



Board of Health Meeting 02-22

Public Health Sudbury & Districts

Thursday, May 19, 2022

1:30 p.m.

Virtual

-----Original Message-----

From: Glenda Massicotte <glenlaw1212@gmail.com>

Sent: March 30, 2022 11:48 AM

To: Rachel Quesnel <quesnelr@phsd.ca>

Subject: Resignation

To: Board of Health

From: Glenda Massicotte

I am writing to inform you that I have resigned from my position as Councillor of Township of Sables Spanish Rivers effective April 1, 2022.

I took great pride as a board member and hope that my replacement I will participate fully.

I thank each and every board member for continuing to keep our communities safe and informed.

I will return my iPad on my next trip to Sudbury Respectfully Glenda Massicotte

Sent from my iPhone



March 30, 2022

Ms. Glenda Massicotte
Board of Health
Public Health Sudbury & Districts

Dear Ms. Massicotte:

Re: Public Health Sudbury & Districts Board of Health

Further to your email notice today regarding your resignation on the Board of Health effective April 1, 2022, I am extending my sincere gratitude on behalf of the Board of Health for your service as a committed member of our Board since January 2019.

Your contributions to the Board of Health have been appreciated and we know we have a passionate public health ambassador in the public Health Sudbury & District catchment area.

On behalf of the entire Board of Health, please accept my gratitude for your contributions and my well wishes for the future.

Sincerely,

René Lapierre, Chair
Board of Health

cc: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Board of Health, Public Health Sudbury & Districts
Lacloche Foothills Municipal Association

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca





Public Health
Santé publique
SUDBURY & DISTRICTS

March 10, 2022

Mr. Randy Hazlett
Municipality of French River

Dear Mr. Hazlett:

Further to my email on December 13, 2021, I am extending my sincere gratitude on behalf of the Board of Health for your service as a committed member of our Board from January 2019 until December 2021.

Your contributions to the Board of Health have been appreciated and we know we have a passionate public health ambassador in the Public Health Sudbury & District catchment area.

On behalf of the entire Board of Health, please accept my gratitude for your contributions and my well wishes for the future.

Sincerely,

Original signed by

René Lapierre, Chair
Board of Health

cc: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Board of Health, Public Health Sudbury & Districts

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Healthier communities for all.
Des communautés plus saines pour tous.



Public Health
Santé publique
SUDBURY & DISTRICTS

March 10, 2022

Ms. Jacqueline Paquin
Provincial Appointment
Board of Health
Public Health Sudbury & Districts

Dear Ms. Paquin:

Re: Public Health Sudbury & Districts Board of Health End of Term

Further to the thank you letter from the Deputy Premier and Minister of Health to you dated February 24, 2022, I am extending my sincere gratitude on behalf of the Board of Health for your service as a committed member of our Board from February 22, 2020, until February 22, 2022.

Your contributions to the Board of Health have been appreciated and we know we have a passionate public health ambassador in the public Health Sudbury & District catchment area.

On behalf of the entire Board of Health, please accept my gratitude for your contributions and my well wishes for the future.

Sincerely,

Original signed by

René Lapierre, Chair
Board of Health

cc: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Board of Health, Public Health Sudbury & Districts
Public Appointments, Agency Coordination & Corporate Initiatives Unit,
Ministry of Health

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phsd.ca



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



February 24, 2022

Ms. Jacqueline Paquin
1555 Madison Avenue
Sudbury ON P3A 2P1

Dear Ms. Paquin:

I would like to take this opportunity to thank you for the time and effort you have given while serving on the Board of Health for the Sudbury and District Health Unit.

Your commitment as a member of the board has been invaluable and the work you have done has left a lasting impact on all Ontarians. I truly appreciate your contribution and I hope you have found your tenure both challenging and rewarding.

Please accept my best wishes. I hope that you will continue to offer your time and talent in serving the people of Ontario.

Sincerely,

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

Christine Elliott
Deputy Premier and Minister of Health

c: Medical Officer of Health

AGENDA – SECOND MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
VIRTUAL MEETING
THURSDAY, MAY 19, 2022 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- Notice of Resignation from Glenda Massicotte dated March 30, 2022
- Thank you letter from PHSD Board of Health Chair to Glenda Massicotte dated March 30, 2022
- Thank you letter from PHSD Board of Health Chair to Randy Hazlett dated March 10, 2022
- Thank you letter from PHSD Board of Health Chair to Jacqueline Paquin dated March 10, 2022
- Thank you letter from the Deputy Premier and Minister of Health to Jacqueline Paquin dated February 24, 2022

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

- i) Supervised Consumption and Treatment Services: Status Update**
 - Shana Calixte, Manager, Mental Health and Substance Use, Health Promotion Division

5. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. Board of Health Meeting – February 17, 2022
- ii) Business Arising From Minutes**
- iii) Report of Standing Committees**
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, May 2022
- v) Correspondence**
 - a. Mental Health and Opioid Crisis Advocacy
 - Letter from the Board of Health Chair, Windsor-Essex County Health Unit, to the Minister of Health and Deputy Premier, dated May 6, 2022
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated May 2, 2022

- Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Deputy Premier and Minister of Health and the Associate Minister of Mental Health and Addictions, dated April 29, 2022
- Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Minister of Health, dated March 16, 2022
- b. Ontario Regulation 116/20, Work Deployment Measures for Boards of Health
 - Letter from the Board of Health Chair, Windsor-Essex County Health Unit, to the Minister of Health and Deputy Premier, dated March 30, 2022
- c. Health and Racial Equity: Denouncing Acts and Symbols of Hate
Board of Health for Public Health Sudbury & Districts Motion 08-22
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated April 8, 2022
 - Letter from the Board of Health Chair, Middlesex-London Health Unit, to Dr. Sutcliffe, dated March 30, 2022
 - Letter from the Board of Health Chair, Windsor-Essex County Health Unit, to the Minister of Health and Deputy Premier, dated March 30, 2022
 - Email from Haliburton, Kawartha, Pine Ridge District Health Unit to Ontario Public Health Units, dated March 21, 2022
 - Email from the Medical Officer of Health, Simcoe Muskoka District Health Unit, to COMOH, dated March 15, 2022
 - Letter from Dr. Sutcliffe, to the President of the Association of Local Public Health Agencies, dated February 23, 2022
- d. Carry-Over of 2021-22 Elevator Replacement Capital Project Funding
 - Letter from the Chief Medical Officer of Health, Ministry of Health, to Dr. Sutcliffe, dated March 14, 2022
- e. Carry-Over of 2021-22 Infection Prevention and Control (IPAC) Program Funding
 - Letter from the Chief Medical Officer of Health, Ministry of Health, to Dr. Sutcliffe, dated March 14, 2022
- f. Next Phase of COVID-19 pandemic response
 - Statement from the Council of Chief Medical Officers of Health (CCMOH) Re next phase of the COVID-19 pandemic response, February 14, 2022
- g. Enhancing Uptake of Third COVID-19 Doses and the Proof of Vaccination Record
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Deputy Premier and Minister of Health, dated February 11, 2022

vi) Items of Information

- | | |
|--|---|
| a. alPHa Information Break | February 2022
March 2022
April 2022 |
| b. alPHa’s Public Health Primer for
2022 Election Candidates | |
| c. Public Health Sudbury & Districts
<i>Health Matters Provincial Election Primer</i> | May 12, 2022 |

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) 2022-23 Ministry of Health Funding

- Briefing Note from the Medical Officer of Health dated May 12, 2022
- Letter from the Deputy Premier and Minister of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated May 2, 2022
- Letter from the Deputy Premier and Minister of Health, to the Board of Health Chair, Public Health Sudbury & Districts, dated May 3, 2022

ii) Association of Local Public Health Agencies (alPHa)’s Virtual Conference and Annual General Meeting (AGM)

- *Draft* Pre-Conference Workshop – June 13, 2022
- *Draft* Program for AGM and Conference – June 14, 2022
- *Draft* Agenda for the alPHa Board of Health Section Meeting – June 14, 2022

2022 ALPHA AGM/CONFERENCE

MOTION:

WHEREAS the Public Health Sudbury & Districts is allocated four votes at the alPHa Annual General Meeting;

THAT in addition to the Medical Officer of Health and the Board of Health Chair, the following two Board of Health members be registered by Public Health Sudbury & Districts and attend the virtual 2022 alPHa virtual Annual General Meeting as voting delegates for the Board of Health:

iii) COVID-19

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated May 11, 2022
- Letter of appreciation from Chief Medical Officer of Health to Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer dated May 4, 2022, Re: Public Health Measures Table

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS

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

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

MINUTES – FIRST MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
THURSDAY, FEBRUARY 17, 2022 – 1:30 P.M.

BOARD MEMBERS PRESENT

Claire Gignac	Glenda Massicotte	Carolyn Thain
Jeffery Huska	Paul Myre	Dean Wenborne
Robert Kirwan	Ken Noland	
René Lapierre	Natalie Tessier	

BOARD MEMBERS REGRETS

Bill Leduc	Jacqueline Paquin	Mark Signoretti
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STAFF MEMBERS PRESENT

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

MEDIA PRESENT

Media

R. QUESNEL PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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

Dean Wenborne, replacing Randy Hazlett from the Municipality of French River, was welcomed to the Board of Health.

Jacqueline Paquin's term on the Board will be ending February 22, 2022. A message of appreciation from J. Paquin was shared with the Board.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. ELECTION OF OFFICERS

Following a call for nominations for the position of Chair of the Board of Health, René Lapierre was nominated. There being no further nominations, the nomination for the Board of Health Chair for Public Health Sudbury & Districts for 2022 was closed. R. Lapierre accepted his nomination.

01-22 APPOINTMENT OF CHAIR OF THE BOARD

MOVED BY MASSICOTTE – HUSKA: THAT the Board of Health appoints René Lapierre as Chair for the year 2022.

CARRIED

R. LAPIERRE PRESIDING

Following a call for nominations for the position of Vice-Chair of the Board of Health, Jeff Huska was nominated. There being no further nominations, the nomination for Vice-Chair for the Board of Health for 2022 was closed. J. Huska accepted his nomination.

02-22 APPOINTMENT OF VICE-CHAIR OF THE BOARD

MOVED BY MYRE – MASSICOTTE: THAT the Board of Health appoints Jeffery Huska as Vice-Chair for the year 2022.

CARRIED

Following a call for nominations for three positions of Board Member at Large to the Board Executive Committee, Ken Noland, Claire Gignac, Paul Myre and Robert Kirwan were nominated.

There being no further nominations, the nominations for the Board Executive Committee for the year 2022 was closed. Paul Myre respectfully declined his nomination.

03-22 APPOINTMENT TO BOARD EXECUTIVE COMMITTEE

MOVED BY HUSKA – TESSIER THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2022:

- 1. Ken Noland***
- 2. Claire Gignac***
- 3. Robert Kirwan***
- 4. René Lapierre, Chair***
- 5. Jeffery Huska, Vice-chair***
- 6. Medical Officer of Health/Chief Executive Officer***
- 7. Director, Corporate Services***
- 8. Secretary Board of Health (ex-officio)***

CARRIED

Following a call for nominations for three positions of Board Member at Large to the Finance Standing Committee of the Board, Carolyn Thain, Mark Signoretti, and Ken Noland were nominated.

There being no further nominations, the nominations for the Finance Standing Committee of the Board of Health for the year 2022 was closed and all accepted their nominations. A correction was noted from the agenda that the Manager of Accounting Services is not a member of the Finance Standing Committee of the Board.

04-22 APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

MOVED BY GIGNAC – MYRE: THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2022:

- 1. Carolyn Thain***
- 2. Mark Signoretti***
- 3. Ken Noland***
- 4. René Lapierre, Chair***
- 5. Medical Officer of Health/Chief Executive Officer***
- 6. Director, Corporate Services***
- 8. Board Secretary***

CARRIED

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

Dr. Sutcliffe introduced L. Andrade. It was noted that the *Public Health Sudbury & Districts and the COVID-19 Pandemic: From risk to resilience Report, February 2022* and an associated motion will be discussed under today's agenda item 7 iii).

Since March of 2020 when the first case of the COVID-19 infection was confirmed in the Sudbury and Manitoulin districts, Public Health Sudbury & Districts has provided leadership and essential services to manage the pandemic and guide communities to best protect themselves. This has included case, contact, and outbreak management; behaviour change initiatives; local protective measures; and the vaccination program. Behind the scenes, Public Health has been busy providing data analysis and epidemiological reviews; communications and stakeholder engagement; human resource managements and information technology supports.

As of the end of January 2022, Public Health Sudbury & Districts has administered 435,203 COVID-19 vaccine doses throughout the Sudbury and Manitoulin districts.

While the COVID-19 response is essential, there has been a substantial impact on Ontario's public health units as well as on PHSD's ability to complete the mandated programs and services outlined in the Ontario Public Health Standards (OPHS) due to the redeployment of local public health staff to COVID-19 response efforts. Results from a survey led by the Association of Local Public Health Agencies regarding adverse impacts of the pandemic on the public health programs and services were shared.

In June 2021, Public Health Sudbury & Districts undertook a review of the available evidence on recovering from a public health emergency and the review identified the importance of accounting for a recovery period before a full return to pre-emergency standards. Initial priorities for public health action were identified by the senior management executive team and validated by management teams in October 2021. Guided by the organizational values of trust, humility, and respect, Public Health Sudbury & Districts further considered initial feedback from local partners and the following recovery priorities were identified:

- (i) Getting children back on track
- (ii) Fostering mental health gains
- (iii) Leveling up opportunities for health
- (iv) Supporting safe spaces

Cross-divisional planning for the recovery priorities were held in February and assisted to identify potential intervention for recovery to reduce these backlogs and to engage in preliminary discussions on resource needs for 2022.

It was concluded that the future is unknown as it relates to the COVID-19 pandemic. While Public Health efforts to mitigate the effects of COVID-19 will continue, programs and services will concurrently resume to address priority needs to create and contribute to post-pandemic strong and resilient communities.

Questions and comments were entertained, and Lesley was thanked for her presentation.

6. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. Fourth 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 |

05-22 APPROVAL OF CONSENT AGENDA

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

CARRIED

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*

The *2021 COVID-19 Response by the Numbers* infographic provides an accounting of COVID-19 response activities over the last year detailing the volume and scope of work associated with Public Health’s pandemic response. Although it does not convey everything that would be included in the Accountability Monitoring Plan (AMP), the infographic details the scope and intensity of PHSD’s COVID-19 work including health and human resource capacity and financial impact; overall COVID-19 program supports; case, contact, and outbreak management; and COVID-19 vaccine program. Board members were reminded that the annual Accountability Monitoring Plan (AMP) developed by PHSD has been paused since February 2020 given most of the PHSD resources have been focused on the pandemic response.

06-22 COVID-19 RESPONSE – REPORTING AND ACCOUNTABILITY MONITORING

MOVED BY NOLAND – HUSKA: 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.

CARRIED

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

Dr. Sutcliffe noted that the briefing note provides a progress update on the infrastructure modernization project and is a good news story. The Board's investment in two projects is a significant undertaking to upgrade and modernize the main office location at 1300 Paris as well as the Elm Place.

The Elm Place project was substantially completed on January 28, 2022, with keys turned over to PHSD for occupancy and doors to the new location opened to the public on Monday, January 31, 2022. The 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. Special requirements for heating, ventilation, and air conditioning (HVAC) systems are now met as well as other legislative requirements including accessibility and infection control standards. The infrastructure design incorporates information technology, physical environment security measures, and energy efficiencies features. The project is on time and on budget.

The 1300 Paris project is progressing well with the mechanical equipment installation being 40% completed, roof work being 50% completed, level 2 work being 85-99% completed and level 3 approximately 60% completed. Dr. Sutcliffe noted that the building, built in 1970, required significant updates for safety, efficiency and repairs. Challenges with material delays are not unique to this project but rather a global issue. Estimated completion of the second and third levels is the end of May requiring our lease to be extended at our temporary Lasalle office and the cost will be supported within the operating budget. The project is projecting to be on budget.

A Working Group has been established to support the transition of the PHSD 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.

A video unveiling the Elm Place space was shared and it was pointed out that because programs and services are not full-scope due to COVID-19 and the Sudbury project is not yet completed, this a soft launch of the new space.

The team was congratulated for remaining on budget.

- 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

During the last two-years, Public Health Sudbury & Districts has provided leadership and essential services to manage the pandemic and guide communities to best protect themselves during an unprecedented and everchanging crisis.

Extraordinary public health efforts have come at great opportunity costs. Human resources have been diverted to the local COVID-19 response and many programs and services have had to stop, creating a growing backlog of services and unmet needs.

The effects of the pandemic have been experienced locally, provincially, nationally and globally issues. In a recent statement from the Council of Chief Medical Officers of Health on the next phase of the COVID-19 pandemic response, Dr. Tam has indicated that as we enter the transition phase, we should anticipate additional waves and outbreaks. Progress may not be linear, and we need to have the capacity to cope with COVID-19.

Dr. Sutcliffe commended to Board members the report, *Public Health Sudbury & Districts and the COVID-19 Pandemic: From risk to recovery and resilience*. As Public Health begins to plan for its role in the local recovery endeavour, initial priorities for public health action have been identified. Public Health's transition to recovery while the pandemic continues its path will require the careful management of competing pressures.

The main points from the report will be shared along with a news release following today's Board of Health meeting.

It was noted that the Board's operating budget is established to deliver on the programs and services as required under the Ontario Public Health Standards. As reported, much of this budget in the last two years has been redirected to our COVID-19 response. However, we are optimistic that this will soon shift back to funding the broader OPHS mandate, beginning with the recovery priorities as identified in this agenda item. It was noted that PHSD is well positioned by having mapped out a balanced recovery plan and priorities.

07-22 PUBLIC HEALTH SUDBURY & DISTRICTS COVID-19 PANDEMIC, FROM RISK TO RESILIENCE

MOVED BY THAIN – WENBORNE: 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.

CARRIED

iv) Health and Racial Equity: Denouncing Acts and Symbols of Hate

The Board of Health Chair noted that the proposed motion speaks for itself and it was read in its entirety.

08-22 HEALTH AND RACIAL EQUITY: DENOUNCING ACTS AND SYMBOLS OF HATE

MOVED BY LAPIERRE – MYRE : 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.

UNANIMOUSLY CARRIED

8. IN CAMERA

09-22 IN CAMERA

MOVED BY KIRWAN – NOLAND: THAT this Board of Health goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 2:30 p.m.

CARRIED

9. RISE AND REPORT

10-22 RISE AND REPORT

MOVED BY TESSIER – THAIN: THAT this Board of Health rises and reports.

Time: 3:30 p.m.

CARRIED

It was reported that one agenda item was discussed relating to a matter involving one or more identifiable individuals, including employees or prospective employees for which the following motion emanated:

11-22 APPROVAL OF MEETING NOTES

MOVED BY THAIN – KIRWAN: THAT this Board of Health approve the meeting notes of the November 18, 2021, and December 15, 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

10. ADDENDUM

No addendum

11. ANNOUNCEMENTS

- Board members are reminded to complete the code of conduct and conflict of interest declaration forms by March 4.
- Board members are asked to complete the Board of Health meeting evaluation and that their anonymous feedback is appreciated.
- There is no regular Board of Health meeting in March. The next regular meeting is Thursday, April 21, 2022, at 1:30 p.m.

12. ADJOURNMENT

12-22 ADJOURNMENT

MOVED BY MYRE – TESSIER: THAT we do now adjourn. Time: 3:36 p.m.

CARRIED

(Chair)

(Secretary)

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

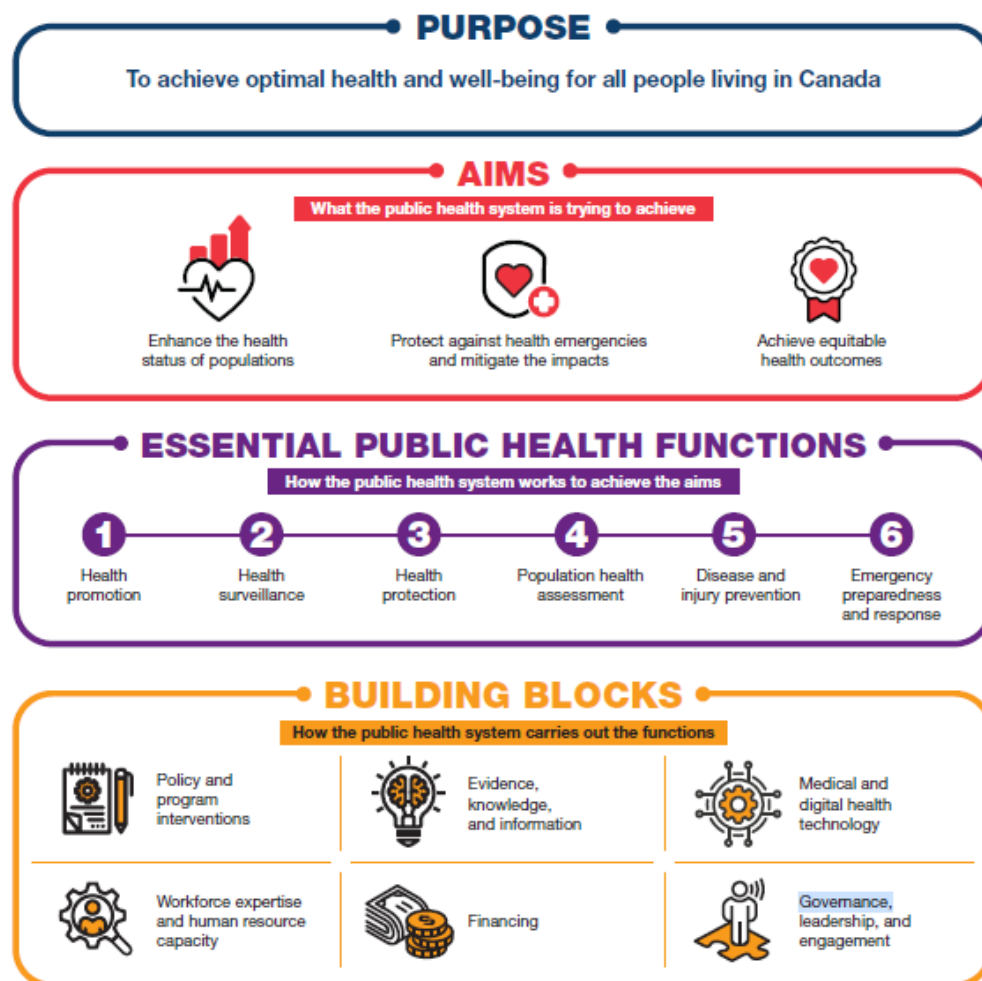
Words for thought

Chief Public Health Officer's Report on the State of Public Health in Canada 2021

A Vision to Transform Canada's Public Health System – selected extracts

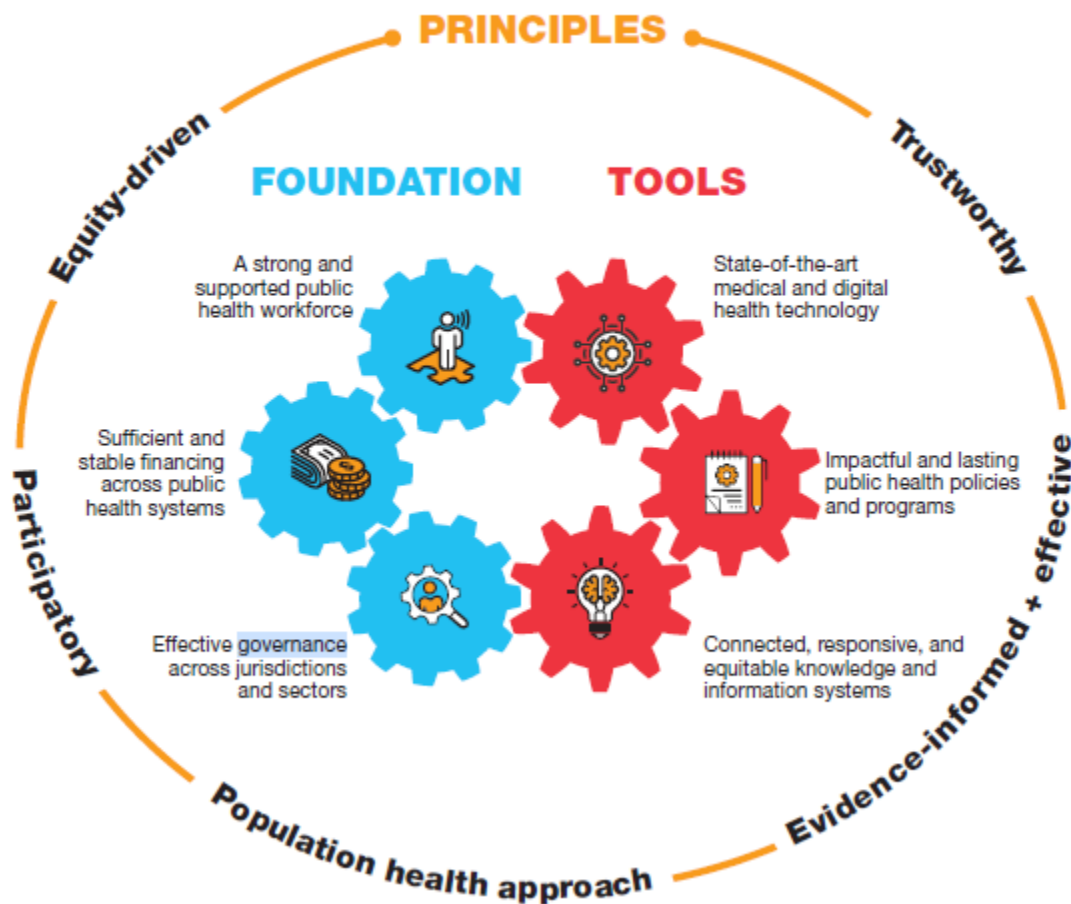
The COVID-19 pandemic has shown us that an effective health system does more than treat illnesses with medicines and procedures. It works to prevent these illnesses from happening in the first place and protects us from health threats, whenever possible. It also promotes healthy environments and public policies that create the conditions to support and enable health. These are the roles of public health.

