



*Algoma*  
**PUBLIC HEALTH**  
Santé publique Algoma

January 27, 2021

## BOARD OF HEALTH MEETING

Algoma Community Room - Video & Teleconference

[www.algomapublichealth.com](http://www.algomapublichealth.com)

# Meeting Book - January 27, 2021, Board of Health Meeting

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Board of Health Meeting

AGENDA

January 27, 2021 at 5:00 pm

Video/Teleconference | Algoma Community Room

*\* Meeting held during the provincially declared emergency*

**BOARD MEMBERS**

Lee Mason  
Ed Pearce  
Deborah Graystone  
Louise Caicco Tett  
Sally Hagman  
Micheline Hatfield  
Musa Onyuna  
Brent Rankin  
Matthew Scott

**APH EXECUTIVE**

Dr. Jennifer Loo - Acting Medical Officer of Health / CEO  
Antoniette Tomie - Director of Corporate Services  
Laurie Zeppa - Director of Programs  
Joel Merrylees - Controller  
Tania Caputo - Board Secretary

*\* Proceedings are being recorded via Webex and will be available for public viewing.*

**1.0 Meeting Called to Order**

*J. Loo*

- a. Land Acknowledgment
- b. Declaration of Conflict of Interest

**2.0 Election of Officers**

- a. Appointment of Board of Health Chair for the year 2021. *J. Loo*
- b. Appointment of Board of Health First Vice-Chair and Chair of the Finance and Audit Committee for the year 2021. *Chair*
- c. Appointment of Board of Health Second Vice-Chair and Chair of the Governance Committee for the year 2021. *Chair*
- d. Call for Committee Members for the Finance & Audit Committee and Governance Committee for the year 2021. *Chair*

**3.0 Signing Authority**

*Chair*

**RESOLUTION**

THAT By-Law 95-2 identifies that signing authorities for all accounts shall be restricted to:

- i) the Chair of the Board of Health
- ii) one other Board member, designated by Resolution
- iii) the Medical Officer of Health/Chief Executive Officer
- iv) the Director of Corporate Services

**4.0 Adoption of Agenda**

*Chair*

**RESOLUTION**

THAT the Board of Health agenda dated January 27, 2021 be approved as presented.

## **5.0 Delegations / Presentations**

- a. COVID-19 Immunization Planning

*Dr. Celeste Leowe*

## **6.0 Adoption of Minutes of Previous Meeting**

*Chair*

### **RESOLUTION**

THAT the Board of Health minutes dated November 25, 2020 be approved as presented.

## **7.0 Business Arising from Minutes**

*Chair*

## **8.0 Reports to the Board**

- a. **Medical Officer of Health and Chief Executive Officer Reports**

*J. Loo*

- i. MOH Report - January 2021
- ii. Canada Prenatal Nutrition Program (CPNP) Letter

### **RESOLUTION**

THAT the report of the Medical Officer of Health and CEO for January 2021 be accepted as presented.

- b. **Finance and Audit**

*J. Merrylees*

- i. **Financial Statements**

### **RESOLUTION**

THAT the Board of Health approves the Financial Statements for the period ending November 30, 2020 as presented.

- ii **Briefing Note - Community Care Information Management (CCIM)**

### **RESOLUTION**

THAT the Board of Health approves and sends the letter as presented to the Community Care Information Management Support Centre.

## **9.0 New Business/General Business**

*Chair*

## **10.0 Correspondence**

*Chair*

- a. Letter to the Prime Minister of Canada and the Deputy Prime and Minister of Finance, from Thunder Bay District Health Unit regarding Basic Income Security during Covid-19 Pandemic and Beyond, dated November 20, 2020.

## **11.0 Items for Information**

*Chair*

**12.0 Addendum** *Chair*

**13.0 In-Camera** *Chair*

For discussion of labour relations and employee negotiations, **matters about identifiable individuals**, adoption of in camera minutes, security of the property of the board, litigation or potential litigation.

**RESOLUTION**

THAT the Board of Health go in-camera.

**14.0 Open Meeting** *Chair*

Resolutions resulting from in camera meeting.

**15.0 Announcements / Next Committee Meetings:** *Chair*

**Finance & Audit Committee Meeting**

February 10, 2021 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

**Governance Committee Meeting**

Wednesday, March 10, 2021 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

**Board of Health Meeting:**

February 24, 2021 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

**16.0 Evaluation** *Chair*

**17.0 Adjournment** *Chair*

**RESOLUTION**

THAT the Board of Health meeting adjourns.

# Algoma Public Health COVID-19 Immunization Planning

Celeste Loewe, resident physician at NOSM

Jan 27, 2021

# Disclosure

- Nothing to declare



VACCINE



# Goals & Objectives of Mass Immunization

- As part of the COVID-19 pandemic response:
  - Minimize serious illness and death
  - Minimize societal disruption
  - Preserve health care capacity
- Objective of COVID-19 immunization campaign:
  - Achieve protective vaccine coverage across Algoma
  - In a safe, efficient and effective manner
  - Prioritized according to risk

# The Vaccines

## Pfizer-BioNTech and Moderna

- New technology - mRNA
- Approved by Health Canada in December 2020
- 2 doses, given 21-28 days apart
- 94-95% efficacy
- Common side effect: pain at injection site, fatigue, headache, muscle pain, chills



## Federal roles

- **Canadian federal government** negotiates agreements with pharmaceutical companies to order vaccines
- **Health Canada** authorizes vaccines for use in Canada
- **National Advisory Committee on Immunization (NACI)** makes recommendations on safe and effective vaccine use for Canadians

# Provincial roles

- **Government of Ontario** sets priority groups, create timeline and distributes vaccines

## Getting the vaccine

Ontario has started to roll out its three-phased vaccine distribution implementation plan.

[Read the plan](#)

### Phase 1

Limited doses of the vaccine available for health care workers in hospitals, long-term care homes and retirement homes, other congregate care settings and remote Indigenous communities

Starting: **December 2020**

[Learn more about phase 1](#)

### Phase 2

Increasing stock of vaccines, available to all health care workers, residents in long-term care homes, retirement homes, home care patients with chronic conditions and additional Indigenous communities

Starting: **March 2021**

[Learn more about phase 2](#)

### Phase 3

Vaccines available widely across Ontario for anyone who wants to be immunized

Starting: **August 2021**

[Learn more about phase 3](#)

# Local Partner Roles

- Local public health units (PHUs)
  - lead the coordination of vaccine roll-outs in local communities across Ontario
    - Working with various partners in communities
    - Planning
    - Operation (storage & transport, security, administration, documentation & tracking, monitoring & reporting, evaluation)
    - Communication (internal, partners, public)

# Local Partner Roles

- **Local hospitals** (and some long-term care homes/retirement homes)
  - Working with PHUs to store and administer vaccines
- **Local health care providers**
  - Working with PHUs to administer vaccine and collaborate on mass immunization clinics
  - Being local “information champions”
    - Bust myths and bring credible and timely information on vaccine to different populations across Algoma

# APH approach to Immunization

- **Collaborate with** and **enable** community partners to achieve high vaccine coverage across Algoma
  - Leveraging **pre-existing partnerships**
    - GFL influenza immunization clinic
  - Building **new relationships**
    - Non-health sector partners offered up freezer space for vaccine storage
    - Trusted & well-known physicians and nurses volunteering to promote vaccine confidence through virtual Q&A townhalls and social media messaging.
  - Identify needs of different groups and **link partners** with one another to meet immunization needs



