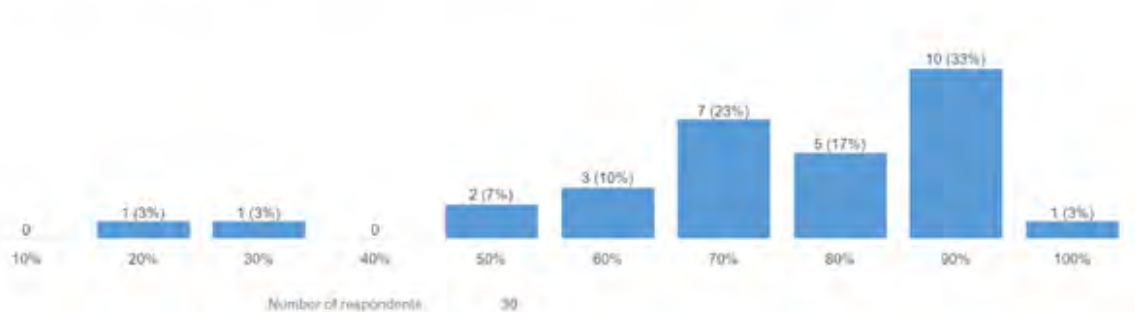
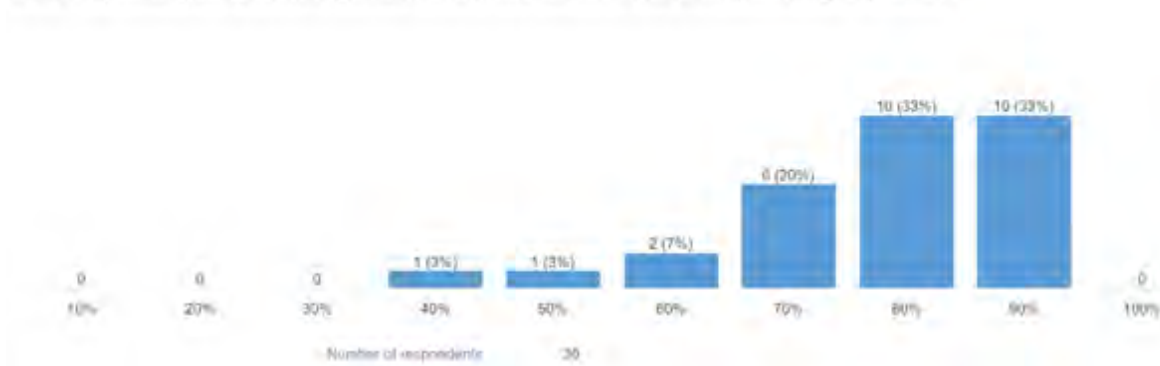


Figure 2. Public Health Unit reports of proportion of PHU resources allocated to COVID 19 response during the pandemic for 2021.

In 2021 - approximately what proportion of your PHU resources were allocated to COVID-19 response during the pandemic?



The increase in resource redeployment to COVID-19 responses from 2020 to 2021 reflects the rapidly evolving context of the pandemic, which placed a heavy workload on all LPHAs. When the pandemic began staff were faced with receiving and processing large and rapidly changing volumes of information, adapting guidance and public messaging to emerging science, and developing new processes to engage with community partners, decision makers and the public. As the pandemic evolved, response activities were modified according to the rise and fall of case counts, the emergence of more dangerous variants, and the rollout of an unprecedented and complex vaccination campaign.

In addition to redeployment of existing resources, all LPHAs that responded to the survey reported increasing their staff complement through temporary hiring to manage the demands. In addition to the added financial and administrative procedures, training and orientation of new staff added to the already burdensome load. A clear majority of the LPHAs reported having accessed the provincial workforce for case and contact management to assist with the response. Some also reported that the uncertainty related to funding impacted their ability to make timely decisions regarding the augmentation and allocation of resources to both urgent non-COVID-19 related activities along with the COVID-19 response.

Direct and indirect impacts on PHUs and public health programs and services

The redirection of resources to COVID-19 response efforts has led to a tremendous backlog of programs and services that will require equally tremendous commitment to resolve. Just like the widely reported “surgical backlog” in health care, the health promotion and protection backlog that has built up over nearly 2 years is certain to have a significant and measurable effect on the health of Ontarians for years to come. In the meantime, the pandemic itself has caused or magnified indirect harms to population health, including health inequities, impacts on mental health, increased substance use, and neglect of chronic diseases.

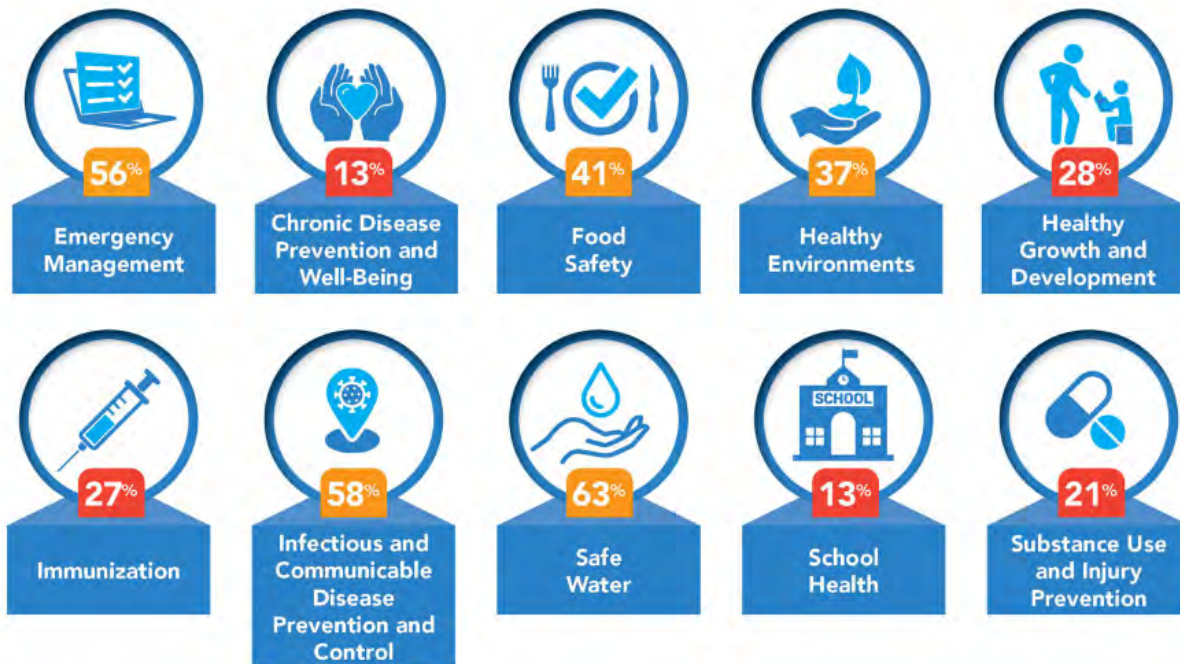
Specific questions were asked in our survey of LPHAs about the impact of the near-exclusive focus on COVID-19 response on their ability to carry out the full scope of the OPHS. The extent of completion of OPHS mandated activities ranged from 13% to 63%, and many respondents emphasized that most of the

work that was completed under each standard was linked in some way to the COVID-19 response. Non COVID-19 related activities overall were limited. Figures 9 and 10 below illustrate the average deficits for each OPHS Standard calculated from the survey data.