FIGURE 9: The What, Why, and How of the Public Health System in Canada



While our public health system has extended itself to meet the increased demands of COVID-19, it is stretched dangerously thin. The pandemic has highlighted the strengths of our system, but it has also exposed long-standing cracks in the foundation. The public health system lacks the necessary resources and tools to carry out its critical work, and is the subject of “boom and bust” funding cycles that leave us ill-prepared in the face of new threats.

FIGURE 12: Elements of a World Class Public Health System



COVID-19 has served as a wake-up call. We know that the best defense against the next emergency includes a strong public health system and a healthy population. To get there, we need to value public health as much as we do health care. This means a societal shift in how we view our health system, from primarily treating illnesses towards preventing disease and promoting health for all.

Website: [A Vision to Transform Canada’s Public Health System: Chief Public Health Officer’s Report on the State of Public Health in Canada 2021 - Canada.ca](https://www.canada.ca/en/public-health/services/reports-publications/a-vision-to-transform-canada-s-public-health-system-chief-public-health-officer-s-report-on-the-state-of-public-health-in-canada-2021.html)

Date: May 5, 2022

A warm welcome to Board of Health members to the May 2022 meeting.

As we move to shift our Public Health focus to recovery, we are inspired by the vision for system transformation described by Chief Public Health Officer, Dr. Theresa Tam. In her report, the CPHO presents four priority action areas for public health transformation, to help ensure we are better equipped to meet present and future health challenges:

1. Support and reinvigorate the public health workforce
2. Upgrade the public health toolbox
3. Modernize how we collaborate and govern public health
4. Step up investments in public health

To the extent our capacity permits, Public Health Sudbury & Districts is moving forward on three important fronts as an agency: continued COVID-19 response, program recovery priorities, and workplace transition to hybrid work model. These actions are occurring within the broader contexts of the need for workforce recovery, a desire to learn lessons from our pandemic response, and unknowns about future provincial processes to transform Ontario's public health system.

I expect that the Board of Health will be called upon to be fully engaged in the many important governance-related issues that will arise from our path ahead. Thank you for your ongoing support and commitment to local public health.

General Report

1. Board of Health

Membership

Following Glenda Massicotte's resignation on the Board of Health on March 30, 2022, a replacement has not yet been appointed by the LaCloche Foothills Municipal Association.

Continuing education opportunity for Board of Health members

alPHA Annual General Meeting and Conference

alPHA will be holding its virtual 2022 Annual General Meeting (AGM), Conference and Section Meetings on June 14. An optional Pre-Conference Workshop will also be held online June 13. A motion is included in the meeting agenda relating Board member attendance and voting delegation for the AGM.

alPHA fitness challenge

May is alPHA Fitness Challenge Month! All members are encouraged to engage in fitness activities during the month of May. Participate on your own or as part of a group and share pictures on Twitter tagging [@PHAgencies](#) with #PublicHealthLeaders. Photos will be profiled during the June 14 alPHA Conference. The Fitness Challenge flyer can be found [here](#). Any physical activity of a 30-minute duration is encouraged. Walk, run, bike, wheel, swim, or do whatever moves you to be active and let alPHA know about it. Be creative and have fun!

2. Temporary Nursing Retention Incentive

On March 7, the Ontario government announced an investment of \$763 million to provide Ontario's nurses with a lump sum retention incentive of up to \$5,000 per person. The purpose of this incentive is to encourage nurses to stay in the profession.

All nurses working in Public Health are eligible for the incentive. On May 2, the funding announcement was received and provided \$343,400 for the first payment and a further \$343,400 for the second payment. Actual funding will be based on the amount paid to nurses in each period. Public Health Sudbury & Districts is planning on paying the incentive to eligible nurses on the May 27 pay date.

3. Local and Provincial Meetings

As the Northern representative, I have participated at the COMOH Executive meeting on March 25. I attended the ALPHA Board of Directors virtual meeting on April 8. Northern medical officers of health continue to meet weekly to discuss and coordinate pandemic responses.

4. Infrastructure Modernization Project

1300 Paris Street

Estimates for project completion continue to be June 2022. The new boiler system is completed, and commissioning has taken place. Level 2 of the building is nearing completion with HVAC, plumbing, electrical between 90% to 99% complete. Level 3 completion for the same items is between 85% to 95% completed. Flooring installation has begun on both floors and furniture has begun to arrive.

Elm Place

The list of remaining deficiencies continues to be addressed slowly. Scheduling of the contractors continues to be a challenge now that we are in the final mile of the project. The project financials remain on target.

The Board of Health Chair accompanied the Medical Officer of Health and Director of Corporate Services on a tour of 1300 Paris Street and Elm Place on May 2, 2022. Plans are underway for broader communication and touring of the sites once the projects are completed.

COVID-19 Vaccine Program location

The COVID-19 vaccine program has moved to unit 101 at the Southridge Mall. This unit will have staff desks specific to operating the COVID-19 vaccine program, IT staff, two hotel desks and will be the location used to onboard new staff. The program and staff vacated the Gerry McQuarrie Countryside Arena Hockey Hall of Fame space on April 30, 2022, which was graciously made available to us by the City of Greater Sudbury for an extended period of time.

5. Working Remotely Project

Public Health Sudbury & Districts embarked on an Infrastructure Modernization project at its Sudbury offices to update much needed infrastructure and systems, challenge ourselves to think and work differently, better align a flexible working model where staff have opportunities for collaboration and team-building, to best serve our community and clients, and to optimize the physical infrastructure available to us.

With the 1300 Paris St. renovations nearing completion, we are preparing to repatriate some staff back to 1300 Paris St. We have reviewed best practices and literature on change management and remote/hybrid working to ensure an effective and supportive transition to new ways of working. Lessons from the remote work required by the pandemic are being leveraged.

6. Financial Report

The financial statements ending February 2022 show a positive variance of \$314,950 before considering COVID-19 extraordinary expenses. These statements account for \$1,164,031 in COVID-19 extraordinary expenses incurred to the end of February. Funding from the Ministry for COVID extraordinary expenses in the amount of \$8,344,000 has been approved in the 2022 Accountability Agreement and is not yet recognized in these Financial Statements. This funding will be recognized when received.

7. 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 April 29, 2022, on May 4, 2022. The Employer Health Tax has been paid, as required by law, April 30, 2022, with an online payment date of May 15, 2022. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to March 31, 2022, with a cheque dated April 30, 2022. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

As part of a Community Working Group, Public Health Sudbury & District staff presented a proposal at the St.-Charles Council meeting to transition the St.-Charles 55+ Connect programming to the St.-Charles Age Friendly Committee. The proposal was unanimously approved by council members.

Physical activity and sedentary behaviour

In the month of January, an additional 34 gently used skates and five new hockey helmets were provided to the St.-Charles arena manager for their skate exchange and loaner program. This program provides free skates to anyone any age needing them.

Seniors dental care

Staff working in the Seniors Dental Program were deployed to COVID-19 vaccination clinics for most of December and returned to clinical work in the new clinic location at Elm Place in mid-January. Client appointments commenced in early February for preventive dental care (dental cleanings). While we continue efforts to recruit a full-time dentist for the program, enrolled seniors continue to receive dental treatment through our contracted dental providers in the community. Enrollment of new clients continues to grow at a rate of approximately 15 new clients per week.

2. Healthy Growth and Development

Breastfeeding

Throughout the months of December 2021 to May 2022, public health nurses provided in-person clinic appointments to clients with screening prior to appointment and virtual/telephone contact to 397 clients at both the main office as well as the office in Val Caron.

As a result of COVID-19, the Breastfeeding Committee of Canada (BCC) has granted Public Health Sudbury & Districts an extension to our Baby-Friendly Initiative (BFI) re-designation. An update to BCC will be needed during the anniversary month of our BFI designation (October 2022). Following the update, a mutually agreed upon tentative date for Public Health Sudbury & Districts to enter a Pre-Assessment for continued BFI certification will be determined.

Growth and development

Throughout the months of December 2021 to May 2022, 239 reminder postcards were delivered to parents regarding the need for their child's 18-month well-baby visit appointment. The goal of this reminder is to have more infants screened by health care providers for milestones that are indicators of healthy growth and development.

Health Information Line

Throughout the months of December 2021 to May 2022, public health nurses provided services via the Health Information line to 452 clients. Calls were related to pregnancy, breastfeeding, infant feeding, car seat safety as well as resources regarding lack of primary care provider and mental health.

Healthy Babies Healthy Children

Throughout the months of December 2021 to May 2022, public health nurses and family home visitors on the HBHC team continued to provide support to more than 222 clients with a total of 3,361 interactions (phone calls, virtual and in-home visits). Though most public health nurses and family home visitors were redeployed to support the COVID-19 vaccination clinics during December and January, the Health Information Line and two staff remained available to families in case of emergency. Regular home visits (virtual and in-person) resumed beginning the last week of January.

Healthy pregnancies

Throughout the months of December 2021 to May 2022, 336 people registered for Public Health Sudbury & Districts' online prenatal courses. This course provides information on life with a new baby, infant feeding as well as the importance of self-care and relationships.

Healthy Families staff re-engaged with community partners and resumed providing support for their Canadian Nutrition Prenatal Programming.

Positive parenting

Throughout the months of December 2021 to May 2022, 10 parents across the catchment area were provided Triple P positive parenting via the online program and offered support from public health nurses at Public Health Sudbury & Districts.

Additionally, the Health Promoter/Triple P coordinator on the Healthy Families team led the Triple P Steering Committee and stakeholders through an evaluation of the current community level model of delivery. A survey was developed, launched, and the data have now been analyzed and reviewed with steering committee members. The goal is to coordinate all parenting programming across the Sudbury & Manitoulin Districts to meet the needs of parents.

3. School Health

Oral Health

Preventive services for children resumed in February with the return of deployed staff. Staff are returned to school based oral health programming in late March. This includes the school screening program, referral of urgent cases to dental providers and monitoring the progress of treatment. As April is oral health month, a media campaign was launched to promote children's visits to the dentist and to promote the Healthy Smiles Ontario financial assistance program.

4. Substance Use and Injury Prevention

Comprehensive tobacco control

The Quit Smoking Clinic telephone line remains open even though the Quit Smoking Clinic services are currently on hold as staff have been redeployed to support the COVID-19 response, and individuals seeking support are being referred to other programs throughout Ontario.

Life promotion, suicide risk and prevention

The Suicide Safer Network for the Sudbury and Manitoulin area met on November 12, 2021. Recent findings from the Coroner's office regarding suicide were discussed. The results of a community capacity survey (2021) saw 53 respondents provide answers to inform future action in suicide prevention, intervention and postvention in our community. An infographic was prepared with the findings and presented to the Leadership Pillar.

Mental health promotion

In December, the 5 Ways to Wellbeing campaign was launched. The campaign is based on research done by the [New Economics Foundation](#) in 2008, who reviewed more than 400 scientific papers to identify five key things that contribute to our wellbeing: Be active, take notice, keep learning, give, and connect. The campaign was launched across social media, local cinemas, and YouTube. It features a 30-second video highlighting the 5 ways and encouraging viewers to engage in each of the ways within their own life.

Substance Use

Public Health Sudbury & Districts launched their INSIGHTS campaign in November, during National Addiction Awareness Week. INSIGHTS is a video series featuring testimonials from experts in our community, who shared their perspective on why a Supervised Consumption Site is an important piece of the puzzle when it comes to reducing the harms of substance use in our community.

Public Health Sudbury & Districts began releasing monthly overdose prevention social media messaging, due to the increase in overdose deaths. This messaging ran for six months.

In March and April, the Community Drug Strategy issued drug warnings to advise the community of an increase in overdoses and to share reports from community of toxic substances that were present in the city.

There have been three local media interviews with CBC and CTV surrounding opioid surveillance and use of substances within our community. There have also been two presentations with local community groups on the Community Drug Strategy and Supervised Consumption and Treatment Services (SCTS). The Supervised Consumption Site is close to completion. Health Canada toured the Energy Court site virtually in early April, to verify final details for our application. We have also submitted our provincial application for funding. Réseau ACCESS Network, who will lead the site, received occupancy, has hired staff, and has stocked and furnished the site, ready for opening.

Both Stakeholder and Advisory Committees are being organized, which will guide the site regarding operations and address larger community concerns as we go forward.

Public Health Sudbury & Districts continues to meet monthly with the Manitoulin Drug Strategy Committee and has started priority setting activities. On January 20, 2022, the committee announced Rilie Philips, Manitoulin Health Center, social worker/safe bed program as the new co-chair with Katie Gilchrist, Public Health Nurse from the Mindemoya District Office.

Harm reduction – Naloxone

During the month of November, Public Health Sudbury & Districts and community partners in our region distributed a total of 2,445 naloxone doses. In December there was a total of 1,178 doses distributed, and in January there were 815 doses distributed. For the month of February, Public Health Sudbury & Districts and community partners in our region distributed a preliminary total of 645 naloxone doses.

Health Sciences North (HSN) continues to expand their inpatient naloxone distribution pilot program. For the month of November, HSN distributed 60 naloxone kits (120 doses). In December, HSN distributed 31 naloxone kits (62 doses), January HSN distributed 25 naloxone kits (50 doses), and February HSN distributed 35 kits (70 doses). In March, the Ontario Naloxone Program announced that they have expanded to offer in patient distribution of naloxone for all hospitals across the province.

The Municipality of Killarney kicked off their “Naloxone Saves Lives Campaign” in March 2022. Over 260 bilingual “Naloxone Saves Lives” brochures were distributed to all of Killarney households. The bilingual brochure contains information on how to get a free naloxone kit in Sudbury East, overdose prevention and signs of an overdose, and demonstrates the five steps of giving Naloxone. In addition, an Accessibility for Ontarians with Disabilities friendly website was developed hosting content that compliments the brochure and provides additional campaign resources. An additional 1,600 Naloxone Saves Lives brochures were distributed to local community partners in Sudbury East including the local Ontario Provincial Police detachment, local Emergency Management Services/Fire departments, the UNIVI medical centre, and pharmacies.

Smoke Free Ontario Strategy

The North East Tobacco Control Area Network (TCAN), hosted the first TCAN meeting of 2022 and welcomed Veronica Charette (Regional Coordinator) and Melanie Rail (Public Health Sudbury & Districts Tobacco Control Coordinator). The meeting was well attended by all the north eastern health units and planning for 2022 is underway.

The NE TCAN also hosted the Enforcement Subcommittee meeting that afternoon with representation from four of five health units.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. COVID-19 and Schools

Staff have provided ongoing information to local School Boards regarding the implementation of the new provincial absenteeism reporting system, as well as to communicate ongoing provincial policy changes. Staff continue to receive and review monthly COVID-19 reports from schools and Licensed Child Care Centres (LCCC) in our service area.

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

A success continues to be the consistent and continual meetings with the Directors of Education to discuss and consider implementation of guidance updates. This supports collaboration and consistency of information communicated to parents/guardians and actions taken across our School Boards. Staff have initiated monthly meetings with LCCC representatives with the same goal.

2. School Health and Behaviour Change

COVID-19 behaviour change

The team continues to complete timely updates to the agency website, web Frequently Asked Questions, and supporting resources such as factsheets, infographics, and posters for example. Ongoing development of social media posts for Facebook and Twitter in response to changes in guidance, Government and Ministry announcements, changes in local context, and newly identified community needs.

Public Health Sudbury & Districts continues to strongly recommend the use of [multiple layers of protection](#) such as vaccination, masking, practicing physical distancing, hand-washing, and self-screening daily. COVID-19 is still circulating locally and across the province. The primary focus of recent COVID-19 behaviour change communications has been to reinforce the importance of assessing one's level of risk and making informed choices based on personal circumstances such as age, vaccination status, health status, etc. to protect self and others.

Recent communications have addressed changes in masking requirements, eligibility and availability of antiviral treatment, and expanded testing eligibility.

COVID-19 Information Line

Between January 1 and March 31, 2022, the Public Health Sudbury & Districts' COVID-19 Information Line addressed 5,500 public inquiries regarding COVID-19. For the month of

April 2022, 8,659 inquiries were addressed, and Response Assistants began answering live calls. Booking for local vaccination appointments transitioned from the City of Greater Sudbury to Public Health Sudbury & Districts' COVID-19 information line effective April 11 as public health transitions from the acute phase of the pandemic to the management phase of the pandemic in our community. Community members from the health unit's catchment area were also provided up-to-date information including testing and isolation guidelines, provincial regulations for businesses, local public health measures, travel-related requirements, and COVID-19 vaccination.

COVID vaccine communication

Ongoing promotion encouraging the public to receive all recommended doses, including any booster doses, when eligible, to stay up to date and to build long-term protection against COVID-19.

The agency continues to issue Advisory Alerts to health care providers, and ensures timely updates to the agency website, web FAQs, and supporting resources. Ongoing development of social media content for Facebook and Twitter publication remains an important communications strategy to promote the importance of COVID-19 vaccines and local vaccine opportunities. Recent COVID-19 vaccine promotions have addressed first and second booster dose eligibility, consideration for Moderna for moderately to severely immunocompromised individuals aged 6 to 11 years old, recommended vaccine intervals post COVID-infection, as well as availability and eligibility for non mRNA vaccines.

To support the information needs of those working with individuals who are pregnant, breastfeeding or planning to conceive, Public Health Sudbury & Districts invited stakeholders to take part in an online webinar hosted by the Ontario Public Health Association on April 27. This webinar, [COVID-19 Vaccination in Pregnancy and Postpartum](#), presented the latest research on COVID-19 vaccination coverage throughout Ontario, the safety and efficacy of the vaccine throughout pregnancy and the postpartum period. The focus was on how to support families and new parents while navigating vaccination decisions.

COVID vaccine clinics led by Public Health

Public Health Sudbury & Districts continues to offer a number of hyper-localized clinics to provide access to COVID-19 vaccine in our communities. Clinic attendance has increased with the recent announcements of booster dose eligibility. Clinics continue to be held in venues, such as halls, and shopping malls as well as in schools, via the mobile bus, and in our local offices. Efforts to increase accessibility also include home vaccination for those who face barriers to getting to a clinic. For details on clinic dates, times, and locations visit www.phsd.ca.

School health promotion

The School Health Promotion staff continue to provide up-to-date information and resources to school community members as requested by schools on topics including healthy eating, healthy sexuality, substance use and harm reduction, and violence and bullying.

The School Health and Behaviour Change team continues to work in collaboration with mental health leads from local school boards to take part in joint planning and implementation of programming for the 2021–2022 school year.

A series of mindfulness sessions has been implemented with students in one high school. A presentation on breathing strategies and emotions was also presented to all students in an elementary school. Lastly, workshops were implemented to staff at two different school boards, which focused on growth mindset, mental health, mindfulness, and social emotional learning.

The *Caring Adults Matter* Campaign was implemented, which focuses on adult influencers and their role in raising resilient children and youth. The campaign was featured on buses, bus stops, and billboards.

3. Vaccine Preventable Diseases and COVID-19 Case and Contact Management

As of April 4, the Vaccine Preventable Diseases team has resumed school-based immunization clinics with a focus on catching up Grade 8 for missing human papillomavirus (HPV), Hepatitis B (HB), and Meningococcal Conjugate Quadrivalent (Men-C-ACYW-135) vaccines. As of May 4, staff are working to initiate or complete Grade 7 vaccinations for the large cohort of Grade 8 students before they transition to secondary school. Scheduling is also underway for the Grade 7 cohort immunization clinics until the end of May.

Clinics at our Sudbury main office location continue to be offered for children overdue on vaccinations, as well as clients needing high-risk immunizations.

Staff are currently working on social media messaging targeting parents/guardians of children that are overdue for their routine immunizations and encourage booking appointments with PHSD. Planning is underway to offer school-based community clinics to accommodate these appointments (for overdue children and youth, including HB, HPV-9, Meningococcal, and Tetanus, Diphtheria, Pertussis (Tdap) vaccinations during the months of June, July, and August. Information on the Ministry expansion of Hepatitis B vaccination eligibility criteria will also be included and communicated. Beginning in the 2022-23 school year, the school-based hepatitis B immunization program eligibility period will be expanded until the end of Grade 12. The eligibility expansion will allow students who missed their vaccine in Grade 7 to be vaccinated under the publicly funded program until Grade 12 through their public health unit.

PHSD is proud to announce a working partnership with the Capreol Nurse Practitioner-Led Clinic. This partnership works to address barriers in accessing routine immunization services for residents without primary care providers. This partnership works to enable residents to receive recommended vaccines for which they are eligible and would otherwise rely on public health or walk-in clinics to provide.

Beginning in May 2022, residents of all ages without primary health care providers will have access to routine publicly funded vaccines through the Capreol Nurse Practitioner-Led Clinic. Arrangements for appointments will be made by Public Health Sudbury & Districts through our regular vaccine booking practices. Individuals calling for vaccine appointments will be screened for eligibility for the initiative and will be provided with an appointment date and time.

Health Protection

1. Control of Infectious Diseases (CID)

During the month of April, staff followed-up with 1,600 new local cases of COVID-19.

During the month of April, eleven sporadic communicable disease reports were investigated. Thirteen respiratory outbreaks were declared in the month of April. The causative organism for eleven outbreaks was identified as COVID-19. The cause of one outbreak was Enterovirus/Rhinovirus, and the cause of the remaining outbreak could not be confirmed. Further, two enteric outbreaks were declared in institutions. The causative organism of one outbreak was confirmed to be norovirus, and the causative organism for the second outbreak was not identified.

In response to reports of the season's first confirmed cases of influenza A, a media release was issued that reminded the public of protective measures including the importance of receiving annual influenza vaccination.

During the month of April, two infection control complaints were received and investigated.