# Highlights of some APH activities

- Coordinate and host recurring vaccine planning **meetings every week with community partners**
  - Bi-weekly meeting with each sub-region - Sault Ste. Marie & area; Elliot Lake & area; Central/East Algoma; and North Algoma
  - All four Algoma hospitals, Algoma Ontario Health Team, Ontario Health North
  - Primary care providers and teams
  - Municipal community emergency management coordinators
  - First Nation communities
  - long-term care homes & retirement homes
- Coordinating vaccine rollouts for priority recipients
  - **LTCHs to receive 1<sup>st</sup> dose by Feb 15**
- Expanded vaccine recipients planning
- Ongoing **communication campaign**
  - Website & social media
  - Vaccine Information Champions
  - Townhalls
- Communicate with Ministry of Health



# Phase I priority groups

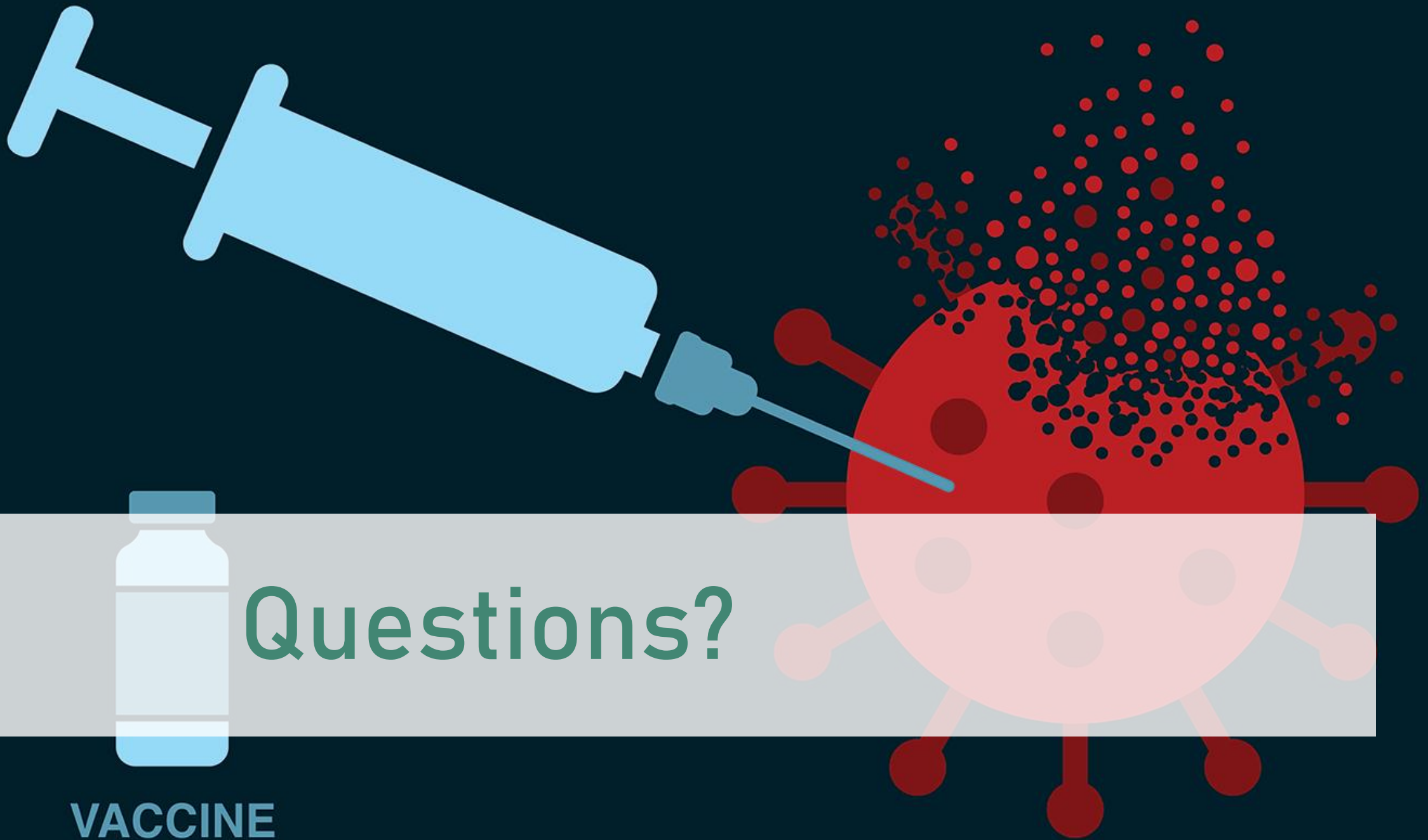
Now to  
March  
(tentative)

- Residents, staff, essential caregivers in **congregate living settings for seniors**
  - E.g. long-term care homes and retirement homes
- **Health care workers**
  - including hospital employees, staff who work or study in hospitals and health care personnel
- Adults in **First Nations, Métis and Inuit** populations
- Adult recipients of **chronic home health care**

## Phase II priority groups

March to  
July  
(tentative)

- **Older adults**
  - Starting aged 80+ and decreasing in five-year increments through Phase II – Phase III
- **High-risk congregate settings** – workers & clients
  - E.g. shelters, community living
- **Frontline essential workers**
  - including first responders, teachers and other education staff and the food processing industry
- Individuals with **high-risk chronic conditions** and their caregivers
- Other populations and communities **facing barriers** related to **health determinants** across Ontario at greater COVID-19 risk



**Board of Health Meeting  
MINUTES  
November 25, 2020 at 5:00 pm  
Video/Teleconference | Algoma Community Room  
\* Meeting held during the provincially declared emergency**

**PRESENT : BOARD MEMBERS**

Lee Mason - BOH Chair

**APH EXECUTIVE**

Dr. Jennifer Loo - AMOH & Director of Health Protection

Tania Caputo - Board Secretary

Joel Merrylees - Controller

**VC / TC :**

Dr. Patricia Avery

Louise Caicco Tett

Sally Hagman

Micheline Hatfield

Dr. Heather O'Brien

Ed Pearce - 1st Vice Chair

Brent Rankin

Dr. Marlene Spruyt - Medical Officer of Health/CEO

Antoniette Tomie - Director of Corporate Services

Laurie Zeppa - Director of Health Promotion & Prevention

**REGRETS :** Deborah Graystone - 2nd Vice-Chair, Matthew Scott

*\* Proceedings are being recorded via Webex and will be available for public viewing.*

**1.0 Meeting Called to Order**

a. Declaration of Conflict of Interest

**2.0 Adoption of Agenda**

**RESOLUTION**

**2020-91**

**Moved:** B. Rankin

**Seconded:** S. Hagman

THAT the **Board of Health agenda dated November 25, 2020** be approved as presented.

**CARRIED**

**3.0 Delegations / Presentations**

There is no presentation.

**4.0 Adoption of Minutes of Previous Meeting**

**RESOLUTION**

**2020-92**

**Moved:** P. Avery

**Seconded:** M. Hatfield

THAT the **October 28, 2020 Meeting Minutes** be approved as presented.

