



Algoma
PUBLIC HEALTH
Santé publique Algoma

February 24, 2021

BOARD OF HEALTH MEETING

Videoconference & Algoma Community Room

www.algomapublichealth.com

Meeting Book - February 24, 2021, Board of Health Meeting

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Board of Health Meeting

AGENDA

February 24, 2021 at 5:00 pm

Video/Teleconference | Algoma Community Room

** Meeting held during the provincially declared emergency*

BOARD MEMBERS

Sally Hagman - Board Chair
Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Louise Caicco Tett
Lee Mason
Micheline Hatfield
Patricia Avery
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

GUESTS: Jasmine Bryson, Planning and Evaluation Specialist, Angela Piaskoski, Data Analyst (Presenting)

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

1.0 Meeting Called to Order

S. Hagman

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda

S. Hagman

RESOLUTION

THAT the Board of Health agenda dated February 24, 2021 be approved as presented.

3.0 Delegations / Presentations

*A. Piaskoski,
J. Bryson*

a. COVID Response Evaluation

4.0 Adoption of Minutes of Previous Meeting

S. Hagman

RESOLUTION

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

5.0 Business Arising from Minutes

S. Hagman

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

J. Loo

i. MOH Report - February 2021

RESOLUTION

THAT the report of the Medical Officer of Health/CEO for February 2021 be accepted as presented.

b. Finance and Audit

i. Finance and Audit Committee Chair Report

E. Pearce

RESOLUTION

THAT the Finance and Audit Committee Chair Report for February 2021 be accepted as presented.

ii. Financial Statements

E. Pearce

RESOLUTION

THAT the Board of Health approves the Unaudited Financial Statements for the period ending December 31, 2020, as presented.

iii. 2021 Insurance Coverage

E. Pearce

RESOLUTION

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee for the renewal of the 2021 Insurance coverage for APH.

iv. IT Service Contract Briefing Note

E. Pearce

RESOLUTION

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee to approve a 2 year contract extension of the IT service provider under the same terms and conditions as the existing contract.

7.0 New Business/General Business

S. Hagman

8.0 Correspondence

S. Hagman

- a. Letter to the Premier of Ontario, Minister of Education and Deputy Premier and Minister of Health from Peterborough Public Health regarding **Support for Bill 216: Food Literacy for Students Act, 2020** dated February 12, 2021.
- b. Letter to the Premier of Ontario, Deputy Premier and Minister of Labour, Training and Skills Development from Peterborough Public Health regarding **Paid Sick Leave During an Infectious Disease Emergency**, dated February 12, 2021.
- c. Letter to the Prime Minister from Kingston, Frontenac and Lennox & Addington Public Health regarding **Land Water Border Restrictions** dated February 2, 2021.

9.0	Items for Information a. Northern Routes - Routes du nord publication b. Code of Conduct Policy - 02-05-030 c. APH Letter of Support for Bill 239	<i>S. Hagman</i>
10.0	Addendum	<i>S. Hagman</i>
11.0	In-Camera 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. <div data-bbox="183 598 355 630">RESOLUTION</div> THAT the Board of Health go in-camera.	<i>S. Hagman</i>
12.0	Open Meeting Resolutions resulting from in camera meeting.	<i>S. Hagman</i>
13.0	Announcements / Next Committee Meetings: Governance Committee Meeting Wednesday, March 10, 2021 @ 5:00 pm Video Conference SSM Algoma Community Room Board of Health Meeting: Wednesday, March 24, 2021 Video Conference SSM Algoma Community Room	<i>S. Hagman</i>
14.0	Evaluation	<i>S. Hagman</i>
15.0	Adjournment <div data-bbox="183 1491 355 1522">RESOLUTION</div> THAT the Board of Health meeting adjourns.	<i>S. Hagman</i>

APH COVID-19 Pandemic Response Evaluation

Jasmine Bryson, Program Evaluation Specialist

Angela Piaskoski, Data Analyst

February 24th, 2021



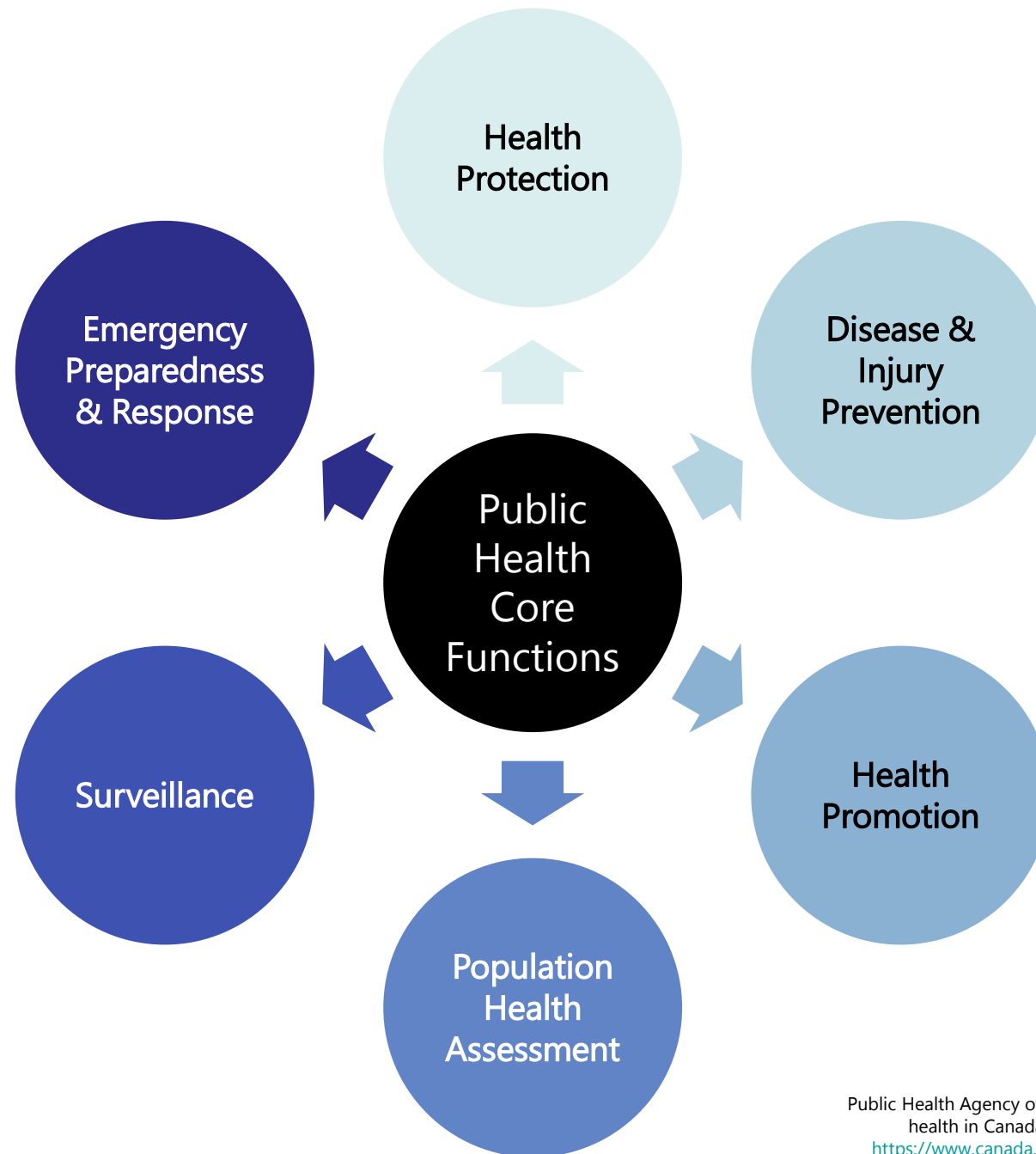
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Goals of Pandemic Response

- Minimize serious illness and death
- Minimize societal disruptions
(and preserve health care services)