Infection Prevention and Control Hub

During the month of April, twelve Infection Prevention and Control (IPAC) inquiries from facilities were received and responded to, and eight IPAC assessments and audits were completed at congregate settings. IPAC Practitioners also participated in 13 outbreak management team meetings.

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

Sexual health clinic

In April, there were four drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections and/or pregnancy counselling.

The Elm Place office site completed a total of 156 telephone assessments related to STIs, blood-borne infections and/or pregnancy counselling in April, resulting in 62 onsite visits.

Needle exchange program

In March, harm reduction supplies were distributed, and services received through 1,417 client visits across the Public Health Sudbury & Districts' region.

3. Food Safety

During the month of April, one food product recall prompted an email notification from Public Health to supermarkets and convenience stores, informing them of the recall and advising to remove the product from sale. The recalled food products included certain Kinder brand chocolate due to possible contamination with Salmonella.

During the month of April, public health inspectors issued one closure order to a food premises due to unsanitary conditions. The closure order has since been rescinded following corrective action, and the premises allowed to reopen.

Staff issued 17 special event food service permits to various organizations.

4. Health Hazard

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

5. Ontario Building Code

During the month of April, 27 sewage system permits, 16 renovation applications, one zoning, and four consent applications were received.

6. Rabies Prevention and Control

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

One individual received rabies post-exposure prophylaxis following an exposure to a wild animal.

One Order to Isolate and Produce Animal was issued to an animal owner.

7. Safe Water

During April, 30 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated two regulated adverse water sample results.

One drinking water order was issued, and one drinking water order was rescinded.

8. Smoke-Free Ontario Act, 2017 Enforcement

In April, one individual was charged for smoking on school property and one individual was charged with vaping on school property.

Knowledge and Strategic Services

1. Effective Public Health Practice

As shared at the February 17, 2022, Board of Health meeting, Public Health has focused efforts on recovery planning as we strive to focus efforts on addressing the backlog of public health programs and services in 2022. To support internal planning for the 4 program recovery priorities (Getting children back on track, Levelling up opportunities for health, Fostering mental health gains, and Supporting safe spaces), Knowledge and Strategic Services team members have held planning sessions with program managers and key planning staff throughout February, March, and April 2022, and have supported program teams in the development of their recovery activity plans. Activity plans, which inform actions and interventions in all our agency recovery priorities for 2022, are now complete and are being implemented.

Public Health staff have also supported other public health units and community partners with recovery planning and considerations. This includes the completion of a survey of local public health units on recovery planning efforts and sharing information through professional networks with other public health partners across the province. A presentation of our recovery priorities was also delivered to the Seniors Advisory Panel and Mayor and Council on March 3, 2022.

A two-part internal Knowledge Exchange Symposium is being held in May to provide the opportunity for staff from across the agency to showcase their projects and share the invaluable work they have been involved in over the last two years. The theme of this year's event is: *COVID-19 Response: Thinking on your feet, where adaptability and resiliency meet*. The sessions, scheduled for May 10 and 24, will feature speakers from case contact management, the COVID-19 vaccine program, behaviour change, and other programs of public health importance that have kept our ship afloat. Staff members from across the agency attended the sessions to listen to and engage with their colleagues.

2. COVID-19 Vaccine Planning

Work continues on the rollout of the COVID-19 vaccination program across Sudbury & Districts. As of May 3, 454,526 doses of a COVID-19 vaccine had been administered to residents of Sudbury and districts, including 174,730 first doses, 167,749 second doses, 102,134 third doses, 9,913 fourth doses. A total of 89.1% of local residents aged 5 years and older have received

their first dose of vaccine, while 85.6% have received their second dose and 52.1% have received their third dose.

Both community and hyper-localized approaches continue to be utilized to promote vaccine uptake. A hyper-localized approach ensures that more, small clinics and a variety of opportunities are available to residents. In Greater Sudbury this includes mini-mass clinics at existing locations, pop-up clinics in new neighbourhoods, and pop-up or vaccine-to-client opportunities for vulnerable populations. In the districts, clinics are rotating to different communities within each area weekly or bi-weekly to ensure uptake across all municipalities on Manitoulin Island, and in the Chapleau, Sudbury East, and Lacloche Foothills areas. The mobile vaccine bus also came back into operation on March 1. The mobile vaccine clinic operates 5 days a week and targets hard-to-reach populations and neighbourhoods with low vaccine uptake to date. It is also used in locations with high foot-traffic such as grocery stores and shopping malls. It serves Greater Sudbury and the district areas.

A special clinic blitz was planned and executed during the March Break to increase pediatric vaccination opportunities at venues where families may visit and play. In addition to community-based clinics, Public Health Sudbury & Districts continues to collaborate with area school boards to offer vaccination opportunities in school settings (both in-school and after school), to ensure access to vaccines for children aged 5 to 11. Vaccines were offered to children, staff, and school community families from January to April. In May and June, additional after-school clinics and in-school catch-up opportunities will be offered as needed. Moreover, in an effort to increase COVID-19 booster uptake in youth aged 12 to 17, a bilingual letter will be distributed through schools to inform caregivers about the importance, safety and interval of booster doses. Online resources are also included to help caregivers make an informed decision with and in support of their youth.

On April 6, the province announced expanded eligibility for second booster doses (4th doses) for individuals 60 years of age and older as well as First Nation, Inuit and Métis individuals, and their non-Indigenous household members, 18 years of age and older, starting on April 7. This announcement caused a spike in interest and uptake for second booster doses across all communities. Public Health has worked diligently to increase the number of appointments available at existing clinics and/or expand clinic hours as needed to meet demand.

3. Health Equity and Indigenous Engagement

The team continues to engage with BIPOC communities and partners, including holding a COVID-19 vaccine information session with the Nigerian Community. The team has continued to partner with the Centre de santé communautaire du grand Sudbury and Interculturel Francophone de Sudbury to develop and offer Allyship training activities to address racism and other forms of discrimination. Three Allyship training sessions were facilitated in April including two in French with Collège Boréal students and one in English with the Rainbow Districts School Board secondary schools' staff professional development day.

Team members have continued to support vaccination efforts for First Nations and Urban Indigenous community, priority populations, and congregate settings. Two COVID-19 vaccination clinics were held in Sudbury’s downtown core for those who are precariously housed. A new vaccine outreach initiative also began in April offering vaccines to clients in their homes for those living in subsidized accommodations. Flyers have been delivered to the Manitoulin-Sudbury District Service Board for distribution in Sudbury East, Lacloche, and Manitoulin Island. Immunization for those who register will begin on May 10. Greater Sudbury locations will follow. Additional engagement is underway with First Nations and Urban Indigenous partners to discuss mutual pandemic recovery priorities and to determine the future of the First Nations and Urban Indigenous Vaccine Planning committee.

Team members have prepared pre-election materials, including website and social media content, for the upcoming provincial election on June 2. The materials inform provincial election candidates about the important public health issues in the communities that we serve and the role that public health plays in everyday lives. Election materials also encourage individuals to vote and to take action to reduce health inequities. An election primer has been developed and is being distributed to provincial election candidates in our service area. The primer includes issues and key recommendations around the following public health priorities: Mental Health, Income Security, Paid Sick Days, Housing, Indigenous Health and Well-Being, Anti-racism, Opioids, IPAC – Infection Prevention and Control, Climate Change, and Public Health.

4. Population Health Assessment and Surveillance

The team continues to provide ongoing support with internal, external (public, media, ministry), and operational planning data requests essential for the management and decision support of COVID-19 and program priorities. The team continues to collaborate with the Health Sciences North Research Institute and the City of Greater Sudbury to support public reporting of their wastewater surveillance program that is actively monitoring levels of SARS-CoV-2 and its variants.

Ongoing efforts continue to maintain and update population data on local vaccination metrics. This includes ongoing analysis to support vaccine planning across the services area to ensure equitable access to vaccines and encourage uptake across our service area for third (booster) doses for adults, first and second doses for children aged 5 to 11, and fourth doses for those eligible (e.g., long-term care homes, elder care settings, individuals aged 60 years and over, Indigenous individuals aged 18 years and over and their non-Indigenous household members).

The team also recently developed a new detailed weekly report that integrates the previous COVID-19 case epidemiology summary with the vaccination program summary that is shared publicly on the website each Wednesday.

Essential work continues in non-COVID-19 related analyses, such as the daily monitoring of data related to suspected opioid overdoses and the monthly updating of the Community Drug

Strategy's opioid dashboard. The team is also beginning recovery work on outstanding population health and surveillance reporting that was temporarily paused during the pandemic.

5. Research and Evaluation

Evaluation of our COVID-19 vaccination efforts is also underway. A bilingual COVID-19 post-clinic satisfaction survey was conducted from March 16 to 24, 2022. The purpose of the survey was to identify client satisfaction with the varying levels of clinic vaccination services provided by Public Health Sudbury & Districts. Highlights reported from 327 respondents throughout Sudbury and districts include that scheduling appointments either through the call centre or the provincial booking system was easy to extremely easy (93%); clinic locations were easy to find (98%); clinic flow was simple to navigate (97%); and overall clinic experience was very good to excellent (94%). A full report of the survey results will be posted on the Public Health Sudbury & Districts website.

Additional evaluations are also in development to ensure we are meeting community needs. Recently, team members have developed and launched a survey on April 19, 2022, to help Public Health Sudbury & Districts better understand where clients in our community can access publicly funded vaccination services. This survey will assist us in understanding how Public Health can support and work collaboratively with healthcare providers to alleviate potential barriers to publicly funded vaccines, including the COVID-19 vaccine.

6. Staff Development

Public Health staff members have been on the front lines of an intense and prolonged COVID-19 response within a rapidly changing and uncertain environment. In effort to support staff through ongoing response activities and as we begin our journey into recovery, Staff Development planned and offered a training session on March 29, 2022, to 15 staff members on the topic of Emotional Intelligence. This training was delivered by Leaders for Leaders and was the sequel to the one-hour introductory presentation that was offered to all staff in December 2021.

7. Strategic Engagement Unit and Communications

Throughout the agency's pandemic response, communicating relevant and timely information has been a high priority and the result of much focused effort. As our efforts shift into recovery, this same commitment will apply to the agency's priorities of getting children back on track, levelling up opportunities for health, fostering mental health gains, and supporting safe services and environments.

Medical Officer of Health/Chief Executive Officer
Board Report – May 2022
Page 19 of 19

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 2 Periods Ending February 28, 2022

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	16,836,800	2,806,133	2,806,132	1	14,030,668
MOH - One Time Mitigation Grant	1,179,500	196,583	196,584	(1)	982,916
MOH - Unorganized Territory	826,000	137,667	137,668	(1)	688,332
Municipal Levies	9,078,082	1,513,014	1,513,017	(3)	7,565,065
Interest Earned	100,000	16,667	15,650	1,016	84,350
Total Revenues:	\$28,020,382	\$4,670,064	\$4,669,051	\$1,012	\$23,351,331
Expenditures:					
Corporate Services:					
Corporate Services	4,844,013	882,181	924,377	(42,197)	3,919,635
Office Admin.	115,350	19,225	15,272	3,953	100,078
Espanola	117,766	18,759	18,787	(29)	98,978
Manitoulin	131,604	20,890	19,927	963	111,677
Chapleau	126,876	20,199	17,917	2,282	108,959
Sudbury East	18,104	3,017	3,132	(114)	14,972
Intake	344,251	52,962	47,865	5,097	296,387
Facilities Management	602,893	100,482	81,384	19,098	521,509
Volunteer Resources	3,850	642	0	642	3,850
Total Corporate Services:	\$6,304,706	\$1,118,356	\$1,128,661	\$(10,306)	\$5,176,045
Health Protection:					
Environmental Health - General	1,326,023	207,211	194,621	12,590	1,131,401
Environmental	2,642,778	402,911	314,780	88,131	2,327,999
Vector Borne Disease (VBD)	88,828	14,247	3,700	10,547	85,128
Small Drinking Water Systems	177,834	27,359	25,839	1,520	151,995
CID	1,687,795	258,199	272,978	(14,779)	1,414,817
Districts - Clinical	231,803	35,726	39,988	(4,262)	191,815
Risk Reduction	273,042	45,507	4,704	40,803	268,338
Sexual Health	1,079,262	167,132	210,431	(43,300)	868,830
MOHLTC - Influenza	0	(612)	(35)	(577)	35
MOHLTC - Meningitis	0	(165)	(9)	(157)	9
MOHLTC - HPV	0	(239)	0	(239)	0
SFO: E-Cigarettes, Protection and Enforcement	257,999	40,394	30,680	9,713	227,319
Total Health Protection:	\$7,765,364	\$1,197,669	\$1,097,679	\$99,990	\$6,667,685
Health Promotion:					
Health Promotion - General	997,565	155,022	174,026	(19,004)	823,539
Districts - Espanola / Manitoulin	351,716	54,188	55,696	(1,507)	296,020
Nutrition & Physical Activity	1,508,873	234,056	108,367	125,689	1,400,506
Districts - Chapleau / Sudbury East	223,514	34,465	37,542	(3,078)	185,971
Tobacco, Vaping, Cannabis & Alcohol	350,309	54,558	47,661	6,897	302,648
Family Health	854,447	132,085	134,763	(2,678)	719,683
Mental Health and Addictions	375,039	58,148	100,309	(42,161)	274,730
Dental	546,067	84,399	80,976	3,423	465,091
Healthy Smiles Ontario	616,967	95,398	89,952	5,446	527,015
Vision Health	39,511	6,226	0	6,226	39,511
SFO: TCAN Coordination and Prevention	544,806	85,298	47,693	37,606	497,113
Harm Reduction Program Enhancement	159,201	24,566	15,952	8,614	143,249
Total Health Promotion:	\$6,568,014	\$1,018,409	\$892,937	\$125,472	\$5,675,077
School Health, Vaccine Preventable Diseases and C					
School Health, VPD, COVID Prevention - General	192,058	29,752	111,309	(81,557)	80,749
School	1,985,343	305,731	159,293	146,438	1,826,050
VPD and COVID CCM	1,994,158	306,794	299,143	7,650	1,695,015
Total SVC:	\$4,171,560	\$642,276	\$569,746	\$72,531	\$3,601,815
Knowledge and Strategic Services:					
Knowledge and Strategic Services	2,685,290	414,946	391,379	23,567	2,293,911
Workplace Capacity Development	23,507	3,918	0	3,918	23,507
Health Equity Office	14,440	2,407	0	2,407	14,440
Nursing Initiatives: CNO, ICPHN, SDoH PHN	477,269	73,426	76,473	(3,047)	400,796
Strategic Engagement	10,232	1,705	275	1,431	9,957
Total Knowledge and Strategic Services:	\$3,210,738	\$496,402	\$468,127	\$28,275	\$2,742,611
Total Expenditures:	\$28,020,382	\$4,473,112	\$4,157,149	\$315,963	\$23,863,232
Net Surplus/(Deficit)	\$(0)	\$196,952	\$511,902	\$314,950	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 2 Periods Ending February 28, 2022

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
MOH Funding	28,020,382	4,670,064	4,671,875	0	(1,812)	23,348,507
Other Revenue/Transfers	802,017	133,670	87,497		46,173	714,521
Total Revenues & Expenditure Recoveries:	28,822,399	4,803,733	4,759,372	0	44,361	24,063,027
	(a)	(b)	(c)		d = (b-c)	e = (a-c)
Expenditures:						
Salaries	18,674,837	2,873,049	2,690,766	751,890	182,283	15,984,071
Benefits	5,828,047	896,720	886,574	92,938	10,146	4,941,473
Travel	296,858	49,476	13,554	49,661	35,922	283,304
Program Expenses	1,089,417	181,569	24,571	34,956	156,998	1,064,846
Office Supplies	85,584	14,264	19,232	2,267	(4,968)	66,352
Postage & Courier Services	64,972	10,829	7,454	0	3,374	57,518
Photocopy Expenses	33,507	5,584	4,204	3,144	1,381	29,303
Telephone Expenses	65,266	10,878	12,056	18,108	(1,178)	53,210
Building Maintenance	401,642	66,940	56,407	7,669	10,533	345,235
Utilities	236,567	39,428	27,700		11,728	208,867
Rent	312,365	52,061	84,794	14,246	(32,733)	227,572
Insurance	145,514	141,347	157,600		(16,253)	(12,086)
Employee Assistance Program (EAP)	35,000	5,833	9,022		(3,189)	25,978
Memberships	29,889	4,981	2,911		2,070	26,978
Staff Development	126,205	21,034	4,273		16,761	121,932
Books & Subscriptions	9,345	1,557	279		1,278	9,066
Media & Advertising	130,365	21,727	6,495	7,756	15,232	123,870
Professional Fees	419,307	69,884	72,038	142,193	(2,154)	347,269
Translation	48,690	8,115	2,354	19,478	5,761	46,336
Furniture & Equipment	18,020	3,003	2,075	0	929	15,945
Information Technology	771,002	128,500	163,111	19,724	(34,610)	607,891
Total Expenditures	28,822,399	4,606,781	4,247,470	1,164,031	359,311	24,574,929
Net Surplus (Deficit)	(0)	196,952	511,902		314,949	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended February 28, 2022

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
COVID and Schools	355	1,200,000	924,429	275,571	77.0%	Mar 31/2022	91.7%
Indigenous Communities	703	90,400	14,737	75,663	16.3%	Dec 31	16.7%
Pre/Postnatal Nurse Practitioner	704	139,000	128,770	10,230	92.6%	Mar 31/2022	91.7%
Opioid Poisoning Surveillance System	710	-	508	(508)	#DIV/0!	Dec 31	16.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	4,219	95,781	4.2%	Mar 31/2022	91.7%
Northern Fruit and Vegetable Program	743	176,100	41,155	134,945	23.4%	Dec 31	16.7%
Triple P Co-Ordination	766	28,998	6,936	22,062	23.9%	Dec 31	16.7%
Supervised Consumption Site	767	-	21,316	(21,316)	#DIV/0!	Dec 31	16.7%
Healthy Babies Healthy Children	778	1,476,897	1,252,318	224,579	84.8%	Mar 31/2022	91.7%
IPAC Congregate CCM	780	746,237	494,751	251,486	66.3%	Mar 31/2022	91.7%
Ontario Senior Dental Care Program	786	810,200	71,326	738,874	8.8%	Dec 31	16.7%
Anonymous Testing	788	61,193	55,885	5,308	91.3%	Mar 31/2022	91.7%
Total		3,629,025	2,091,921	1,537,104			

May 6, 2022

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

Dear Minister Elliott:

Letter of Support – Response to the Opioid Crisis in Ontario-Wide

On April 21, 2022 at a regular meeting of the Windsor-Essex County Board of Health, the Board considered a letter from Simcoe-Muskoka District Health Unit endorsing a set of recommendations for the province of Ontario and provincial Ministry of Health to help address the escalating opioid crisis province-wide.

Over the last five years, the region of Windsor-Essex County (WEC) has also experienced a worsening opioid and drug overdose crisis. In 2021, there were a total of 416 opioid-related emergency department visits reported in WEC, which is 58 more than those reported for in 2020 (358) and nearly quadruple those which were reported for in 2016 (108).^{1,2} The WEC community also observed a total of 68 opioid-related deaths in 2020, which represents the highest number of annual opioid deaths recorded in WEC since reporting began in 2005.² These upward trends are expected to continue as local data becomes available for 2021, with 33 opioid-related mortalities recorded in the first seven months of the annual period alone (January to July of 2021).¹

The following motion was passed:

Motion: That the WECHU Board of Health support the letter from Simcoe-Muskoka Public Health to the Hon. Christine Elliott in response to the Opioid Crisis province-wide and urges the following:

1. Create a multisector task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.

5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.
7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning for early childhood.
8. Fund additional and dedicated positions for health units to support the coordination and leadership of local opioid and substance strategies.

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration for expanding these provisions to all public health unit regions.

Sincerely,



Gary McNamara, Chair
Windsor-Essex County Board of Health

c: Nicole Dupuis, CEO, WECHU
Loretta Ryan, Executive Director, alPHa
Michael A. Tibollo, Associate Minister of Mental Health and Addictions
Ontario Boards of Health
Doug Ford, Premier of Ontario
Dr. Kieran Moore, CMOH
MPs and MPPs in Windsor-Essex
Mayors and Municipal Council Members in Windsor-Essex

¹ Windsor-Essex County Health Unit. Personal communication with the Epidemiology and Evaluation Department. January 21st, 2022.

² Public Health Ontario (PHO). Interactive Opioid Tool – Opioid Related Morbidity and Mortality in the Geographic Area of the Windsor-Essex County Health Unit. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed April 14th, 2022.

May 2, 2022

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

Re: Provincial Opioid Crisis Response

Dear Minister Elliott:

At its meeting on April 13, 2022, the Board of Health for Peterborough Public Health (PPH) considered correspondence from the Simcoe Muskoka District Health Unit and passed the following motion:

That the Board of Health for Peterborough Public Health:

- *receive the letter dated March 16, 2022 from Simcoe Muskoka District Health Unit (SMDHU) for information;*
- *endorse the following actions recommended by SMDHU:*
 1. *Create a multi-sectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.*
 2. *Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.*
 3. *Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.*
 4. *Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.*
 5. *Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.*
 6. *Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.*
 7. *Increase investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.*
- *communicate this support by writing to Minister Elliott, with copies to the following: Associate Minister of Mental Health and Addictions, Attorney General of Ontario, Chief Medical Officer of Health, Local MPs and MPPs, Local Councils, Ontario Health, Association of Local Public Health Agencies, and Ontario Boards of Health.*

The harms related to opioid use have increased at an unprecedented and alarming rate in Peterborough County and City, currently double the provincial average and since the onset of the COVID-19 pandemic. To address this opioid crisis, a provincially supported and coordinated, multi-sectoral approach is needed.

The approach should address the social determinants of health and include early prevention and harm reduction strategies alongside substance use disorder treatment strategies. The public health response should also include policy to address the structural stigma and harms that discriminate those who use drugs.

The PPH Board of Health fully supports the above-noted recommendation, and thanks you for your consideration.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Local MPs and MPPs
Local Councils
Ontario Health
Association of Local Public Health Agencies
Ontario Boards of Health



April 29, 2022

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

The Honourable Michael A. Tibollo
Associate Minister of Mental Health and Addictions
Ministry of Health
Frost Building South, 6th Floor
7 Queen's Park Cres
Toronto, ON
M7Z 1Y7

Dear Minister Elliott and Associate Minister Tibollo:

Thank you for your continued commitment to the health of Ontarians during these trying times.

Under your leadership, the Grey Bruce Public Health Unit excelled in leading the way out of the COVID-19 pandemic emergency in the Grey Bruce region by working within the provincial framework. We mobilized the community, garnering the support of the public, our partners, and stakeholders, to successfully address and manage the pandemic.

By applying the same engagement and emergency-response tools, our key strategic direction for the coming years is to lead and coordinate the response to the growing opioid crisis in our region, and across the province.

The Grey Bruce Board of Health's commitment to the strategic direction was translated to a resolution from the Association of Local Public Health Agencies (ALPHA). We called on all stakeholders and levels of government to capitalize on the momentum generated from combating COVID-19 by channeling their collective efforts in response to the opioid crisis as soon as practical, given the impact of the pandemic.

Attached you will find a letter addressed to your office from ALPHA referencing this resolution.

Within our community and in collaboration with health and non-health sector partners, Grey Bruce Public Health has taken the lead in utilizing new initiatives to address the complexities of mental health issues and addiction. We used a robust framework to manage an outbreak in a semi-shelter housing multiple people who struggle with substance use. This framework has benefitted residents in multiple complex settings in Grey Bruce, and by virtue of its success, the model has been replicated by other regions in Ontario.

Grey Bruce Public Health nimbly applies lessons learned from socially complex outbreaks. We launched a community outreach model targeting people who are not attached to the health system and who have challenges related to social determinants of health. The community

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

outreach model is a great example of engagement and collaboration under the leadership of Public Health.