**CARRIED**

**5.0 Business Arising from Minutes**

No business arising from minutes.

**6.0 Reports to the Board**

**a. Medical Officer of Health and Chief Executive Officer Reports**

i. MOH Report, November 2020

ii. Impact of a Basic Income Resolution

iii. APH Organizational Chart

In response to a question related to the organizational chart, M. Spruyt and A. Tomie spoke about the Health and Safety structure at APH. The responsibilities are spread out as there is not enough work for a dedicated resource.

**RESOLUTION  
2020-93**

**Moved:** P. Avery  
**Seconded:** E. Pearce

THAT the **report of the Medical Officer of Health and CEO for November 2020** be adopted as presented.  
**CARRIED**

**iv. Acting MOH Resolution**

**RESOLUTION  
2020-94**

**Moved:** S. Hagman  
**Seconded:** H. O'Brien

Whereas the Board of Health for Algoma Public Health passed a resolution on December 18, 2002 that allowed for the appointment of alternates to act in the absence of the Medical Officer of Health and;  
Whereas much time has elapsed and an update is required:

Therefore be it resolved that for the duration of an absence or inability to act of the Medical Officer of Health and Associate Medical Officer of Health, the following individuals be eligible for appointment as Acting Medical Officers of Health for the Algoma District Public Health Unit:

- Medical Officer of Health, Public Health Sudbury & Districts
- Medical Officer of Health, North Bay Parry Sound District Health Unit
- Medical Officer of Health, Porcupine Health Unit
- Medical Officer of Health, Thunder Bay District Health Unit
- Medical Officer of Health, Northwestern Health Unit
- Dr. Alex Hukowich, Medical Officer of Health (retired)
- Dr. Ian Gemmill, Medical Officer of Health (retired)
- Dr. Marlene Spruyt, Medical Officer of Health (retired)

**CARRIED**

**b. Finance and Audit**

**i. Finance and Audit Committee Chair Report**

**RESOLUTION  
2020-95**

**Moved:** E. Pearce  
**Seconded:** P. Avery

THAT the Finance and Audit Committee Chair Report for November 2020 be accepted as presented.  
**CARRIED**

**ii. Financial Statements**

E. Pearce provided an overview of the Financial Statements.

**RESOLUTION  
2020-96**

**Moved:** E. Pearce  
**Seconded:** P. Avery

THAT the **unaudited Financial Statements for the period ending September 30, 2020** be approved as presented.

**CARRIED**

**iii. 2021 Public Health Operating and Capital Budget**

E. Pearce with input from J. Merrylees provided an overview of the 2021 Budget.

**RESOLUTION  
2020-97**

**Moved:** E. Pearce  
**Seconded:** P. Avery

THAT the Finance and Audit Committee has reviewed and recommends to the Board of Health for approval the **2021 Public Health Operating and Capital Budget**.

**CARRIED**

**c. Governance Committee**

L. Mason provided the information in the Governance Committee report in lieu of D. Graystone.

**i. Governance Committee Chair Report**

**ii. By-Law 95-2 To Provide for Banking and Finance**

**iii. 02-04-030 Procurement Policy**

**RESOLUTION**

**2020-98**

**Moved:** B. Rankin

**Seconded:** H. O'Brien

THAT the Governance Committee Chair Report for November 2020 be accepted as presented, and;

THAT the Board of Health has reviewed and approves **By-Law 95-2 To Provide for Banking and Finance** as presented, and;

THAT the Board of Health has reviewed and approves **02-04-030 Procurement Policy** as amended.

**CARRIED**

**7.0 New Business/General Business**

Not applicable.

**8.0 Correspondence**

a. Letter to the Federal Minister of Health, and the Provincial Minister of Health, from Grey Bruce Health Unit regarding **Municipal Drug Strategy Coordinators Network of Ontario, Safe Supply** dated October 29, 2020.

b. Letter to the Federal Minister of Health, and the Minister of Long-Term Care and Ontario's Long-Term Care COVID-19 Commission, from Grey Bruce Health Unit regarding **COVID-19 and Long-Term Care Reform** dated October 30, 2020.

**9.0 Items for Information**

**a. Public Health Champion Awards 2020**

The award nominations are closed at the end of November, Board member volunteers will be sought for the upcoming evaluation meeting.

**10.0 Addendum**

Not applicable.

**11.0 In-Camera 5:41 pm**

For discussion of labour relations and employee negotiations, matters about identifiable individuals, **adoption of in camera minutes**, security of the property of the board, litigation or potential litigation.

**RESOLUTION**

**2020-99**

**Moved:** L. Caicco Tett

**Seconded:** P. Avery

THAT the Board of Health go in-camera.

**12.0 Open Meeting - 5:44 pm**

There were no resolutions resulting from the in-camera meeting.

**13.0 Announcements / Next Committee Meetings:**

**Board of Health Meeting**

Wednesday, January 27, 2021 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

### **Finance & Audit Committee Meeting**

February 10, 2021 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

### **Governance Committee Meeting**

Wednesday, March 10, 2021 @ 5:00 pm

Webex Audio / Video Conference | SSM Algoma Community Room

L. Mason thanked the 1st Vice Chair & Chair of the Finance and Audit Committee, E. Pearce and 2nd Vice Chair and Chair of the Governance Committee, D. Graystone for their work leading the committees in 2020. He reminded the Board members to put give thought to which committees they would like to participate in for 2021.

#### **14.0 Evaluation**

L. Mason reminded Board members to please complete the meeting evaluation.

L. Mason thanked M. Spruyt on behalf of the Board for all of her work and leadership over the years and wished her well in retirement.

#### **15.0 Adjournment: 5:50 pm**

##### **RESOLUTION**

**2020-102**

**Moved:** L. Caicco Tett

**Seconded:** S. Hagman

THAT the Board of Health meeting adjourns.

**CARRIED**

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**Lee Mason, Chair**

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**Date**

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**Tania Caputo, Secretary**

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**Date**



*Algoma*  
**PUBLIC HEALTH**  
Santé publique Algoma

January 2021

Report of the

# Medical Officer of Health / CEO

Prepared by:  
Dr. Jennifer Loo and the  
Leadership Team

Presented to:  
Algoma Public Health Board of Health



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## APH AT-A-GLANCE

### COVID-19 Response

After a busy 2020, the team at APH entered 2021 by responding to a surge of COVID-19 activity in Algoma in the post-holiday period.

- Between December 15<sup>th</sup> and January 14<sup>th</sup>, APH followed and managed over 75 Algoma residents with confirmed COVID-19 and an additional 240 Algoma residents who were high-risk close contacts. APH acknowledges the many municipal partners and local community organizations who help affected individuals safely stay home by providing support with essentials such as grocery delivery.
- Algoma's 7-day incidence (rate of new COVID-19 cases per 100,000 population) reached a high of 39.3 cases per 100,000 in early January, which approaches the "red/control" threshold of the province's COVID-19 response framework.
- Due to local epidemiology, Medical Officer of Health instructions were issued to delay the restart of in-person learning Sault Ste. Marie high schools until January 25<sup>th</sup>, 2021.
- Following the declaration of a second provincial emergency, the continuation of the province-wide shutdown, and the issuing of a provincial stay-at-home order requiring all Ontarians to remain at home, except for restricted essential purposes, APH continues to amplify provincial rules and public health recommendations through established communication channels and partnerships with local municipalities and First Nation communities, health care partners, schools, workplaces, and the general public.