Figure 3: Summary of PHUs self-reported completion of OPHS Foundational Standards in the context of the COVID-19 pandemic



Figure 4: Summary of PHUs self-reported completion of OPHS mandated Program Standards in the context of the COVID-19 pandemic



Other Notable Findings from the Survey

- None of the OPHS requirements were completed to pre-pandemic levels due to the extensive redeployment of staff required to provide COVID-19 response activities including surveillance, case and contact investigation, outbreak and Infection Prevention and Control (IPAC) responses, enforcement, communications, vaccination and responding to public inquiries.
- The Safe Water, Infectious and Communicable Disease Prevention and Control, and Emergency Management Standards had the highest rates of completion but in many cases, the work was modified, response-driven and prioritized. Due to capacity constraints, many health units were required to triage their response to reportable diseases, IPAC complaints and inspections according to the level of risk.
- The Chronic Disease Prevention and Well-being and School Health Standards had the lowest rates of completion, a particular concern given the broad scope and far-reaching influence of each of these on overall population health. Injury prevention, healthy eating and physical activity, immunization, oral health, mental health, substance use, UV exposure, and violence and bullying are just some of the topics that LPHAs are required to address under these two Standards.

Service backlogs specifically related to children's health were also emphasized by respondents to the survey.

- Oral health screening in schools effectively ceased in March 2020 with the onset of the pandemic. Data from 16 LPHA respondents indicated that 2,602 children were screened in schools in the 2020-2021 school year, which is less than 1% of the 301,830 children who received oral health screening in the 2019-2020 school year.
- Healthy Babies Health Children (HBHC): overall, just over three quarters of public health agencies recommended or required the reduction of in-person home visits due to public health measures. In addition, many public health nurses from HBHC were redeployed to COVID-19 response activities creating waitlists and backlog of services for vulnerable families and children. Although many health agencies transitioned to virtual service delivery, when asked what percentage of HBHC families were receiving home visits using interactive video conferencing, 50% of public health agencies (17/34) reported <10% of their families were receiving video 'home visits'.
- School immunizations: 24 health agencies reported that approximately 80% of the school immunization program was not completed during the pandemic so far. Estimates provided by one health unit indicate that this would account for up to 300,000 school-based vaccinations/year that have not been administered across the province.

Overall, the program areas for which there is the greatest deficit are those in health promotion. These programs yield results over longer periods of time, and the effects of deficits in this area may not be immediately observed. Delays in addressing this backlog will magnify these effects, which include impacts on quality and quantity of life years and increased costs to the health care system.

Lessons Learned: process improvements and reinforcement of partnerships and collaboration

The COVID-19 pandemic presented many opportunities for public health to demonstrate its resilient and innovate nature through the enhancements to its traditional delivery of local public health programs and services to meet the local response needs. As reported in the survey and anecdotally through conversations amongst health units, new organizational processes were established, along with improved coordination of public health response among partners in health care and non-health care sectors. These enhancements could be further explored and considered during recovery for the effective and efficient operations of public health.

Improvements to processes because of the COVID-19 response were noted for the following activities by most respondents:

- data analysis, management, reporting, and visualization
- surveillance
- public and partner communications
- stakeholder engagement and collaboration
- public and partner education
- data driven health equity approaches
- emergency management

Some LPHAs noted that their processes for conducting case and contact management and IPAC management were supported by new technologies (e.g., PowerBI for enhanced data visualization, remote call centres, etc.) that will have lasting benefits beyond the COVID-19 response.

Support from the Office of the Chief Medical Officer of Health and Public Health Ontario were also identified as integral to the local response. The professional resources and tools including provincial guidelines, reference materials, legislation, emergency orders, and orders in council were essential to a coordinated public health response. Additional centralized human resources including the provincial workforce for case and contact investigation were also invaluable.

The importance of the existing network of local relationships among LPHAs, local health care providers, municipalities, social services, boards of education, and businesses was simultaneously demonstrated and enhanced during the COVID-19 response. Coordination of efforts to support public health measures, communicate information, implement assessment and testing strategies, and execute the mass vaccination campaign benefited significantly from local collaborative efforts, which will also be essential in the recovery phase.

RESTORING PUBLIC HEALTH'S WORK TO IMPROVE THE HEALTH OF ONTARIANS

The OPHS represents a broad range of often interrelated programs and services that address an equally broad range of population health determinants and outcomes. OPHS guidelines and protocols give LPHAs more detailed information to support their activities. These are Ministry mandated requirements and the basis of the related accountability and funding agreements.

LPHAs are beginning to develop recovery plans, which are aimed at resuming their vital and mandated programs and services under the OPHS while continuing to provide an effective ongoing response to COVID-19. These plans include assessments of program deficits that have resulted from the pandemic response and recommendations for a phased and priority-based approach to returning to full service

while giving special attention to the public health needs of populations that have been disproportionately affected.

This last point is noteworthy in its recognition that the pandemic and the response to it will have long lasting indirect health impacts on certain populations, which will put additional demands on LPHAs even within their OPHS mandate. Health equity has been identified as a foundational theme for recovery planning and will be a primary consideration in prioritizing activities. The core function of population health assessment will be critical here and given that this was one of the highest program standard deficits, it must be recognized that additional supports will be required to close this gap so that the other program gaps can be properly addressed.

LPHAs were also asked in the survey to rank program recovery priorities to address the public health backlog. The topics prioritized included mental health promotion, substance use and harm reduction including a focus on the opioid crisis, child immunization catch-up, food safety inspection, and oral health. Results are illustrated below in Figure 5.

The following specific priorities were identified for attention in the earliest stages of resuming routine activities:

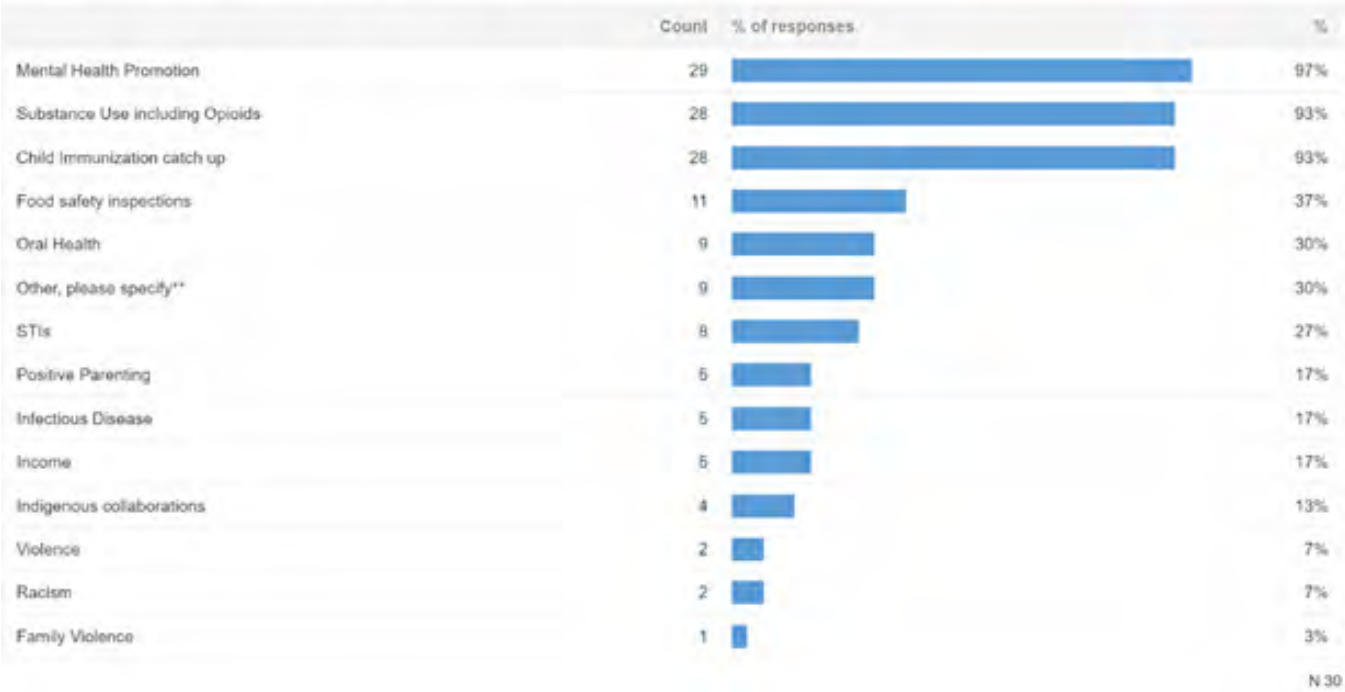
- Continue to provide a sustainable COVID-19 response to prevent transmission with a focus on protecting vulnerable populations.
- Offer school immunization catch-up to students who did not receive their full series of Grade 7 immunizations in the 2021/2022 school year.
- Reinstate/implement public health programs that support Mental Health Promotion as per the 2018 Ontario Public Health Standard Mental Health Promotion Guideline (2018) with special considerations for marginalized populations.
- Reinstate PHUs resources that support the prevention of substance use and local planning related to the opioid epidemic.