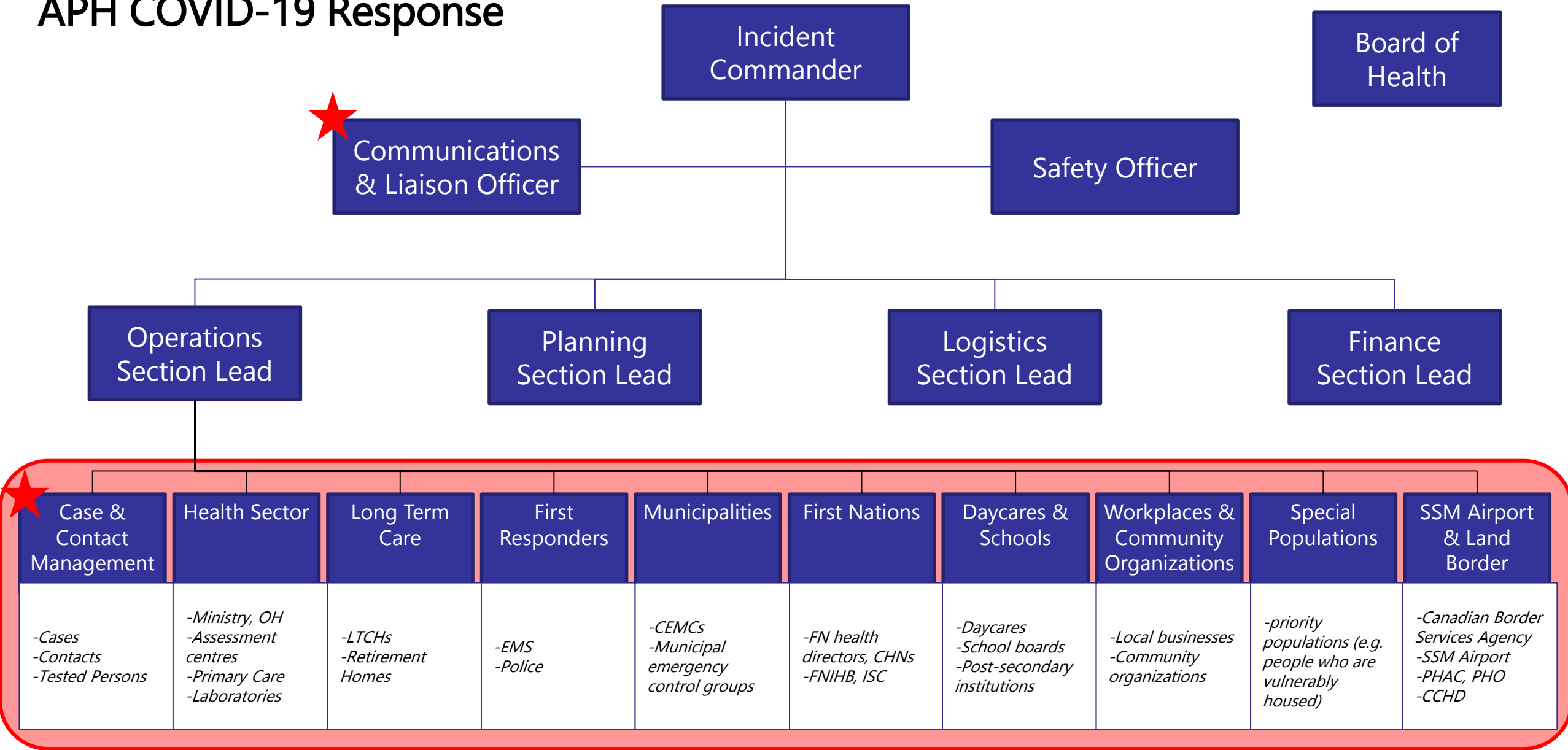


Public Health Core Functions

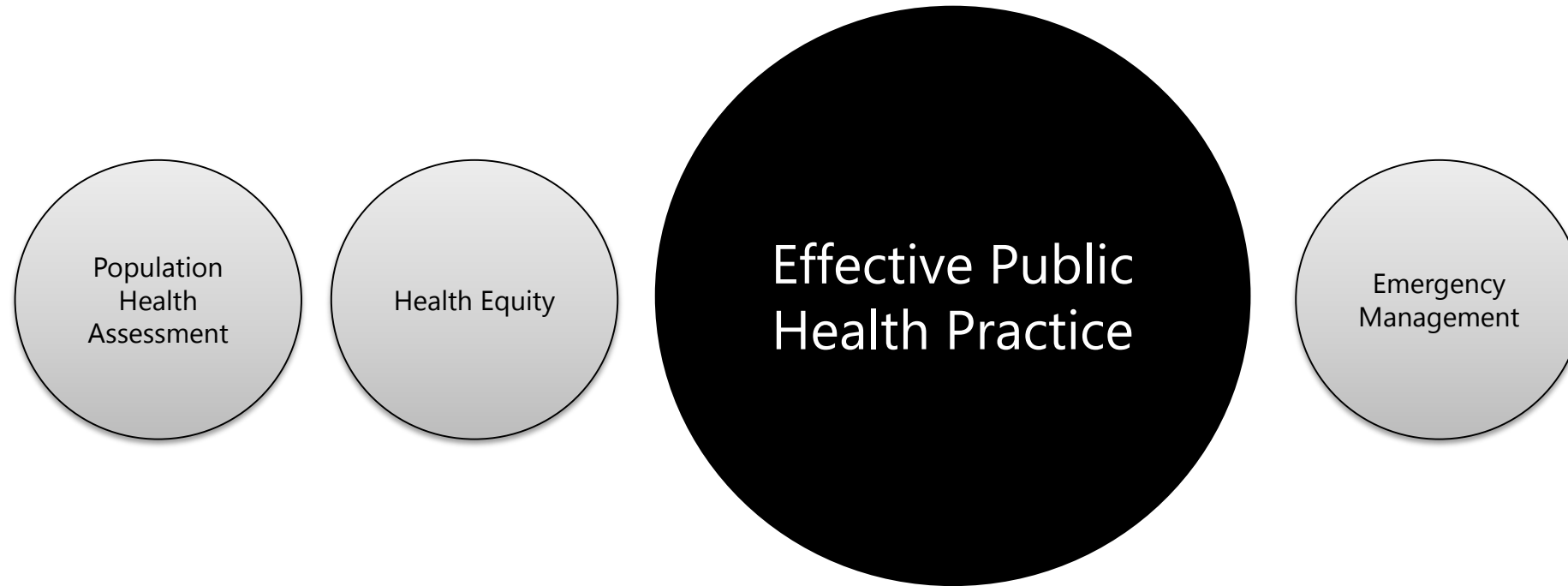


Incident Management System Structure

APH COVID-19 Response



Foundational Standards of Public Health



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

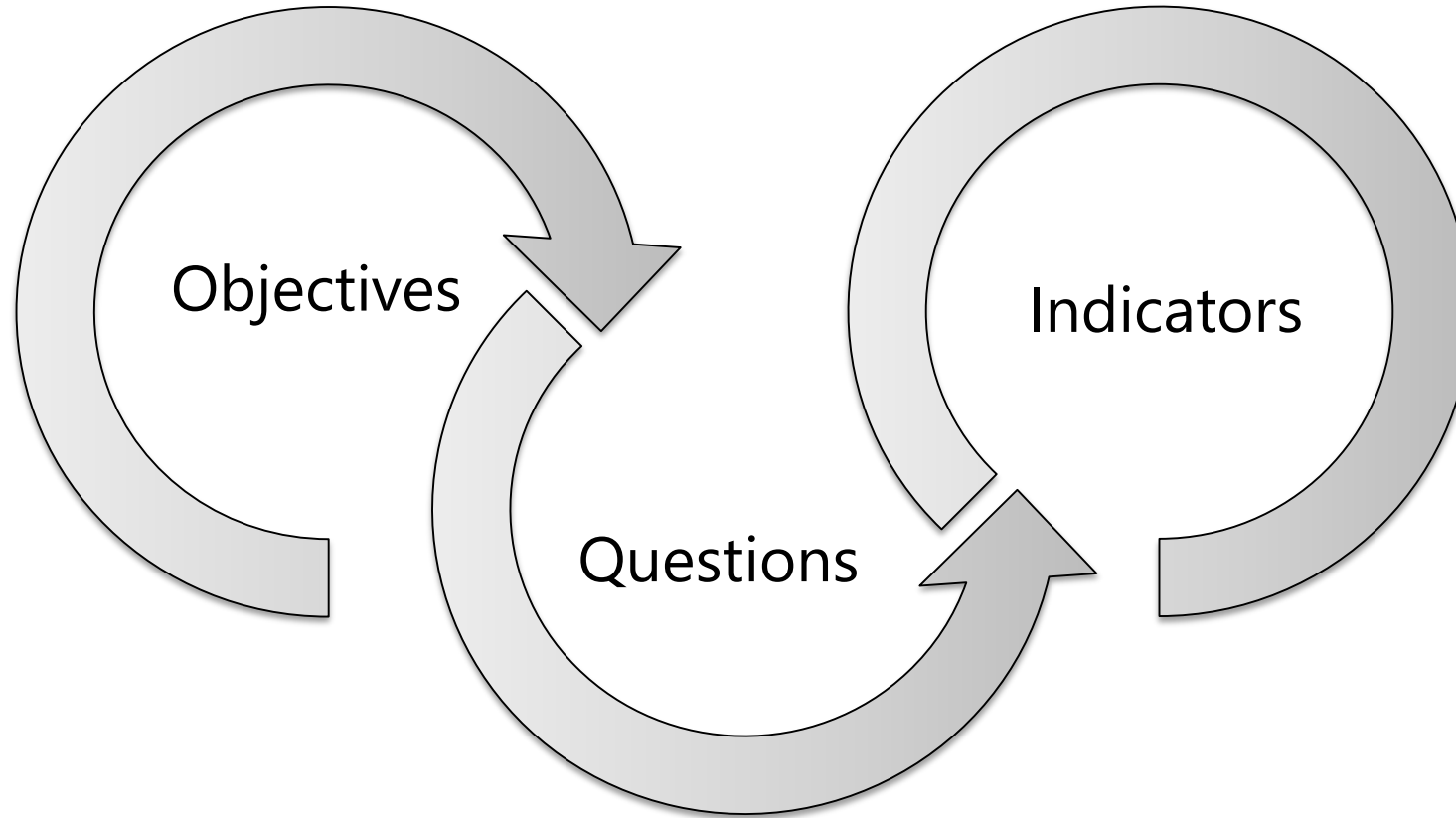
Ontario Public Health Standards

Program Planning, Evaluation, and Evidence-Informed Decision-Making Requirements:

2. The board of health shall routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services, including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation processes, reach, outputs, and outcomes.

3. The board of health shall ensure a culture of on-going program improvement and evaluation, and shall conduct formal program evaluations where required.

Planning to Evaluate



Objectives

- Be a community leader in accurate, consistent public health information
- Be responsive to incoming public and partner queries
- Ensure active case & contact management
- Guide public assessment of risk and adoption of PH measures
- Sectors are aware/using up to date guidance documents
- Sectors are prepared for positive case / outbreak
- Prevention of COVID-19 cases across various types of facilities
- Maintain local connection with municipalities and First Nation partners and support their COVID-19 response.



Questions to Consider

- What is our reach with partners and public?
- How do partners assess our engagement?
- Where do people get their COVID-19 information?
- Do people recognize and implement public health measures?
- Do people feel well supported by APH?
- Are we achieving timely case and contact management?
- Are we minimizing societal disruption and preserving health care services?
- Are we minimizing serious illness and death



Data Collection

Internal
Response
Indicators



IMS leads
APH staff
Surveillance data

Community
Partner
Survey



422 respondents
All sector groups
All sub-regions

Public
Survey



1,769 respondents
All age groups (15+)
All sub-regions



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Key Preliminary Findings

What is our reach with partners?



~2,500 direct
personal interactions
per month



30 on-site visits for
congregate living
settings



26 training sessions
with day care
workers



126 direct
interactions between
staff and LTCH/RH
per month

How do partners assess our engagement?



Aspect of the APH COVID-19 response	% completely/ very satisfied	% not at all satisfied
Phone contact with an APH employee	85%	3%
Email contact with an APH employee	86%	3%
In-person contact with an APH employee	84%	5%
COVID-19 policy/plan reviewed by an APH employee	83%	3%
Training from an APH employee	79%	7%
Electronic newsletters	72%	3%
APH website for information	67%	6%
APH social media for information	60%	9%
News releases and PSAs	63%	6%
Print resources created by APH	77%	3%
Paper Newsletters by APH	68%	7%
Support in communication resource development	69%	6%



How do partners assess our engagement?

- When asked about the overall support provided by APH 72% of community partners surveyed said they were either completely or very satisfied

"Love that you are constantly communicating with us as soon as there is a change or an update an email is sent. Appreciate the FAQ being shared." (partner respondent)

"Our inspector is very supportive, helpful and knowledgeable. Cannot thank them enough :)" (partner respondent)

"Printable signs for businesses are great!" (partner respondent)



Where do people get their COVID-19 information?