2021 also sees the rapid intensification of COVID-19 vaccine planning in Algoma. Due to very limited vaccine supply in early 2021, the provincial government has prioritized the earliest doses to long-term care home residents, staff and essential caregivers because a vaccine may be life-saving in these vulnerable settings. At the time of writing, Algoma has yet to receive provincial confirmation of our first date and allocation of COVID-19 vaccine. Nonetheless, considerable planning efforts are underway, with multi-sector partnerships district-wide.

- Since the first week of January 2021, APH has convened a set of four weekly/biweekly planning meetings with representative partners from each of Sault Ste. Marie & Area, Elliot Lake & Area, Central & East Algoma, and North Algoma.
- Engaged vaccine planning partners include all four Algoma hospitals, the Algoma Ontario Health Team, regional representatives from Ontario Health North, primary care groups including all Algoma's family health teams and nurse practitioner-led clinics, municipal community emergency management coordinators, First Nation partners, and long-term care homes and retirement homes.
- In addition to planning for effective, efficient, and equitable roll-out of vaccines, APH is also partnering with key health professionals across Algoma, as trusted voices in the community, who can give timely and credible information to Algoma residents with regards to the safety and efficacy of COVID-19 vaccines.

Please refer to the presentation in the Board of Health agenda package for further details on COVID-19 vaccine planning in Algoma.

## **Continuity of Operations**

Despite the demands of the pandemic response, APH continues to maintain critical public health functions and essential programs and services. These are services designated as high priority in the organization's Continuity of Operations Plan due to their health protection nature, as well as their focus on vulnerable populations. Whether virtual or in-person with COVID-19 precautions, APH continues to deliver services in areas of peri- and post-partum follow up of high-risk parents and infants, infant hearing, preschool speech and language, infant child development, oral health, sexual and reproductive health, smoking cessation supports, non-COVID-19 communicable diseases, environmental health, mental health and addictions, and harm reduction services, including distribution of naloxone and clean needles.

## **PARTNERSHIPS**

### **25th Anniversary of the Algoma Canada Prenatal Nutrition Program**

The Algoma Canada Prenatal Nutrition Program (CPNP) and the amazing efforts of all the partners was recently acknowledged by the Federal Minister of Health, the Honorable Patty Hajdu. The program reached a "25 year anniversary" milestone in the fall of 2020. Since its inception, the APH Healthy Growth and Development program has collaborated with Algoma

Family Services, community businesses and organizations to deliver this program.  
<https://youtu.be/ig5JijxJwrg>

The goal of the Healthy Growth & Development program is to support families in Algoma to achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health while applying a health equity lens to all program activities. Algoma infants are born into families with more risk factors for healthy child development compared to Ontario; in particular, 12.4% of infants born into families have financial concerns. (Algoma Public Health. Community Health Profile, 2018. Sault Ste. Marie (ON): Algoma Public Health; 2018). CPNP provides an opportunity to reach and support pregnant and postnatal women experiencing financial challenges. Through this program, women are able to access food, vitamins, transportation and health information as well as connection to social and formal supports.

Most recently, the pandemic has created new barriers for those most at risk. Through creative changes in delivering CPNP Algoma Public Health has been able to provide the CPNP program to more families in 2020. Based on the first 8 months of this fiscal year, we have seen an increase in the number of contacts we have had with pregnant and postnatal families. We will continue to work with our community partners to expand this program further still and meet an identified need in our community.

## PROGRAM HIGHLIGHTS

**Topic:** Public Health Champions 2020

**From:** Communications

### **Ontario Public Health Standard: Effective Public Health Practice (Foundational Standard)**

*Goal:* Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement

#### **Key Messages**

- APH recognizes and celebrates positive actions from Algoma residents related to COVID-19 through the 2020 Public Health Champion awards.
- Given that public health is defined as the “organized efforts of society” to protect and promote health and improve health equity, APH highlights the stories of local champions

to cultivate a “lead by example” narrative that improves knowledge and confidence in the use of public health measures in preventive COVID-19 spread in Algoma.

- APH acknowledges positive actions of community members through the presentation of an award and honourable mentions to nominees by way of our website, social media, and Algoma’s media outlets.

Every year, since the inception of the Public Health Champion award in 2018, Algoma Public Health (APH) recognizes individuals, organizations, and community partners who have demonstrated ‘local public health in action’. This year, APH structured this award to focus on the actions taken during the COVID-19 pandemic. More specifically, we looked to honour Algoma residents who have demonstrated exemplary kindness, compassion, and community spirit while helping others overcome the challenges of COVID-19. Many Algoma residents and organizations have courageously helped others access essentials such as groceries, volunteered their time to help priority populations remain socially connected, helped facilitate a positive re-opening of workplaces, and helped others access and understand credible public health information.

This led us to expand the breadth of the Champion award for 2020 to include four unique and important categories:

- **Health Protection Champion**
  - Someone who used their time and energy toward health protection and prevention and helped fellow community members stay healthy and safe.
- **Mental Health & Wellness Champion**
  - Someone who combatted isolation or stigma and worked to ensure that community members in all walks of life remained socially connected and cared for.
- **Re-Open Safely Champion**
  - Someone who went above and beyond provincial requirements to ensure that a local business or workplace was safe for re-opening.
- **Amplifier Champion**
  - Someone who helped spread credible information and amplified preventive messages and actions in their local community to help increase awareness and motivate people to follow public health recommendations.

Winners of this year’s award(s) were selected by the Public Health Champion Selection Committee, which was made up of members of the Board of Health, members of the APH Leadership Team, and APH staff. APH received over 46 applications, and upon review, the

selection committee decided to recognize multiple recipients for some awards. This decision was made to showcase the overwhelming effort and dedication shown by residents/communities of Algoma in their effort to prevent the spread of COVID-19.

This year's Champions are as follows:

- **Health Protection Champion**
  - Leila Macumber, Serpent River First Nation
- **Mental Health & Wellness Champion**
  - Student Success & Advancement Teams, Algoma University
- **Re-Open Safely Champion**
  - Town of Blind River
  - Sault Ste. Marie YMCA
- **Amplifier Champion**
  - Dr. Cathy Groh, Elliot Lake Family Health Team
  - Dr. Sean Robinson, Dr. Jamileh Shaffaf & the Wawa Family Health Team
  - Mayor Christian Provenzano, City of Sault Ste. Marie

For more information on these Champions, you are encouraged to visit:

[www.algomapublichealth.com/meetourchampions](http://www.algomapublichealth.com/meetourchampions)

To recognize these Champions, we created our "Meet Our Champions" campaign. Evidence of this campaign can be found on our website, social media (Facebook, Twitter, Instagram), as well as the creation of a news release that was shared with Algoma's various media outlets. This campaign started on December 23<sup>rd</sup> and continues into 2021 as an example of 'positive' actions that can be done by Algoma residents in curbing the spread of COVID-19. Overall, this has been met positively with a large assortment of 'shares', 'likes', and interactions on our social media platforms, as well as personal gratitude expressed via email or over the phone.