With our demonstrated commitment to addressing mental health and addiction within our community, and with our ability to apply the same engagement and emergency-response tools that we found successful in responding to the COVID-19 pandemic emergency, we write to you with the following objectives:

- To recommend the establishment of a provincial task force to address the opioid crisis
- To strongly recommend a Grey Bruce Board of Health member sits on this proposed task force
- To maintain a direct connection with your office to keep you posted on milestones of community empowerment to address the opioid crisis
- To ensure an ironclad connection between local public health initiatives and the provincial level with a centralized goal of successful knowledge translation.

In closing, we reiterate our thanks for your continued support and leadership. We look forward to discussing these key objectives with each of you in the near future.

Regards,



Ms. Sue Paterson
Chair of the Board of Health



Dr. Ian Arra, MD MSc FRCPC ACPM ABPM
Medical Officer of Health & CEO

Grey Bruce Health Unit
101 17th Street East
Owen Sound ON N4K 0A5
Phone: (519)376-9420, Ext. 3940 Fax: (519)376-0605

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
Ontario Boards of Health

Encl.

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

July 20, 2021

Hon. Christine Elliott
Minister of Health
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3

Dear Minister Elliott,

**Re: alPHa Resolution A21-2, Public Health to Lead and Coordinate the Response to
Address the Opioid Crisis Capitalizing on the Momentum of Managing the COVID-19
Emergency**

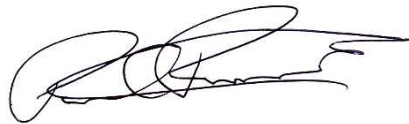
On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to inform you of the attached resolution, which was passed by our membership at its recent Annual General Meeting.

alPHa Resolution A21-2 calls for an enhanced leadership and coordination role for public health in addressing the opioid crisis by making the most of its strong networks, capacity for community mobilization, and ability to quickly translate policy into action during a crisis. The utility of each of these has been clearly demonstrated throughout the response to the COVID-19 pandemic and should be similarly applied to addressing the opioid crisis.

The Ontario Public Health Standards clearly outline the obligations of local public health agencies for programs and services designed to prevent substance use and reduce associated harms. The current opioid overdose crisis has long been considered a major public health issue and is one that has been severely aggravated by the current pandemic. We look forward to capitalizing on the momentum of our success in responding to one crisis to responding to another.

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

Yours sincerely,



Dr. Paul Roumeliotis,
alPHa President

COPY: Dr. Kieran Moore, Chief Medical Officer of Health

Encl.

Title: **Public Health to Lead and Coordinate the Response to Address the Opioid Crisis Capitalizing on the Momentum of Managing the COVID-19 Emergency**

Sponsor: **Grey Bruce Health Unit**

WHEREAS public health has been the leading agency in response to the COVID-19 pandemic emergency; and

WHEREAS public health excelled in mobilizing the community and partners to address the pandemic; and

WHEREAS public health successfully managed the pandemic; and

WHEREAS the opioid epidemic is a public health issue that predates the COVID-19 pandemic by over a decade; and

WHEREAS evidence shows that in many areas throughout Ontario, the COVID-19 pandemic is compounding the opioid crisis, with substance use related harms significantly increasing throughout the duration of the pandemic; and

WHEREAS boards of health are mandated under the Ontario Public Health Standards to reduce the burden of preventable injuries associated with substance use;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies call on all stakeholders and levels of government to capitalize on the momentum in combating COVID-19 and channel the above efforts to lead and coordinate the community and partners to address the opioid crisis as soon as soon as practical, taking into account the impact of the pandemic.

ACTION FROM CONFERENCE: Carried as Amended

March 16, 2022

The Honourable Christine Elliott
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Elliott:

Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide

On March 16, 2022, the Simcoe Muskoka District Health Unit (SMDHU) Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Simcoe Muskoka and province-wide. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

In the 19 months of available data since the start of the pandemic (March 2020 to September 2021) there have been 245 opioid-related deaths in Simcoe Muskoka. This is nearly 70% higher than the 145 opioid-related deaths in the 19 months prior to the start of the pandemic (August 2018 to February 2020), when our communities were already struggling in the face of this crisis. The first nine months of 2021 saw an opioid-related death rate more than 33% higher than the first nine months of 2020, suggesting the situation has not yet stabilized.

As such, the SMDHU Board of Health urges your government to take the following actions:

1. Create a multisectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

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

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

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives, that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.
8. Fund a fulltime position of a Drug Strategy Coordinator/Lead for the Simcoe Muskoka Opioid Strategy.

The SMDHU Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response. Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services, as our Board called for in 2018. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair
Simcoe Muskoka District Health Unit

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health
Ontario Boards of Health
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Mayors and Municipal Councils in Simcoe Muskoka

March 30, 2022

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

Dear Minister Elliott:

Letter of Support – Ontario Regulation 116/20, Work Deployment Measures for Boards of Health

On March 24, 2022 at a regular meeting of the Windsor-Essex County Board of Health, the Board considered a letter from Cynthia St. John, President of the Association of Ontario Public Health Business Administrators (AOPHBA) to Dr. Kieran Moore, CMOH, requesting that Dr. Moore consider extending **Ontario Regulation 116/20 Work Deployment Measures for Boards of Health for the duration of public health units' response to the COVID-19 pandemic**. The following motion was passed:

Motion: That the WECHU Board of Health support the letter from the AOPHBA to the CMOH, Dr. Kieran Moore, requesting that Work Deployment Measures for Boards of Health be extended for the duration of public health units' response to the COVID-19 pandemic.
CARRIED

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Windsor-Essex County Board of Health

c: Nicole Dupuis, CEO, WECHU
Loretta Ryan, Executive Director, aPHa
Ontario Boards of Health
Dr. Kieran, Moore, CMOH
Doug Ford, Premier of Ontario

Sent via email to: Kieran.moore1@ontario.ca

February 9, 2022

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health

RE: Ontario Regulation 116/20, Work Deployment Measures for Boards of Health

Dear Dr. Moore,

On behalf of the Association of Ontario Public Health Business Administrators (AOPHBA), I am writing to you concerning the Ontario Regulation 116/20, Work Deployment Measures for Boards of Health.

This Regulation, in place since April 2020, has proven invaluable in ensuring that public health units (PHUs) are able to effectively respond to the COVID-19 pandemic. Since April 2020, public health work has evolved and changed rapidly in response to both local and provincial directions and demands in areas such as case and contact management, outbreak management in our most vulnerable settings, the development and implementation of the vaccination program, and the continued support and leadership provided to community partners including businesses, municipalities, schools, health related agencies, etc.

It is the opinion of the Association Executive that public health units' continued response to the COVID-19 pandemic will be significantly negatively impacted if PHUs do not have the flexibility necessary to deploy staff how and where needed. PHUs have one or more unions within their employ and many of our members have noted that the restrictions of the various collective agreements often do not allow redeployment of PHU staff to different roles or different areas within the PHU, nor assignment of work on weekends, evenings, and holidays, all of which have been critical to vaccine clinics. The flexibility that this Ontario Regulation provides is critical to our ability to continue to plan and execute both local and provincial directives in line with our mandate, for the balance of 2022.

We respectfully ask that you consider extending Ontario Regulation 116/20 Work Deployment Measures for Boards of Health for the duration of public health units' response to the COVID-19 pandemic.

Sincerely,



Cynthia St. John
President
Association of Ontario Public Health Business Administrators (AOPHBA)

c. Brent Feeney, Manager, Funding and Oversight, Office of the CMOH, Ministry of Health
Teresa Bendo, Secretary, AOPHBA
Loretta Ryan, Executive Director, Association of Local Public Health Agencies (ALPHA)

April 8, 2022

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

Re: Health and Racial Equity: Denouncing Acts and Symbols of Hate

Dear Minister Elliott:

At its meeting on March 9, 2022, the Board of Health for Peterborough Public Health (PPH) considered correspondence from Sudbury & Districts Public Health (enclosed), and passed the following motion:

That the Board of Health for Peterborough Public Health:

- *receive the letter dated February 23, 2022 from Sudbury & Districts Public Health for information;*
- *endorse the position from Sudbury & Districts, and the supporting statement from the Ontario Public Health Association dated January 31, 2022 given that PPH sees hate and discrimination as critical determinants of health requiring public health support and attention;*
- *commits to working internally and in our region on an on-going basis to actively counter hatred and discrimination; and,*
- *communicate this support by writing to the Association of Local Public Health Agencies, with copies to Health with copies to the Association of Municipalities Ontario, the Ontario Public Health Association, local MPs and MPPs, and Ontario Boards of Health.*

The PPH Board of Health fully supports the above recommendation, and thanks you for your consideration.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Association of Local Public Health Agencies
Association of Municipalities of Ontario
Ontario Public Health Association
Local MPs and MPPs
Ontario Boards of Health

March 30, 2022

Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer
Public Health Sudbury & Districts
1300 Paris Street
Sudbury, Ontario
P3E 3A3

Re: Health and Racial Equity: Denouncing Acts and Symbols of Hate

Dear Dr. Sutcliffe,

At the March 17, 2022 meeting, under Correspondence item a), the Middlesex-London Board of Health moved to endorse the following item:

Date: February 23, 2022

Topic: Health and Racial Equity: Denouncing Acts and Symbols of Hate

From: Dr. Penny Sutcliffe, Medical Officer of Health/Chief Executive Officer, Public Health Sudbury & Districts

To: Dr. Paul Roumeliotis, President, Association of Local Public Health Agencies (alPHa)

The Board of Health acknowledges that hate through words and symbols has no place in our community or in public health. Health equities/inequities, the social determinants of health and racial/social injustices have been highlighted during the COVID-19 pandemic, and it is vital to emphasize that public health continues to conduct this important work.

Sincerely,



Mr. Matt Reid
Board Chair, Middlesex-London Health Unit

cc: Dr. Paul Roumeliotis, President, Association of Local Public Health Agencies
Ms. Loretta Ryan, Executive Director Association of Local Public Health Agencies

March 30, 2022

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

Dear Minister Elliott:

Letter of Support – Health and Racial Equity: Denouncing Acts and Symbols of Hate

On March 24, 2022 at a regular meeting of the Windsor-Essex County Board of Health, the Board considered a letter from Sudbury & Districts Public Health to Dr. Paul Roumeliotis, President of alPHa, encouraging other Ontario Boards of Health and the Association of Local Public Health Agencies (alPHa), to endorse the January 31, 2022 statement of the Ontario Public Health Association **Denouncing Acts and Symbols of Hate**.

The following motion was passed:

Motion: That the WECHU Board of Health support the letter from Sudbury & Districts Public Health to Dr. Paul Roumeliotis, President, Association of Local Public Health Agencies (alPHa), endorsing the January 31, 2022 statement of the Ontario Public Health Association Denouncing Acts and Symbols of Hate

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Windsor-Essex County Board of Health

c: Nicole Dupuis, CEO, WECHU
Loretta Ryan, Executive Director, alPHa
Ontario Boards of Health
Doug Ford, Premier of Ontario
Parm Gill, Minister of Citizenship and Multiculturalism
Sean Fraser, Minister of immigration, Refugee and Citizenship, Government of Canada

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** Elizabeth Dickson
Sent: March 21, 2022 3:43 PM
Subject: [allhealthunits] HKPRDHU Board of Health motion in support of OPHA statement against displays of racism, anti-Semitism and discrimination, & Sudbury & Districts Public Health's statement about public health not remaining silent

Good afternoon,

At its meeting held on March 17, 2022, our Board of Health passed the follow motion in support of OPHA's statement against displays of racism, anti-Semitism and discrimination (tweets dated January 31, 2022), and Sudbury & Districts Public Health's statement about public health not remaining silent.

Moved by Mr. Crate

Seconded by Mr. Henderson

THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit endorse the Ontario Public Health Association's statement posted January 31, 2022; and

FURTHER THAT the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit endorse Sudbury & Districts Public Health's statement that, "It is important that public health not remain silent and instead state that acts and symbols of hate are unwelcome and should not be tolerated"; and

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

FURTHER THAT these motions be shared with all boards of health, the Association of Local Public Health Agencies, area Members of Parliament and Provincial Parliament, the Ontario Public Health Association, and the Association for Municipalities of Ontario.

(OPHA statement posted on social media January 31, 2022

If you have any questions, I would happy to answer them.

Take care,
Liz

Elizabeth Dickson (*she/her*)
Executive Assistant, Office of the Medical Officer of Health and Board of Health
Haliburton, Kawartha, Pine Ridge District Health Unit
200 Rose Glen Road
Port Hope, ON L1A 3V6
1-866-888-4577 x1466

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From: COMOH <comoh-bounces@lists.alphaweb.org> **On Behalf Of** Gardner, Charles
Sent: March 15, 2022 10:49 AM
To: COMOH <comoh@lists.alphaweb.org>
Subject: [COMOH] COMOH motion of support OPHA statement, Health and Racial Equity: Denouncing Acts and Symbols of Hate

Hello COMOH members. In follow up to our general meeting on February 25th I am forwarding to you the following citation from our draft minutes asking that you consider communicating to your board of health:

4.4. OPHA Statement

[PHSD Motion](#)

P. Sutcliffe presented the OPHA statement, *Health and Racial Equity: Denouncing Acts and Symbols of Hate*, as endorsed by her board in the linked correspondence. She then made a MOTION that COMOH endorse the statement, which was SECONDED by M. Klassen and CARRIED.

ACTION: C. Gardner to refer this item to the COMOH Executive for follow-up.

The COMOH Executive meeting scheduled for last week has been postpone to a date to be determined. This motion will be considered at our meeting.

Thank you.

Sincerely,

Dr. Charles Gardner, MD, CCFP, MHSc, FRCPC

Medical Officer of Health and Chief Executive Officer

t: 705-721-7520 or 1-877-721-7520 x: 7219

e: Charles.Gardner@smdhu.org

Simcoe Muskoka District Health Unit, 15 Sperling Dr, Barrie ON L4M 6K9





Public Health
Santé publique
SUDBURY & DISTRICTS

February 23, 2022

VIA ELECTRONIC MAIL

Dr. Paul Roumeliotis
President
Association of Local Public Health Agencies
480 University Avenue, Suite 300
Toronto, ON M5G 1V2

Dear Dr. Roumeliotis:

Re: Health and Racial Equity: Denouncing Acts and Symbols of Hate

At its meeting on February 17, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #08-22:

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

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON POM 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON POP 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

34 rue Birch Street
Box / Boîte 485
Chapleau ON POM 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

phsd.ca



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.

A reduction of health inequities is a goal of Ontario's public health programs and services as set out in the OPHS. Both alPha and local Boards of Health have a long-standing history of supporting various health equity measures (e.g., food security, Truth and Reconciliation Commission calls to action, living wage, low-income dental, use of a health equity lens, national pharmacare, extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance). Thanks to efforts like these, public health addresses the social determinants of health and promotes health equity. There is still work to be done. Recent events in Ontario have included public displays of racism, anti-Semitism and discrimination, all detrimental to optimal health for all. In supporting health for all, it is important that public health not remain silent and instead state that acts and symbols of hate are unwelcome and should not be tolerated. Thank you for your consideration of this important matter.

Sincerely,

Original signed by

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

cc: All Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pageen Walsh, Executive Director, Ontario Public Health Association
Jamie McGarvey, President, Association of Municipalities Ontario
Jamie West, Member of Provincial Parliament, Sudbury
France G elinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Paul Lefebvre, Member of Parliament, Sudbury
Marc Serr e, Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing

Ministry of Health

Office of Chief Medical Officer of Health, Public Health
Box 12,
Toronto, ON M7A 1N3

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

Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique
Boîte à lettres 12
Toronto, ON M7A 1N3

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

eApprove-72-2022-373

March 14, 2022

Dr. Penny Sutcliffe
Medical Officer of Health
Sudbury and District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

Dear Dr. Sutcliffe:

Re: Carry Over of 2021-22 Elevator Replacement Capital Project Funding

I am writing to you regarding your request to carry over funds from 2021-22 into 2022-23 under the Elevator Replacement Capital Project in which your request and our records outline the following:

Sector/Program: Elevator Replacement Capital Project

TPR Name: Sudbury and District Health Unit

Total Amount of Elevator Replacement Capital Project Funding Provided in 2021-22: \$200,000

Amount of Unspent Funding in 2021-22: \$194,500

Amount of Unspent Funding Requested to be Carried Forward into 2022-23: \$194,500

In light of the unprecedented and exceptional circumstances related to COVID-19, your request for carry over of \$194,500 in unspent 2021-22 Elevator Replacement Capital Project transfer payment funding into 2022-23 has been assessed and is hereby approved according to the following criteria:

- The funding has been issued to your organization (i.e., your organization has received the funding).
- Your organization was unable to use the full amount of transfer payment funding within 2021-22.
- The carry over of funds will assist your organization in addressing COVID-19 related pressures and to complete the project/initiative/services in 2022-23 (e.g., if the carry over is not permitted you will face a financial pressure next year to complete the project/initiative/services).

.../2

Dr. Penny Sutcliffe

- The carry over of funds will be used for the original intention and will not be repurposed to cover other costs not originally contemplated in the Public Health Funding and Accountability Agreement.
- Settlements for transfer payment funding that is not approved for carry over will be required.
- Reconciliation of all transfer payment funding, including carry over funding will be required at a future date.
- Your organization must note the carry over of approved unspent funding in:
 - The notes section (with attestation that the underspending will address COVID-19 related pressures) of your organization's audited financial statements for 2021-22 and 2022-23; and/or,
 - A third-party auditor sign-off on both the Elevator Replacement Capital Project Settlement Report and Public Health Unit Attestation that carry forward was appropriate and accurately reported in the Sudbury and District Health Unit's audited financial statements for 2021-22 and 2022-23.

At our first available opportunity, the Office of Chief Medical Officer, Public Health, will send your Board of Health a new Schedule A to the Public Health Funding and Accountability Agreement that will include the carry over of 2021-22 funding.

Should you require any further information and/or clarification, please contact Ms. Elizabeth Walker, Director, Accountability and Liaison Branch, at 416-212-6359 or by email at Elizabeth.Walker@ontario.ca.

Yours truly,



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

- c: René Lapierre, Chair, Board of Health, Sudbury and District Health Unit
France Quirion, Director, Corporate Services, Sudbury and District Health Unit
Peter Kaftarian, Assistant Deputy Minister, Hospitals and Capital Division, MOH
Jim Yuill, Director, Financial Management Branch, MOH
Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, MOH
James Stewart, Director, Health Capital Investment Branch, MOH
Elizabeth Walker, Director, Accountability and Liaison Branch, MOH
Brent Feeney, Manager, Accountability and Liaison Branch, MOH

Ministry of Health

Office of Chief Medical Officer of Health, Public Health
Box 12,
Toronto, ON M7A 1N3

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

Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique
Boîte à lettres 12
Toronto, ON M7A 1N3

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

eApprove-72-2022-373

March 14, 2022

Dr. Penny Sutcliffe
Medical Officer of Health
Sudbury and District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

Dear Dr. Sutcliffe:

Re: Carry Over of 2021-22 Infection Prevention and Control (IPAC) Program Funding

I am writing to you regarding your request to carry over funds from 2021-22 into 2022-23 under the IPAC Hub Program in which your request and our records outline the following:

Sector/Program: IPAC Hub Program

TPR Name: Sudbury and District Health Unit

Total Amount of IPAC Hub Program Funding Provided in 2021-22: \$840,000

Amount of Unspent Funding in 2021-22: \$840,000

Amount of Unspent Funding Requested to be Carried Forward into 2022-23: \$840,000

In light of the unprecedented and exceptional circumstances related to COVID-19, your request for carry over of \$840,000 in unspent 2021-22 IPAC Hub Program transfer payment funding into 2022-23 has been assessed and is hereby approved according to the following criteria:

- The funding has been issued to your organization (i.e., your organization has received the funding).
- Your organization was unable to use the full amount of transfer payment funding within 2021-22.
- The carry over of funds will assist your organization in addressing COVID-19 related pressures and to complete the project/initiative/services in 2022-23 (e.g., if the carry over is not permitted you will face a financial pressure next year to complete the project/initiative/services).
- The carry over of funds will be used for the original intention and will not be repurposed to cover other costs not originally contemplated in the Public Health Funding and Accountability Agreement.

.../2

Dr. Penny Sutcliffe

- Settlements for transfer payment funding that is not approved for carry over will be required.
- Reconciliation of all transfer payment funding, including carry over funding will be required at a future date.
- Your organization must note the carry over of approved unspent funding in:
 - The notes section (with attestation that the underspending will address COVID-19 related pressures) of your organization's audited financial statements for 2021-22 and 2022-23; and/or,
 - A third-party auditor sign-off on both the IPAC Hub Program Settlement Report and Public Health Unit Attestation that carry forward was appropriate and accurately reported in the Sudbury and District Health Unit's audited financial statements for 2021-22 and 2022-23.

At our first available opportunity, the Office of Chief Medical Officer, Public Health, will send your Board of Health a new Schedule A to the Public Health Funding and Accountability Agreement that will include the carry over of 2021-22 funding.

Should you require any further information and/or clarification, please contact Ms. Elizabeth Walker, Director, Accountability and Liaison Branch, at 416-212-6359 or by email at Elizabeth.Walker@ontario.ca.

Yours truly,



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

- c: René Lapierre, Chair, Board of Health, Sudbury and District Health Unit
France Quirion, Director, Corporate Services, Sudbury and District Health Unit
Jim Yuill, Director, Financial Management Branch, MOH
Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, MOH
Elizabeth Walker, Director, Accountability and Liaison Branch, MOH
Brent Feeney, Manager, Accountability and Liaison Branch, MOH

Statement from the Council of Chief Medical Officers of Health (CCMOH) on the next phase of the COVID-19 pandemic response

OTTAWA, ON, Feb. 14, 2022 /CNW/ - As Canada approaches the two-year mark of the pandemic, it is important to recognize all that we have collectively accomplished. We recognize the strength of Canadians and the sacrifices that we have all made in these unprecedented times. Going forward, we are in a stronger position than ever before. Over one year into the largest vaccination campaign in Canadian history, we have one of the highest vaccination rates in the world, with close to 84% of eligible people in Canada having at least two doses of a COVID-19 vaccine. Vaccination, together with all the public health measures and changes we have made to our way of living, working and socializing, has worked to minimize COVID-19 harms in Canada. These measures have saved lives but have come at a cost. As we emerge from the Omicron wave, it is an opportune time to take a broad perspective and map out our path forward as we look towards the spring and brighter days ahead.

The emergence of the Omicron variant in Canada and across the world was a reminder that as the COVID-19 pandemic evolves both globally and domestically, we must remain nimble in our response and ready to respond to new risks in an appropriate and proportionate manner. Our goal of minimizing serious illness and overall deaths, while minimizing societal disruption, remains unchanged. With the decline of the Omicron wave, and as we transition away from the crisis phase, it is now time to rebalance our collective efforts towards a more sustainable approach to long term management of COVID-19. As populations and health care capacities differ across jurisdictions, there will be variability in how each province, territory and community assesses risk and responds to the needs of their respective jurisdictions.

As we enter the transition phase, we should anticipate additional waves and outbreaks. Progress may not be linear. Future COVID-19 activity will depend on factors such as waning immunity, potential for repeated emergence of highly immune-evasive and/or more severe variants of concern, and seasonal dynamics.

Building off our experience and knowledge of the disease, we will need to have the capacity in place to cope with COVID-19, which should be more predictable and

manageable in both the near future and if COVID-19 becomes endemic. In the longer term, we will continue to rely on the various tools in our toolbox, including vaccines, treatments, robust surveillance and public health and healthcare infrastructure. Public health authorities will provide general guidance and recommendations but there is less need to adjust and tailor COVID-specific population-based disease control measures once a disease is in an endemic state.