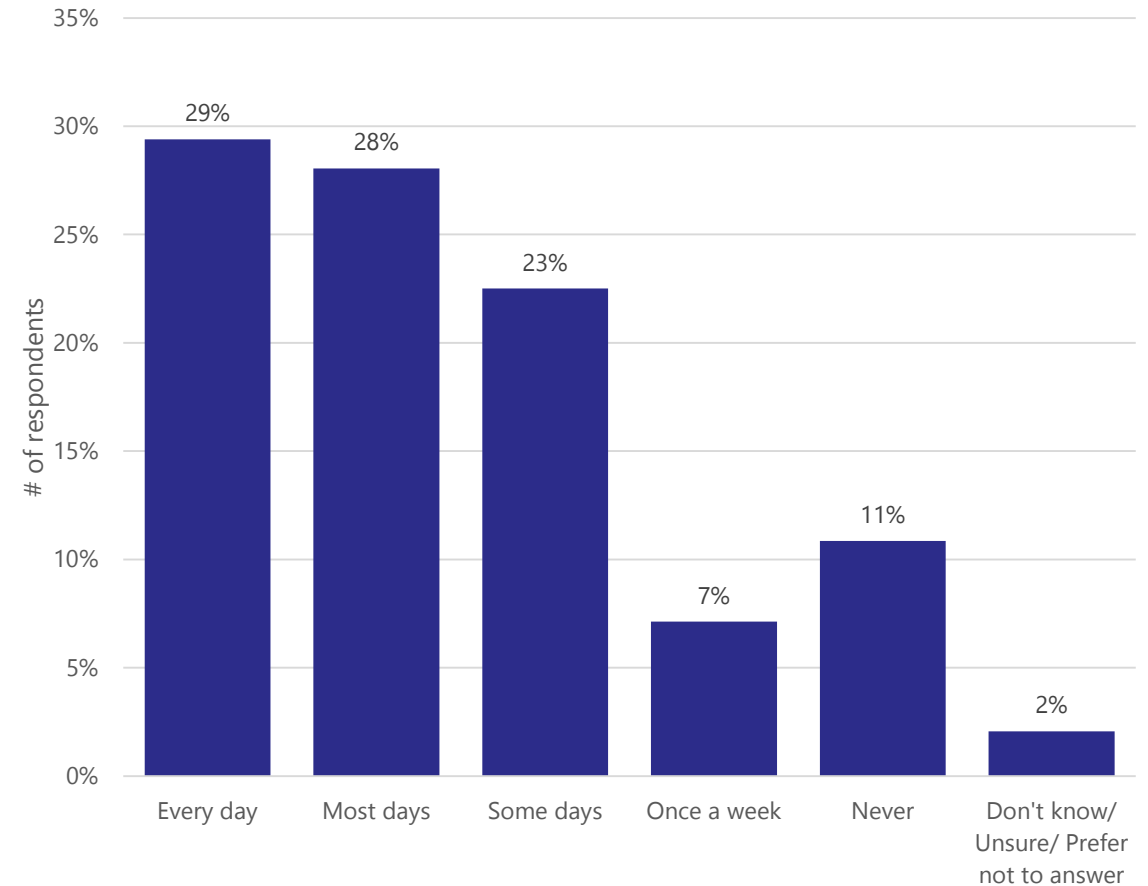
APH sources used by the public:

- Website - 80%
- Social media 60%
- Print resources 36%
- COVID phone line 12%

Of those who used these sources
90% were satisfied

“Algoma Public Health is a good source for COVID guidelines and news. I feel secure knowing I can have confidence in them” (public respondent)

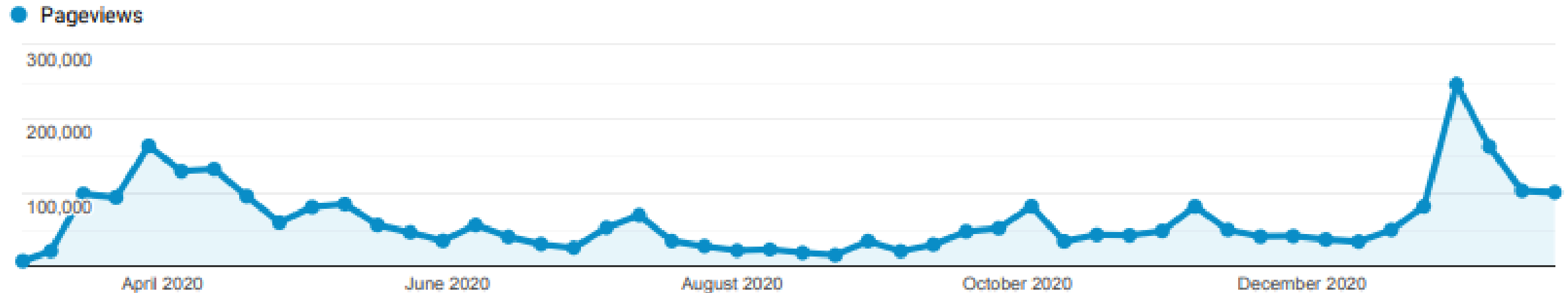
How often in a typical week do you get updated
COVID-19 information from APH?



Where do people get their COVID-19 information? & What is our reach with partners and public?

APH website

- From Mar-Oct, 2020 the APH website had 1.9 million page views



Where do people get their COVID-19 information? & What is our reach with partners and public?

APH social media



742 Posts
46,800 Likes
25,900 Shares
9,610 Comments
From Mar-Oct, 2020



376 Posts
487,400 Impressions
699 Mentions
From Mar-Oct, 2020

*"I like the update of new cases on Facebook. That helps assess what is going on."
(public respondent)*

*"I get my information from Algoma Public Health website and Facebook announcements"
(partner respondent)*

Internal
Response
Indicators



Public
Survey



Community
Partner
Survey



TWEET HIGHLIGHTS

Top Tweet earned 3,289 impressions

Face coverings will be required in Algoma District for businesses, transit, and organizations starting Friday, July 17th.

Learn more: bit.ly/2AKQhdg
pic.twitter.com/8eoFiadqoy



TWEET HIGHLIGHTS

Top Tweet earned 2,064 impressions

Q: What happens if someone in my child's class tests positive for COVID-19?

This question and many more are answered on our return to school FAQ page:
bit.ly/3hqAq37 pic.twitter.com/8l85A8Rjlq



TWEET HIGHLIGHTS

Top Tweet earned 4,494 impressions

Protect your loved ones this Thanksgiving.

As Ontario enters the second wave of COVID-19, Algoma Public Health is sharing the following ways for everyone to stay safe and healthy this Thanksgiving:
bit.ly/33xXrxe pic.twitter.com/3kLF4dnvk



497 660

Where do people get their COVID-19 information? & What is our reach with partners and public?



Phone Lines

COVID-19 phone line (283 calls/wk)

- Public & partners

Infectious disease intake line (75 calls/wk)

- Health care providers, cases & high risk contacts

Health workplaces information line (108 calls/wk)

- Public & partners

School health COVID-19 support line (15 calls/wk)

- Board/school administration & staff

*"anytime that I haven't been sure about something and called APH, I've had kind, compassionate explanations. I'm sure you all have the same questions all day long and I really appreciate the patience"
(public respondent)*

Do people recognize and implement public health measures?

Public health measures	% very important	% practiced all/ most of the time
Keep 2-metre distance from people that are not your close contacts	80%	83%
Wear a face covering/ mask in indoor public spaces such as stores	89%	97%
Wash hands with soap and water or use hand sanitizer before eating	79%	89%



When a COVID-19 vaccine becomes available, how likely are you to get it?

- 58% very likely
- 11% somewhat likely
- 13% unsure
- 11% not at all likely



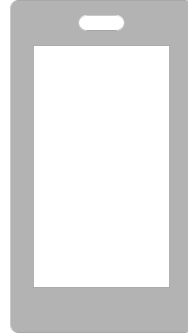


Do people recognize and implement public health measures?

- Most people had socialized virtually in the past 14 days.



97% used
Text/IM



93% used
Phone



91% used
Social Media

- 2/3 socialized in person with people outside of their household in the past 14 days.
- Most either physically distanced or wore a mask while doing so.



The median #
of close contacts
was 5



Do people feel well-supported by APH?

- Overall public survey respondents are 80% satisfied with the APH COVID-19 response
- When asked what was working well to support them, common themes were:

Regular updates
provided through
social media and
local news

Good flow of
information on
guidelines and
restrictions

Signage and
direction provided
to/in retail
environments

Are we minimizing societal disruption?



Indicator	% completely/ very satisfied	% not at all satisfied
Access to services needed (e.g. grocery, pharmacy) on a day-to-day basis	69%	4%
Access to services needed when needing to stay at home	58%	6%
Access to health care services/ professionals when needed	46%	13%
Feeling safe and protected from COVID-19 while working	54%	14%

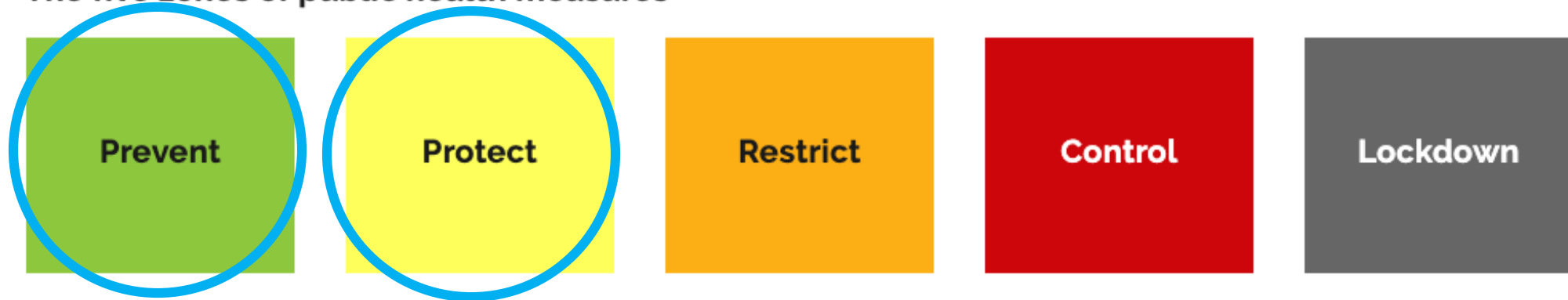
- APH maintained **85%** of its regular functions and services
(as of August 26th, 2020)



Are we minimizing societal disruption?

- Provincial framework:

The five zones of public health measures



- Other population health indicators beyond APH's COVID-19 response
 - E.g. opioid-related harms

Are we achieving timely case and contact management & Are we minimizing serious illness & death

Internal
Response
Indicators

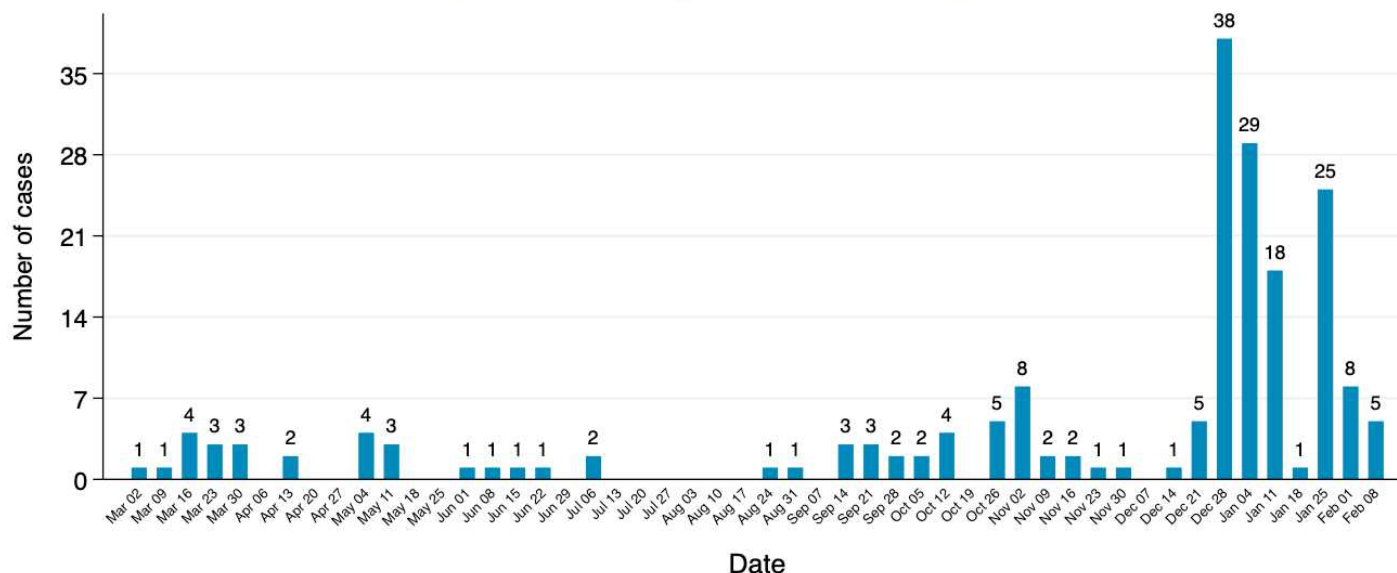


Public
Survey



Indicator (<i>updated Feb 15th, 2021</i>)	APH Region	Ontario
Incidence of COVID-19	168.7 per 100,000	1,935.7 per 100,000
Hospitalization rate due to COVID-19	4.4 per 100,000	97.4 per 100,000
Mortality rate due to COVID-19	2.6 per 100,000	45.2 per 100,000