It is important to note that geographic and sociodemographic diversity is one of the features of Ontario's locally based public health system and this is recognized in the flexibility built in to the OPHS to allow for the tailoring of programs and services to address local needs and circumstances. It is therefore important to ensure that the relative ranking of priority areas for recovery does not preclude addressing the specific local needs of any given Board of Health.

This variation will also underlie differing states of readiness for and progress towards recovery, and the unpredictability of the future course of the pandemic will necessitate flexibility in planning. In any case, substantial recovery efforts will not be possible if the pandemic response continues to consume the bulk of local public health resources. Additional and immediate investments will be required.

Figure 5. Listing of priority topics and public health agencies responses

The following topics have been mentioned in various documents and communications as emerging population health priorities due to indirect impacts of the pandemic and public health measures. Other than Covid-19, please select the top 5 priorities in your catchment area. If your top 5 choices are not listed, please add them in the "Other, please specify" response field.



STRENGTHENING PUBLIC HEALTH FOR A MORE RESILIENT ONTARIO

All respondent LPHAs indicated that they would need additional dedicated resources to support ongoing COVID-19 response and resumption of routine activities into 2022 and beyond. The pandemic response has clearly demonstrated that LPHAs cannot do both. While mitigation funding from the Province has been helpful, clearer and more timely assurances of funding for both routine and extraordinary public health activities will be required to inform budgets over multiple years.

If COVID-19 becomes endemic, we know that the requirement for additional human resources for case and contact investigation, outbreak management, and vaccination will become permanent. We also know that resources will be required to erase the program deficits outlined above. Both will be expenses on top of the typical funding for the basic public health mandate under the OPHS. A clear commitment by the Province to developing a process that ensures timely, predictable and sufficient funding to address each of these obligations would assist LPHAs in developing their budgets for 2022 and beyond. Recognizing that such funding would primarily be used for health human resources, recruitment and retention strategies may also need to be considered.

The demand for additional FTEs for Public Health Nurses, Public Health Inspectors, Immunizers, Contact Tracers, Epidemiologists/Data Analysts, Administrative/Program Assistants, and Management positions was significant and widespread during the pandemic. Some respondents also mentioned the need for Communications staff, Program Planners/Evaluators, and Health Promoters, and even mental health supports for their own staff. While the magnitude of these demands may diminish once the recovery phase begins, maintaining COVID-19 response activities while resuming OPHS activities will not be feasible without additional resources.

PHU recovery reports and frameworks also refer to staff experiencing high levels of stress and burnout and cite the importance of supporting public health staff through recovery. Strategies to support the recovery of the public health workforce are outlined in a [report from PHO](#) including recommendations for individuals, teams organizational and policy approaches including mental health supports and stigma reduction strategies. (Ontario Agency for Health Protection and Promotion (PHO), 2021).

Recommendations for supporting public health to improve the health of Ontarians

1. Provincial support for an ongoing pandemic response

Maintain ongoing provincial investments in science, structures, and resources in support of the multi-sector effort required to effectively manage the COVID-19 pandemic.

- Ongoing provincial coordination of the response between sectors (e.g. education, municipal, acute and long term care, public health, solicitor general, academic, etc.)
- Maintenance and review of provincial guidelines and tools, commitment to effective communications, and central support for local public health implementation and adaptation of provincial guidance based on local community needs.
- Strengthening Public Health Ontario's capacity to meet its mandate of providing scientific and technical advice to government, public health, health care, and related sectors

2. Provincial support for Local Public Health Agencies

Protect and promote the health of Ontarians through financial investments in PHUs that are clearly communicated and committed early in the fiscal year:

- Ongoing one-time COVID-19 funding for 2022 to support the COVID-19 response and ensure the ability to maintain required staffing level.
- One-time recovery funding to support recovery efforts, as outlined in this report, and to allow PHUs to address priority areas including public mental health promotion, public health opioid crisis response, and child and school immunization catch-up, other service backlogs including oral health screenings and inspections, and organizational needs related to human resources, infrastructure, and technology.
- Increase base funding, including but not limited to the addition of COVID-19 as a disease of public health significance beyond 2022.

3. Provincial support for evaluation and renewal

Continue to work with Ontario's public health stakeholders (Public Health Ontario, Office of the Chief Medical Officer of Health, Local Public Health Agencies) to develop the vision for a stronger responsive public health sector with the capacity to address population health needs through various partnerships into the future.

- Ensure that Ontario launches a comprehensive review and assessment of all aspects of the pandemic response to inform strategies for improvement.

- Ensure that public health stakeholders have the capacity and resources to participate fully in the review and in formulating recommendations.

CONCLUSION

The COVID-19 pandemic has clearly demonstrated the critical importance and proficiency of Ontario's public health system and the need to reinforce it. Lessons from past large scale infectious disease emergencies such as SARS and H1N1 helped to inform Ontario's and LPHAs' preparedness, but no sector was prepared for the scale, complexity, and duration of the response that this pandemic has required. As we have demonstrated here, the effectiveness of the local public health response has come at enormous cost, especially to the routine public health activities that are designed to protect and promote health at a population level every day.

It is anticipated that the need for ongoing COVID-19 response activities will continue for some time, and we can no longer ignore the suite of OPHS mandated activities that improve and protect the health and reduce health inequities well-being of the population of Ontario. COVID-19 programming will therefore need to be balanced with recovery efforts and integrated into existing OPHS accountabilities, and a strong commitment of provincial support, including the provision of sufficient, predictable and sustainable funding, will be required.

Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to recovery and resilience

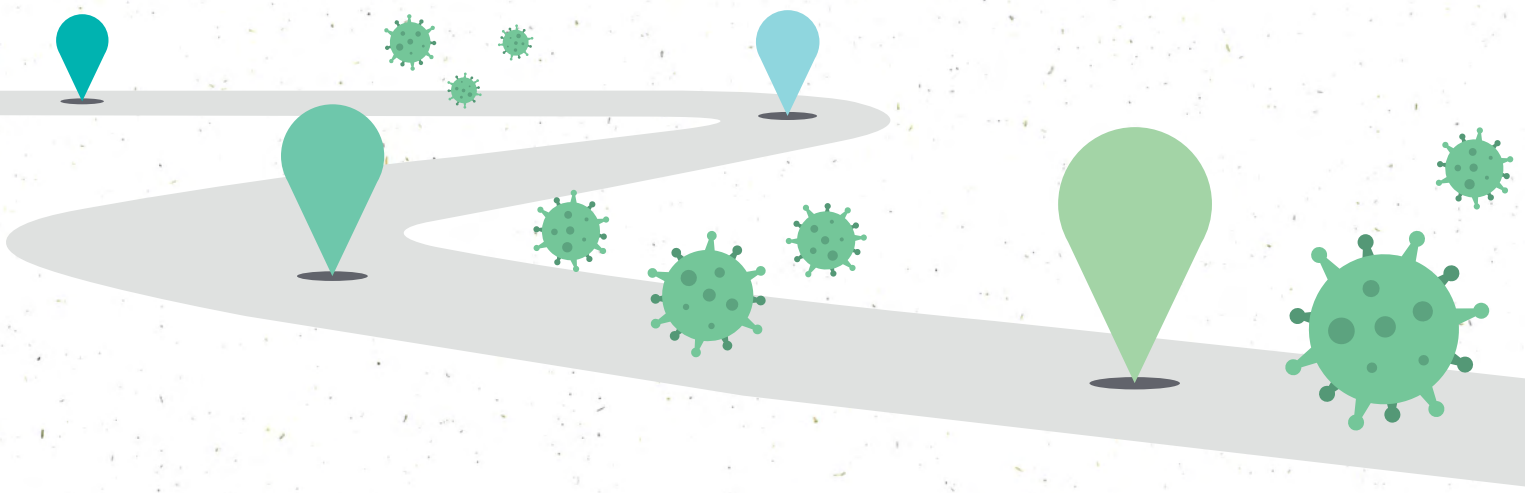
February 2022

It has been nearly two years since the first case of COVID-19 infection was confirmed in the Sudbury and Manitoulin districts. During this time, Public Health Sudbury & Districts (Public Health) has provided leadership and essential services to manage the pandemic and guide communities to best protect themselves during an unprecedented and ever-changing crisis.

Public Health has worked to understand, translate, and action the best available evidence, including extensive and ongoing reviews of science and local epidemiology.

All these extraordinary efforts have been vital. They have also come at great opportunity costs. Public Health has had to stop or radically reduce many of its other public health programs and services during this two-year period, creating a growing backlog of services and unmet needs.

While the pandemic continues to demand Public Health leadership and resources, we are actively looking forward to planning for the future. We are investing energy in planning now so that we are ready to assess and address ongoing and emerging health needs that require public health intervention. We are an active partner in the local recovery endeavour—creating and contributing to post-pandemic strong and resilient communities.



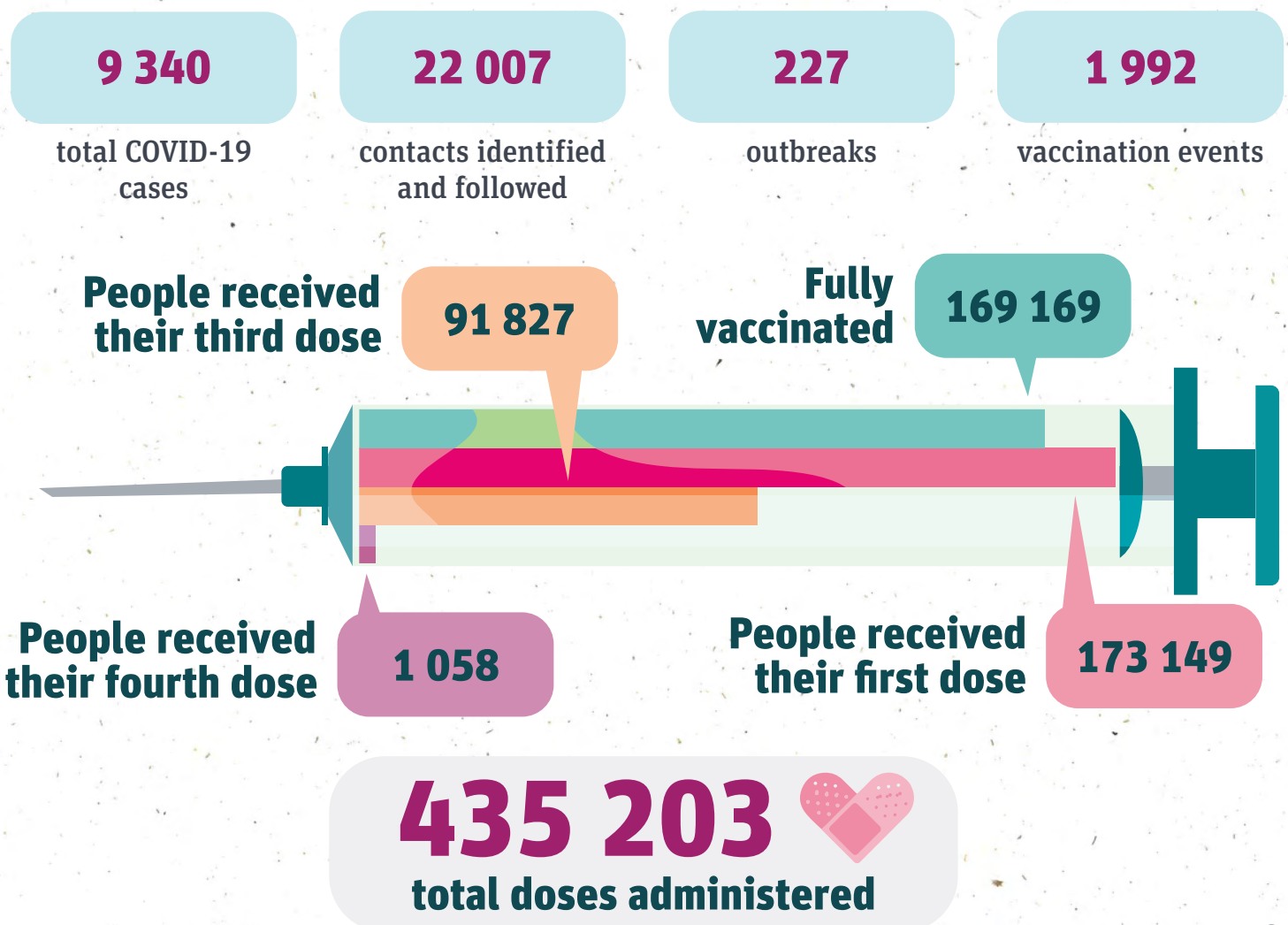
February 2022 — 1

Public Health's response to the COVID-19 pandemic

Public health has been critical to the province of Ontario's pandemic response. Locally, Public Health has led **case, contact, and outbreak management, the vaccination program, behaviour change initiatives, and local protective measures**. Beneath the surface has been the essential work of **data analysis and epidemiological reviews, communications and stakeholder engagement, human resources, and information technology supports**.

In working with many partners, we have kept our eye on the collective goal of protecting health and the health system, and of keeping critical infrastructure and services operating. There has been no roadmap—but we have charted a path together. Now, as immunity grows with increasing vaccination rates and successive waves of new variants, we look forward to turning the corner and assessing and addressing the impact of the COVID-19 pandemic on the overall health of our communities and contributing to our collective recovery.