Included in this campaign, we also wanted to express our sincere appreciation to nominees. Their actions in their respective communities continue to be important, and we felt they should be recognized as well. As such, we have highlighted and thanked our nominees on our social media channels.

Some of the commentary expressed via social media regarding this year's Public Health Champions included:

- *"Thank you, Leila, and all the APH champions who have been working long hours to help us through this pandemic. We need you. Stay strong, say healthy."*

- *"Congratulations everyone for leading Algoma during such a challenging time!"*

Public health is defined as the organized efforts of society to improve health and health equity. This year's Public Health Champions & Nominees offer a positive reflection of the impact APH, together with local partners and residents, is making across Algoma. It also gives us a better understanding of what exactly it means to have local public health in action during the COVID-19 pandemic.



Ottawa, Canada K1A 0K9

Greetings,

Congratulations on the 25<sup>th</sup> Anniversary of the Canada Prenatal Nutrition Program (CPNP), and thank you to all CPNP funding recipients who have worked to reduce health inequities and improve health outcomes for vulnerable children and families across Canada.

Community-based programs, like yours, play a crucial role in addressing health inequities in Canada. The prenatal and early childhood programming offered through the CPNP provides important support during a critical period for mothers and their families in establishing a healthy start and influencing their lifelong health.

For vulnerable populations in particular, this programming can help to bridge the health disparities gap by providing important resources and supports for pregnancy and postnatal care, and by helping individuals and families to establish vital connections, both socially, as well as to other programs and services in the broader community. The COVID-19 pandemic has magnified the issues facing these populations, and have demonstrated more clearly than ever the need for projects like yours. The work that your organization is doing to provide valued support to vulnerable populations in your community is life changing. I know that this has not been an easy task, and your dedication, commitment, and innovation has been incredible.

On behalf of the Government of Canada, thank you for your passion and ongoing commitment to providing innovative programming to promote maternal and infant health in Canada. Through your hard work and dedication, the CPNP has made a difference in the lives of many vulnerable pregnant women, infants and families over the past 25 years, and I wish you continued success in the years to come.

Sincerely,

The Honourable Patty Hajdu, P.C., M.P.  
Minister of Health



**Algoma Public Health  
(Unaudited) Financial Statements    November 30, 2020**

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	Actual YTD 2020	Budget YTD 2020	Variance Act. to Bgt. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ YTD Budget 2020
<b>Public Health Programs</b>						
<b>Revenue</b>						
Municipal Levy - Public Health	\$ 3,559,232	\$ 3,559,232	\$ (1)	\$ 3,559,232	0%	100%
Provincial Grants - Cost Shared Funding	8,121,126	8,116,127	4,999	8,851,681	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	1,440,806	1,446,470	(5,664)	1,595,786	0%	100%
Provincial Grants - Mitigation Funding	951,322	951,322	(0)	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	453,285	543,955	(90,669)	620,814	-17%	83%
<b>Total Public Health Revenue</b>	<b>\$ 14,525,771</b>	<b>\$ 14,617,106</b>	<b>\$ (91,335)</b>	<b>\$ 15,665,313</b>	<b>-1%</b>	<b>99%</b>
<b>Expenditures</b>						
Public Health Cost Shared	\$ 12,444,911	\$ 12,789,856	\$ 344,946	\$ 14,069,528	-3%	97%
Public Health 100% Prov. Funded Programs	1,360,810	1,426,402	65,592	1,595,786	-5%	95%
<b>Total Public Health Programs Expenditures</b>	<b>\$ 13,805,721</b>	<b>\$ 14,216,259</b>	<b>\$ 410,538</b>	<b>\$ 15,665,313</b>	<b>-3%</b>	<b>97%</b>
<b>Total Rev. over Exp. Public Health</b>	<b>\$ 720,051</b>	<b>\$ 400,847</b>	<b>\$ 319,203</b>	<b>\$ 0</b>		

### Healthy Babies Healthy Children

Provincial Grants and Recoveries	\$ 712,011	712,007	(4)	1,068,011	0%	100%
Expenditures	752,334	712,674	39,660	1,068,011	6%	106%
<b>Excess of Rev. over Exp.</b>	<b>(40,323)</b>	<b>(666)</b>	<b>(39,657)</b>	<b>-</b>		

### Public Health Programs - Fiscal 20/21

Provincial Grants and Recoveries	\$ 326,756	326,756	-	577,700		
Expenditures	67,777	264,328	(196,551)	577,700		
<b>Excess of Rev. over Fiscal Funded</b>	<b>258,979</b>	<b>62,428</b>	<b>196,551</b>	<b>-</b>		

### Community Health Programs (Non Public Health)

<b>Calendar Programs</b>						
<b>Revenue</b>						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	269,487	281,855	(12,368)	311,933	-4%	96%
<b>Total Community Health Revenue</b>	<b>\$ 269,487</b>	<b>\$ 281,855</b>	<b>\$ (12,368)</b>	<b>\$ 311,933</b>	<b>-4%</b>	<b>96%</b>
<b>Expenditures</b>						
Child Benefits Ontario Works	6,269	22,458	16,190	24,500	-72%	28%
Algoma CADAP programs	236,340	263,489	27,148	287,433	-10%	90%
<b>Total Calendar Community Health Programs</b>	<b>\$ 242,609</b>	<b>\$ 285,947</b>	<b>\$ 43,338</b>	<b>\$ 311,933</b>	<b>-15%</b>	<b>85%</b>
<b>Total Rev. over Exp. Calendar Community Health</b>	<b>\$ 26,878</b>	<b>\$ (4,092)</b>	<b>\$ 30,970</b>	<b>\$ (1)</b>		

### Fiscal Programs

<b>Revenue</b>						
Provincial Grants - Community Health	\$ 3,659,312	\$ 3,873,066	\$ (213,754)	\$ 5,813,257	-6%	94%
Municipal, Federal, and Other Funding	90,635	90,635	-	119,247	0%	100%
Other Bill for Service Programs	22,637		22,637			
<b>Total Community Health Revenue</b>	<b>\$ 3,772,584</b>	<b>\$ 3,963,701</b>	<b>\$ (191,117)</b>	<b>\$ 5,932,504</b>	<b>-5%</b>	<b>95%</b>
<b>Expenditures</b>						
Brighter Futures for Children	85,323	76,298	(9,025)	114,447	12%	112%
Infant Development	329,404	430,211	100,808	644,317	-23%	77%
Preschool Speech and Languages	373,959	410,237	36,278	614,256	-9%	91%
Nurse Practitioner	106,798	108,769	1,971	162,153	-2%	98%
Community Mental Health	2,199,495	2,351,128	151,633	3,551,560	-6%	94%
Community Alcohol and Drug Assessment	414,248	473,857	59,609	710,786	-13%	87%
Stay on Your Feet	54,575	66,666	12,091	100,000	-18%	82%
Bill for Service Programs	16,138	-	(16,138)	-		
Misc Fiscal	4,016	4,200	184	34,984	-4%	96%
<b>Total Fiscal Community Health Programs</b>	<b>\$ 3,583,956</b>	<b>\$ 3,921,367</b>	<b>\$ 337,411</b>	<b>\$ 5,932,504</b>	<b>-9%</b>	<b>91%</b>
<b>Total Rev. over Exp. Fiscal Community Health</b>	<b>\$ 188,628</b>	<b>\$ 42,334</b>	<b>\$ 146,294</b>	<b>\$ 0</b>		