COVID-19 in Algoma
Weekly cases across Algoma Public Health by episode date



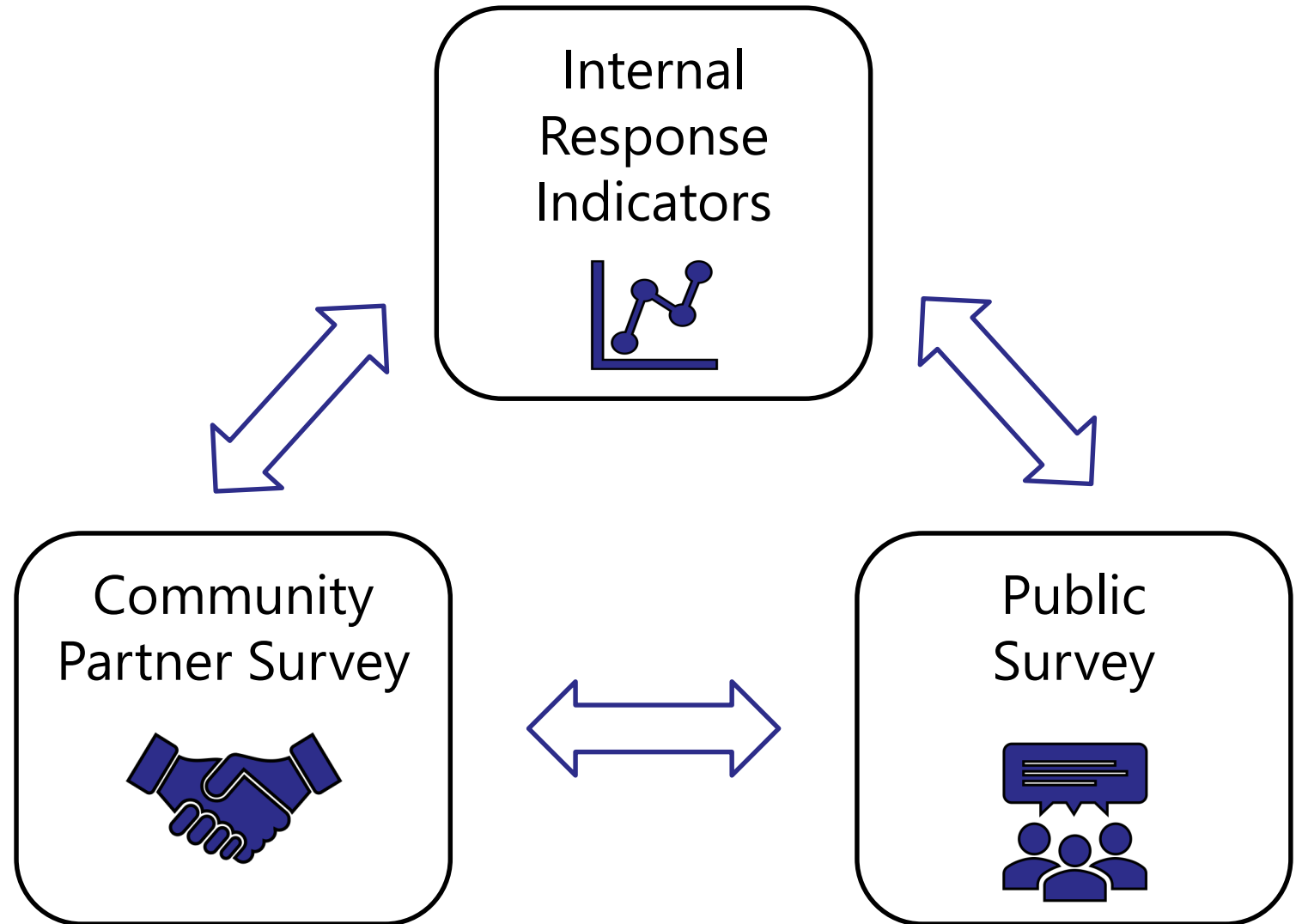
Close contacts
of confirmed
cases reached
within 24 hours
100% of the
time

*"APH is doing
excellent case
management and
contact tracing."
(public respondent)*

Public Health Case and Contact Management Solution (CCM) for Algoma Public Health as of February 12, 2021 at 1 p.m.
Population Projections [2020], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted
[December 31, 2019]

Public Health Ontario COVID-19 Data Tool. Retrieved from: <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=summary>

Data Collection



Key Messages

- APH conducted an evaluation of the community response to COVID-19 using internal program data along with feedback from a community partner survey and a public survey.
- APH staff are regularly interacting with community partners to guide the COVID-19 response; partners are satisfied with the support they receive.
- APH communicates a tremendous amount of COVID-19 information to the public and this has been well-received.
- Members of the public have a predominantly positive attitude toward COVID-19 public health measures and practice them regularly.
- While serious illness and death due to COVID-19 has been lower in Algoma compared to provincial rates, the pandemic has resulted in societal disruption, with likely disproportionate population impacts.

Next Steps

Internal
Synthesis

Sharing
with
Community
Partners



Thank you,



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February 24, 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

As of February 16, 2021, Algoma entered the Yellow – Protect zone of the provincial COVID-19 response framework. This transition enables additional businesses to open under strict measures. At the same time, all Ontarians in all zones are still advised to stay home as much as possible and avoid close contact with those they do not live with. APH teams have intensified communications to all sectors of the community, to provide guidance on requirements for businesses, and to emphasize ongoing public health recommendations.

At the time of writing, COVID-19 variants of concern (VOCs) have not yet been detected in Algoma. However, they have been found in many other regions of the province, including in northern Ontario communities.

COVID-19 immunization and ongoing planning continues across Algoma. First doses of vaccine in all long-term care home residents, and all staff and residents of First Nation elder care lodges were complete as of February 10, 2021. In early March, additional allotments will allow for first doses in staff and essential caregivers of LTCHs, alternate-level-of-care or ALC patients with confirmed LTCH placement, and highest priority health care workers. LTCH residents are also anticipated to receive their second doses and thereby complete their vaccination series by mid-March. As soon as vaccine supply allows in March, immunization of retirement home residents, staff, and essential caregivers, and community-dwelling adults 80 years of age and older will also begin across Algoma.

PARTNERSHIPS

In addition to coordinating with multiple partners on vaccine rollout, APH is also partnering with various sectors to share credible and timely vaccine information and build vaccine confidence. Algoma health professionals, “vaccine information champions”, have participated in APH-hosted virtual town halls with the long term care sector, mayors, councillors and staff of municipalities, as well as First Nation communities.

PROGRAM HIGHLIGHTS

Topic: Algoma Public Health COVID-19 Pandemic Response Evaluation

From: Jasmine Bryson, Planning & Evaluation Specialist & Angela Piaskoski, Data Analyst

Ontario Public Health Standards Foundational Standard: Effective Public Health Practice

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

Key Messages

- APH conducted an evaluation of the community response to COVID-19 using internal program data along with feedback from a community partner survey and a public survey.
- APH staff are regularly interacting with community partners to guide the COVID-19 response; partners are satisfied with the support they receive.
- APH communicates a tremendous amount of COVID-19 information to the public and this has been well-received.
- Members of the public have a predominantly positive attitude toward COVID-19 public health measures and practice them regularly.
- While serious illness and death due to COVID-19 has been lower in Algoma compared to provincial rates, the pandemic has resulted in societal disruption, with likely disproportionate population impacts.

Introduction

The core functions of public health in Canada include population health assessment, surveillance, emergency preparedness and response, health protection, disease and injury prevention, and health promotion¹. Local public health is vital in responding to the COVID-19 pandemic as all of these functions are required. In March 2020 APH activated its Incident Management System (IMS) to respond to the COVID-19 pandemic with the goals of 1) minimizing serious illness and death and 2) minimizing societal disruptions and preserving health care services. Since then, APH has collaborated with partners to lead the response in communities across Algoma. We have done this by actively engaging all sectors of society to establish the broad uptake of upstream, preventive actions, conducting rapid case and contact management, and providing up-to-date public health guidance and consultation to the general public.

¹ Public Health Agency of Canada. The Chief Public Health Officer's report on the state of public health in Canada 2008. Chapter 2 – What is Public Health? Retrieved 2021-02-04 from <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/report-on-state-public-health-canada-2008/chapter-2a.html>

Evaluation objectives & methods

Evaluation is an important part of effective public health practice. To evaluate the local COVID-19 response in terms of processes and outcomes, the Planning & Evaluation Specialist worked with the IMS stakeholder group leads to determine indicators, objectives and evaluation questions in each area of the IMS structure that would best measure the Algoma COVID-19 pandemic response. Key objectives included:

- Be a community leader in accurate, consistent public health information
- Be responsive to incoming public and community partner queries
- Ensure active case & contact management
- Guide public assessment of risk and adoption of public health measures
- Sectors are aware of and using up to date guidance documents
- Sectors are prepared for positive cases and/or outbreak
- Prevention of COVID-19 cases across various types of facilities
- Maintain local connection with municipalities and First Nation partners and support their COVID-19 response.

In addition to standard epidemiologic outcome indicators of COVID-19 morbidity and mortality, data from three sources informed this evaluation. The first was internal response process indicators which captures the breadth and reach of the response from an internal perspective (including data from Mar-Oct 2020). The second was a community partner survey which provides insight into partner's perceptions of the support provided by APH throughout the response. Finally, the third was a public survey which provides information about individual's perspectives, behaviour, and their satisfaction with the COVID-19 response. Both surveys were open from November 26th-December 14th, 2020. A snapshot of findings from the full evaluation is presented here.