As public health authorities maintain a state of readiness, closely monitor for signals of concern, and adapt advice for rapid and appropriate response to surges or new variants of concern, we are now all more knowledgeable and better equipped to make informed risk-based decisions for ourselves and those around us. This includes keeping COVID-19 vaccinations up to date, being aware of personal and family risks, and maintaining individual public health measures such as wearing masks, staying home when sick, increased hand washing, and improving ventilation of indoor spaces so that we return to enjoying the things we love the most. And, as this pandemic has shown us, supporting communities to shape decisions and lead tailored solutions.

We want to move forward with hope and resilience. Through our recovery efforts, we must learn about and address the many broader health consequences and the impacts of interrupted health care, public health and social program delivery, which have occurred over the last two years. The pandemic has revealed and amplified deeply entrenched health, social, and economic inequities that exist in Canada – and we can see, more than ever before, the interaction of the social determinants of health in shaping negative health outcomes and driving health inequities. We need to address adverse outcomes from restrictions; in particular, the disproportionate negative impacts, including mental health impacts, the pandemic response has had on certain groups including children and youth; front line service workers; seniors; those in congregate settings such as long-term care, shelters and correctional institutions; those with intersecting risk factors such as newcomers to Canada; racialized communities; and Indigenous Peoples. While we continue to work together to create a more robust public health system, equity needs to continually be at the center of our efforts.

This pandemic has highlighted the need to take action as individuals and as a community to improve our health and wellbeing to make us collectively a healthier and more resilient society. As part of these efforts, public health officials will continue to work on improving inter-sectoral collaboration to strengthen social and economic policies that protect health, prevent disease, and build resilience.

The reality is that COVID-19 will be with us for the foreseeable future and there will continue to be new and important roles for public health to play. A strong and resilient public health system is Canada's best defense against future public health threats. Building the capacity of our health care systems to ensure enhanced surge capacity for future crises is equally important. Strengthening the interconnectivity of

these systems and continuing to strive for a cohesive approach in our response to future crises will also remain a priority.

Canada's Chief Medical Officers of Health continue to provide updated, evidence-based recommendations to help us all make informed decisions for our individual and collective circumstances. It is our shared responsibility to continue leveraging the tools that can help us get back to enjoying the things we love most and minimize disruptions to the services and activities that are important to individuals, families, and communities. As we gradually shift from public health mandates to guidance and recommendations, our collective actions will continue to ensure the health and safety of all those living in Canada. We would like to thank all Canadians, and in particular our public health and health care colleagues, for their immense and ongoing contributions to our country's pandemic response.

The Council of Chief Medical Officers of Health includes the Chief Medical Officer of Health from each provincial and territorial jurisdiction, Canada's Chief Public Health Officer, the Chief Medical Advisor of Health Canada, the Chief Medical Officer of Public Health of Indigenous Services Canada, the Chief Medical Officer from the First Nations Health Authority, and ex-officio members from other federal government departments.

SOURCE Health Canada

February 11, 2022

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

Re: Enhancing Uptake of Third COVID-19 Vaccine Doses and the Proof of Vaccination Record

Dear Minister Elliott:

At its meeting on February 9, 2022, the Board of Health for Peterborough Public Health (PPH) resolved to write to you regarding opportunities to improve uptake of third doses and consideration of updating Proof of Vaccination requirement to include third doses for those eligible.

There is increasing evidence that immunity can wane over time and that a third, or booster dose of the COVID-19 vaccine provides greater protection against severe outcomes due to COVID-19. This has led to all levels of government recommending a third, or booster dose to help restore and maintain protection against severe illness, complication or death due to COVID-19.¹ In Ontario, residents aged 18 and over are eligible to receive a third, or booster dose of the COVID-19 vaccine. Vaccination provides greater protection against severe illness and complications from COVID-19 and reduces the risk of hospitalization and strain on the health care system.

Evidence from IC-ES in Ontario has demonstrated increased vaccine effectiveness against symptomatic Omicron infection from no protection greater than 180 days after two doses, to 61% after a third dose.² This enhanced protection against infection provides evidence that third doses would be impactful in the prevention of community transmission and protect people from transmission of COVID-19 in non-essential settings where proof of vaccination is required.

In Peterborough and across the province, administration rates of third doses of COVID vaccine have slowed substantially and as of February 3, 2022, provincial coverage sits at 54.2%.³ During the second last week of December, 2021, in Ontario, more than a million doses were administered however this had decreased to 335,753 doses during the fourth week of January, 2022.⁴ Last week, there was only a 2.1% increase in 3rd vaccination rates from the previous week.⁵

Rates of vaccination amongst the most vulnerable groups, including those over the age of 50, have not yet attained rates achieved for second doses. In the PPH region they range from about 34% among those 18-29 and 82% among those 70 years and older.

Every effort should be made to continue to increase third, or booster dose coverage among the eligible population. These strategies include continued work to make vaccination more equitable and accessible by providing vaccination in convenient locations and through walk-in modalities. Additionally, as more vaccine becomes available supporting the choice of vaccination for individuals may improve uptake.

Recent experiences, both in Ontario and in other jurisdictions, have shown that vaccine policies, including proof of vaccination requirements, lead to higher vaccine uptake and therefore higher vaccination coverage overall. Requiring a 3rd dose for a valid proof of vaccination to access non-essential services is one of the most important policy levers that has been proven to work and should be pursued to continue to improve vaccine uptake and protect our communities.

We sincerely thank you for the consideration and your continued support in our vaccination rollout strategies.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

¹ https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_third_dose_recommendations.pdf

² Buchans, S. et al. Effectiveness of COVID-19 vaccines against Omicron or Delta symptomatic infection and severe outcomes. Accessed on February 3, 2022: <https://www.medrxiv.org/content/10.1101/2021.12.30.21268565v2>.

³ <https://covid19-sciencetable.ca/ontario-dashboard/>. Accessed February 3, 2022.

⁴ <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=vaccine>

⁵ <https://covid19-sciencetable.ca/ontario-dashboard/> Accessed on February 3, 2022.



February 16th, 2022

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

Have you registered yet for the **Association of Local Public Health Agencies (ALPHA) Winter Symposium, *Public Health Resilience*** that is taking place on February 25th?

We have an exciting line-up of speakers for this online event that includes the Hon. Christine Elliott (Deputy Premier and Minister of Health), Jamie McGarvey (President, AMO), Dr. Theresa Tam, (Chief Public Health Officer of Canada), 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 more.

Please visit www.alphaweb.org and click on the symposium banner or [click here](#) for direct access to registration, the latest program information, and other materials. **The closing date to register is Friday, February 18th at 5 pm.** Please note you must be an ALPHA member to participate in the Symposium or Section meetings. Refunds will not be processed after February 18th.

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.

COVID-19 Update

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

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

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

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

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

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

alPHA Representatives in Action!

Thank you to Dr. Charles Gardner for speaking on behalf of alPHA's Council of Ontario Medical Officers of Health and participating in a series of CBC radio interviews on the morning of February 15th with stations in Sudbury, London, Thunder Bay, Windsor, Kitchener and *Ontario Morning* (Muskoka, Barrie, Peterborough, Kingston) regarding Ontario moving to the next phase of reopening.

alPHA would like to thank Dr. Robert Kyle for delivering a deputation to the Standing Committee on Finance and Economic Affairs that was part of the government's Pre-Budget consultations on January 25th, 2022. Links to the Deputation and submission can be found [here](#). He also represented alPHA at the invitation of the Minister of Finance at a discussion that was held in advance of the 2022 Ontario Budget on Friday, January 28th.

alPHA would also like to thank Trudy Sachowski for representing alPHA at the ROMA 2022 conference on January 25th, 2022. The panel 'Taking a Pulse Check on Northern and Rural Health' focussed on healthcare as a major topic of concern for the people of Ontario, especially in rural and northern areas. Trudy spoke from a public health perspective about the challenges and opportunities including ideas as to how these solutions might be sustained over the long-term.

alPHA Correspondence

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

[alPHA Letter - 2022 Pre-Budget Submission, January 19, 2022](#)

[alPHA Speaking Notes – Pre-Budget, Jan 19, 2022](#)

In case you missed it, here is alPHA's most recent position paper:

[alPHA Report: PH Resilience 2022](#)

[alPHA Report: PH Resilience 2022 Executive Summary](#)

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:

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 - [Map: Boards of Health Types](#)
 - [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)
-

PHO Resources

- [Report on Patterns of Medication and Health care Use among People who Died of an Opioid-Related Toxicity During the COVID-19 Pandemic in Ontario](#)
- COVID-19 Variants of Concern (VOCs)
 - [COVID-19 Omicron \(B.1.1.529\) Variant of Concern and Communicability... What We Know So Far](#)
- COVID-19 Vaccines
 - [Neighbourhood COVID-19 Incidence and Vaccination Rates, October 17, 2021 to December 4, 2021](#)
 - [Myocarditis and Pericarditis Following Vaccination with COVID-19 mRNA Vaccines in Ontario: December 13, 2020 to November 21, 2021](#)
- Healthcare Resources
 - [Frequently Asked Questions on Interim IPAC Recommendations for Use of PPE in Health Care Settings](#)

- Infection Prevention and Control Practice Considerations for Pharmacies Conducting Symptomatic Testing
 - Cohorting Strategies to Facilitate Bed Flow in Acute Care Settings
 - Other PHO Resources
 - Best Practices for Conducting In- and After Action Reviews as part of Public Health Emergency Management
 - What's on the plate? Exploring dietary intakes in Ontario in relation to the 2019 Canada's Food Guide
-

Upcoming PHO Events

- February 16 | Enhancing Engagement : Advanced Skills in virtual home visiting

Interested in our upcoming events? Check out PHO's Events page to stay up to date with all PHO events. Missed an event? Check out PHO's Presentations page for full recordings of events.

Upcoming DLSPH Events, Courses and Webinars

The Dalla Lana School of Public Health hosts 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:

- February 16, 2022 It Takes a Riot: Black Histories, Black Futures, and Community organizing
- February 17, 2022 Fellowship in Global Journalism Open House
- February 17, 2022 Household food insecurity in Canada, Part 2: public policy responses and solutions
- February 17, 2022 Breast Health for Black Women
- February 18, 2022 Application of Optimization and Simulation Techniques in Resource Allocation and Dispatch Decisions at Ornge
- February 18, 2022 OEH Seminar: Work and Health Risks Faced by Digital Platform Drivers During COVID-19
- February 22, 2022 Temerty Centre Speaker Series: Dr. Stephen Friend
- February 23-25, 2022 Toronto Workshop on Reproducibility
- February 24, 2022 Addressing Anti-Black Racism at the Intersections: Stories, Advocacy and Actions
- February 24, 2022 PM 2.5: What it Is and Why it Matters
- February 24, 2022 ADBCC celebrates Black History Month 2022 with author CANUTE LAWRENCE
- February 25, 2022 Roundtable: "Sick humour: social behavioural research on humor and living with HIV"

- February 25, 2022 [Canada's COP26 Health Programme Commitment – Adaptation and Resilience](#)
 - February 25, 2022 [Canada's COP26 Health Programme Commitment – Adaptation and Resilience](#)
 - February 28, 2022 [CVPD Seminar – Salma Sheikh-Mohamed](#)
 - February 28, 2022 [R Workshop: Taking ggplot2 beyond single plots: Maximizing information transfer](#)
 - March 2, 2022 [Canada's COP26 Health Programme Commitment – Climate Positive Care](#)
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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





March 11th, 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.

Notice of alPHa Conference and Annual General Meeting

June 14, 2022

alPHa's 2022 Annual General Meeting (AGM) and Conference will be held online on June 14th! We are excited to announce that Eastern Ontario Public Health Unit will be co-hosting and the University of Toronto's Dalla Lana School of Public Health will be providing support for the event.

Please click here for the [June 2022 alPHa AGM Notice and Package](#) or click on the links below for the individual documents:

- [Notice for the 2022 alPHa Annual General Meeting](#)
- [Call for 2022 alPHa Resolutions](#)
- [Call for 2022 alPHa Distinguished Service Awards](#)
- [Call for Board of Health Nominations](#)

In addition, the [Conference poster](#), [Conference Sponsorship package](#), and [alPHa Fitness Challenge](#) are also available.

Further details regarding registration and the conference program will be available in the coming weeks. In the meantime, please don't forget to hold the date: June 14th!

Winter Symposium and Section Meetings

Public Health Resilience - Friday, February 25, 2022

The alPHa Winter Symposium, **Public Health Resilience**, and Section Meetings took place on February 25th. We had a wonderful turnout and insightful presentations from all of our speakers. We would like to thank all attendees who came to the symposium. The event would not have been possible without your support!

alPHa is pleased to announce that [Symposium Proceedings](#) are now available on the alPHa website. You will need your login ID and password to access this document.

An acknowledgment goes out to all of our speakers including the Hon. Christine Elliott (Deputy Premier and Minister of Health), Jamie McGarvey (President, AMO), Dr. Theresa Tam, (Chief Public Health Officer of Canada), 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. Samir Patel (Chief, Microbiology and Laboratory Science (acting), Public Health Ontario), Dr. Jessica Hopkins (Chief Health Protection and Emergency Preparedness Officer, Public Health Ontario), Dr. Christopher Simpson (Executive Vice-President, Medical, Ontario Health), Dr. Sara Allin (Associate Professor, DLSPH), Dr. Charles Gardner (Chair, Ontario Medical Officers of Health), and Tim Arnold (Leaders for Leaders).

We would be remiss if we didn't thank Dr. Paul Roumeliotis, alPHa President and Chair of the symposium, Dr. Charles Gardner, COMO Section Chair, and Wess Garrod, BOH Section Chair for their leadership roles at the event. Many thanks to our alPHa Board members who also took on the role of moderator: Trudy Sachowski, Vice President, Carmen McGregor, Past President, Dr. Robert Kyle, Treasurer, Steven Rebellato, Affiliate Executive Representative, Cynthia St. John, Affiliate Representative, and René Lapierre, BOH Representative. A special shoutout goes to alPHa staff Loretta Ryan, Gordon Fleming, and Melanie Dziengo

Our thanks to the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support, especially Andrew Morrisson from EOHU and Obadiah George from DLSPH. Thank you too to Akanksha Ganguly for notetaking and other conference support.

Thank you to everyone who filled out the event survey. Your feedback helps us with planning future events. The winner of the survey draw from the Winter Symposium is Syd Gardiner!

Request for Photos

Do you have a photo showing ALPHa members in action we can share with attendees at the Annual Conference? We want to continue to profile the key role public health is playing in the pandemic response. Please send your images to:

info@alphaweb.org

ALPHa Fitness Challenge

The ALPHa fitness challenge is back! And this time...no paperwork!

All members are encouraged to engage in fitness activities that are at least 30 minutes in length during the month of May. Participate and share pictures on Twitter tagging [@PHAgencies](https://twitter.com/PHAgencies) #PublicHealthLeaders. Photos will be profiled during the June 14th Conference.

The Fitness Challenge flyer can be found [here](#).

The EQ Edge - Leadership Success Through Emotional Intelligence

This virtual half-day workshop specifically for Public Health professionals will take place on Wednesday, May 25th, 2022 - 1:00pm - 4:30pm EST. Whether you're a manager, a team member, on a board, or working in the community, emotional intelligence (EQ) is increasingly becoming one of the most important skills any professional can have. Join this half-day online workshop to understand what emotional intelligence is, assess your EQ effectiveness, and learn simple strategies that increase your EQ. **NOTE – space is limited to 25 participants, so register today!** [Click here for more information.](#)

Peel Medical of Health awarded with a key to the city

Earlier this month, Mississauga Mayor Bonnie Crombie [awarded aPHa member, Dr. Lawrence Loh, with a key to the city](#). Dr. Loh has been instrumental in keeping Peel Region and Mississauga residents safe during the COVID-19 pandemic. Congratulations, Dr. Loh!

COVID-19 Update

As part of the response to COVID-19, aPHa continues to represent the public health system and work with key stakeholders. To keep members up-to-date, aPHa 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 aPHa.

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[AOPHBA Letter - Bill 116 Redeployment](#)

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 - [Map: Boards of Health Types](#)
 - [NCCHPP Report: Profile of Ontario's Public Health System \(2021\)](#)
-

PHO Resources

Variants of Concern

- [COVID-19 Omicron Variant Sub-lineage BA.2: Available Evidence and Risk Assessment](#)
- [Omicron in Ontario: Risk Analysis for Approaching Public Health Measures in Winter 2022](#)
- [Cycle Threshold Values of S-Gene Target Failure COVID-19 Cases in Ontario: December 6 to December 30, 2021](#)

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

Health Care Resources

- [Cohorting Strategies to Facilitate Bed Flow in Acute Care Settings](#)
- [COVID-19 Transmission through Short and Long-Range Respiratory Particles](#)
- [Universal Mask Use in Health Care](#)

Check out PHO's [Health Care Resources](#) page for a comprehensive list of all health care resources.

Upcoming PHO Events

- April 12 | [PHO Rounds: Public Health Nurse-Delivered Group Cognitive Behavioural Therapy for Postpartum Depression](#)

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

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Upcoming events include:

- March 19-20, 2022 [10th World Breast Pathology and Breast Cancer Conference](#)
 - March 22, 2022 [Understanding and Address Anti-Semitism](#)
 - March 23, 2022 [CanPath COVID-19 Antibody Study Results Webinar](#)
 - March 30, 2022 [Health Policy for the Anthropocene](#)
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News Releases

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Association of Local Public Health Agencies

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April 8th, 2022

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

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

ALPHA Elections Primer

Last month, we released the [ALPHA 2022 Elections Primer](#) with great success. The document is meant to encourage provincial election candidates to acknowledge the role public health plays in protecting Ontarians, particularly in response to COVID-19. All 34 local public health units have played a vital role on the frontlines and remain essential to the province's health and economic recovery. The elections primer was based on ALPHA's *Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response*. Read the [report](#) and [executive summary](#) along with ALPHA's updated ["What is Public Health?" brochure](#).

We would like to acknowledge and thank Dr. Charles Gardner and the staff at Simcoe Muskoka District Health Unit for their work on the Elections Primer.

alPHA Conference and Annual General Meeting

June 14, 2021 - 8:00 AM-4:00 PM (ET)

alPHA's 2022 Annual Conference is taking place on June 14th and will continue the conversation on the critical role of local public health in the province's Public Health System. Highlights include alPHA's Annual General Meeting, consideration of Resolutions, Plenary Sessions with guest speakers, Section Meetings, and the presentation of the 2022 Distinguished Service Awards. The event is co-hosted by alPHA and the Eastern Ontario Health Unit, with generous support from the University of Toronto's Dalla Lana School of Public Health.

We have an exciting line-up of conference speakers including Matt Anderson (President & CEO, Ontario Health), Dr. Kieran Moore (Chief Medical Officer of Health), Dr. Ross Upshur (Professor, DLSPH), and speakers from Public Health Ontario. alPHA's President, Dr. Paul Roumeliotis, is the Conference Chair.

Our thanks to the Eastern Ontario Health Unit for co-hosting the event and to the University of Toronto's Dalla Lana School of Public Health for their generous support.

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- [Call for 2022 alPHA Resolutions](#)
- [Call for 2022 alPHA Distinguished Service Awards](#)
- [Call for Board of Health Nominations](#)

Pre-Conference Workshop with Tim Arnold

June 13, 2021 – 1 PM-4:00 PM (ET)

alPHA is pleased to announce that a pre-conference workshop is being held on June 13th from 1 p.m. to 4 p.m. at no additional cost to Conference participants. For those of you who attended the Winter Symposium, where Tim Arnold was a speaker, you will know that his talk at lunchtime briefly addressed how to be more resilient, embrace change and manage expectations. This is an opportunity for alPHA members to take a deeper dive into these subjects. The workshop has three main components: *The Secret to Sustainability - Care for Others AND Care for Yourself*, *Outsmarting Change - Embrace Change AND Preserve Stability*, and *The High-Performance Paradox - Have Expectations AND Extend Grace*. Please note you must be a conference registrant to participate in the workshop.

The [Preliminary Program](#), [Pre-Conference Workshop poster](#), [Conference poster](#), [Conference Sponsorship package](#), and [alPHA Fitness Challenge](#) are now available. Registration is coming soon. Stay tuned!

Request for Photos

Do you have a photo showing alPha members in action that we can share with attendees at the Annual Conference and Annual General Meeting? We want to profile the key role public health is playing in keeping Ontarians healthy and safe. Please send your images to: info@alphaweb.org

alPha Fitness Challenge

The alPha Fitness Challenge is back, and it is coming up fast! And it is as easy as one, two, three!

All members are encouraged to engage in fitness activities that are at least 30 minutes in length during the month of May. You can participate and share pictures on Twitter by tagging [@PHAgencies](https://twitter.com/PHAgencies) #PublicHealthLeaders. Photos will be profiled during the June 14th Conference.

The Fitness Challenge flyer can be found [here](#).

Canadian Public Health Association's 2022 Canadian Public Health Week Webinars

CPHA's 2022 Canadian Public Health Week webinars can now be accessed on CPHA's YouTube Channel. You can view these whether you attended the webinars or not. The video descriptions below include links to the presentations. alPha would like to thank Dr. Charles Gardner for speaking on behalf of the association at the April 6th webinar.

A Vision to Transform Canada's Public Health System

Due to extenuating circumstances, Dr. Tam was unavailable for this presentation. CPHA will make every effort to reschedule the webinar soon and all registrants will be notified.

[Our Planet, Our Health, Our Public Health Responsibility](#) April 5th

Hosted by the Public Health Association of British Columbia

[The impact of COVID-19 on public health: Comparing experiences & sharing recommendations for the future](#) April 6th

Co-hosted by the Ontario Public Health Association and the Association of Local Public Health Agencies.

[Advocacy for income as a social determinant of health: Lessons learned from the Basic Income and Decent Work movements](#) April 7th

Hosted by the Manitoba Public Health Association

Thank you to alPha members who participated the inaugural Canadian Public Health Week activities. alPha looks forward to participating in future years. We will continue to share information about these and other events via email, the alPha newsletter and on alPha's Twitter account @PHAgencies.

Ontario COVID-19 Science Advisory Table transitioning to Public Health Ontario

Earlier this month, the Ontario COVID-19 Science Advisory Table moved from the University of Toronto's Dalla Lana School of Public Health [to Public Health Ontario on a permanent basis](#). The move will continue to ensure the Table's effectiveness while also providing credible and independent scientific and technical advice for the government and the general public.

alPHa Correspondence

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

[alPHa Letter - 2022 Pre-Budget Submission, January 19, 2022](#)

[alPHa Speaking Notes - Pre Budget, Jan 19, 2022](#)

[AOPHBA Letter - Bill 116 Redeployment](#)

The 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 you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org for posting in the appropriate library.

Resources available on the alPHa website include:

- [Orientation Manual for Board of Health](#)
 - [Review of Board of Health Liability \(PowerPoint presentation\)](#)
 - [Governance Toolkit](#)
 - [Risk Management for Health Units](#)
 - [Healthy Rural Communities Toolkit](#)
 - [The Ontario Public Health Standards](#)
 - [Public Appointee Role and Governance Overview](#)
 - [Ontario Boards of Health by Region](#)
 - [List of Units sorted by Municipality](#)
 - [List of Municipalities sorted by Health Unit](#)
-

PHO Courses

PHO offers online educational courses in a variety of topics – from health promotion to infection prevention and control. They're convenient, too – you can [access](#) these courses anytime, anywhere.

Visit the course catalogue, where you will find enrolment information and a list of courses along with their descriptions and system requirements, as well as information for downloading courses.

Upcoming PHO Events

Using the Canadian Institute for Health Information's Measuring Health Inequalities Toolkit to Advance Health Equity

Measuring What Counts in the Midst of the COVID-19 Pandemic: A tool for Equity

aPHa continues to be an active partner in the Ontario Public Health Convention (TOPHC) and we are pleased to tell you that virtual spring workshops are happening this spring! Access engaging speakers through these interactive events including networking and rich, relevant content that will energize our post-pandemic delivery of public health services.