Public Health's COVID-19 response efforts by the numbers (up to January 31, 2022)



February 2022 — 2

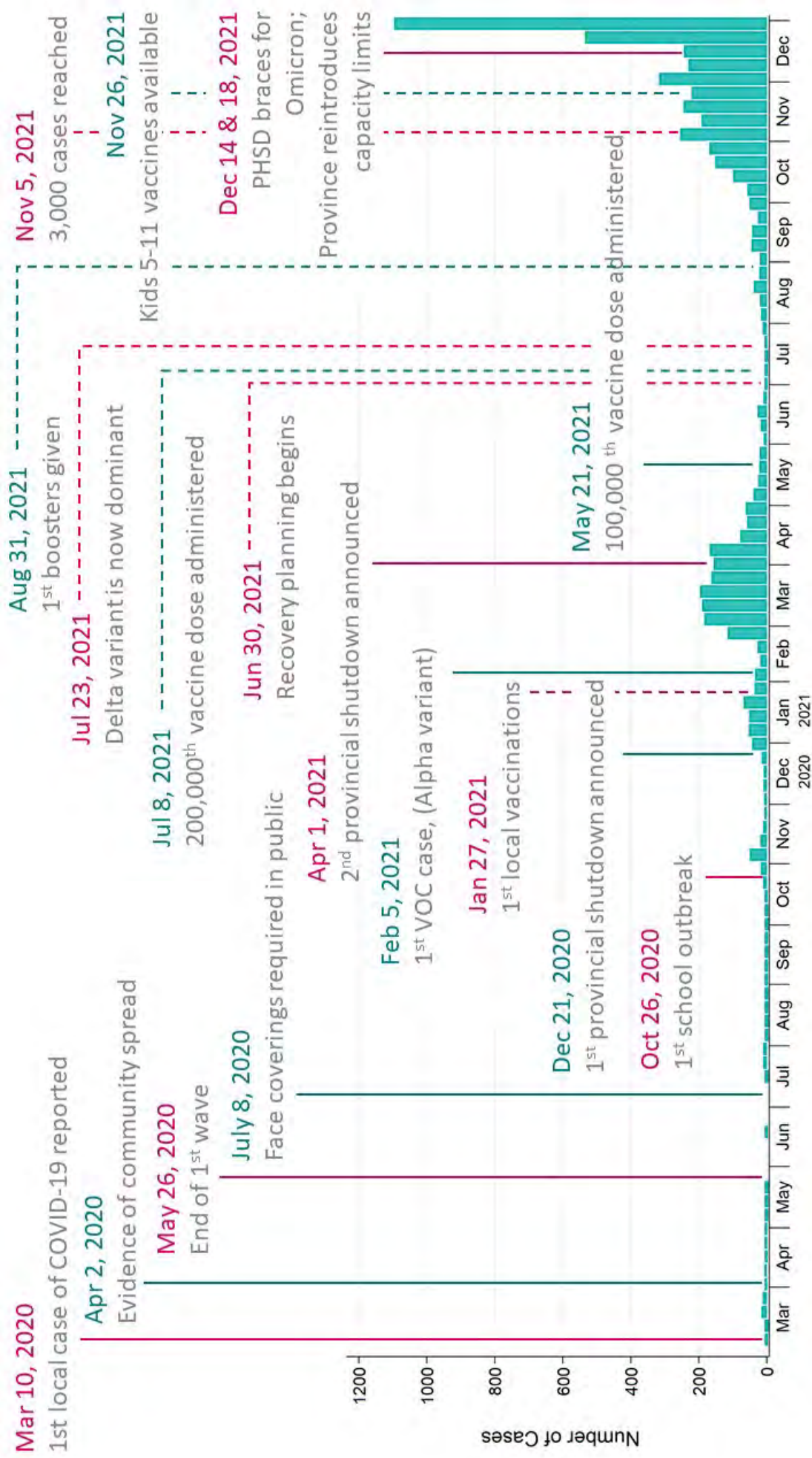
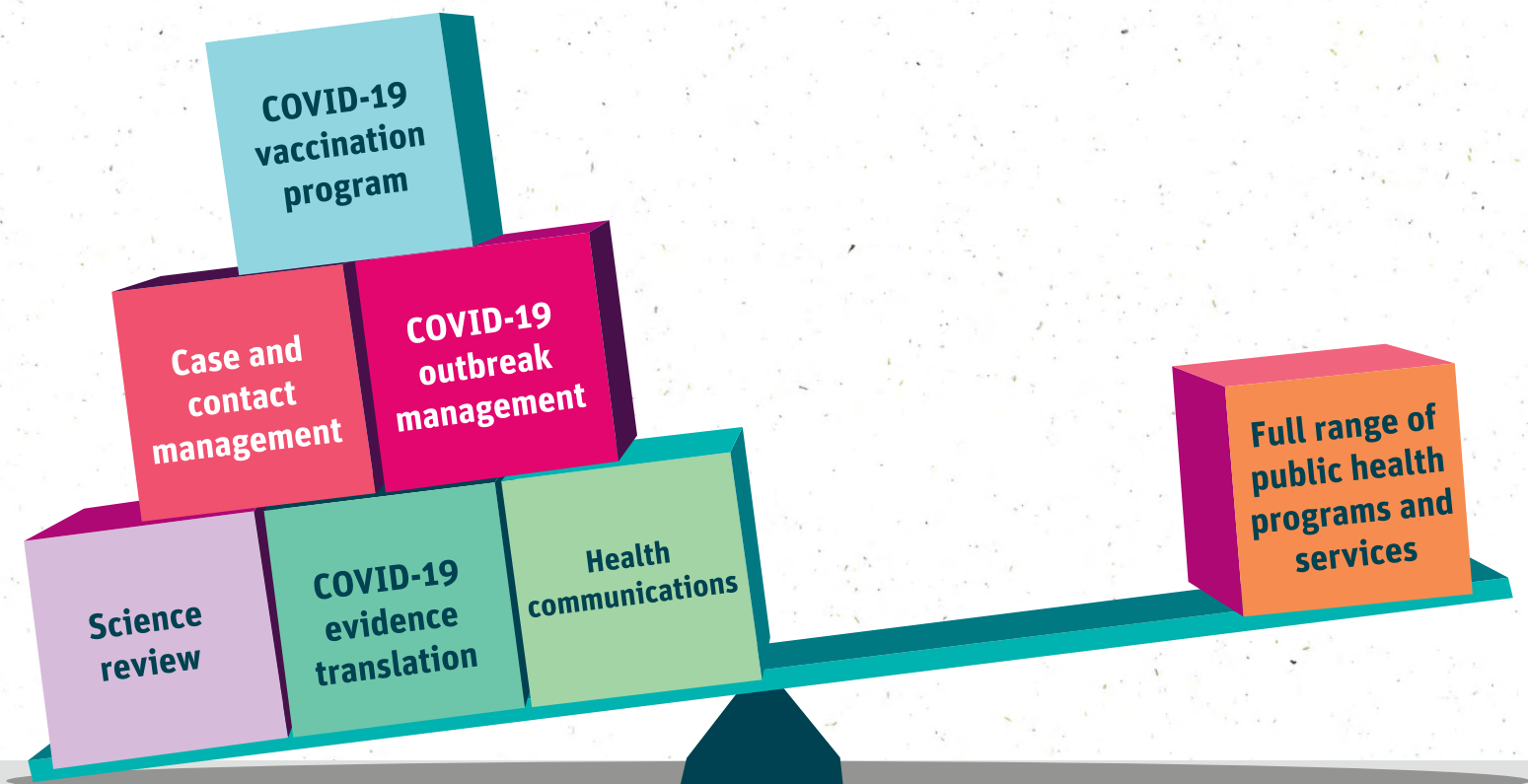


Figure 1: Key milestones of the COVID-19 pandemic in the Sudbury and Manitoulin districts service area from March 1, 2020, and December 31, 2021

The COVID-19 journey to date has not been straight-forward (Figure 1). We have experienced successes and setbacks and, as elsewhere, we are currently in the midst of another COVID-19 wave (Omicron B.1.1.529 variant). We are fortunate that although the mutations in the Omicron variant have made it more transmissible, they have not made it more severe. Unfortunately, due to the high number of infections, there will still be an increase in the number of people with serious disease requiring hospitalization.