Key preliminary findings²

Survey respondents

- 1,769 people responded to the public survey. Age groups and sub-regions were proportionately represented.
- 422 people responded to the community partner survey. Responses were received from all sector groups identified in the APH IMS structure. Half of respondents identified as management, 30% as front-line workers. Sub-regions were proportionately represented.

² Unless otherwise noted, all data in this section was sourced from either Algoma Public Health internal program data or the COVID-19 Response Evaluation Surveys

Community partner support

As part of the COVID-19 pandemic response APH has collaborated with community partners across all sectors. Overall estimation of the number of APH staff personal interactions through phone and e-mail with community partners is about 20,000 during the evaluation period (Mar-Oct) or roughly 2,500 per month³. These interactions helped to guide the community COVID-19 response. As an example, given the heightened focus on priority populations during the evaluation period and beyond, APH had a steady connection with Long-Term Care Homes (LTCH), Retirement Homes (RH), day cares, and congregate living settings:

Indicator^a	Total (Mar-Oct)	Monthly Average
# of e-mails sent to LTCH/RH group e-mail list	55	7
# of interactions between APH staff and LTCH/RH ^b	1,009	126
# of training sessions with day care workers	26	3
# of e-mails sent to congregate living settings email list	65	8
# of on-site visits for congregate living settings	30	4
# of & plans reviewed for congregate living settings	12	1-2

^a estimated values based on available program data, subject to change

^b estimated values based on frequency of interaction.

Community partner satisfaction with response

APH staff provide support to guide businesses, organizations and the community's response to COVID-19. Where applicable, the majority of partner survey respondents were either completely or very satisfied with the following individual aspects of the APH response:

Aspect of the APH COVID-19 response	% completely/ very satisfied^a	% not at all satisfied^a
Phone contact with an APH employee	85%	3%
Email contact with an APH employee	86%	3%
In-person contact with an APH employee	84%	5%
COVID-19 policy/plan reviewed by an APH employee	83%	3%
Training from an APH employee	79%	7%
Electronic newsletters	72%	3%
APH website for information	67%	6%
APH social media for information	60%	9%
News releases and PSAs	63%	6%
Print resources created by APH	77%	3%
Paper Newsletters by APH	68%	7%
Support in communication resource development	69%	6%

^a Where applicable

³ Does not include calls through phone lines, values estimated based on available program data, subject to change

When asked about their satisfaction with the overall support provided, 72% were either completely or very satisfied with the entire response.

“Weekly teleconference with APH helps to keep municipalities working cohesively in an effort to stop the spread and maintain the same message across the north shore.” (partner respondent)

“The email updates from APH are extremely helpful and have been throughout the pandemic.” (partner respondent)

Engagement & communication

Most public survey respondents said they were at least somewhat satisfied that they had the information needed to protect themselves and loved ones from COVID-19 (83%).

Sources of information:

Public response indicated that the most popular sources for daily information about COVID-19 were local news, regional news, and APH. The most popular media for accessing this information were websites, TV, and Facebook. The APH website was used by most of the respondents (80%), as was APH social media (61%). Of those that said they used these APH sources for COVID-19 information, 90% were satisfied with the information they received.

“I like your social media and sign campaign. I see LOTS of Facebook ads and lots of signage around town in store windows and such” (public respondent)

“Good signage. Questions are answered quickly when contacted. Promoting masks” (public respondent)

Website & Social Media:

APH’s communications team maintains an active website, Facebook page, and Twitter account. Communication metrics from the evaluation period indicate extensive reach and integration with social media users throughout Algoma.

Indicator (Mar-Oct 2020)	Total	Monthly Average
APH website views	1.9 million	237,500
Facebook posts	742	93
Facebook shares	25,900	3,238
Facebook likes	46,800	5,850
Facebook comments	9,610	1,201
Twitter posts	376	47
Twitter mentions	699	87
Twitter impressions (post views)	487,400	60,925

Phone lines:

Queries related to COVID-19 came through four phone lines; the COVID-19 phone line, the school health COVID-19 support phone line, the healthy workplaces information line, and the infectious disease intake line. These phone lines support both the general public and partners.

Indicator	Total	Monthly Average	Weekly Average
# calls to the COVID-19 phone line (Mar-Oct 2020)	9,906	1,238	283
# calls to the healthy workplace's information line (Mar-Oct 2020)	3,780	473	108
# calls to the infectious disease intake phone line (Feb-Oct 2020)	2,296	328	75
# calls to the school phone line (Sep-Oct 2020)	246	123	15

*"Having a 1:1 telephone contact is very helpful in situations when it is unknown what to do."
(partner respondent)*

*"APH response when I phoned to ask for clarification and assistance was excellent. Staff was effective and helpful in a very timely manner."
(public respondent)*

Public health measures

Overall, respondents to the public survey felt public health measures were important for keeping our communities safe during the COVID-19 pandemic, and they reported practicing them regularly within the past 14 days:

Public health measures	% very important	% practiced all/ most of the time
Keep 2-metre distance from people that are not your close contacts	80%	83%
Wear a face covering/ mask in indoor public spaces such as stores	89%	97%
Wash hands with soap and water or use hand sanitizer before eating	79%	89%
Screen yourself for symptoms before leaving your home	79%	77% ^c
Stay home when you feel sick/have COVID-19 symptoms	93%	94% ^c
Screen children for symptoms before leaving for school/child care	80%	85% ^c
Keep children home when they feel sick/have COVID-19 symptoms according to the Ontario screening tool for schools/child care	86%	92% ^c

^c where applicable

About two-thirds of Algoma residents surveyed were very likely (58%) or somewhat likely (10.7%) to get the COVID-19 vaccine. The main concerns for the minority who were unsure (12.8%) or not at all likely (10.8%) were the accelerated timeline of vaccine development, safety, and side effects. Most respondents had socialized virtually in the past 14 days (84%); most common methods were the texting/IM (97%), phone (93%), and social media (91%). Two thirds had socialized in-person with people outside of their immediate household and the majority of those had practiced physical distancing and/or worn a mask while doing so. The median number of people that respondents had close contact with was five.

Societal disruption

COVID-19 has resulted in societal disruption. Some services, such as accessing essentials such as groceries appear to have been maintained for most. Other services, such as health care services, may have been disrupted for more survey respondents.

Aspect of the COVID-19 response	% completely/ very satisfied	% not at all satisfied
Accessing services needed on a day-to-day basis (e.g. food/grocery)	69%	4%
Accessing services needed when needing to stay home	58%	6%
Accessing health care services/professionals needed	46%	13%
Feeling safe/protected while working	54%	14%

APH staff tracked roughly 63,000 labour hours related to the COVID-19 pandemic response during the evaluation period. As of August 26th, 2020, APH was maintaining 85% of its regular functions and services, with some modifications.

Had the current provincial framework been in place from the start of the COVID-19 pandemic, based on seven-day weekly incidence, Algoma would have spent the entire time period before October 31st in the Green category⁴.

Other population health indicators that are beyond APH's COVID-19 pandemic response can help shed light on societal disruption in Algoma. For example, APH saw 18 confirmed deaths due to opioid poisoning between March 1st and August 31st 2020. This was the highest 5-month death count observed since data become available in 2005⁵. While urgent provincial lockdown orders were necessary to curb the spread of COVID-19, physical distancing can be harmful for people who use substances; contributing to isolation, fear, and anxiety⁶.

"We know you are working hard and doing all you can. Thank you for everything you are doing to keep our community safe" (public respondent)

*"APH has done an excellent job in handling the Covid-19 pandemic here. Keep up the good work!"
"Good community sharing of responsibility" (public respondent)*

⁴ COVID-19 response framework: keeping Ontario safe and open, Ontario Ministry of Health and Long-Term Care; 2021. Retrieved from: <https://www.ontario.ca/page/covid-19-response-framework-keeping-ontario-safe-and-open>

⁵ Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2020. Retrieved from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>

⁶ Canadian Centre on Substance Use and Addiction. Impacts of the COVID-19 Pandemic on People Who Use Substances: What We Heard. 2020. Retrieved from <https://www.ccsa.ca/sites/default/files/2020-07/CCSA-COVID-19-Impacts-on-People-Who-Use-Substances-Report-2020-en.pdf>

Serious illness and death

Throughout the pandemic response APH staff have met Ministry targets for case and contact management. Close contacts of confirmed cases have been reached within 24 hours, 100% of the time.

COVID-19 Indicator (<i>updated Feb 15th</i>)	APH Region^{7,8}	Ontario⁹
Total reported cases of COVID-19	193	287,736
Incidence of COVID-19	168.7 per 100,000	1,935.7 per 100,000
Total hospitalized due to COVID-19	5	14,477
Hospitalization rate due to COVID-19	4.4 per 100,000	97.4 per 100,000
Total deaths due to COVID-19	3	6,719
Mortality rate due to COVID-19	2.6 per 100,000	45.2 per 100,000

"I'm very happy and proud to be in a district that was able to keep the numbers so low." (public respondent)

Next Steps

The evaluation has revealed that as a community, APH and partners are meeting pandemic response objectives. This brief summary of preliminary findings is just the beginning; further detailed analyses are under way and additional findings will be shared with community partners. Internally, the findings will be used to guide APH's continued response.

⁷ The local data for this report were based on information successfully extracted from the Public Health Case and Contact Management Solution (CCM) for Algoma Public Health as of February 12, 2021 at 1 p.m.

⁸ Population Projections [2020], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario, Date Extracted [December 31, 2019]

⁹ The Ontario data for this report were based on information from Public Health Ontario COVID-19 Data Tool. Retrieved from: <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=summary>

Finance and Audit Committee
Chair's Report for February 10, 2021

Operations

As of December 31 reported a positive variance in operations of 653,000

Revenues down 117,000 (reduced program fees of 77)

PH Revenue

Within budget

Munic within budget

Fees and recoveries -118

Land control +47

Include -165 other fees

Expenses

Salaries and wages +290

3% under budget

Travel +88

Program +92

Office +25

Facilities -31 sound

Liquidity is stable

Debt 4.47 mil

Reviewed the audit planning report for period ending 12/31

**Algoma Public Health
(Unaudited) Financial Statements December 31, 2020**

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Algoma Public Health
Statement of Operations
December 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Act. to Bgt. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ YTD Budget 2020
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	\$ 3,559,232	\$ 3,559,232	\$ 0	\$ 3,559,232	0%	100%
Provincial Grants - Cost Shared Funding	9,013,177	9,018,085	(4,908)	9,018,081	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	1,717,810	1,739,386	(21,576)	1,739,386	-1%	99%
Provincial Grants - Mitigation Funding	1,037,800	1,037,800	-	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	503,127	620,814	(117,687)	620,814	-19%	81%
Total Public Health Revenue	\$ 15,831,146	\$ 15,975,317	\$ (144,171)	\$ 15,975,313	-1%	99%
Expenditures						
Public Health Cost Shared	\$ 13,584,614	\$ 14,235,931	\$ 651,318	\$ 14,235,928	-5%	95%
Public Health 100% Prov. Funded Programs	1,593,105	1,739,386	146,281	1,739,386	-8%	92%
Total Public Health Programs Expenditures	\$ 15,177,719	\$ 15,975,317	\$ 797,598	\$ 15,975,313	-5%	95%
Total Rev. over Exp. Public Health	\$ 653,427	\$ (0)	\$ 653,427	\$ 0		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 801,011	801,008	(3)	1,068,011	0%	100%
Expenditures	800,725	801,508	(783)	1,068,011	0%	100%
Excess of Rev. over Exp.	286	(500)	786	-		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 389,496	389,492	(4)	1,349,700		
Expenditures	124,110	338,486	(214,376)	577,700		
Excess of Rev. over Fiscal Funded	265,386	51,006	214,380	772,000		