Using the Canadian Institute for Health Information's Measuring Health Inequalities Toolkit to

Advance Health Equity Date: April 13, 2022

Time: 10:00 a.m. – 12:00 p.m. ET,

Optional Continued Conversation session 12 – 12:30 p.m. ET

Cost: General ticket: \$50 + fees & taxes

To register, click [here](#).

Measuring What Counts in the Midst of the COVID-19 Pandemic: A tool for Equity

Date: May 4, 2022

Time: 10:00 a.m. – 12:00 p.m. ET,

Optional Continued Conversation session 12 – 12:30 p.m. ET

Cost: General ticket: \$50 + fees & taxes

Location: Zoom – a link will be emailed to you after registration

To register, click [here](#).

Space is limited. Don't miss out on this exciting learning and engagement opportunity!

PHO has more exciting TOPHC events planned. Stay tuned for more information about additional TOPHC Workshops and TOPHC 2023 by checking the [TOPHC website](#) or following PHO on Twitter [@TOPHCtweets](#).

Upcoming DLSPH Events and Webinars

- April 12, 2022 [Webinar: The employment quality of persons with disabilities: Findings from a national survey](#)
- April 19, 2022 [Health Inc.: Corporations, capitalism, and commercial determinants of health](#)
- April 20, 2022 [Conversations in Data Science: Framework for Responsible Machine Learning](#)
- April 21, 2022 [Jim Ruderman Lecture on Leadership and Innovation](#)
- April 29, 2022 [Virtual Hereditary Cancer Series](#)
- May 2, 2022 [CVPD Seminar – Dr. Segun Ogundele](#)

- May 4, 2022 [Data Science Interdisciplinary Research Cluster Symposium – 2022](#)
 - May 16, 2022 [CVPD Seminar – Dr. Anushka Ataullahjan](#)
-

News Releases

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

Association of Local Public Health Agencies

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

Providing Leadership in Public Health Management

alPHa

Association of Local PUBLIC HEALTH Agencies

www.alphaweb.org

A PUBLIC HEALTH PRIMER FOR 2022 ELECTION CANDIDATES

Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

OUR ASK

Candidates acknowledge that local public health has been the backbone of Ontario's successful response to the pandemic and remains essential to the province's health and economic recovery, which will require sustained and sufficient resources and a stable structure embedded in local communities.

PUBLIC HEALTH RESPONSE

Ontario's 34 local public health agencies are the front line of the COVID-19 response.

Public health professionals are responsible for the following:

CASE AND CONTACT MANAGEMENT:

Identify and isolate cases.

DATA ANALYSIS:

Identify sources of infection and patterns of transmission.

OUTBREAK CONTROL:

Protect vulnerable populations in higher risk settings.

PUBLIC HEALTH MEASURES:

Implement and enforce measures to slow the spread of COVID-19.

ADVICE TO GOVERNMENT:


Provide expert input to inform government actions in the fight against COVID-19.


ADVICE TO THE PUBLIC:

Provide and reinforce expert advice to empower the public in the fight against COVID-19.

VACCINATION EFFORTS:

Lead the distribution and administration of COVID-19 vaccines in all Ontario communities.

 **7,139,930**
INDIVIDUALS VACCINATED WITH 3 DOSES IN ONTARIO AS OF MARCH 22, 2022
Source: [Government of Ontario](#)

1,140,865
CONFIRMED COVID-19 CASES IN ONTARIO AS OF MARCH 21, 2022

Source: [Public Health Ontario](#)



Population Health Assessment



Health Equity



Effective Public Health Practice



Emergency Management



Chronic Disease Prevention and Well-Being



Food Safety



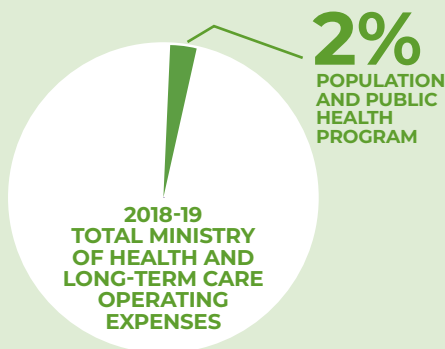
Healthy Environments

RETURN ON INVESTMENT

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy.

According to the 2018-19 (former) Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was **\$1.267 billion**, or about **2%** of the total Ministry operating expenses.

This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.



IMPACT ON RESOURCES



The COVID-19 response **pre-empted most activities** mandated by the Ontario Public Health Standards.

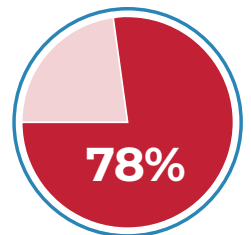
Suspension of routine public health programs and services is our equivalent of the health care system's "surgical backlog." We must resume these while we maintain an effective COVID-19 response.



The COVID-19 pandemic magnified existing **health inequities**.

This will put additional demands on Public Health resources to address them in the future.

Each of Ontario's 34 local public health agencies had to **divert on average 78%** of all available resources to the COVID-19 response.



A measurable uptick in **substance use** (e.g., alcohol and opioids), **mental health issues**, and factors that contribute to chronic diseases will put further demands on public health resources in the future.

Source: alPHa Report: [Public Health Resilience in Ontario - Executive Summary](#)

Source: alPHa Report: [Public Health Resilience in Ontario - Report](#)

Please visit: www.alphaweb.org



Healthy Growth and Development



Immunization



Infectious and Communicable Diseases Prevention and Control



Oral Health



Safe Water



School Health



Substance Use and Injury Prevention

GET INFORMED
GET INVOLVED
GO VOTE!

Health Matters

PROVINCIAL ELECTION PRIMER

May 12, 2022

[#vote4publichealth](#)



Public Health
Santé publique
SUDBURY & DISTRICTS

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PUBLIC HEALTH SUDBURY & DISTRICTS AND THE COVID-19 PANDEMIC: FROM RISK TO RECOVERY AND RESILIENCE

It has been over 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) continues to provide leadership and essential services to manage the COVID-19 pandemic and guide individuals, families, congregate care settings, businesses, and communities on how to best protect themselves during this unprecedented and ever-changing crisis.

We take seriously our responsibility to understand, communicate, and implement the best-available evidence, including extensive and ongoing reviews of science and local epidemiology. However, our dedication to COVID-19 has meant that we have had to pause or scale back on many other essential public health programs and services during this two-year period, creating a growing backlog of services and unmet needs.

And so, while Public Health will continue to manage the pandemic to support the communities that we serve, it is critical that we refocus and re-engage in our other programming activities and plan our approach moving forward. We will assess and address ongoing and emerging health needs that require public health intervention so that we remain an active partner in the local recovery endeavour—creating and contributing to strong and resilient post-pandemic communities.

HEALTH MATTERS

As part of this effort, members of Provincial Parliament play an important role in shaping policies that impact all aspects of our lives, including our health. Public Health looks to our representatives to create policies that provide opportunities to build a sustainable path forward and support the health of all.

Access to health care and the sustainability of the health system is an important issue for voters. **Did you know that investments in public health, including health promotion and preventive measures are less costly and help keep people out of hospitals and clinics in the first place?** Addressing income, social status and supports, education, and literacy can impact individual health and be important influences on how well the health care system manages and responds.

Learn more about the issues and the actions provincial leaders can take to protect and promote the health of communities locally and across the province.

Get informed. Get involved. Go vote.

PUBLIC HEALTH RECOVERY PRIORITIES

The pandemic has affected different people in different ways. Those who experienced systemic barriers to health and well-being prior to the COVID-19 pandemic have continued to face disproportionate impacts during the pandemic, intensifying underlying health inequities. Understanding how adverse impacts are experienced unevenly across the communities that we serve is critical to informing how public health can support the path to recovery for all. Public health practice includes actions to reduce health inequities to provide everyone with the opportunity to achieve their full health potential without disadvantage due to social position or other socially determined circumstances beyond individual control.

The prolonged and intense response to the COVID-19 pandemic has had significant impacts on local public health capacity. This has included direct impacts to our programs and services, including the suspension or major reduction of most non-COVID-19-related public health programs required under the *Ontario Public Health Standards*. We are working to strike a balance between ongoing pandemic supports and restarting the rest of our core public health programming. To this end, we have identified four recovery priorities 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 opportunities for health and create healthier communities for all.

The identified priorities are getting children back on track, levelling up opportunities for health, fostering mental health gains, and supporting safe spaces. To learn more about the recovery priorities, visit <https://www.phsd.ca/health-topics-programs/diseases-infections/coronavirus/reports-and-infographics-covid-19/public-health-sudbury-districts-and-the-covid-19-pandemic-from-risk-to-recovery-and-resilience-february-2022/>.

The recovery priorities also provide 10 key issues and related actions that we believe must be considered during the election and beyond.



MENTAL HEALTH

- Just like physical health, mental health and well-being are influenced by the social, economic, and physical environments in which people work, live, and play. Populations with socio-economic disadvantages are disproportionately affected by mental health problems and challenges. **There is no health without mental health.**
- Mental well-being is a concern with an increasing percentage of Ontarians who report their mental health as fair or poor, and who have experienced mental health challenges or illnesses, especially since the pandemic began. Almost half of Ontarians believe that COVID-19 played a major role in worsening of their mental health.ⁱ

KEY RECOMMENDATIONS:

1. Promote infant, child, and youth mental health through public health programming including school health, healthy families, and healthy communities while increasing access to services and decreasing wait times.
2. Support strategies that target the social determinants of mental health across the lifespan of individuals, with a focus on reducing stigma and increasing inclusion and support.



FOOD INSECURITY

- Not having enough money to buy food and other necessities affects about 13% of households in Ontario.ⁱⁱ Current unprecedented levels of inflation will make household food insecurity worse.ⁱⁱⁱ
- The risk of food insecurity varies by different household characteristics. Food insecurity is most prevalent among households with low incomes, female single-parent families, those who rent rather than own their housing, and those who identify as Indigenous or Black.^{iv}
- Food insecurity is a serious public health problem. Adults in food insecure households are more likely to suffer from chronic conditions such as diabetes, high blood pressure, and anxiety. Children in these households are more likely to suffer from mental health problems, and teenagers are at greater risk of depression, social anxiety, and suicide. Food insecurity costs the health care system as adults living in food-insecure households have much higher health care costs compared to those living in food-secure households.^v
- **The solution to food insecurity is income security.**

KEY RECOMMENDATION:

1. Implement policy interventions that reduce income inequalities, such as a basic income guarantee, a living wage, and social assistance rates that are geared to the cost of living so that everyone has the money they need for basic needs, including food.



PAID SICK-DAYS

- Inequitable access to paid sick-days in Canada has significant impacts on income and health. Paid sick-leave provisions are essential to protect the health of individual workers, their workplaces, and the broader community. This has become even more evident with the COVID-19 pandemic.^{vi}
- In Canada, 58% of all workers and over 70% of workers earning less than \$25,000 do not have access to paid sick-days. As a result, these workers must choose between losing income or going to work while sick. A paid sick-day policy is essential to protect individuals, workplaces, and community health. Women, low-wage and precarious workers, and racialized communities are most impacted by a lack of paid sick-days.^{vii}
- The Government of Ontario's paid sick-leave program provides three paid sick-days to employees and has recently been extended to July 31, 2022. Evidence indicates to be effective, paid sick-days must be universal, permanent, and provide at least seven paid sick-days.^{viii}

KEY RECOMMENDATION:

1. Implement a paid sick-day policy that is permanent, universally accessible to all workers, is paid at 100% of a worker's wage, and provides at least seven paid sick-days.



HOUSING

- Safe, affordable, quality housing is important for health, well-being, and inclusion.^{ix}
- Affordable housing means having enough money after paying for housing to spend on other necessities like healthy food, transportation, child care, and other basic needs.^x
- In 2018, more than 1.6 million Canadian households were spending more than 30% of their before-tax income on housing.^{xi}
- The rental vacancy rate in Greater Sudbury fell in 2021 to its lowest in 10 years at 1.8%, driving the cost of rental accommodation up 8.4% for a two-bedroom unit.^{xii}
- In 2021, almost 70% of those who were homeless in Sudbury said that high rents were preventing them from being housed.^{xiii}

KEY RECOMMENDATION:

1. Develop a strategy to ensure affordable, accessible, and supportive housing, including an Indigenous-led housing strategy and housing supports for older adults and for all living in Sudbury and districts.



INDIGENOUS HEALTH AND WELL-BEING

- Respect First Nation self-governance by ensuring their public health needs, as determined by communities, are met.
- Uphold and implement health and well-being responsibilities under the *Truth and Reconciliation Commission: Calls to Action* (for example, honour the treaties with First Nations and uphold governmental responsibilities to each treaty).

KEY RECOMMENDATION:

1. Ensure sustainable funding, the transfer of necessary resources as well as authority for self-determination and control of public health programming and services across the province to First Nations and urban and rural Indigenous communities and organizations (*adapted from [Registered Nurses' Association of Ontario recommendation](#)*).



ANTI-RACISM

- Discrimination is commonly experienced by racialized groups in Canada. Although it may be more common among Black or First Nations people, it is increasing among those who are Chinese or South Asian. Moreover, the trauma of discrimination and racism felt by racialized populations has been intensified by events like the COVID-19 pandemic and demonstrations involving acts and symbols of hate, bigotry, racism, antisemitism, and discrimination.
- Systemic racism and discrimination have resulted in the unequal distribution of resources, including income, education, employment, housing, and health care, impacting the mental and physical health of racialized populations. Despite an increased awareness of the effects of systemic racism, concrete progress is needed to make Canadian communities more equitable for all.

KEY RECOMMENDATIONS:

1. Ensure sustainable funding and commitment to advance a provincial anti-racism strategic plan and ensure anti-racism initiatives are informed and led by racialized populations.
2. Encourage the creation of inclusive community spaces for all in Northern Ontario.
3. Ensure that hate crimes are clearly defined and result in appropriate consequences.



OPIOIDS

- The pandemic has heightened the disparities across communities and has disproportionately affected people who use substances. Many social determinants of health, such as poverty, housing problems, occupational issues, trauma and racism, as well as social and physical environments, can contribute to an increase in substance use. We continue to hear and see first-hand how the pandemic is affecting all communities, including people who use substances.
- Northern Ontario has been particularly impacted by the opioid crisis. In statistics released by the Office of the Chief Coroner of Ontario, the health units with the five highest rates of opioid-related deaths in 2020 were all in Northern Ontario. In total, 338 residents of Northern Ontario died from an opioid-related overdose in 2020, compared to 166 in 2019. This represents an overall rate of death of 42.3 per 100 000 population in Northern Ontario as compared with 14.9% for other regions of the province.

KEY RECOMMENDATION:

1. Support proactive, comprehensive, and multi-stakeholder plans that address substance use, engaging people where they use, and providing necessary education, harm reduction supports, and treatment.

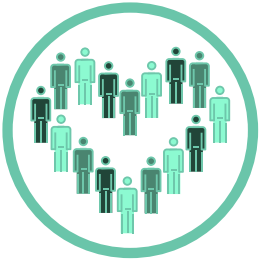


INFECTION PREVENTION AND CONTROL (IPAC)

- COVID-19 is just one example of an infection that has been proven to disproportionately affect outcomes of individuals who live in congregate care facilities, retirement homes and long-term care homes.
- Since the beginning of the COVID-19 pandemic, almost 100 outbreaks have been declared in local congregate living settings.
- The Infection Prevention and Control (IPAC) Hub model is essential to ensuring protection from infectious diseases for all residents in congregate living settings.

KEY RECOMMENDATION:

1. Support Ontario's IPAC Hub model as a sustained initiative to ensure that highest risk settings are adequately supported in enhancing resident health and preventing tragic outcomes.



PUBLIC HEALTH

- Public health continues to play a critical role in responding to the COVID-19 pandemic. We have saved lives by reducing community spread and have increased protection through vaccination. While we remain committed to this important work, we must refocus our energies to our other responsibilities. This includes offering routine vaccination, fostering mental health, and creating safe and supportive spaces where people live, learn, work, and play.
- In these and other areas, we will recommit our expertise and resources to promote and protect health and to prevent disease for our clients and communities.

KEY RECOMMENDATION:

1. Ensure adequate funding and investments to support recovery efforts to reduce the backlog in Public Health programs and services to meet community needs, including immunization catch-up programs that promote the health of individuals and communities and reduce the burden on the health care system.



CLIMATE CHANGE

- The transportation sector is the leading source of climate emissions, responsible for 35% of Ontario's greenhouse gas emissions.^{xiv}
- An efficient public transit system can increase health and social equity, as well as provide environmental benefits. Many people do not drive because of their age, income, ability, or choice. Access to efficient public transit provides an independent way to access jobs and essential services and allows people living on lower incomes to direct more of their earnings to food, clothing, and rent. The effects of public transit are even more impactful when transit vehicles are electric powered and emit no pollutants.^{xv}
- Physical activity is a well-known benefit to mental and physical health. Active transportation (replacing car trips with walking or cycling) is an ideal way for busy people to build healthy activity into their lives.^{viii}
- Neighbourhoods and streets that are more walkable and cycle-safe in their design benefit people of all ages and income levels.^{xvi}

KEY RECOMMENDATION:

1. Invest in public transit and active transportation to reduce greenhouse gas emissions, thereby creating healthy and green communities that increase physical activity.

REFERENCES

- i Canadian Mental Health Association Ontario and Pollara Strategic Insights. (Wave 3, March 2021). CMHA Mental Health during COVID-19 Ontario Survey.
- ii Tarasuk V, Mitchell A. (2020). Household food insecurity in Canada, 2017-18. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Accessed April 25, 2022: <https://proof.utoronto.ca/resources/proof-annual-reports/household-food-insecurity-in-canada-2017-2018/>
- iii PROOF Food Insecurity Policy Research. (2022). What does record inflation mean for household food insecurity in Canada? March 16, 2022. Accessed April 28, 2022: <https://proof.utoronto.ca/what-does-record-inflation-mean-for-household-food-insecurity-in-canada/#:~:text=What%20is%20the%20potential%20impact,are%20forced%20to%20make%20compromises.>
- iv Tarasuk V, Mitchell A. (2020). Household food insecurity in Canada, 2017-18. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Accessed April 25, 2022: <https://proof.utoronto.ca/resources/proof-annual-reports/household-food-insecurity-in-canada-2017-2018/>
- v Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. Accessed April 25, 2022: https://www.odph.ca/upload/membership/document/2021-04/ps-eng-corrected-07april21_3.pdf
- vi Decent Work & Health Network. (2022). Prescription for a healthy pandemic recovery: Decent work for all. Accessed April 25, 2022: [2022.04 DWHN Report.pdf - Google Drive](#)
- vii Decent Work & Health Network. (2022). Prescription for a healthy pandemic recovery: Decent work for all. Accessed April 25, 2022: [2022.04 DWHN Report.pdf - Google Drive](#)
- viii Decent Work & Health Network. (2022). Prescription for a healthy pandemic recovery: Decent work for all. Accessed April 25, 2022: [2022.04 DWHN Report.pdf - Google Drive](#)

- ix Centre for Addictions and Mental Health. (2022). *Housing and Mental Health Policy Framework*. <https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/housing-policy-framework-pdf.pdf>
- x Public Health Sudbury & Districts. (2019). Circles Sudbury Story Map. <https://www.phsd.ca/health-topics-programs/health-equity/a-community-approach-to-poverty-reduction>
- xi Statistics Canada. (2020). One in ten Canadian households living in core housing need in 2018. <https://www150.statcan.gc.ca/n1/daily-quotidien/201002/dq201002a-eng.htm>
- xii Canadian Mortgage and Housing Corporation. (2022). Rental Market Report. <https://assets.cmhc-schl.gc.ca/sites/cmhc/professional/housing-markets-data-and-research/market-reports/rental-market-report/rental-market-report-2021-en.pdf?rev=a5a0eaac-6f70-4058-8aa3-e6d307685910>
- xiii City of Greater Sudbury. (2022). 2021 Point In Time Homelessness Enumeration Results Report. <https://www.greatersudbury.ca/live/homelessness-initiatives/reports-and-research1/2021-homelessness-enumeration-report/>
- xiv Government of Canada. (2022). *Provincial and Territorial Energy Profiles - Ontario*. <https://www.cer-rec.gc.ca/en/data-analysis/energy-markets/provincial-territorial-energy-profiles/provincial-territorial-energy-profiles-ontario.html#:~:text=GHG%20Emissions,-Ontario's%20GHG%20emissions&text=The%20largest%20emitting%20sectors%20in,9.3%20MT%20CO2e>
- xv Canadian Health Association for Sustainability and Equity. (2021). *Public Transit - Good for health, social equity and the planet!* <https://chasecanada.org/2021/11/11/public-transit-good-for-health-social-equity-and-the-planet/>
- xvi Canadian Health Association for Sustainability and Equity. (2021). *Active Travel - Good for health, social equity and the planet!* <https://chasecanada.org/2021/11/09/active-travel-good-for-health-social-equity-and-the-planet/>

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**Public Health
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- 16** Références

SANTÉ PUBLIQUE SUDBURY ET DISTRICTS ET LA PANDÉMIE DE COVID-19 : DU RISQUE AU RÉTABLISSEMENT ET À LA RÉSILIENCE

Il s'est écoulé plus de deux ans depuis que le premier cas d'infection au virus de la COVID-19 a été confirmé dans les districts de Sudbury et de Manitoulin. Durant cette période, Santé publique Sudbury et districts (Santé publique) a continué d'apporter le leadership requis et les services essentiels pour gérer la pandémie de COVID-19 et guider les personnes, les familles, les lieux d'hébergement collectif, les entreprises et les collectivités quant à la meilleure manière de se protéger pendant cette crise sans précédent et en évolution constante.

Nous remplissons sérieusement notre tâche qui consiste à comprendre, communiquer et appliquer les meilleures données probantes qui soient, notamment les examens exhaustifs et continus des données scientifiques et de l'épidémiologie locale. Cependant, en nous concentrant sur la COVID-19, nous avons dû interrompre ou réduire bien d'autres programmes et services de santé publique au cours de ces deux années, ce qui a créé des retards croissants dans les services à fournir et les besoins à satisfaire.

Ainsi, bien que Santé publique continuera de gérer la pandémie pour soutenir les collectivités que nous servons, nous devons absolument nous reconcentrer sur nos autres activités et prévoir notre approche pour l'avenir. Nous allons évaluer et combler les besoins continus et nouveaux en santé qui exigent une intervention en santé publique afin de pouvoir continuer à participer activement au rétablissement à l'échelle locale, pour qu'après la pandémie, les communautés soient fortes et résilientes.

LA SANTÉ COMPTE

Dans le cadre des efforts déployés, les députés jouent un rôle important lorsqu'il s'agit d'élaborer les politiques touchant tous les aspects de nos vies, y compris notre santé. Santé publique compte sur nos représentants pour créer des politiques offrant des possibilités de tracer une voie durable et de favoriser la santé de tout le monde.

L'accès aux soins de santé et la durabilité du système de santé constituent un enjeu important pour l'électorat. **Saviez-vous que les investissements en santé publique, notamment dans la promotion de la santé et les mesures de prévention sont moins coûteux et contribuent à garder les gens en dehors des hôpitaux et des cliniques, pour commencer?** S'attaquer au revenu, au statut et aux soutiens sociaux, à l'éducation et à l'alphabétisation peut avoir un effet sur la santé des gens et influencer grandement sur la capacité du système de soins de santé à gérer les situations et y réagir.

Apprenez-en davantage sur les enjeux et les mesures que les dirigeants provinciaux peuvent prendre pour protéger et promouvoir la santé des collectivités d'ici et de toute la province.

Renseignez-vous. Participez. Allez voter.