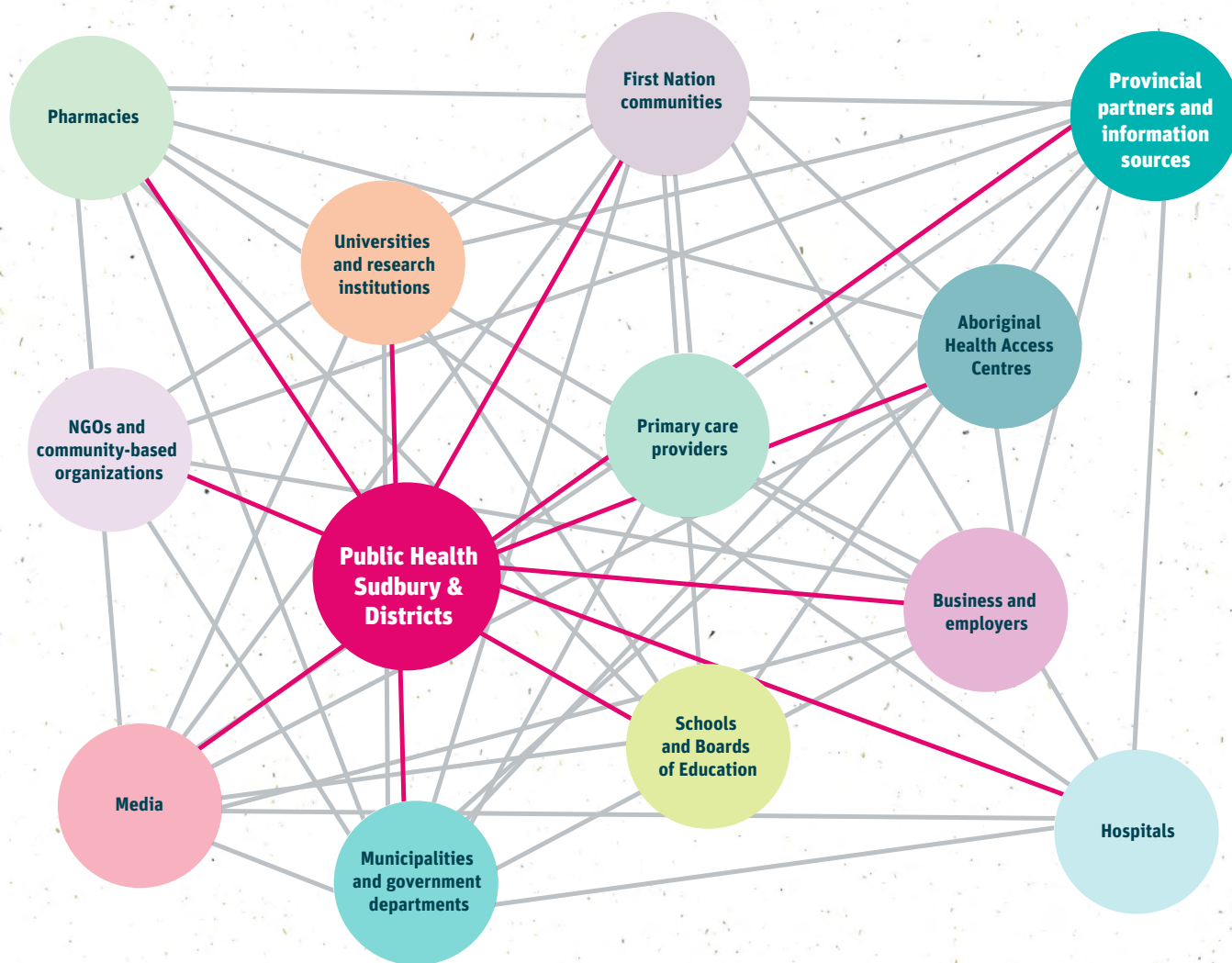
The characteristics of the Omicron variant have required changes in provincial guidance. As a result, intensive public health efforts must be directed to protect high-risk settings such as long-term care homes and group homes, to protect the most vulnerable. Case, contact, and outbreak management focused on these high-risk settings will continue, as will ongoing vaccination efforts to ensure Ontarians are fully vaccinated and boosted. Although Omicron can more readily infect those who are immune from vaccine or previous infection, **three doses of vaccine remain very protective against serious disease and hospitalization**^{1,2}. This transition is difficult—but it is yet another adaptation required by an ever-changing virus and, collectively, we will champion this change too.

Public Health’s transition to recovery while the pandemic continues its path will require the careful management of competing pressures. We have to balance **responding** to the pandemic through *vaccination and case, contact, and outbreak management* with investing in **recovering** from the pandemic through *reinstating public health programs and services* to assess and address ongoing and emerging health needs in the wake of the pandemic.



Recovery and resilience: Reducing Public Health’s backlog and building back better

As we have learned more and throughout each wave of the COVID-19 pandemic, the collective response has had to adapt many times to best protect individuals and our communities from the virus. From all walks of life—municipalities, health care providers, volunteer groups, local businesses, private citizens—everyone has contributed to the success of the local COVID-19 response. Public Health has been humbled by the contribution and commitment of so many as we lead our own responsibilities in this public health emergency.



Adverse impacts of COVID-19 and the COVID-19 response

The effects of the pandemic have not been experienced in the same way by all. Those experiencing systemic barriers to health and well-being prior to the COVID-19 pandemic continue to face disproportionate impacts during the pandemic, exacerbating underlying health inequities^{3,4}.

Further, **individuals who are more marginalized—socially, economically, culturally, racially—have borne a heavier burden both in terms of actual infection rates and in the burden of the pandemic control measures themselves.** This includes, for example, isolation, job loss, loss of income, mental health, community connections, cultural ceremony, and stigma. The risks of the pandemic and pandemic control measures have been different for different groups such as individuals who are older, those living with chronic conditions, people with disabilities, and those who are living in poverty or with unstable employment.

Understanding the adverse impacts of the pandemic and how they are experienced unevenly across our communities is critical to informing how public health can contribute to recovery for all. The public health mandate includes the requirement to reduce inequities in health and support opportunities for health for all. This particularly includes those experiencing greater disadvantage due to structures and systems beyond individual control. This work involves a variety of actions that target “upstream” and “downstream” determinants of health (Figure 2). Examples of upstream and downstream programs and services delivered by Public Health are overlaid on Figure 2.