Community Health Programs (Non Public Health)

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	293,440	311,933	(18,493)	311,933	-6%	94%
Total Community Health Revenue	\$ 293,440	\$ 311,933	\$ (18,493)	\$ 311,933	-6%	94%
Expenditures						
Child Benefits Ontario Works	6,392	24,500	18,108	24,500	-74%	26%
Algoma CADAP programs	287,315	287,433	119	287,433	0%	100%
Total Calendar Community Health Programs	\$ 293,706	\$ 311,933	\$ 18,227	\$ 311,933	-6%	94%
Total Rev. over Exp. Calendar Community Health	\$ (267)	\$ (1)	\$ (266)	\$ (1)		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 4,143,097	\$ 4,358,114	\$ (215,016)	\$ 5,800,757	-5%	95%
Municipal, Federal, and Other Funding	90,635	90,635	-	119,247	0%	100%
Other Bill for Service Programs	34,082		34,082			
Total Community Health Revenue	\$ 4,267,815	\$ 4,448,749	\$ (180,934)	\$ 5,920,004	-4%	96%
Expenditures						
Brighter Futures for Children	95,070	85,835	(9,234)	114,447	11%	111%
Infant Development	367,424	483,738	116,313	644,317	-24%	76%
Preschool Speech and Languages	419,584	461,242	41,658	614,256	-9%	91%
Nurse Practitioner	120,774	122,115	1,341	162,153	-1%	99%
Community Mental Health	2,535,081	2,640,719	105,638	3,539,060	-4%	96%
Community Alcohol and Drug Assessment	457,109	533,089	75,981	710,786	-14%	86%
Stay on Your Feet	61,655	75,000	13,345	100,000	-18%	82%
Bill for Service Programs	24,735	-	(24,735)	-		
Misc Fiscal	4,279	34,984	30,705	34,984	-88%	12%
Total Fiscal Community Health Programs	\$ 4,085,710	\$ 4,436,722	\$ 351,012	\$ 5,920,004	-8%	92%
Total Rev. over Exp. Fiscal Community Health	\$ 182,105	\$ 12,027	\$ 170,078	\$ 0		

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 Twelve Months Ending December 31, 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%	1,022,170	1,022,157	13
Total Levies	3,559,232	3,559,232	0	3,559,232	0%	100%	3,519,703	3,519,690	13
MOH Public Health Funding	6,747,005	6,307,085	439,920	6,985,802	7%	97%	7,344,900	7,344,900	0
MOH Funding Needle Exchange	(4,633)	64,700	(69,333)	45,290	-107%	-10%	64,700	64,700	0
MOH Funding Haines Food Safety	24,600	24,600	0	17,220	0%	143%	24,600	24,600	0
MOH Funding Healthy Smiles	769,900	769,900	0	538,930	0%	143%	769,900	769,900	0
MOH Funding - Social Determinants of Health	339,200	180,480	158,720	126,350	88%	268%	180,500	180,500	0
MOH Funding Chief Nursing Officer	30,375	121,512	(91,137)	85,050	-75%	36%	121,500	121,500	0
MOH Enhanced Funding Safe Water	15,500	15,500	(0)	10,850	0%	143%	15,500	15,500	0
MOH Funding Infection Control	178,135	312,408	(134,273)	218,680	-43%	81%	312,400	312,400	0
MOH Funding Diabetes	105,000	150,000	(45,000)	105,000	-30%	100%	150,000	150,000	0
Funding Ontario Tobacco Strategy	303,520	433,600	(130,080)	303,520	-30%	100%	433,600	433,600	0
MOH Funding Harm Reduction	150,000	150,000	0	105,000	0%	143%	150,000	150,000	0
MOH Funding Vector Borne Disease	27,175	108,700	(81,525)	101,448	-75%	27%	108,700	108,700	0
MOH Funding Small Drinking Water Systems	17,400	69,600	(52,200)	64,960	-75%	27%	69,600	69,600	0
Total Public Health Cost Shared Funding	8,703,177	8,708,085	(4,908)	8,708,100	0%	100%	9,745,900	9,745,900	0
MOH Funding - MOH / AMOH Top Up	156,890	152,086	4,804	152,086	3%	103%	155,563	155,563	0
MOH Funding Northern Ontario Fruits & Veg.	117,400	117,400	0	117,400	0%	100%	117,400	117,400	0
MOH Funding Unorganized	530,400	530,400	0	530,400	0%	100%	530,400	530,400	0
MOH Senior Dental	671,520	697,900	(26,380)	697,900	-4%	96%	379,760	379,760	0
MOH Funding Indigenous Communities	98,000	98,000	0	98,000	0%	100%	0	0	0
One Time Funding (Pandemic Pay)	143,600	143,600	0	143,600	0%	100%	0	0	0
One Time Funding COVID-19 extraordinary costs	310,000	310,000	0	310,000	0%	100%	0	0	0
Total Public Health 100% Prov. Funded	2,027,810	2,049,386	(21,576)	2,049,386	-1%	99%	1,183,123	1,183,123	0
Total Public Health Mitigation Funding	1,037,800	1,037,800	0	1,037,800	0%	100%	0	0	0
Recoveries from Programs	28,183	27,530	653	27,511	2%	102%	30,368	27,621	2,747
Program Fees	185,890	201,284	(15,394)	201,284	-8%	92%	205,896	238,593	(32,698)
Land Control Fees	206,872	160,000	46,872	160,000	29%	129%	157,920	160,000	(2,080)
Program Fees Immunization	37,757	115,000	(77,243)	115,000	-67%	33%	127,435	155,000	(27,565)
HPV Vaccine Program	1,768	12,500	(10,732)	12,500	0%	14%	12,470	12,000	470
Influenza Program	16,600	25,000	(8,400)	25,000	0%	66%	25,335	25,000	335
Meningococcal C Program	519	7,500	(6,982)	7,500	0%	7%	7,548	8,000	(452)
Interest Revenue	19,997	40,000	(20,003)	40,000	-50%	50%	46,834	32,000	14,834
Other Revenues	5,541	32,000	(26,459)	32,000	-83%	17%	60,151	37,000	23,151
Total Fees and Recoveries	503,127	620,814	(117,687)	620,795	-19%	81%	673,957	695,214	(21,257)
Total Public Health Revenue Annual	\$ 15,831,146	\$ 15,975,317	\$ (144,171)	\$ 15,975,313	-1%	99%	\$ 15,122,683	\$ 15,143,927	\$ (21,244)
Public Health Fiscal April 2020 - March 2021									
Vaccine Refrigerators	5,544	5,544	0	7,400	0%	75%			
Infection Prevention and Control Hub	0	0	0	740,000	0%	0%			
Practicum	7,506	7,506	0	10,000	0%	75%			
Public Health CCM Solution	17,316	17,316	0	25,300	0%	68%			
School Nurses Initiative	293,130	293,130	0	469,000	0%	63%			
Sr Dental Capital Upgrades	66,000	66,000	0	98,000	0%	67%			
Total Provincial Grants Fiscal	\$ 389,496	\$ 389,496	\$ -	\$ 1,349,700	0%	29%	\$ -	\$ -	\$ -

Algoma Public Health**Expense Statement- Public Health**

For Twelve Months Ending December 31, 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	\$ 9,523,270	\$ 9,813,034	\$ 289,764	\$ 9,813,034	-3%	97%	\$ 8,838,252	\$ 9,198,572	\$ 360,320
Benefits	2,225,203	2,264,828	39,625	2,264,828	-2%	98%	2,148,254	2,206,386	58,132
Travel	103,453	191,000	87,547	191,000	-46%	54%	214,809	197,069	(17,740)
Program	642,120	733,713	91,593	733,713	-12%	88%	624,709	655,833	31,124
Office	46,451	71,200	24,749	71,200	-35%	65%	84,585	103,544	18,959
Computer Services	839,734	872,843	33,109	872,843	-4%	96%	843,493	826,415	(17,078)
Telecommunications	290,550	300,257	9,707	300,257	-3%	97%	260,081	274,770	14,689
Program Promotion	39,197	118,068	78,871	118,068	-67%	33%	40,135	72,930	32,795
Professional Development	16,360	135,500	119,140	135,500	-88%	12%	105,354	100,702	(4,652)
Facilities Expenses	873,597	842,437	(31,160)	842,437	4%	104%	865,229	879,456	14,227
Fees & Insurance	251,994	253,880	1,886	253,880	-1%	99%	238,689	242,080	3,391
Debt Management	460,899	460,900	1	460,900	0%	100%	460,899	460,900	1
Recoveries	(135,109)	(82,343)	52,765	(82,343)	64%	164%	(109,670)	(74,730)	34,940
Boardroom Renovations							171,831		
	\$ 15,177,718	\$ 15,975,317	\$ 797,599	\$ 15,975,317	-5%	95%	\$ 14,786,651	\$ 15,143,927	\$ 529,108

Notes to Financial Statements – December 2020

Reporting Period

The December 2020 financial reports include twelve 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 nine-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 December 31, 2020, Public Health programs are reporting a \$653k positive variance.

Total Public Health Revenues are indicating a \$117k negative variance. This is primarily a result of reduced program fees including immunizations (\$77k).

The negative variance associated with Fees, Other Grants and Recoveries is a result of less fees received than budgeted because of the COVID-19 pandemic. Public Health Mitigation funding of \$1,037,800 has been fully received. 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.

APH's Community Health (Non-Public Health) Fiscal Programs are nine months into the fiscal year. These programs which include Infant Development, Preschool Speech and Language, Community Mental Health, and Community Alcohol and Drug Assessment Programs are all indicating positive variances associated with expenses because 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 & Recoveries are showing a negative variance of \$118k. Included in this deficit is Land Control, which is showing a \$47k surplus, however, this is offset by a deficit of \$165k in other fees and recoveries. 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 \$290k positive variance associated with Salary and Wages or 3% under budget. This is a result of staff gapping and budgeted positions that were not filled until later in the year (Public Health Data Analyst and a Public Health Nurse)

Travel

There is an \$88k 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 \$25k variance. This is a result of a new contract for photocopier service and fewer staff working in the office.

Program Promotion

Program Promotion expense is indicating a positive \$79k 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 \$119k positive variance associated with Professional Development. This is a result of APH employees participating in less Professional Development opportunities as a result of the COVID-19 pandemic.

Facilities Expense

Facilities expense is reflecting a negative \$31k 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.