PRIORITÉS DE SANTÉ PUBLIQUE POUR LE RÉTABLISSEMENT

La pandémie a affecté différentes personnes de diverses façons. Celles qui étaient déjà aux prises avec des obstacles systémiques à la santé et au bien-être continuent d'être touchées de manière disproportionnée, ce qui exacerbe les inégalités sous-jacentes en matière de santé. Il faut absolument comprendre les effets indésirables de la pandémie et leur incidence inégale dans nos communautés pour pouvoir orienter la manière dont Santé publique pourra aider tout le monde à se rétablir. Les pratiques de santé publique englobent des mesures pour réduire les iniquités en santé afin que tout le monde puisse atteindre son plein potentiel sans subir d'inconvénients dus à la position sociale ou à d'autres facteurs d'ordre social qui sont indépendants de la volonté des gens.

La longue et intense intervention contre la pandémie de COVID-19 a eu des répercussions considérables sur les capacités de Santé publique. Elle a eu notamment des effets directs sur nos programmes et services. Par exemple, il a fallu suspendre ou réduire grandement la plupart des programmes non liés à la COVID-19 qui sont prévus dans les Normes de santé publique de l'Ontario. Nous nous efforçons d'établir un équilibre entre les soutiens constants à la lutte contre la pandémie et le redémarrage de nos autres principaux programmes de santé publique. Ainsi, nous avons établi les quatre priorités pour le rétablissement qui auront le plus d'effet sur les personnes et les groupes qui sont les plus défavorisés et qui ont le moins de possibilités d'être en santé. Elles nous ramènent à la mission première de l'organisme et à son mandat, soit de niveler par le haut et de créer des communautés plus saines pour tout le monde.

Les priorités sont les suivantes : remettre les enfants sur la bonne voie, niveler par le haut les possibilités d'être en santé, favoriser l'amélioration de la santé mentale et appuyer la création d'endroits sécuritaires. Afin d'en apprendre davantage à leur sujet, consultez <https://www.phsd.ca/fr/sujets-et-des-programmes-de-sante/fr-diseases-infections/coronavirus/rapports-et-documents-infographiques-covid-19/sante-publique-sudbury-et-districts-et-la-pandemie-de-covid-19-depuis-le-risque-jusquau-retablissement-et-a-la-resilience-fevrier-2022/>.

Elles englobent aussi dix enjeux clés et mesures connexes qui, selon nous, doivent être pris en compte durant l'élection et à l'avenir.



SANTÉ MENTALE

- Tout comme la santé physique, la santé mentale et le bien-être sont influencés par les environnements social, économique et physique où les gens travaillent, vivent et jouent. Les populations défavorisées sur le plan socioéconomique sont disproportionnellement touchées par les problèmes et les difficultés liés à la santé mentale. **Sans santé mentale, il ne peut y avoir de santé.**
- En Ontario, le bien-être mental est une préoccupation, car de plus en plus de gens déclarent avoir une assez bonne ou une mauvaise santé mentale et avoir vécu des problèmes de santé mentale ou souffert d'une maladie mentale, en particulier depuis le début de la pandémie. Presque la moitié de la population estime que la COVID-19 a joué un rôle majeur dans l'aggravation de leur santé mentale.ⁱ

PRINCIPALES RECOMMANDATIONS :

1. Promouvoir la santé mentale des nourrissons, des enfants et des jeunes par des programmes de santé publique, dont Santé en milieu scolaire, Familles en santé et Communautés en santé, tout en augmentant l'accès aux services et en réduisant les délais d'attente.
2. Soutenir les stratégies ciblant les déterminants sociaux de la santé mentale tout au long de la vie des gens, en s'efforçant surtout de réduire la stigmatisation et en augmentant l'inclusion et le soutien.



SÉCURITÉ ALIMENTAIRE

- Environ 13 % des ménages ontariens n'ont pas assez d'argent pour acheter de la nourriture et d'autres produits essentiels.ⁱⁱ Les taux d'inflation sans précédent que nous enregistrons actuellement aggraveront la situation.ⁱⁱⁱ
- Le risque d'insécurité alimentaire varie selon les caractéristiques des ménages. Elle s'observe surtout chez les foyers à faible revenu, les familles monoparentales dirigées par une femme, les locataires et les personnes autochtones ou noires.^{iv}
- L'insécurité alimentaire est un grave problème de santé publique. Les adultes dans cette situation sont plus susceptibles de souffrir de troubles chroniques tels que le diabète, l'hypertension et l'anxiété. Les enfants des ménages touchés ont plus de chances d'avoir des problèmes de santé mentale, et les adolescents risquent davantage d'être dépressifs, de souffrir d'anxiété sociale et de se suicider. L'insécurité alimentaire représente un coût pour le système de soins de santé, car les coûts de soins de santé sont bien plus élevés pour les adultes en situation d'insécurité alimentaire que pour les autres.^v
- **La solution à l'insécurité alimentaire est la sécurité du revenu.**

PRINCIPALE RECOMMANDATION :

1. Réaliser des interventions stratégiques pour réduire les inégalités de revenu, comme instaurer un revenu garanti de base, verser un salaire vital et fixer des taux d'aide sociale adaptés au coût de la vie pour que tout le monde puisse subvenir à ses besoins essentiels, comme se nourrir.

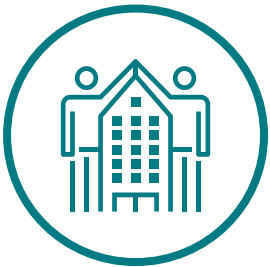


CONGÉS DE MALADIE PAYÉS

- Au Canada, l'accès inégal aux congés de maladie payés a des effets considérables sur le revenu et la santé. Les dispositions concernant les congés de maladie payés sont essentielles pour protéger la santé de la main-d'œuvre, les milieux de travail et la collectivité en général. La pandémie de COVID-19 a mis le problème encore plus en évidence.^{vi}
- Au Canada, 58 % de la population active et plus de 70 % de celle qui gagne moins de 25 000 \$ n'a pas droit à des congés de maladie payés. Par conséquent, elle doit soit perdre une partie de son revenu, soit aller au travail quand même en cas de maladie. Il est essentiel d'instaurer une politique de congés de maladie payés pour protéger les personnes, les employeurs et la santé communautaire. Ce sont surtout les femmes, les personnes à faible revenu et à emploi précaire et les communautés racisées qui sont touchées par l'absence de congés de maladie payés.^{vii}
- Le programme de congés de maladie payés du gouvernement de l'Ontario prévoit trois jours et a récemment été prolongé jusqu'au 31 juillet 2022. Selon les données probantes, les congés de maladie payés doivent, pour être efficaces, être universels, permanents et s'étendre sur au moins sept jours.^{viii}

PRINCIPALE RECOMMANDATION :

1. Adopter une politique permanente de congés de maladie payés, visant toute la population active et prévoyant de verser l'équivalent de 100 % du salaire pendant au moins sept jours.



LOGEMENT

- L'accès à un logement sécuritaire, abordable et de qualité est un élément important de la santé, du bien-être et de l'inclusion.^{ix}
- Avoir un logement abordable signifie disposer d'assez d'argent après avoir payé le loyer pour les autres dépenses essentielles (aliments sains, transport, garde d'enfants et autres besoins de base).^x
- En 2018, plus de 1,6 million de ménages canadiens consacraient plus de 30 % de leur revenu avant impôt au logement.^{xi}
- En 2021, dans le Grand Sudbury, le taux d'inoccupation des logements locatifs est tombé à son plus bas niveau en 10 ans, soit 1,8 %, ce qui a fait grimper le coût de 8,4 % pour un appartement de deux chambres.^{xii}
- En 2021, à Sudbury, presque 70 % des personnes sans abri déclaraient que les loyers élevés les empêchaient de se trouver un logement.^{xiii}

PRINCIPALE RECOMMANDATION :

1. Créer une stratégie pour assurer un logement abordable, accessible et supervisé, dont une stratégie menée par les Autochtones et de l'aide pour les personnes âgées et tous les habitants de Sudbury et districts.



SANTÉ ET BIEN-ÊTRE DES AUTOCHTONES

- Respecter l'autonomie des Premières Nations en répondant à leurs besoins en santé publique, suivant les demandes des communautés.
- Faire assumer les responsabilités en matière de santé et de bien-être conformément aux *appels à l'action de la Commission de vérité et réconciliation* (p. ex., respecter les traités conclus avec les Premières Nations et faire en sorte que les gouvernements assument leurs responsabilités à l'égard de chaque traité).

PRINCIPALE RECOMMANDATION :

1. Assurer un financement durable, le transfert des ressources nécessaires ainsi que le pouvoir d'autodétermination et de contrôle quant aux programmes et services de santé publique à l'échelle provinciale pour les Premières Nations et les communautés et organisations autochtones en milieu urbain ou rural (*adaptation de la recommandation de l'Association des infirmières et infirmiers autorisés de l'Ontario*).



LUTTE CONTRE LE RACISME

- Au Canada, les groupes racisés font couramment l'objet de discrimination. Bien que celle-ci puisse être plus courante chez les populations noires ou les Premières Nations, elle augmente chez les personnes chinoises ou d'Asie du Sud. En outre, le traumatisme causé et le racisme ressenti se sont intensifiés en raison d'événements comme la pandémie de COVID-19 et des démonstrations ayant fait intervenir des actes et des symboles de haine, de fanatisme, de racisme, d'antisémitisme et de discrimination.
- Le racisme et la discrimination systémiques ont entraîné une répartition inégale des ressources, notamment au chapitre du revenu, de l'éducation, de l'emploi, du logement et des soins de santé, ce qui a nui à la santé mentale et physique des populations racisées. Bien que l'on connaisse mieux les effets du racisme systémique, il y a lieu de réaliser des progrès concrets pour rendre les collectivités canadiennes plus équitables pour tout le monde.

PRINCIPALES RECOMMANDATIONS :

1. Assurer un financement et un engagement durables pour faire progresser le plan provincial de lutte contre le racisme et veiller à ce que les initiatives dans ce domaine soient influencées et menées par les populations racisées.
2. Encourager la création d'espaces communautaires inclusifs pour tout le Nord de l'Ontario.
3. S'assurer que les crimes haineux sont clairement définis et entraînent des conséquences appropriées.



OPIOÏDES

- La pandémie a augmenté les disparités entre les communautés et a touché de façon disproportionnée les personnes qui consomment des drogues. Bien des déterminants sociaux de la santé peuvent contribuer à augmenter la consommation, comme la pauvreté, les problèmes de logement, les enjeux professionnels, les traumatismes et le racisme, mais aussi les environnements sociaux et physiques. Nous sommes toujours à même d'entendre et de voir en quoi la pandémie touche toutes les collectivités, y compris les personnes qui consomment des drogues.
- Le Nord de l'Ontario est particulièrement touché par la crise des opioïdes. Selon les statistiques qu'a publiées le Bureau du coroner en chef pour l'Ontario, les bureaux de santé ayant enregistré les cinq plus hauts taux de décès dus aux opioïdes en 2020 se situaient tous dans cette région. En tout, 338 habitants sont morts d'une surdose d'opioïdes cette année-là, comparativement à 166 en 2019. Cela représente un taux de décès global de 42,3 pour 100 000 habitants, comparativement à 14,9 % dans les autres régions de la province.

PRINCIPALE RECOMMANDATION :

1. Soutenir des plans proactifs, exhaustifs et multilatéraux qui s'attachent à la consommation de drogues, en mobilisant les gens sur les lieux de consommation et en fournissant l'information, l'aide à la réduction des méfaits et le traitement qui s'imposent.

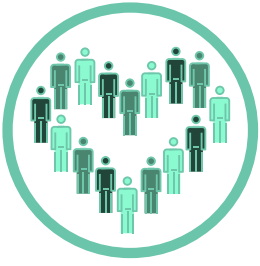


PRÉVENTION ET CONTRÔLE DES INFECTIONS (PCI)

- La COVID-19 n'est qu'un exemple d'infection qui touche de façon disproportionnée les personnes vivant dans les lieux d'hébergement collectif, les maisons de retraite et les foyers de soins de longue durée.
- Depuis le début de la pandémie de COVID-19, presque 100 éclosions ont été déclarées dans les lieux d'hébergement collectif de la région.
- Le modèle du carrefour pour la prévention et le contrôle des infections (PCI) est essentiel pour assurer une protection contre les maladies infectieuses à tous les habitants des lieux d'hébergement collectif.

PRINCIPALE RECOMMANDATION :

1. Soutenir le modèle du carrefour que préconise l'Ontario en matière de PCI comme initiative soutenue pour que les milieux les plus à risque bénéficient d'un appui adéquat lorsqu'il s'agit d'améliorer la santé des personnes résidentes et de prévenir les issues tragiques.



SANTÉ PUBLIQUE

- Santé publique joue encore un rôle essentiel dans l'intervention contre la pandémie de COVID-19. Nous avons sauvé des vies en réduisant la propagation communautaire et avons augmenté la protection par la vaccination. Bien que nous nous engagions toujours à poursuivre cet important travail, nous devons consacrer à nouveau nos énergies à nos autres responsabilités. Par exemple, nous devons nous occuper de la vaccination systématique, favoriser la santé mentale et créer des endroits sécuritaires et favorables où les gens peuvent vivre, apprendre, travailler et jouer.
- Dans ces domaines et dans d'autres, nous allons consacrer à nouveau notre expertise et nos ressources à la promotion et à la protection de la santé, ainsi qu'à la prévention des maladies chez notre clientèle et nos collectivités.

PRINCIPALE RECOMMANDATION :

1. Assurer un financement et des investissements suffisants pour soutenir les efforts de rétablissement afin de réduire les retards dans les programmes et services de santé publique et de répondre aux besoins de la population, notamment en ce qui touche les programmes de rattrapage en matière d'immunisation qui favorisent la santé des personnes et des collectivités et réduisent le fardeau que doit supporter le système de soins de santé.



CHANGEMENT CLIMATIQUE

- Le secteur des transports, responsable de 35 % des émissions de gaz à effet de serre en Ontario, en est la principale source.^{xiv}
- Rendre le réseau de transport en commun efficace peut améliorer l'équité en matière sociale et de santé, en plus de procurer des avantages du point de vue environnemental. Bien des gens ne conduisent pas en raison de leur âge, de leur revenu, par manque d'aptitude ou par choix. L'accès à un réseau de transport en commun efficace procure un moyen autonome d'accéder à l'emploi et aux services essentiels, et permet aux gens à plus faible revenu de consacrer une plus grande part de leurs gains à l'alimentation, à l'habillement et au logement. Les effets du transport en commun sont encore plus marqués lorsque les véhicules sont électriques et n'émettent aucun polluant.^{xv}
- L'activité physique est un bienfait reconnu pour la santé mentale et physique. Le transport actif (remplacement de la voiture par la marche ou le vélo) est un moyen idéal d'inclure une activité saine dans leur vie.^{viii}
- Les rues et les quartiers plus favorables à la marche et plus sûrs pour les cyclistes profitent aux personnes de tous âges, peu importe leur revenu.^{xvi}

PRINCIPALE RECOMMANDATION :

1. Investir dans le transport en commun et le transport actif pour réduire les émissions de gaz à effet de serre, et créer ainsi des communautés saines et vertes qui augmentent l'activité physique.

RÉFÉRENCES

- i Association canadienne pour la santé mentale (Ontario) et Pollara Strategic Insights. (3e vague, mars 2021). CMHA Mental Health during COVID-19 Ontario Survey.
- ii Tarasuk V, Mitchell A. (2020). Household food insecurity in Canada, 2017-18. Toronto : Research to identify policy options to reduce food insecurity (PROOF). Consulté le 25 avril 2022 : <https://proof.utoronto.ca/resources/proof-annual-reports/household-food-insecurity-in-canada-2017-2018/>
- iii PROOF Food Insecurity Policy Research (2022). What does record inflation mean for household food insecurity in Canada? 16 mars 2022. Consulté le 28 avril 2022 : <https://proof.utoronto.ca/what-does-record-inflation-mean-for-household-food-insecurity-in-canada/#:~:text=What%20is%20the%20potential%20impact,are%20forced%20to%20make%20compromises.>
- iv Tarasuk V, Mitchell A. (2020). Household food insecurity in Canada, 2017-18. Toronto : Research to identify policy options to reduce food insecurity (PROOF). Consulté le 25 avril 2022 : <https://proof.utoronto.ca/resources/proof-annual-reports/household-food-insecurity-in-canada-2017-2018/>
- v Diététistes en santé publique de l'Ontario (2020). Position Statement and Recommendations on Responses to Food Insecurity. Consulté le 25 avril 2022 : https://www.odph.ca/upload/membership/document/2021-04/ps-eng-corrected-07april21_3.pdf
- vi Decent Work & Health Network (2022). Prescription for a healthy pandemic recovery : Decent work for all. Consulté le 25 avril 2022 : [2022.04 DWHN Report.pdf - Google Drive](#)
- vii Decent Work & Health Network (2022). Prescription for a healthy pandemic recovery : Decent work for all. Consulté le 25 avril 2022 : [2022.04 DWHN Report.pdf - Google Drive](#)
- viii Decent Work & Health Network (2022). Prescription for a healthy pandemic recovery : Decent work for all. Consulté le 25 avril 2022 : [2022.04 DWHN Report.pdf - Google Drive](#)

- ix Centre de toxicomanie et de santé mentale (2022). *Housing and Mental Health Policy Framework*. <https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/housing-policy-framework-pdf.pdf>
- x Santé publique Sudbury et districts (2019). Carte interactive de Cercles Sudbury. <https://www.phsd.ca/fr/sujets-et-des-programmes-de-sante/equite-en-sante/programmes-de-reduction-de-la-pauvrete/>
- xi Statistique Canada (2020). Un ménage canadien sur dix avait des besoins impérieux en matière de logement en 2018. <https://www150.statcan.gc.ca/n1/daily-quotidien/201002/dq201002a-fra.htm>
- xii Société canadienne d'hypothèques et de logement (2022). Rapport sur le marché locatif. <https://assets.cmhc-schl.gc.ca/sites/cmhc/professional/housing-markets-data-and-research/market-reports/rental-market-report/rental-market-report-2021-fr.pdf?rev=a5a0eaac-6f70-4058-8aa3-e6d307685910>
- xiii Ville du Grand Sudbury (2022). 2021 Point In Time Homelessness Enumeration Results Report. <https://www.greatersudbury.ca/live/homelessness-initiatives/reports-and-research1/2021-homelessness-enumeration-report/>
- xiv Gouvernement du Canada (2022) *Profils énergétiques des provinces et territoires - Ontario*. <https://www.cer-rec.gc.ca/fr/donnees-analyse/marches-energetiques/profils-energetiques-provinces-territoires/profils-energetiques-provinces-territoires-ontario.html>
- xv Canadian Health Association for Sustainability and Equity (2021). *Public Transit - Good for health, social equity and the planet!* <https://chasecanada.org/2021/11/11/public-transit-good-for-health-social-equity-and-the-planet/>
- xvi Canadian Health Association for Sustainability and Equity (2021). *Active Travel - Good for health, social equity and the planet!* <https://chasecanada.org/2021/11/09/active-travel-good-for-health-social-equity-and-the-planet/>

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APPROVAL OF CONSENT AGENDA

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

Briefing Note

To: René Lapierre, Chair, Board of Health, Public Health Sudbury & Districts
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: May 12, 2022
Re: 2022/2023 Ministry of Health Funding

For Information

For Discussion

For a Decision

Issue:

On May 2, 2022, the agency received notice of Ministry of Health funding for 2022, including one-time funding for the 2022-23 funding year.

Recommended Action:

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

Background:

Base Funding

Table 1 compares the 2022 Board of Health approved operating budget with the Ministry of Health approved funding allocation for cost shared and 100% funded programs.

Table 1

Maximum Base Funds (For January 1 to December 31, 2022)			
Program/Sources of Funding	2022 BOH Approved Allocation	2022 Ministry of Health Approved Allocation	Variance
Mandatory Programs (cost-shared)	\$16,836,800	\$16,963,100	\$126,300
Ontario Seniors Dental Care Program (100%)	\$810,200	\$1,012,400	\$202,200
Unorganized Territories/Mandatory Programs (100%)	\$826,000	\$826,000	\$0
Unorganized Territories/Indigenous Communities (100%)	\$90,400	\$90,400	\$0
Unorganized Territories/Northern Fruit and Vegetable Program (100%)	\$176,100	\$176,100	\$0
MOH/AMOH Compensation (100%)	\$129,000	\$129,000	\$0
Total Maximum Base Funds	\$18,868,500	\$19,197,000	\$328,500

2018–2022 Strategic Priorities

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

A 1% increase was approved to Mandatory Program funding for an approved allocation of \$16,963,100 for 2022. This allocation is being pro-rated for the period of April 1st to December 31st, 2022, therefore the annualized base funding for Mandatory Programs is \$17,005,200 which will be fully reflected in 2023. The requested increase to base funding for the OSDCP was approved. A request for \$1,079,526 was submitted and the Ministry approved \$1,012,400 of funding for 2022. The increase to base funding is being pro-rated for the period from April 1st to December 31st, 2022. The total annual funding for the program is \$1,079,800 which will be fully reflected in 2023.

One Time Funding

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

Table 2

Maximum One Time Funds (For the Period January 1 st to December 31 st , 2022 unless otherwise noted)			
Projects/Initiatives	2022 BOH Requested	2022 Ministry of Health Approved to date	Variance
Mitigation Grant (100%)	\$1,179,500	\$1,179,500	\$0
COVID-19: Extraordinary Costs (100%) CCM*	\$4,935,192	\$2,354,500	(\$2,580,692)
COVID-19: Vaccine Program (100%)	\$7,486,783	\$5,989,500	(\$1,497,283)
School-Focused Nurses Initiative (100%) – 12 FTE’s (Apr 1, 22 to December 31, 2022)	\$896,000	\$896,000	\$0
Mandatory Needle Exchange	\$94,000	\$95,000	\$1,000
Capital: Patio Renovations 1300 Paris Street	\$425,000	\$264,400	(\$160,600)
Temporary Retention Incentive for Nurses (April 2021 – March 2022)		\$343,400	\$343,400
Temporary Retention Incentive for Nurses (April 2022 – March 2023)		\$343,400	\$343,400
Capital: Elevator Upgrades (carryforward from 2021-22)	\$194,500	\$194,500	\$0
Infection Prevention and Control Hub (April 1 st , 2022 – March 31 st , 2023)	\$840,000	\$840,000	\$0
Infection Prevention and Control Hub (carryforward from 2021-22)	\$840,000	\$840,000	\$0
Capital: IT Infrastructure	\$394,000	\$0	(\$394,000)
Recovery Funding	\$3,715,935	\$0	(\$3,715,935)
Total Maximum One Time Funds	\$21,000,910	\$13,340,200	(\$7,660,710)

*CCM – case and contact management

2018–2022 Strategic Priorities

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

As an initial allocation, funding related to COVID-19 Extraordinary (CCM) costs was approved at 48% of the requested amount and funding related to the COVID-19 Vaccine Program was approved at 80% of the requested amount. The ministry has advised that there will be further opportunities to request funding for COVID extraordinary items if actual expenditures exceed requested expenditures.

The Ministry has also provided one time funding for the School-Focused Nurses Initiative in the amount of \$896,000 for the period from April 1, 2022, to December 31, 2022.

Funding was also approved for the Mandatory Needle Exchange program in the amount of \$95,000.

In an effort to offset costs related to the Infrastructure Modernization project, PHSD submitted capital requests totaling \$819,000. The Ministry approved a portion of funding for one project in the amount \$264,400 to support renovations to the patio at 1300 Paris Street. The Ministry also approved the carryforward of the unspent 2021/22 funding related to the Capital upgrades for the elevator in the amount of \$194,500. These funds must be spent by March 31, 2023.

In addition, PHSD received approval to carryforward \$840,000 of unspent funds from the Infection Prevention and Control (IPAC) Hub program from 2021/2022. As well, a further \$840,000 for the IPAC Hub program was approved for 2022/2023 for a total allocation of \$1.68M for 2022/2023. These funds must be spent by March 31, 2023.

Funding for the Temporary Retention Nursing Incentive was also included as part of the 2022/23 funding announcement. Two allocations of \$343,400 were approved to cover the first and second payment. Actual incentives paid will be reconciled with the Ministry after payment has been made to nurses.