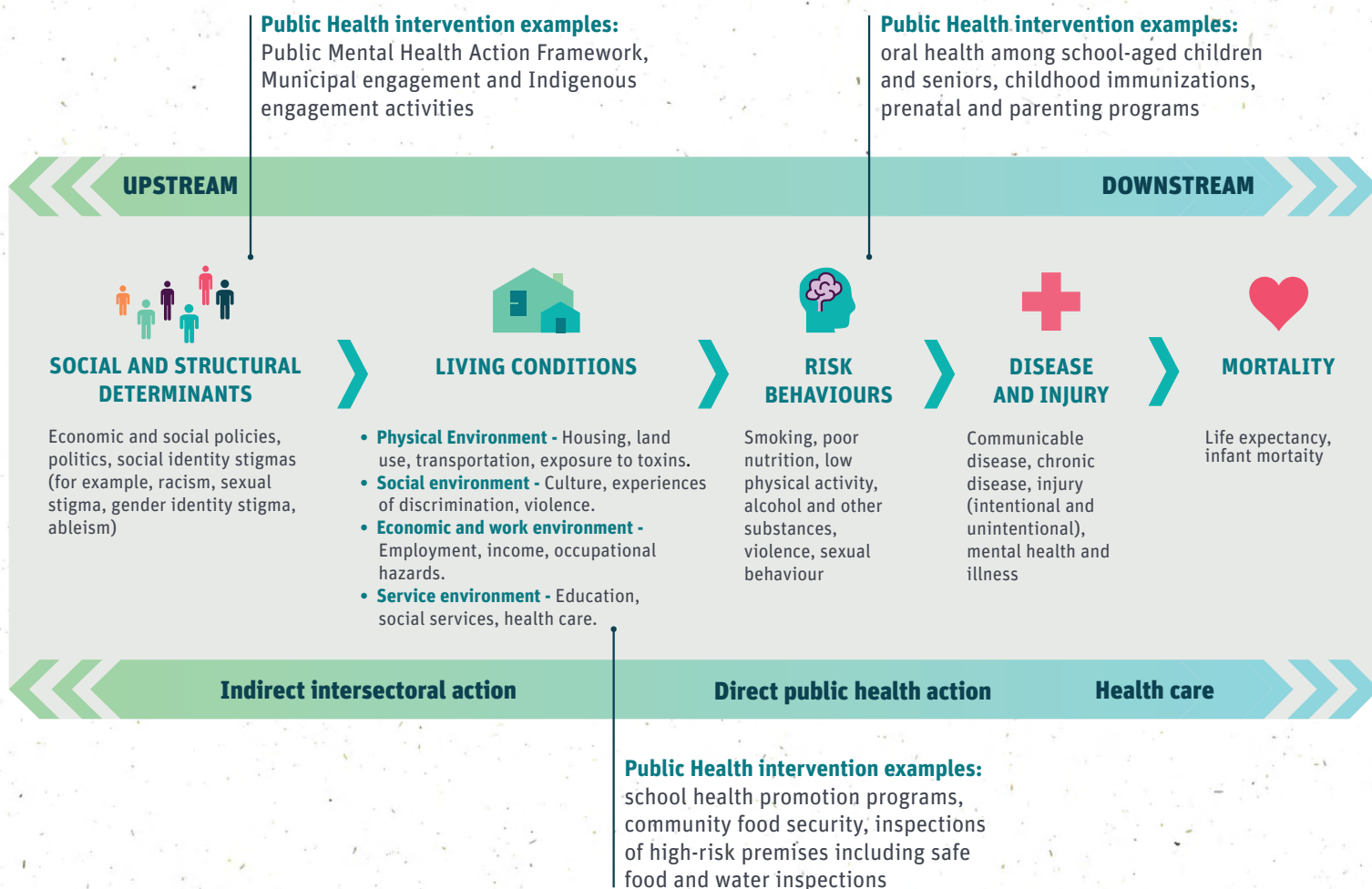


Figure 2: Continuum of interventions to address the determinants of health © All rights reserved. *Chief Public Health Officer’s Report on the State of Public Health in Canada: A Vision to Transform Canada’s Public Health System.* Public Health Agency of Canada. Modified, adapted and reproduced with permission from the Minister of Health, 2021.

Impacts of the COVID-19 pandemic on public health capacity

The prolonged and intense response to the COVID-19 pandemic has had significant repercussions for Public Health capacity. This includes **direct impacts on our programs and services and on our workforce.**

According to a recent survey of local public health units in Ontario, respondents reported reduced capacity to meet the requirements for the mandated programs and services outlined in the Ontario Public Health Standards⁵ as a result of the redeployment of local public health staff to COVID-19 response activities⁶. For example, of the required programs and services outlined in the Foundational Standards, public health was only able to complete 17% of population health assessment, 26% of health equity, and 30% of effective public health practice programs and services, on average, between the start of the pandemic (March 2020) and August 30, 2021. A similar pattern was observed for the completion of the requirements under the 13 Program Standards⁶. While a small proportion of the mandated expectations were completed, most of the work was linked in some way to COVID-19 response efforts. Much of the work suspended altogether were health promotion-related programs and services⁶.

Locally, responding to the pandemic has required the **redeployment of approximately 75% of Public Health Sudbury & Districts staff** to COVID-19 response efforts over the course of two years. This is in addition to the temporary hiring of additional staff and our reach out to other public health units and the provincial workforce for support at various points in the pandemic. The obvious consequence has been the suspension or radical reduction for two years of all non-COVID-19 related public health programs required under the *Ontario Public Health Standards*.

The public health workforce is comprised of multi-disciplinary staff including:

- nurses,
- public health inspectors,
- health promoters,
- epidemiologists,
- registered dietitians, and
- dental hygienists and educators among others.

For Public Health Sudbury & Districts, the pandemic response has required that these various staff adjust to unfamiliar pandemic work, not normally part of their roles.

The many readjustments, relentless intensity and long hours of work, combined with the uncertainty everyone has experienced in the pandemic, have left our workforce vulnerable and at risk. Public Health staff have demonstrated incredible resiliency and commitment to serving the communities in the Sudbury and Manitoulin districts. However, Public Health's contribution to the path to recovery must take into consideration the well-being of staff and ensure opportunities for their own recovery—investment in our human capital is critical.

Addressing the backlog: Public Health priorities for recovery programming

As Public Health begins to plan for its role in the local recovery endeavour, we have identified initial priorities for public health action. The priorities are based on our assessment of health impacts observed to date, combined with our knowledge of community strengths to be leveraged and gaps to be bridged. **Guided by our organizational values of trust, humility, and respect, Public Health has further considered initial feedback from local partners—knowing there is further engagement to be undertaken.**

While the priorities will continue to be reassessed as we navigate future developments of the pandemic, Public Health’s recovery priorities align with priorities identified through a provincial survey of local public health agencies in Ontario⁶. Results from this survey indicated that over 90% of respondents identified mental health promotion, substance use and harm reduction, and child immunization catch-up in their top priorities for recovery, with food safety inspection and oral health rounding out the top five.

Consensus on the top priorities for recovery was informed by the common experience of local public health units’ reduced capacity to meet the requirements of the *Ontario Public Health Standards*. For example:

- according to 16 local public health units, less than 1% of eligible children received oral health screening in schools in the 2020-2021 school year, compared to the 2019-2020 school year⁶.
- services provided as part of the Healthy Babies Healthy Children program—a program targeting vulnerable mothers and infants—was also greatly impacted. While many local public health units transitioned to online and virtual delivery, the uptake of services using this method of delivery was low among this population. According to 17 local health units, less than 10% of Healthy Babies Healthy Children families received virtual ‘home visits’⁶.

These are but two examples of public health programs and services that have a growing backlog in Ontario. The long horizon and preventive nature of much of public health work means that the impact of these service disruptions will not be known for some time. What is anticipated, however, is that the impacts will again be unevenly experienced, as many public health programs and services are designed to “level up” and preferentially support those experiencing the most disadvantage.

Public Health Sudbury & Districts' four recovery priorities include a focus on actions that will have the greatest impact for individuals and groups facing the highest disadvantage and fewest opportunities for health. The priorities bring us back to the core business of public health and the mandate to level up and create healthier communities for all.

Getting children back on track

This includes:

- Oral health among school-aged children
- Healthy Babies Healthy Children programming including healthy eating supports
- Prenatal and parenting programs, services, and supports
- Children's mental health and resiliency
- Childhood immunizations and other vaccine-preventable diseases
- School health promotion including the Northern Fruit and Vegetable Program



Levelling up opportunities for health

This includes:

- Health equity and racial equity programs, services, and supports including allyship training
- Sustainable food systems and food security
- Municipal engagement and Indigenous engagement activities
- Senior's health including dental health services and Stay on Your Feet programming



Fostering mental health gains

This includes:

- Public Mental Health Action Framework including anti-stigma initiatives
- Internal mental health literacy competencies and supports targeting Public Health staff
- Community Drug Strategy collaboration and prevention programs
- Eating disorders prevention, promotion, and early interventions
- Healthy behaviours, supportive environments, movement, and physical activity



Supporting safe spaces

This includes:

- Healthy built and natural environments including health hazards prevention and mitigation
- Inspections of high-risk premises including safe food and water inspections
- Routine inspections of childcare facilities
- Community Drug Strategy including the Needle Exchange Program
- Infectious and communicable disease prevention and control programs and services
- Sexual health programs and services



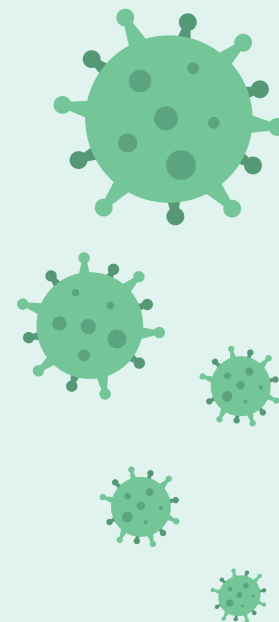
Next steps: Planning for priority Public Health programs in 2022

There are significant intersections between the four Public Health recovery priorities. This will assist in amplifying our actions as we collaborate across the agency to plan concrete programs and services. Given that Public Health's transition to **recovery** is occurring concurrently with the need for ongoing pandemic **response**, our approach is streamlined so that it is adaptable to these competing needs as they evolve.