Recoveries

Recoveries are reflecting a \$52k positive variance as other funding sources are allowing for greater recoupment for administrative expenses to support the COVID-19 response.

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.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of December 31 2020. Cash includes \$1.15M in short-term investments.

Long-term debt of \$4.47 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)

Date: As of December 2020	December 2020	December 2019
Assets		
Current		
Cash & Investments	\$ 3,903,006	\$ 3,456,984
Accounts Receivable	834,204	433,414
Receivable from Municipalities	69,898	74,976
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	4,807,109	3,965,374
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,335,042	1,579,444
Payable to Gov't of Ont/Municipalities	396,014	514,362
Deferred Revenue	292,827	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>	9,770,861	10,122,037
Net Debt	(4,963,753)	(6,156,664)
Non-Financial Assets:		
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>	19,301,092	19,301,092
Accumulated Surplus	14,337,339	13,144,428

Briefing Note

To: Algoma Public Health Finance and Audit Committee

From: Dr. Jennifer Loo, Acting Medical Officer of Health /CEO
Antoniette Tomie, Director of Corporate Services

Date: February 24, 2021

Re: 2021 Insurance Renewal

☐ For Information

☐ For Discussion

☒ For a Decision

ISSUE:

Algoma Public Health's (APH) insurance policy expires March 14, 2021. As such, APH's Management is in the process of completing the agency's annual renewal of its insurance coverage. The terms of reference of APH's Finance & Audit Committee state that one of the duties of the Finance and Audit Committee is to "review and ensure that all risk management is complete with respect to all insurance coverage for the board."

RECOMMENDED ACTION:

- 1) That the Finance and Audit Committee recommend to the Board of Health approval of the renewal of the 2021 Insurance coverage for APH.

BACKGROUND:

APH received the 2021 Health Unit Insurance Program documents on Wednesday, February 10, 2021.

The following changes are noted in the 2021 renewal policy:

Property Policy

- Building values have been increased to reflect inflationary trends.
- Non-Owned Automobile Policy and Rented Vehicles
- Coverage is automatic for short-term rentals (less than 30 days).

A summary of APH's insurance coverage, including costs, applicable deductibles and limit of insurance, is included with this briefing note.

FINANCIAL IMPLICATIONS:

For the 2021 renewal period, the APH's insurance program costs are \$148,804.

In 2020, the financial commitment to insure APH was \$126,300. 2021 total insurance cost will increase by 18% relative to 2020 costs.

The reason for the cost increase, as noted by APH's insurance broker, include:

- The insurance market in Canada as a whole has changed based on strict underwriting practices, catastrophic society losses (that include flooding, water damage claims, and windstorm/tornadoes), falling investment returns, tough regulatory environment, and Re-insurer's rate increases.
- Insurers review the number of claims and payout values of claims over the years. APH has had a number of claims and payouts. Since 2012, APH has submitted over \$1,000,000 in claims, including APH's most recent claim of \$161,429 associated with its Cyber insurance program.

APH's board approved 2021 Operating and Capital budget included \$135,000 for insurance costs.

Management believes the noted rate increases can be managed within APH's 2021 operating budget.

APH's insurance broker recommends APH explore alternative insurance markets specific to Cyber coverage to determine if current coverages and pricing are appropriate.

CONTACT:

J. Merrylees, Controller

Briefing Note

To: Algoma Public Health Board of Health

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

Date: February 24, 2021

Re: Information Technology Services Outsourcing Contract

☐ For Information

☐ For Discussion

☒ For Decision

ISSUE:

Algoma Public Health (APH) outsources its information technology (IT) services. The current Service Level Agreement (SLA) with the service provider expires April 1, 2021. As per APH's Procurement Policy 02-04-030, a formal Request for Proposal (Tender) is required given the contract's dollar amount.

At the February 26, 2020 Board of Health meeting, the Board approved to extend the original contract with the current service provider. At that time, APH was exploring shared services opportunities with other health units within the Northeast. The rationale for choosing to extend the current service level agreement as opposed to committing to a long-term contract for IT services was to determine if there were opportunities that existed for the Northeast health units with respect to IT service delivery.

Subsequent to the above, our IT services needs shifted when COVID-19 was declared a pandemic. IT services were focused on Agency needs, including continuity of operations and COVID-19 response. IT services for COVID-19 mass immunization are a priority for 2021.

OPTIONS FOR CONSIDERATION:

As the current IT SLA is set to expire April 1, 2021, the Board of Health has two (2) practical options at this time to consider.

1. Extend Current SLA for a period of time (ex. eighteen-month extension)
2. Issue a formal Request for Proposal (RFP) and Enter into a Long-Term Contract with a prospective vendor

Option #1: Extend Current SLA for a period of time (ex. One-year extension)

Pros:

- Allows APH to continue with current IT services offering providing an element of stability during the pandemic
- Board of Health has already approved the budget for 2021, which included current IT contract pricing
- Provides flexibility to the Board of Health with respect to future IT service delivery in light of potential system changes as APH would not be committed to any long-term agreement
- The current service provider is agreeable to an eighteen-month extension option if approved by the Board of Health
- Allows the Executive and Leadership group to focus on the COVID-19 response, including the immunization of the residents in the district of Algoma.

Cons:

- Does not provide for exploration of improved pricing and service delivery options

Option #2: Issue RFP and enter into a Long-Term Service Level Agreement for IT Services with a prospective vendor

Pros:

- Provides IT service stability for the future
- Opportunity to explore pricing and offerings for IT service delivery

Cons:

- There will be a transition period if a vendor other than the current IT service provider is the successful proponent of the RFP, which will reduce APH's productivity. This reduced productivity would occur in conjunction with managing APH's obligations in COVID-19 response and mass immunization, as well as continuity of operations.
- APH would need to explore the need for an external consultant who has expertise in developing an RFP for IT services to assist with the development of the RFP. With the focus on COVID-19 response, mass immunization planning and continuity of operations, it is not feasible to do so in the first quarter of 2021.

RECOMMENDED ACTION:

That the Finance and Audit Committee recommend to the Board of Health that APH approve a two-year SLA contract extension to the existing IT service provider under the same terms and conditions as the existing contract, Corporate Services shall commence the process of developing an RFP with the assistance of an external consultant in the first quarter of 2022 to be issued in the second quarter of 2022.

FINANCIAL IMPLICATIONS:

Within the 2021 Public Health Operating Budget, the Board of Health has approved \$824,327 related to Computer Services, including IT support and related software expenses. Approximately \$600,000 of that amount relates to APH's SLA agreement with its current service provider. The extension of the SLA for eighteen months will not result in any budgetary impact for 2021.

CONTACT:

Antoniette Tomie, Director of Corporate Services

Joel Merrylees, Controller

February 12, 2021

Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

Honourable Stephen Lecce
Minister of Education
stephen.lecce@pc.ola.org

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

Dear Premier Ford, Ministers Lecce and Elliott:

Re: Bill 216: Food Literacy for Students Act, 2020

On behalf of the Board of Health for Peterborough Public Health (PPH), I would like to express our support for Bill 216: Food Literacy for Students Act, 2020.

As shared in a staff report at the December 9, 2020 meeting of the PPH Board of Health, food literacy is an important life skill encompassing much more than food and cooking skills¹ and is essential for a solid foundation of healthy eating behaviours. We are pleased that the proposed Bill will require school boards to offer experiential food literacy education to all Ontario students in grades 1 through 12. Requiring food literacy in the Ontario curriculum will ensure that all children and youth develop vital skills to inform food choices throughout their lives. We know that using hands-on, experiential learning about food contributes significantly to increasing vegetable and fruit consumption for students aged 4-18 years.² As well, youth (18-23 years) who have self-perceived cooking skills are more likely to have positive nutrition-related outcomes ten years later (i.e., more frequent preparation of meals including vegetables, and less frequent consumption of fast food).³

The benefits of food literacy and cooking programs extends beyond healthy eating behaviours. Research indicates these programs also improve psychosocial outcomes such as resilience, socialization, self-esteem, and quality of life⁴ which aligns seamlessly with the Ministry of Education's focus on Mental Health and Social Emotional Learning (SEL) Skills.⁵

We live in the most complex food environment in human history.⁶ Evidence-based food literacy education relevant to today's food environment is necessary to improve the health of current and future generations.⁷ Including food literacy in curricular expectations will simplify the achievement of your Ministry's goal for preparing Ontario students for academic and personal success while training them with life skills and addressing society's burden of chronic disease. Registered Dietitians working in Ontario's Public Health

Agencies have expertise in food literacy and curriculum development, and would be pleased to meet with your representatives to develop resources and supports for a food literacy curriculum for Ontario students.

We urge your support to ensure that Bill 216 is passed when legislature resumes in 2021.

Yours in health,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Daryl Kramp, MPP Hastings-Lennox and Addington
Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Marit Stiles, MPP Davenport, Critic, Education
France Gélinas, MPP Nickel Belt, Critic, Health Care
Diane Lloyd, Chair, Kawartha Pine Ridge District School Board
Michelle Griepsma, Chair, Peterborough Victoria Northumberland Clarington Catholic District School Board
André Blais, Directeur de l'éducation, Conseil Scolaire Catholique MonAvenir
Dianne Dowling, Chair, Food Policy Council for KFL&A
Association of Local Public Health Agencies
Council of Ontario Medical Officers of Health
Ontario Boards of Health
Ontario Dietitians in Public Health
Ontario Home Economics Association

¹ LDCP Healthy Eating Team (2018). Food Literacy: A Framework for Healthy Eating. Retrieved from https://www.odph.ca/upload/membership/document/2018-11/foodliteracy-poster-front-back-final-for-web_1.pdf

² Ontario Agency for Health Protection and Promotion (Public Health Ontario), Mensah G. (2016). Evidence Brief: Impact of food skills programs on fruit and vegetable consumption among children and youth. Toronto: Queen's Printer for Ontario.

³ Utter, J., Larson, N., Laska, M., Winkler, M., & Neumark-Sztainer, D. (2018). Self-Perceived Cooking Skills in Emerging Adulthood Predict Better Dietary Behaviors and Intake 10 Years Later: A Longitudinal Study. *Journal of Nutrition Education Behaviour*, 494-500.

⁴ Farmer, N., Touchton-Leonard, K., & Ross, A. (2017). Psychosocial Benefits of Cooking Interventions: A Systematic Review. *Health Education & Behaviour*, 167-180.

⁵ Ontario Ministry of Education. (2019). Mental Health and Social Emotional Learning in Ontario Schools. <https://www.ontario.ca/document/health-andphysical-education-grades-1-8/social-emotional-learning-sel-skills> (accessed Nov 18 2020)

⁶ Slater, J (2017). Food literacy: A critical tool in a complex foodscape. *Journal of Family Consumer Sciences*, 109(2).

⁷ Slater, J. (2013). Is cooking dead? The state of Home Economics Food and Nutrition education in a Canadian province. *International Journal of Consumer Studies*, 37: 617–624

February 16, 2021

Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

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

Honourable Monte McNaughton
Minister of Labour, Training and Skills Development
monte.mcnaughton@pc.ola.org

Dear Premier Ford, Ministers Elliott and

Re: Paid Sick Leave During an Infectious Disease Emergency

The battle to contain COVID-19 and bring the pandemic to an end has been waged on many fronts. The regulatory framework introduced by the Province, the development and dissemination of important public health guidelines and the imminent rollout of vaccines are all positive steps that have been contributing to the local efforts in the Peterborough region.