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months

and variances of 10% and \$10,000 occurring in the final 6 months

**Algoma Public Health  
Revenue Statement**

For Eleven Months Ending November 30, 2020  
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Bgt. to Act. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ Annual Budget 2020	Comparison Prior Year:		
							YTD Actual 2019	YTD BGT 2019	Variance 2019
Levies Sault Ste Marie	2,507,837	2,507,837	0	2,507,837	0%	100%	2,438,100	2,438,100	0
Levies Vector Borne Disease and Safe Water							59,433	59,433	0
Levies District	1,051,395	1,051,395	0	1,051,395	0%	100%	1,022,157	1,022,157	0
<b>Total Levies</b>	<b>3,559,232</b>	<b>3,559,232</b>	<b>0</b>	<b>3,559,232</b>	<b>0%</b>	<b>100%</b>	<b>3,519,690</b>	<b>3,519,690</b>	<b>0</b>
MOH Public Health Funding	6,181,048	5,771,614	409,434	6,985,802	7%	88%	6,732,833	6,732,825	8
MOH Funding Needle Exchange	(4,659)	59,308	(63,967)	45,290	-108%	-10%	59,311	59,308	3
MOH Funding Haines Food Safety	22,550	22,550	0	17,220	0%	131%	22,550	22,550	0
MOH Funding Healthy Smiles	705,739	705,742	(3)	538,930	0%	131%	705,739	705,742	(3)
MOH Funding - Social Determinants of Health	306,533	165,440	141,093	126,350	85%	243%	165,461	165,458	3
MOH Funding Chief Nursing Officer	30,375	111,386	(81,011)	85,050	-73%	36%	111,383	111,375	8
MOH Enhanced Funding Safe Water	14,211	14,208	3	10,850	0%	131%	14,211	14,208	3
MOH Funding Infection Control	165,172	286,374	(121,203)	218,680	-42%	76%	286,372	286,367	5
MOH Funding Diabetes	96,250	137,500	(41,250)	105,000	-30%	92%	137,500	137,500	0
Funding Ontario Tobacco Strategy	278,232	397,467	(119,235)	303,520	-30%	92%	397,472	397,467	5
MOH Funding Harm Reduction	137,500	137,500	0	105,000	0%	131%	137,500	137,500	0
MOH Funding Vector Borne Disease	27,175	99,638	(72,463)	101,448	-73%	27%	99,639	99,642	(3)
MOH Funding Small Drinking Water Systems	17,400	63,800	(46,400)	64,960	-73%	27%	63,800	63,800	0
<b>Total Public Health Cost Shared Funding</b>	<b>7,977,526</b>	<b>7,972,527</b>	<b>4,999</b>	<b>8,708,100</b>	<b>0%</b>	<b>92%</b>	<b>8,933,771</b>	<b>8,933,742</b>	<b>29</b>
MOH Funding - MOH / AMOH Top Up	143,797	139,412	4,385	152,086	3%	95%	115,484	115,913	(429)
MOH Funding Northern Ontario Fruits & Veg.	107,622	107,617	5	117,400	0%	92%	107,622	107,617	5
MOH Funding Unorganized	486,200	486,200	0	530,400	0%	92%	486,200	486,200	0
MOH Senior Dental	613,359	639,742	(26,383)	697,900	-4%	88%	283,439	283,439	0
MOH Funding Indigenous Communities	89,828	73,500	16,328	98,000	0%	92%	0	0	0
One Time Funding (Pandemic Pay)	143,600	143,600	0	143,600	0%	100%	0	0	0
<b>Total Public Health 100% Prov. Funded</b>	<b>1,584,406</b>	<b>1,590,070</b>	<b>(5,664)</b>	<b>1,739,386</b>	<b>0%</b>	<b>91%</b>	<b>992,745</b>	<b>993,169</b>	<b>(424)</b>
<b>Total Public Health Mitigation Funding</b>	<b>951,322</b>	<b>951,322</b>	<b>(0)</b>	<b>1,037,800</b>	<b>0%</b>	<b>92%</b>	<b>0</b>	<b>0</b>	<b>0</b>
Recoveries from Programs	27,303	25,236	2,067	27,511	8%	99%	26,418	26,782	(364)
Program Fees	170,524	184,510	(13,987)	201,284	-8%	85%	190,220	218,710	(28,490)
Land Control Fees	194,522	155,000	39,522	160,000	25%	122%	155,685	155,000	685
Program Fees Immunization	36,427	105,417	(68,990)	115,000	-65%	32%	115,700	142,083	(26,383)
HPV Vaccine Program	0	3,000	(3,000)	12,500	0%	0%	6,460	4,000	2,460
Influenza Program	0	1,500	(1,500)	25,000	0%	0%	985	0	985
Meningococcal C Program	0	625	(625)	7,500	0%	0%	944	0	944
Interest Revenue	18,969	36,667	(17,698)	40,000	-48%	47%	42,541	29,332	13,209
Other Revenues	5,541	32,000	(26,459)	32,000	-83%	17%	51,123	33,917	17,206
<b>Total Fees, Other Grants and Recoveries</b>	<b>453,285</b>	<b>543,955</b>	<b>(90,669)</b>	<b>620,795</b>	<b>-17%</b>	<b>73%</b>	<b>590,077</b>	<b>609,825</b>	<b>(19,748)</b>
<b>Total Public Health Revenue Annual</b>	<b>\$ 14,525,772</b>	<b>\$ 14,617,106</b>	<b>\$ (91,334)</b>	<b>\$ 15,665,313</b>	<b>-1%</b>	<b>93%</b>	<b>\$ 14,036,283</b>	<b>\$ 14,056,426</b>	<b>\$ (20,143)</b>

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months  
and variances of 10% and \$10,000 occurring in the final 6 months

**Algoma Public Health**  
**Expense Statement- Public Health**  
For Eleven Months Ending November 30, 2020  
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Act. to Bgt. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ Budget 2020	Comparison Prior Year:		
							YTD Actual 2019	YTD BGT 2019	Variance 2019
Salaries & Wages	\$ 8,665,562	\$ 8,744,789	\$ 79,227	\$ 9,697,341	-1%	89%	\$ 8,074,165	\$ 8,387,273	\$ 313,108
Benefits	2,020,797	2,079,179	58,382	2,264,828	-3%	89%	1,979,065	2,016,680	37,615
Travel	98,492	175,083	76,591	191,000	-44%	52%	207,396	179,147	(28,249)
Program	508,732	600,545	91,813	681,660	-15%	75%	532,733	592,014	59,280
Office	41,946	64,858	22,912	71,200	-35%	59%	72,887	94,915	22,028
Computer Services	791,363	794,090	2,727	853,146	0%	93%	741,182	760,007	18,825
Telecommunications	270,390	244,314	( 26,076 )	267,615	11%	101%	231,500	254,615	23,115
Program Promotion	31,195	87,909	56,713	96,173	-65%	32%	23,745	64,686	40,941
Professional Development	11,467	124,208	112,741	135,500	-91%	8%	95,643	91,644	(3,999)
Facilities Expenses	785,979	709,882	( 76,097 )	774,417	11%	101%	745,431	796,214	50,783
Fees & Insurance	252,410	244,390	( 8,020 )	253,880	3%	99%	199,970	232,740	32,770
Debt Management	422,490	422,492	1	460,900	0%	92%	422,490	422,492	1
Recoveries	(95,105)	(75,481)	19,624	(82,343)	26%	115%	(86,953)	(71,002)	15,950
Boardroom Renovations							54,505		
	<b>\$ 13,805,719</b>	<b>\$ 14,216,258</b>	<b>\$ 410,539</b>	<b>\$ 15,665,317</b>	<b>-3%</b>	<b>88%</b>	<b>\$ 13,293,760</b>	<b>\$ 13,821,423</b>	<b>\$ 582,168</b>

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months and variances of 10% and \$10,000 occurring in the final 6 months

## **Notes to Financial Statements – November 2020**

### **Reporting Period**

The November 2020 financial reports include eleven-months of financial results for Public Health and the following calendar programs: Child Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting eight-month result from operations year ending March 31 2021.