February 2022 — 10

The challenge of Omicron

Omicron is now the dominant strain in Ontario and is currently our biggest threat and challenge to resuming the full breadth of public health programs and services. It is estimated that each Omicron case is infecting 4.5 times more individuals than the Delta variant¹. We must use the tools in our toolbox to overcome this challenge, which includes vaccines. For Omicron, having three doses of the COVID-19 vaccine, compared to two, offers significantly more protection against severe illness and hospitalization². While our actions and recommendations are based on the best available evidence, we also don't know if new variants will emerge in the future. Public Health recognizes the toll the pandemic has and continues to take on everyone, but we must hold steadfast to these COVID-19-safe measures. We will continue to provide timely and transparent updates to the community; we ask you to continue to be resilient, flexible, and kind.



From risk to recovery and resilience

The COVID-19 pandemic is characterized by uncertainty and the future is unknown. These uncertainties, however, do not mean that recovery planning is not timely and essential. These uncertainties do mean that our planning must be based on best available information, adaptable, and contingent on local needs. While Public Health efforts to mitigate the effects of COVID-19 will continue, we will concurrently resume programs and services to address priority needs. By prioritizing recovery activities and reducing the growing backlog of services and unmet needs, **Public Health Sudbury & Districts is an active partner in the local recovery endeavour**—creating and contributing to post-pandemic strong and resilient communities.



Endnotes

1. Public Health Ontario. (2021, December 31). COVID-19 variant of concern Omicron (B.1.1.529): Risk assessment, December 29, 2021. https://www.publichealthontario.ca/-/media/Documents/nCoV/voc/2022/01/covid-19-omicron-b11529-risk-assessment-dec-29.pdf?sc_lang=en
2. Public Health Ontario. (2022). Early estimates of Omicron severity in Ontario based on a matched cohort study of cases occurring between November 22 and December 24, 2021. Queen's Printer of Ontario. https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-epi-enhanced-estimates-omicron-severity-study.pdf?sc_lang=en
3. Bambra, C., Riordan, R., Ford, J., Matthews, F. (2020). The COVID-19 pandemic and health inequalities. *J Epidemiol Community Health*, 74(11), 964-968. doi:10.1136/jech-2020-214401.
4. Bryant, T., Aquanno, S., & Raphael, D. (2020). Unequal impact of COVID-19: emergency neoliberalism and welfare policy in Canada. *Critical Studies: An International and Interdisciplinary Journal*, 15(1), 22-39.
5. Ontario Ministry of Health, Ministry of Long-Term Care. (2021). Ontario Public Health Standards: Requirements for Programs, Services and Accountability – Protecting and Promoting the Health of Ontarians. Queen's Printer of Ontario. [Ontario Public Health Standards - Programs and Services - Health Care Professionals - MOHLTC \(gov.on.ca\)](https://www.ontario.ca/gov/ontario-public-health-standards-programs-services-health-care-professionals-mohlhc)
6. alPHa (Association of Local Public Health Agencies). (January 2022). Public Health Resilience in Ontario: Clearing the backlog, resuming routine programs, and maintaining an effective COVID-19 response. [https://www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/alPHa PH Resilience Report Final Jan2022.pdf](https://www.alphaweb.org/resource/collection/822EC60D-0D03-413E-B590-AFE1AA8620A9/alPHa%20PH%20Resilience%20Report%20Final%20Jan2022.pdf)

February 2022 — 12

PUBLIC HEALTH SUDBURY & DISTRICTS COVID-19 PANDEMIC, FROM RISK TO RESILIENCE

MOTION:

WHEREAS the redeployment of public health resources to the COVID-19 pandemic response has required Public Health Sudbury & Districts to stop or radically reduce many of its public health programs and services over the last two years, creating a significant and growing backlog of services and unmet needs across communities; and

WHEREAS Public Health Sudbury & Districts is preparing for pandemic recovery, assessing and addressing the ongoing and emerging health needs that require public health intervention; and

WHEREAS Public Health Sudbury & Districts has identified the following immediate priorities for public health recovery: Getting children back on track; Levelling up opportunities for health; Fostering mental health gains; and Supporting safe spaces; and

WHEREAS the Ministry of Health is recognizing recovery as a priority for local public health and providing boards of health, through the Annual Service Plan and Budget submission, the opportunity to request financial support through one-time funding for the recovery and resumption of public health programs and services; and

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts receive the report entitled Public Health Sudbury & Districts and the COVID-19 pandemic: From risk to recovery and resilience and support its broad dissemination to the public and to local and provincial partners; and further,

THAT the Board of Health for Public Health Sudbury & Districts endorse the recovery priorities and their inclusion in the 2022 Annual Service Plan and Budget submission.

HEALTH AND RACIAL EQUITY: DENOUNCING ACTS AND SYMBOLS OF HATE

MOTION:

WHEREAS the reduction of health inequities is a goal of Ontario's public health programs and services as set out in the [Ontario Public Health Standards](#) (OPHS), health equity is a Foundational Standard of the OPHS, and programs and services must be implemented in accordance with the [Health Equity Guideline](#) which includes the requirement to apply anti-racist, anti-oppressive, and culturally safe approaches to public health practice; and

WHEREAS the [Vision](#) of the Board of Health for Public Health Sudbury & Districts, *Healthier communities for all*, is further guided by its Mission and [Strategic Plan](#), both of which prioritize action in support of health equity; and

WHEREAS the Board of Health for Public Health Sudbury & Districts is a leader among Ontario local public health agencies in their longstanding commitment to health and racial equity, including notably, the September 2019 endorsement of the [Racial Equity Action Framework for Improved Health Equity](#); and

WHEREAS recent events in Ontario have included public displays of racism, anti-Semitism and discrimination, all detrimental to optimal health for all and prompting the Ontario Public Health Association (OPHA) on January 31, 2022, to issue the following statement:

While the right to protest is a fundamental element of our democracy, OPHA is disturbed by the hate filled racist and white supremacist symbols and messages flowing from the demonstrations in Ottawa. We denounce all forms of hate, bigotry, racism, antisemitism, and discrimination. Acts and symbols of hate are unwelcome and should not be tolerated. Silence is not acceptable. We urge political leaders from all levels & parties to speak out against such hate and racism, and to promote the importance of vaccines and other public health measures that are protecting all of us, especially the most vulnerable, against illness, hospitalization, & death. Change can only happen when we stand up and speak out. Let's work together to build a society that values diversity, inclusion, and optimal health for all.

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the January 31, 2022, statement of the OPHA; and

FURTHER THAT the Board of Health encourage other Ontario boards of health and the Association of Local Public Health Agencies to do the same; and

FURTHER THAT that this resolution be shared with all boards of health, the Association of Local Public Health Agencies, area Honorable Members of Parliament and Provincial Parliament, the Ontario Public Health Association, the Association Municipalities of Ontario (AMO), among other stakeholders.

IN CAMERA

MOTION:

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

Time: _____

RISE AND REPORT

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

ADDENDUM

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

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

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____