The mitigation grant to offset the change in funding policy, now in its third year, is being extended in 2022, as was previously communicated.

Ontario Public Health Standard:

Organizational Requirements

Strategic Priority:

Organizational Commitment

Contact: France Quirion, Director, Corporate Services

2018–2022 Strategic Priorities

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

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



May 2, 2022

eApprove-72-2022-381

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 \$438,000 in additional base funding for the 2022-23 funding year, up to \$343,400 in one-time funding for the 2021-22 funding year, and up to \$9,546,800 in one-time funding for the 2022-23 funding year, to support the provision of public health programs and services in your community.

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

Page 132 of 150

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

Ministry of Health

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Ministère de la Santé

Bureau du vice-premier ministre
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777, rue Bay, 5^e étage
Toronto ON M7A 1N3
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Télécopieur: 416 326-1571
www.ontario.ca/sante



May 3, 2022

eApprove-72-2022-395

Mr. René Lapierre
Chair, Board of Health
Sudbury and Districts 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 Districts Health Unit up to \$840,000 in one-time funding for the 2022-23 funding year to support continued implementation and operations of the Infection Prevention and Control Hub Program.

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 Districts Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health

Pre-Conference Workshop - June 13, 2022

LEAD WITH “AND”

The Secret to Resilience and Results in a Polarized World

1:00pm – 4:00pm EST

As a public health leader, you’re committed to making the world a better place. But when it comes to moving things forward, does it often seem like you’re fighting an uphill battle against impossible demands, and unreasonable people?

This secret is to move beyond the traditional Either/Or approach to solving problems and embrace the transformational power of Both/And thinking.

Learn how to rise above polarity, division, and conflicting values. Join effective leaders from around the world who have the courage to *Lead with AND* to become more resilient in your day-to-day life.

1:00-2:00 **THE SECRET TO SUSTAINABILITY** - *Care for Others AND Care for Yourself**

2:00-3:00 **OUTSMARTING CHANGE** - *Embrace Change AND Preserve Stability**

3:00-4:00 **THE HIGH-PERFORMANCE PARADOX** - *Have Expectations AND Extend Grace**

* See the following page for session descriptions.

NOTE – This workshop is included with your conference registration.

WORKSHOP LEADER:



Tim Arnold has spent over two decades helping clients that include The United Nations, Royal Bank of Canada, and Compassion International, manage complexity, increase resilience, and deliver results. As a sought-after speaker and consultant, he helps leaders around the globe unleash the superpower of Both/And thinking in an Either/Or world. Beyond leadership and team development, Tim is an avid fisherman, world traveller, and really bad hockey player.

LEAD WITH “AND”

The Secret to Resilience and Results in a Polarized World

SESSION DESCRIPTIONS:

THE SECRET TO SUSTAINABILITY - *Care for Others AND Care for Yourself*

When looking beneath the surface of some of the most incredible difference makers in recent history you’ll often find family breakdowns, health issues, and burnout. The sad reality is that making a difference often comes at a high personal cost. Is there a way to lay down your life and have a life? Is there a secret to caring for others while not neglecting yourself in the process? Identify self-care practices that are meaningful and manageable and find ways to fit them into your day.

OUTSMARTING CHANGE - *Embrace Change AND Preserve Stability*

The reward for leadership success is often more work, and there are more opportunities coming your way than ever before; potential partnerships, new services, growth and expansion. The question is, “how much is too much?” How do you know when the benefits of change and innovation are coming at the expense of your mission? Learn to skillfully pivot and leverage opportunities while holding on to core values and proven practices.

THE HIGH-PERFORMANCE PARADOX - *Have Expectations AND Extend Grace*

You know that goals and objectives can increase motivation, focus, and performance. You also know that as a leader it’s your job to see and call out the best in others. At the same time, non-stop, high expectations can lead to resentment, stress and burnout. Beyond that, everyone you work with is fighting a battle you know nothing about. Learn how to be driven towards goals and excellence while having empathy and acceptance with yourself and others.





Association of Local
PUBLIC HEALTH
Agencies

Conference and AGM

June 14, 2022

Draft as of May 6, 2022

*Note: Meeting is hosted via Zoom Webinar
All times are Eastern Daylight Time (EDT)*

Celebrating Eastern Ontario Video	8:00 am - 8:15 am
<p>Call to Order, Greetings, and Land Acknowledgement</p> <p>Syd Gardiner, Chair, Board of Health, EOHU Dr. Paul Roumeliotis, Medical Officer of Health, EOHU, alPHa President, & Conference Chair Trudy Sachowski, alPHa Vice-President</p> <p>Welcoming Remarks Steini Brown, Dean, Dalla Lana School of Public Health, University of Toronto</p>	8:15 am - 8:30 am
<p>Update from Ontario Health Speaker: Matt Anderson, President and CEO, Ontario Health Moderator: Paul Sharma, alPHa Board of Directors</p>	8:30 am - 9:00 am
<p>Update from Public Health Ontario Speakers: TBD Moderator: Steven Rebellato, alPHa Board of Directors</p>	9:00 am - 9:30 am
<p>Harnessing the promise of a learning health system in public health: Challenges and Opportunities Speaker: Dr. Ross Upshur, Dalla Lana School of Public Health, University of Toronto Moderator: Dr. Hsiu-Li Wang, alPHa Board of Directors</p> <p>The idea of a learning health system is gaining traction in discussions focused on integrated health systems. Thus far, public health has not figured prominently in these discussions. In this presentation, Dr. Upshur will outline the reasons why including public health is critical to the success of a learning health system.</p>	9:30 am - 10 am
Morning Break	10:00 am - 10:15 am
<p>Combined alPHa Business Meeting and Resolutions Session AGM and Resolutions Chair: Dr. Paul Roumeliotis, alPHa President Parliamentarian: Dr. Robert Kyle, Treasurer, alPHa</p>	10:15 am - noon

<p>Distinguished Service Awards Service Award (DSA) is awarded by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.</p> <p>Speaker & MC: Dr. Jackie Schleifer Taylor, President & Chief Executive Officer, London Health Sciences Centre Moderator: Dr. Paul Roumeliotis, Medical Officer of Health, EOHU, alPHa President, & Conference Chair</p>	Noon - 12:30 pm
<p>Lunch Break and ParticipACTION Community Better Challenge!</p>	12:30 pm - 1:30 pm
<p>Section Meetings <i>Members of the BOH Section and COMOH meet separately in the afternoon. Board of Health members are asked to stay with the Zoom webinar platform. COMOH members will join a separate meeting.</i></p>	1:30 pm - 4 pm

Co-hosted by alPHa and the Eastern Ontario Health Unit, with generous support from the University of Toronto's Dalla Lana School of Public Health



Dalla Lana
School of Public Health

The lunchtime Community Better Challenge is sponsored by ParticipACTION and their partners – the Government of Canada and Saputo.



Mailing Address: 480 University Avenue, Suite 300, Toronto, Ontario M5G 1V2
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**Boards of Health Section Meeting
Tuesday, June 14, 2022
1:30 pm to 4:00 pm
Draft Agenda**

BOH Section Chair: Wess Garrod
*Note: Meeting is hosted via Zoom Webinar
All times are Eastern Standard Time (EST)*

-
- 1:30 pm **Call to Order**
Land Acknowledgement
Welcoming Remarks
Introductions
Chair: Wess Garrod, Chair, BOH Section
- 1:35 pm **Post-Provincial Election Analysis**
StrategyCorp will provide meaningful insights into the provincial election results, outline the current public policy climate, highlight key political issues, and share thoughts and insights on what the implications might be for public health agencies.

Speakers: John Perenack, Principal, StrategyCorp and Aidan Grove-White, Director, Municipal Affairs, StrategyCorp
Moderator: Carmen McGregor, alPHa, Past-President
- 2:10 pm **Association of Municipalities of Ontario (AMO) Update**
AMO works with Ontario's 444 municipalities to make municipal governments stronger and more effective. Come and hear the latest from AMO with regards to public health issues from a municipal perspective.

Speaker: Monika Turner, Director of Policy, Association of Municipalities of Ontario
Moderator: James LeNoury
- 2:40 pm **Opioids: An Epidemic Within the Pandemic**
One of the consequences of the COVID-19 pandemic has been the worsening of the opioid epidemic across all ages, races, socioeconomic groups, and genders. Many communities in Ontario are reporting record numbers of opioid-related deaths, overdoses, and hospitalizations. Speakers will share perspectives and approaches taken by their local public health agency.

Speakers:
Denis Doyle, Chair, Kingston, Frontenac, Lanark & Addington Public Health
Dr. Lisa Simon, Associate Medical Officer of Health, Simcoe Muskoka District Health Unit
Sarah Collier, Manager, Epidemiology and Data Analytics, Toronto Public Health
Moderator: Trudy Sachowski, alPHa Vice-President

3:25 pm

alPHa Update / Section Business/BOH Elections

Speakers: *Wess Garrod, BOH Section Chair and Loretta Ryan, Executive Director, alPHa*

Approval of Minutes from February 25, 2022, BOH Section Meeting. *(Attached)*

Section meeting ends at 4 pm.

Co-hosted by alPHa and the Eastern Ontario Health Unit, with generous support from the University of Toronto's Dalla Lana School of Public Health



Dalla Lana
School of Public Health

The lunchtime Community Better Challenge is sponsored by ParticipACTION and their partners – the Government of Canada and Saputo.



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REVISED DRAFT MINUTES
Boards of Health Fall Section Meeting
Friday, November 19, 2021 – 1:30 – 4:00 pm
Chair: Wess Garrod

1.0 LAND ACKNOWLEDGEMENT/WELCOMING REMARKS/INTRODUCTIONS

The Chair called the meeting to order at 1:30 PM and provided welcoming remarks and introductions.

1.1 Land Acknowledgement

Was read by alPHa Vice-President, T. Sachowski.

2.0 CONTINUING THE CONVERSATION WITH THE CMOH

W. Garrod introduced Dr. Kieran Moore, Ontario's Chief Medical Officer of Health. Dr. Moore provided remarks around the current state of the public health system and COVID related issues.

K. Moore noted that for 2022 that in the first quarter, and probably part of the second quarter, PHU's response to COVID-19 is going to be still very active case and contact management, working on an ongoing basis trying to protect schools, and workplaces against the spread of this virus. The mental, physical, and social wellbeing of communities and the economy were noted as important. He noted that the government's immunization strategy for five- to eleven-year-olds was underway. K. Moore thanked the PHUs in advance for all their hard work with their communities to vaccinate this age range and noted that the strategy was going to take the next several months.

An update was provided on the third dose strategy for those over 70, in long term care facilities, retirement homes or are immune suppressed. Similarly, strategies for transplant patients, healthcare workers, and First Nations for third doses were also highlighted. Following this, it was noted that there would be a migration to an over 60-year-olds and then to a broader rollout of the third dose strategy with the goal of having every Ontario adult who would like their third those offered it in the new year.

K. Moore noted that they hope to soon see the start to the recovery from the virus with the expectation that public health will be very busy into the spring. It was mentioned that conversations regarding recovery of key programming were underway.

Moore stated that the Ministry of Health is seeking to make the burden of reporting to these as seamlessly and effortless as possible knowing that public health is busy fighting the battle against the virus. He gave assurances that the ministry would continue to work with public health and municipal sectors partners to monitor capacity and funding requirements.

K. Moore said that he sees the possibility of a recovery starting in the summer and heading into the fall. He noted that he is very worried about the 2022-2023 respiratory season in that we if we take our masks down and start getting back to our normal routines that the normal winter viruses may come back quite aggressively given that they haven't largely affected the population during the pandemic.

He said that he anticipates the next year, and a half will be different for public health, and it is important

to continue to protect our populations. K. Moore noted that he would like to see some ability to recover our basic programming, and to continue to build and support the mental, physical, social wellbeing of our communities as this will enable the economy to get back, our kids to stay in school and our colleges and universities to stay open as what public health is doing is foundational for others to recover.

K. Moore noted that the Minister and the Premier are very thankful for all the work being done in local public health. He expressed his own thanks and noted that the characteristics of public health if being resilient, flexible, and adaptive will allow the system to recover and restore its basic functioning.

W. Garrod moderated questions from the audience for Dr. Moore and thanked him for his time.

3.0 AMO UPDATE

W. Garrod introduced Monika Turner, Director of Policy for the Association of Municipalities of Ontario (AMO). It was noted that many of the alPHa Boards of Health members are AMO members and alPHa and AMO have an excellent long term and close working relationship. During this pandemic this relationship has grown even stronger as we all work together to respond to the many challenges of COVID-19. It was further noted that these relationships are at both the volunteer and staff level.

M. Turner highlighted the need for municipalities and public health units to work together on COVID related concerns and community health issues. Advocating for the neighbourhoods that people live and work in has been ongoing and support from federal and provincial services has been extremely positive. Municipal governments have worked as partners throughout the process.

W. Garrod moderated questions from the audience for M. Turner and thanked her for speaking at the Section meeting.

4.0 UPDATE FROM alPHa's LEGAL COUNSEL

W. Garrod introduced James LeNoury, alPHa's legal counsel and Principal with LeNoury law.

James provided an update on key legal issues related to public health in the workplace and vaccination policies for employees. He highlighted key issues around unionized workplaces, mandatory vaccination policies and terms of reference regarding internet-based communications and harassment.

W. Garrod moderated questions from the audience for J. LeNoury and thanked him for his time.

5.0 alPHa UPDATE/SECTION BUSINESS

Approval of Minutes

W. Garrod called for a motion to approve the minutes from June 8, 2021, Boards of Health Section Meeting. The motion was approved by D. Pickles, seconded, and carried.

Chair/ED Report

W. Garrod and L. Ryan highlighted alPHa's recent work and noted the key accomplishments over the past six months.

W. Garrod noted that Boards of Health Section Executive members play an important role on alPHa's Board and are key in the association's success. Areas of focus and activities were highlighted including Ontario's COVID-19 public health response, Public Health Modernization, public health policy, public health funding and budgets and many other key issues. The Boards of Health Section Executive has contributed extensively to alPHa's submissions and public health policy positions.

A screen shot was shared illustrating the many [submissions](#) since the last meeting took place to illustrate

alPHA's role as the voice of the public health system in Ontario.

alPHA BOH Section representatives were thanked for their efforts. They are alPHA Past-President Carmen McGregor, South West Region, alPHA Vice-President Trudy Sachowski from North West Region, BOH Vice Chair, René Lapierre from North East Region, Maureen Wilson from Central West Region, Andy Mitchell from Central East Region, BOH Section Chair, Wess Garrod, representing East Region and Stephanie Donaldson from Toronto Public Health who recently replaced Kate Mulligan. K. Mulligan was thanked for her service to the alPHA Board, the BOH Executive Committee, and for her commitment to public health. S. Donaldson was welcomed.

W. Garrod noted that the Boards of Health Executive Committee regularly meets and frequently stay connected regarding key regional and provincial initiatives and issues including the public health response to COVID-19. Three members of the Executive also sit on the alPHA Executive and play key leadership roles on both committees and on the alPHA Board. As part of their volunteer commitment, they work with alPHA staff to provide clear communication and information.

W. Garrod introduced L. Ryan and asked her to provide an update on alPHA BOH Section and alPHA Communications. L. Ryan thanked Wess for serving as BOH Chair and noted his other roles at alPHA, most notably as Treasurer, where they worked closely together to restructure alPHA's staffing and finances, changes that allowed the association to not only survive but thrive to meet the everchanging needs of the membership during the pandemic.

L. Ryan highlighted the Information Break - alPHA's monthly newsletter, emails, the alPHA website, and social media are effective tools that keep the alPHA membership apprised of the latest news in public health including provincial announcements, legislative changes, alPHA activities, consultation opportunities, correspondence, and upcoming events.

Board-delegated administrative contacts who disseminate information through their contact lists were thanked for helping to keep alPHA members informed. It was also highlighted that the Boards of Health Section communications follow the alPHA Constitution, by-laws, and policies to support all board of health members in their leadership and legislated governance roles.

alPHA's communication and meetings with the Minister of Health and her staff, the Office of the Chief Medical Officer of Health, Dr. Kieran Moore, and liaising with stakeholders such as Public Health Ontario's executive leadership, University of Toronto and Dalla Lana School of Public Health, Association of Municipalities of Ontario, the Ontario Medical Association, Ontario Public Health Association, the Health Critics from the provincial parties, and others were highlighted.

Other Business

Staff members L. Ryan and G. Fleming were thanked for their valuable work. Members were thanked for their dedication to local public health.

Members were encouraged to fill out the evaluation form.

A motion to adjourn the meeting was moved by C. McGregor, which was seconded and carried at 4:00 PM.

2022 ALPHA AGM/CONFERENCE

MOTION:

WHEREAS the Public Health Sudbury & Districts is allocated four votes at the alpha Annual General Meeting;

THAT in addition to the Medical Officer of Health and the Board of Health Chair, the following two Board of Health members be registered by Public Health Sudbury & Districts and attend the virtual 2022 alpha virtual Annual General Meeting as voting delegates for the Board of Health:

To: Board of Health Chair, Public Health Sudbury & Districts
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: May 11, 2022
Re: COVID-19 Response Status Update

For Information

For Discussion

For a Decision

Issue:

The local public health response to COVID-19 remains heightened as we continue to provide vaccination information and opportunities, and support highest risk settings in their management of outbreaks. Notwithstanding, we are ramping up recovery programming and slowly repatriating staff to non-COVID program areas. Supporting employee health is an ongoing priority.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts receive this briefing note as an update on COVID-19 in Public Health Sudbury & Districts.

Background:

COVID-19 epidemiology

As of December 31, 2021, eligibility for publicly funded PCR testing is limited to people who are associated with highest risk settings or who are at high risk of severe health outcomes if they become infected. Therefore, counts of new and active cases since that date underestimate the true number of people with COVID-19 in Sudbury and districts. Case counts include both probable and confirmed cases of COVID-19. As of December 31, 2021, the case counts also include the positive rapid antigen tests that are reported to Public Health as part of outbreaks in highest risk settings.

As of May 8, 2022, Public Health was reporting the following among residents of Sudbury and districts:

- **15,349** total known cases of COVID-19 since the beginning of the pandemic.
- **252** known active cases of COVID-19.
- **142** deaths due to COVID-19, of which **6** had occurred in the previous 14 days.

On May 8, 2022 hospitals within Sudbury and districts were reporting:

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

- **53** admitted patients with a confirmed case of COVID-19, of which **22** had been admitted for treatment of COVID-19-related illness and **31** had been admitted for other reasons.
- **2** patients admitted to the intensive care unit (ICU) with a confirmed case of COVID-19, of which **2** had been admitted for treatment of COVID-19-related illness and **0** had been admitted for other reasons.

As of May 10, 2022, Public Health has declared **98** COVID-19 outbreaks in local hospitals, long-term care homes and retirement homes since the beginning of the pandemic. Of these outbreaks, **10** were currently active, and **88** had been declared over. Also as of May 10, 2022, Public Health was reporting **120** COVID-19 outbreaks in community settings since the beginning of the pandemic, including **66** COVID-19 outbreaks in area schools and licensed daycares. Of the declared outbreaks, **5** were currently active and **115** had been declared over.

As of May 8, 2022, there had been **426,118** tests for COVID-19 among residents of Sudbury and districts. This includes preliminary counts of tests completed in the previous 6 days. Note that an individual can be tested on multiple occasions, and that samples collected on each such occasion may undergo multiple laboratory tests, which are counted separately.

Additional details can be found in the weekly report: *COVID-19 case epidemiology and vaccination program update*, which is published every Tuesday on our [website](#).

COVID-19 vaccination program

All Ontarians aged 5 years and older are eligible to receive their primary series of an approved COVID-19 vaccine (primary series is two doses, or three doses for those who are moderately to severely immunocompromised). All individuals aged 12 years and older are eligible to receive a booster dose following their primary series. A second booster dose is also currently available in Ontario for those who are aged 60 and older, those 18 and older who are First Nation, Inuit, and Métis including their adult household members, and residents of long-term care and retirement homes, elder care lodges and older adults living in congregate settings.

Public Health continues to offer vaccination opportunities across Sudbury and districts in various settings/via various mechanisms, including mass immunization clinics, mobile clinics, pop-up clinics, and school-based clinics. Other important providers include local pharmacies and primary care practitioners. Opportunities continue to be assessed to meet the demand for vaccination in all communities. Collaborations with municipalities, First Nation communities, and numerous other community partners remain essential to the success of the vaccination program.

As of May 8, **457,048** doses of a COVID-19 vaccine had been administered to residents of Sudbury and districts, including **174,805** first doses, **167,837** second doses, **102,352** third doses and **12,054** fourth doses. A total of **85.6%** of residents aged 5+ have received a second dose, and 56.4% of residents aged 12+ have received a first booster dose. Since the beginning of the vaccination program, a total of **450,334** doses of vaccine have been administered by Public Health and partners such as First Nation communities, primary care, and pharmacy, via **2,504** clinic events.

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

As noted above, additional details can be found in the weekly report: *COVID-19 case epidemiology and vaccination program update*, which is published every Tuesday on our [website](#).

Recovery planning

Recovery efforts to address the backlog in public health services continue to be underway, with focus on the four program recovery priorities (Getting children back on track, Levelling up opportunities for health, Fostering mental health gains, and Supporting safe spaces) and internal recovery related to “people and processes”. Teams have mapped out key recovery activities and interventions for 2022, with a goal to ramp up as much of these efforts throughout the year while continuing to balance COVID-19 priorities.

Recovery work is important but will need to be calibrated to our capacity – from the perspectives of the competing COVID-19 response needs but also our workforce capacity as there is a significant need for respite and recovery following two intensive two years of full-out response.

COVID-19 budget updates

As has been previously shared with the Board of Health, COVID-19 extraordinary costs will be covered by Ministry of Health one-time funding. In our grant approval received last week, we have been approved for \$8.34M for COVID extraordinary, representing 67% of our requested \$12.4M. As the Ministry has committed to fund COVID-19 extraordinary expenses as they did in 2021, we expect to see actual expenditures be adjusted through the quarterly reports.

Financial Implications:

None

Ontario Public Health Standard:

All

Strategic Priority:

Organizational Commitment

Contact:

Dr. Penny Sutcliffe

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

Ministry of Health

Office of Chief Medical Officer of
Health, Public Health
Box 12,
Toronto, ON M7A 1N3

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

Ministère de la Santé

Bureau du médecin hygiéniste en
chef, santé publique
Boîte à lettres 12
Toronto, ON M7A 1N3

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

May 4, 2022

Dr. Penny Sutcliffe
1300 Paris Street
Sudbury, ON P3E 3A3

Dear Dr. Penny Sutcliffe:

It is with immense gratitude and sincere thanks that I write to you today and acknowledge the significant role you have played in supporting and shaping Ontario's COVID-19 public health response efforts.

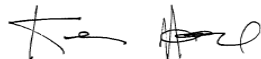
As member of the Public Health Measures Table that was formed to provide public health advice to the Chief Medical Officer of Health on the application of public health and workplace safety measures in various settings and with consideration of disproportionately impacted populations, your advice has been instrumental in the implementation of measures designed to help reduce the threat of transmission throughout the province.

I also want to recognize the incredible resiliency you have all shown as Medical Officers of Health during these past two challenging years. Not only were you called and relied upon to support the provincial response, but you did so while leading your local response efforts and protecting your own communities.

While the COVID-19 pandemic is not over, we have come to a place where we know what we need to do to manage this virus and to keep each other safe. Further, while your time together as a formal advisory group is winding down, your advice may still be called upon as the COVID-19 situation evolves.

Thank you, again, for your contributions.

Yours truly,



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

c: Dr. Catherine Zahn, Deputy Minister, Ministry of Health
Dr. Michelle Murti, Associate Chief Medical Officer of Health
Colleen Kiel, Director, Strategy and Planning Branch

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: _____