### **Statement of Operations (see page 1)**

#### **Summary – Public Health and Non Public Health Programs**

As of November 30, 2020, Public Health programs are reporting a \$319k positive variance.

Total Public Health Revenues are indicating a \$91k negative variance. This is primarily a result of reduced program fees including immunizations (\$69k).

The negative variance associated with Fees, Other Grants and Recoveries is a result of less fees received than budgeted as a result of the COVID-19 pandemic. Public Health Mitigation funding of \$951k began to flow in November and a reconciliation for all other Public Health funded programs was completed. The Mitigation funding is to support the transition from the 75/25 model of funding province/municipalities to the new 70/30 model to ease the burden on municipalities levy requirements to Algoma Public Health. The Healthy Babies Healthy Children Program is indicating a negative \$40k variance. This is a result of APH management reflecting the actual cost to administer the program without Public Health funding support.

APH's Community Health (Non-Public Health) Fiscal Programs are eight-months into the fiscal year. These programs which include Infant Development, Preschool Speech and Language and Community Alcohol and Drug Assessment Programs are all indicating positive variances associated with expenses as a result of inherent staff gapping.

### **Public Health Revenue (see page 2)**

Overall, Public Health funding revenues are within budget.

The municipal levies are within budget. At the September 2020 Board of Health meeting, the Board approved reimbursement to the municipalities of the portion of the 2020 levy that was associated with adjusting the cost-sharing formula.

Fees, Other Grants & Recoveries are showing a negative variance of \$91k. This is primarily a result of the impact the COVID-19 pandemic is having on revenue generating services such as travel vaccine fees and birth control pill sales.

A lower bank interest rate is also impacting the actual interest earned on APH accounts.

## **Public Health Expenses (see page 3)**

### ***Salary & Wages***

There is a \$79k positive variance associated with Salary and Wages. This is primarily associated with the Ontario Seniors Dental program. The 2020 Operating Budget included a Data Analyst position to support this program and other agency needs. This position was vacant for part of the year, however, it has now been filled. Overall, Salary and Wages is operating within 1% of budget.

### ***Travel***

There is a \$77k positive variance associated with Travel expenses. This is a result of APH employees working virtually as opposed to travelling within the District of Algoma

### ***Program***

Program expense is indicating a \$92k positive variance. This is due to fewer immunizations and vaccines being administered and the corresponding costs of the vaccines. This rate is expected to continue for 2021 and has will be reflected in the 2021 operating budget.

### ***Office***

Office expense is indicating a positive \$23k variance. This is a result of a new contract for photocopier service and fewer staff working in the office.

### ***Telecommunications***

Telecommunications is indicating a negative \$26k variance. This is a result of APH processing its annual phone support payment in the month of June. Also contributing to this negative variance is the incremental costs associated with providing employees with the telecommunication tools needed to function in a virtual work environment.

### ***Program Promotion***

Program Promotion expense is indicating a positive \$56k variance. This is a result of budgeted promotional dollars being spent primarily on COVID-19 messaging with less budgeted dollars being spent on other program initiatives. For example, the 2020 APH budget included approximately \$60k for a Smoking Cessation campaign that has been put on-hold for 2020.

### ***Professional Development***

There is a \$113k positive variance associated with Professional Development. This is a result of APH employees participating in less Professional Development opportunities to-date as a result of the COVID-19 pandemic.

### ***Facilities Expense***

Facilities expense is reflecting a negative \$76k variance. This is a result of the cost incurred with improving the sound quality of the Algoma room in addition to required health and safety improvements made throughout APH facilities as a result of managing COVID-19.

Note: Management is tracking COVID-19 associated costs. Costs will be reported in the time-period in which they are incurred. The Ministry has established a process for Boards of Health to submit for one-time COVID-19 Extraordinary expenses. APH has requested \$310k for actual and projected costs associated with COVID-19 for the 2020 budget year.

**Financial Position - Balance Sheet (see page 7)**

APH's liquidity position continues to be stable and the bank has been reconciled as of November 30 2020. Cash includes \$1.15M in short-term investments.

Long-term debt of \$4.53 million is held by TD Bank @ 1.95% for a 60-month term (amortization period of 180 months) and matures on September 1, 2021. \$265k of the loan relates to the financing of the Elliot Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

**Algoma Public Health**  
**Statement of Financial Position**  
(Unaudited)

	November 2020	December 2019
<b>Date: As of November 2020</b>		
<b>Assets</b>		
<b>Current</b>		
Cash & Investments	\$ 3,932,909	\$ 3,456,984
Accounts Receivable	310,073	433,414
Receivable from Municipalities	137,581	74,976
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	<b>4,380,563</b>	3,965,374
<b>Financial Liabilities:</b>		
Accounts Payable & Accrued Liabilities	1,112,348	1,579,444
Payable to Gov't of Ont/Municipalities	396,014	514,362
Deferred Revenue	293,428	281,252
Employee Future Benefit Obligations	2,910,195	2,910,195
Term Loan	4,836,784	4,836,784
<i>Subtotal Current Liabilities</i>	<b>9,548,769</b>	10,122,037
<b>Net Debt</b>	<b>(5,168,205)</b>	(6,156,664)
<b>Non-Financial Assets:</b>		
Building	22,867,230	22,867,230
Furniture & Fixtures	1,998,117	1,998,117
Leasehold Improvements	1,572,807	1,572,807
IT	3,252,107	3,252,107
Automobile	40,113	40,113
Accumulated Depreciation	(10,429,282)	(10,429,282)
<i>Subtotal Non-Financial Assets</i>	<b>19,301,092</b>	19,301,092
<b>Accumulated Surplus</b>	<b>14,132,886</b>	13,144,428



# Briefing Note

**To:** Board of Health

**From:** Jennifer Loo, Acting Medical Officer of Health / CEO  
Antionette Tomie, Director of Corporate Services

**Date:** January 27, 2021

**Re:** User Authority for Community Care Information Management System

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☒ For Information

☐ For Discussion

☒ For a Decision

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**PURPOSE:**

A letter is required to authorize Joel Merrylees to be the Main User Authority and Antionette Tomie to be the Alternate User Authority for our Community Care Information Management system (CCIM).

**ISSUE:**

Currently, Justin Pino is the main user authority with no alternate user authority identified to approve changes in APH's accounting system (Great Plains) supported through CCIM. To assign a new main user authority, CCIM requires a letter from the Board of Health to change the existing main user authority and add an alternate user authority. This change is necessary to allow the electronic signatures on APH generated cheques to be changed. In the interim, CCIM has allowed Antionette Tomie's signature to replace Justin Pino's on the cheque template on the condition that a letter from the Board of Health would be forthcoming.

**RECOMMENDED ACTION:**

That the Board of Health approves the attached letter allowing for the changes identified within.

**ASSESSMENT OF RISKS AND MITIGATION:**

The risk is not being able to change electronic signatures for cheques when required.

**FINANCIAL IMPLICATIONS:**

There is the risk that the bank could reject APH cheques sent to a vendor causing delays to service and receiving goods.

January 27, 2021

Support Centre,  
Community Care Information Management

**Re: User Authority**

---

The Board of Health for the District of Algoma Public Health have reviewed and approved the Community Care Information Management (CCIM) MIS/HRIS User Authority Form. As indicated in the attached, the Main User Authority is Joel Merrylees, and the Alternate User Authority is Antoniette Tomie.

Yours truly,

---

Board of Health Chair,  
District of Algoma Public Health

**Blind River**  
P.O. Box 194  
9B Lawton Street  
Blind River, ON P0R 1B0  
Tel: 705-356-2551  
TF: 1 (888) 356-2551  
Fax: 705-356-2494

**Elliot Lake**  
ELNOS Building  
302-31 Nova Scotia Walk  
Elliot Lake, ON P5A 1Y9  
Tel: 705-848-2314  
TF: 1 (877) 748-2314  
Fax: 705-848-1911

**Sault Ste. Marie**  
294 Willow Avenue  
Sault Ste. Marie, ON P6B 0A9  
Tel: 705-942-4646  
TF: 1 (866) 892-0172  
Fax: 705-759-1534

**Wawa**  
18 Ganley Street  
Wawa, ON P0S 1K0  
Tel: 705-856-7208  
TF: 1 (888) 211-8074  
Fax: 705-856-1752



## Thunder Bay District Health Unit

MAIN OFFICE  
999 Balmoral Street  
Thunder Bay, ON  
P7B 6E7  
Tel: (807) 625-5900  
Toll-Free in 807 area code  
1-888-294-6630  
Fax: (807) 623-2369

GERALDTON  
P.O. Box 1360  
510 Hogarth Avenue, W.  
Geraldton, ON  
P0T 1M0  
Tel: (807) 854-0454  
Speech: (807) 854-0905  
Fax: (807) 854-1871

MANITOUWADGE  
Tel: 1-888-294-6630

MARATHON  
P.O. Box 384  
24 Peninsula Road  
Marathon, ON  
P0T 2E0  
Tel: (807) 229-1820  
Fax: (807) 229-3356

RED ROCK  
P.O. Box 196  
Superior Greenstone District  
School Board Learning Centre  
46 Salls Street  
Suite #2  
Red Rock ON P0T 2P0  
Tel: (807) 886-1060  
Fax: (807) 886-1096

TERRACE BAY  
McCausland Hospital  
20B Cartier Road  
Terrace Bay, ON  
P0T 1G0  
Tel: (807) 825-7770  
Fax: (807) 825-7774

TBDHU.COM

November 20, 2020

The Right Honourable Justin Trudeau, P.C., MP  
Prime Minister of Canada  
Office of the Prime Minister  
80 Wellington Street  
Ottawa, ON K1A 0A2  
Sent via email: [justin.trudeau@parl.gc.ca](mailto:justin.trudeau@parl.gc.ca)

The Honourable Chrystia Freeland, P.C., M.P.  
Deputy Prime Minister and Minister of Finance  
Privy Council Office  
Room 1000  
80 Sparks Street  
Ottawa, ON K1A 0A3  
Sent via email: [chrystia.freeland@parl.gc.ca](mailto:chrystia.freeland@parl.gc.ca)

Dear Prime Minister Trudeau and Deputy Prime Minister Freeland:

### **Re: Basic Income for Income Security during Covid-19 Pandemic and Beyond**

At its regular meeting held on November 18, 2020, the Thunder Bay District Health Unit (TBDHU) Board of Health resolved to express support for efforts to provide income solutions to reduce Household Food Insecurity (HFI) to Federal leaders.

Prior to COVID-19, many Canadians were already experiencing HFI, which is the inadequate and insecure access to food due to financial constraints. Statistics Canada estimated that in 2017/2018, 10.5% or 1 in 10 households experienced HFI<sup>i</sup>. In Thunder Bay, this value is 14.3% or 1 in 7 households<sup>ii</sup>. Abundant research has shown that higher HFI rates are associated with increased risk for poor and inadequate diets that are directly linked to higher chronic disease rates, poorer health outcomes and increased health inequities<sup>iii</sup>. Since COVID-19, this pre-existing issue has become more apparent and worrisome with Statistics Canada reporting an increase to 14.6%, or 1 in 7 households, experiencing food insecurity. Applying that similar increase locally to the District of Thunder Bay would mean an HFI rate of 18.4% or 1 in 5 household. This increase was anticipated due to many individuals facing precarious employment, reduced hours of work, or loss of job altogether, coupled with the less predictable food supply and fluctuating food prices.

As short-term temporary solutions, many have relied on emergency and charitable food programs and services, such as food banks. The commitment of the Federal government to allocate \$200 million for these

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programs has undoubtedly bolstered the initial access to food for many experiencing HFI. In addition, the enactment of Canadian Emergency Response Benefit (CERB), amongst others, has demonstrated that income solutions can be effective. The issue however, is that both of these solutions are intended for emergency and temporary coverage, which may not provide longer coverage with the anticipated prolonged existence of COVID-19. It also does not address the root cause of food insecurity, which is inadequate income, and may not fully provide relief for other needs for daily living (such as rent and household expenses) experienced by those in poverty. This has set the precedent for the call to action in this letter of support, which is the consideration for adequate income solutions that provide long-term income support, have a permanence structure, are not only available during emergencies or pandemics, and are equitable in that they provide support to the most at-risk and in need.

An adequate and secure level of household income is strongly linked to lower food insecurity rates, and income solutions have been recommended as the primary strategy to address this issue. The TBDHU will continue to support the government in their priority actions to reduce poverty and improve household food insecurity, and we appreciate your time, commitment and consideration for this crucial endeavor.

Sincerely,



Mr. James McPherson  
Chair, Thunder Bay District Board of Health

cc. Honourable Doug Ford, Premier of Ontario  
Dr. David Williams, Chief Medical Officer of Health  
Thunder Bay MPs and MPPs  
Ontario Public Health Association  
Ontario Boards of Health

#### References:

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<sup>i</sup> Statistics Canada. (2020). Food Insecurity during the COVID-19 pandemic, May 2020. Retrieved from: <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00039-eng.htm>

<sup>ii</sup> CCHS. (2017). Hungry for Change – 2019. Retrieved from: <https://www.tbdhu.com/resource/cost-of-eating-well-district-of-thunder-bay>

<sup>iii</sup> PROOF – Food Insecurity Policy Research. (2020). Household Food Insecurity in Canada (2017-2018). Retrieved from: <https://proof.utoronto.ca/wp-content/uploads/2020/03/Household-Food-Insecurity-in-Canada-2017-2018-Full-Reportpdf.pdf>