Despite governments, public health's and residents' best efforts, it has been our experience in Peterborough that the COVID-19 pandemic continues to smoulder and spread among young and precariously employed adults in our community.

These individuals, when interviewed, report their inability to stay home when sick. They describe to our nurses, going to work with symptoms of COVID-19. They explain delaying or avoiding testing in order not to jeopardize their incomes, their housing, and their food security. Often, these barriers result in cases not being identified until they become known to us as contacts. By then they have often transmitted the virus to many others.

We know that staying home when sick, getting tested, and isolating as soon as symptoms develop are key to containing this pandemic. It is clear, however, that without appropriate policies in place, behavioural recommendations alone are limited in their effectiveness. When faced with a choice between continued employment, securing food and paying rent or limiting the possibility of spreading the infection, it is not surprising that an individual's economic and security considerations take precedence.

As a result, in communities throughout Ontario, workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 transmission and outbreaks. COVID-19 data also demonstrates that this burden is being borne more heavily by the racialized members of our community. Lack of access to paid sick leave is amplifying the inequities and vulnerabilities already present in our society. Current Federal programs,

although welcomed, are often inaccessible or not timely, and are of limited immediate value to the precariously employed.

For these reasons, the Board of Health for Peterborough Public Health supports the introduction of paid sick leave during an infectious disease emergency. It is requesting that the Ontario government immediately introduce paid sick leave as an essential component to the legislated emergency unpaid leave currently available as per Regulation 228/20. We further urge the government to provide funding to enable all employers to provide this important public health measure to their employees as per the principals outlined in Bill 239 (Stay Home If You Are Sick Act, 2020).

The Board of Health also supports the need to provide paid sick leave as a continuing measure once the current emergency is over. Such a measure will significantly assist in our health promotion and prevention mandate. We would urge the government to examine models to introduce and fund such a continuing initiative.

Thank you for considering our position.

Stay safe and be well.

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Peggy Sattler, MPP London West
France G  linas, MPP Nickel Belt, Critic, Health Care
Local Councils
Association of Local Public Health Agencies
Ontario Boards of Health

February 02, 2021

The Right Honourable Justin Trudeau, PC, MP
Prime Minister of Canada
80 Wellington Street
Ottawa, ON K1A 0A2

Electronic Distribution

RE: Land and Water Border Restrictions

Dear Mr. Prime Minister:

We are pleased to learn of the new enhanced restrictions for international air travellers that will be implemented to control COVID-19 risks in Canada. However, we are requesting further consideration to implement the same restrictions to those travellers entering Canada from the United States land and water borders. The new restrictions should be the same regardless of how individuals are entering Canada's borders.

As the January 29, 2021 news release states that land border entry will require a 72-hour pre-arrival COVID-19 test that is negative which will be presented to the Border Official. These individuals should be required to reserve a room in a Government of Canada approved hotel for three nights at their own expense and take a COVID-19 molecular test on arrival again at their own expense. Also, consideration should be given to restrict access through Government of Canada approved border crossings. This will allow for tighter controls which will help in preventing the spread of COVID-19.

As the new restrictions for air travellers have been put in place to protect the health and safety of Canadians from transmission of COVID-19, especially the new variants of the virus, into Canada these same restrictions should be applied to travellers entering through land and water border crossings for the same reasons.

Sincerely,



Denis Doyle
Chair, KFL&A Board of Health

Copy to:

The Honourable Doug Ford, Premier of Ontario
The Honourable, Chrystia Freeland, Deputy Prime Minister and Minister of Finance
The Honourable Patty Hajdu, Minister of Health
The Honourable Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care
The Honourable Bill Blair, Minister of Public Safety and Emergency Preparedness
The Honourable Marc Garneau, Minister of Foreign Affairs
The Honourable Steve Clark, Minister of Municipal Affairs and Housing
Mark Gerretsen, MP, Kingston and the Islands
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Kingston, Frontenac and Lennox & Addington Public Health

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	Napanee	613-354-3357	Fax: 613-409-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

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Veuillez noter : Le texte en français suit la version en anglais.

Winter is here with purpose.

Hello, Aanin, Boozhoo, Bonjour,

A truly powerful purpose statement is one that achieves two objectives: it must clearly articulate strategic goals and it must motivate the workforce. These objectives are equally important, both individually and synergistically. That is to say, when we understand and embrace our organization's purpose, we're inspired to do work that not only is good, but great.

The NOSM mission is *to improve the health of Northern Ontarians by being socially accountable in our education and research programs and advocating for health equity*. This vision is the inspiration and motivation for the School's new initiatives, including founding NOSM's new Centre for Social Accountability and our partnership with Ornge in Operation Remote Immunity. Thank you to all who volunteered with #OpRemoteImmunity. It became a complex project and, in the end, we seem to have more hands than were needed. The spirit of intentionally doing good is alive at NOSM.

I am realizing that great leaders are not born, they are made. The ability to help others triumph over adversity is not written into one's genetic code, it is forged in crisis. As COVID-19 continues to race its way through communities and neighbourhoods, our leaders become "real" when they demonstrate behaviours that inspire people through difficult times. For NOSM, our leadership values are centered around respect, inclusivity and being socially accountable. Leadership

means being a safe port and having clear direction, nimble tactics and thoughtful advocacy for our medical school.

Look at the terrific leaders in public health like Drs. Teresa Tam, Bonnie Henry, Penny Sutcliffe. They are tirelessly trying to answer the difficult questions about the ethical and moral issues in the allocation of vaccines—questions like: Who goes first? Why are people in Toronto posting selfies while doctors or Elders elsewhere aren't getting it? What about access to ventilators? Who should be given the right to live? Why does age not factor in? The availability and distribution of the vaccine is a complex and ethical issue. To guide COVID-19 vaccine prioritization, distribution, and decision-making relies on consistency, stewardship, accountability, and public trust. It's a very weighty and challenging topic that requires much energy and focus.

NOSM also has had to navigate around the emerging concerns about the filing for insolvency by Laurentian University. Many of you have been asking questions about the risks or impact for NOSM. I can assure you that we are monitoring this situation closely and as a separate legal entity with our own not-for-profit corporation and our own Board of Directors, NOSM is minimally affected.

Meanwhile, winter has arrived. A deep winter! Just for a moment, let's take a breath. Consider the gifts of the natural world outside. Snow is just so beautiful, covering everything like a fluffy white blanket. The next time you find yourself outside, inhale deeply. There is almost no pollution in the air this winter. The crisp, clean air is the equivalent to winning the lottery. It's a great feeling.

For me with a chronic lung disease, Northern Ontario's clean air has made a huge difference, in combination with no travel, sleeping in my own bed, good nutrition and seeing family on Zoom I am managing to 'survive' the pandemic.

As we venture through February and the hardest stage of the winter, please think about what you are doing to maintain your health. Share your self-care routine or advice with the rest of us. What are you doing to feel better? How are you surviving the pandemic?

If you have any feedback or comments, please reach out at dean@nosm.ca and follow me on twitter @ddsv3.

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Honouring NOSM's Black leaders during Black History Month

February is [Black History Month](#), a time to celebrate Black culture and the many contributions made by Black learners, physicians, academics and staff at NOSM. The events of the past year amplify the importance of anti-racism our commitment to [#RespectTheDifference](#). [Read my statement on Black History Month](#).

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Join us monthly at Pan-Northern Clinical Rounds

On the first and third Wednesday of each month, Pan-Northern Clinical Rounds will provide NOSM faculty, learners, staff, and health-care professionals across Northern Ontario with relevant clinical education. Please encourage your colleagues and learners to take in the Rounds as we learn together and from each other. [Register now](#).

Francophone Health in Primary Care Webinar Series

In recognition of the International Francophonie Day on March 20, NOSM's Francophone Affairs Office is hosting a French-language webinar series. Throughout the month of March, webinars will focus on topics related to Francophone health in primary care. Follow NOSM's social media [@thenosm](#) or visit [nosm.ca](#) to get the detailed information about each session.

NOSM Board of Directors Seeks Three Members

[If you share NOSM's commitment to improve health care access for the people and communities in Northern Ontario, this is an ideal opportunity for you.](#)

NOSM's vision of innovative education and research for a healthier North means we remain steadfast in our commitment to providing high-quality education to physicians and health professionals, and continue to be a leader in distributed, learning-centred, community-engaged education and research. Deadline for [submissions](#) is March 1, 2021.

Project Connect

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NOSM medical students Rebecca Bourdon and Alexandra Dozzi are collecting gently used cell phones to be re-purposed and given to survivors of intimate partner violence. They're working with local organizations and shelters to help survivors gain access to services, care, housing, employment and independence. If you have a gently used cell phone, which you would be willing to donate to this meaningful project, please email Rebecca at remailloux@nosm.ca or Alexandra at adozzi@nosm.ca to arrange contactless pickup or drop-off. Please help spread the word.

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Justina Marianayagam representing NOSM at WHO

Early last year, Justina Marianayagam was selected to represent Canada by the World Health Organization (WHO). She worked for months with the International Guideline Development Group under the WHO's Department of Maternal, Newborn, Child and Adolescent Health. The [International Guideline on the Management of](#)

[Chronic Pain in Children](#) was recently published. Justina was one of three Canadians selected for her work in health-care advocacy and research, and was able to bring the perspective of both a medical student and patient partner. As a former pediatric patient, she spent most of her adolescent years at SickKids Hospital navigating the in-patient wards. Justina expresses her thanks to NOSM for continued support and is proud to have represented her school internationally. [Official release of the WHO Guideline.](#)

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L'hiver est ici dans un but.

Bonjour, Aanin, Boozhoo, Hello,

Une déclaration de buts vraiment convaincante atteint deux objectifs : elle articule clairement les orientations stratégiques et motive la main-d'œuvre. Ces objectifs revêtent la même importance sur les plans individuel et synergétique. Cela veut dire que lorsque nous comprenons et acceptons le but de notre organisme, nous sommes inspirés pour faire du travail qui n'est pas seulement bon mais est excellent.

La mission de l'EMNO est *d'améliorer la santé de la population du Nord de l'Ontario en offrant des programmes de formation et de recherche socialement responsables et en prônant l'équité en santé*. La vision inspire et motive les nouvelles initiatives de l'École, y compris la fondation du nouveau Centre pour la responsabilité sociale et notre partenariat avec Ornge dans l'opération Immunité dans les collectivités éloignées. Merci à tous les volontaires de #OpImmunitéCollectivitésÉloignées. En fin de compte, nous semblons avoir plus de mains que nécessaire pour cette initiative complexe. L'esprit de faire du bien intentionnellement est bien vivant à l'EMNO.

Je réalise que les grands chefs de file ne naissent pas comme tels mais se façonnent. La capacité d'aider les autres à triompher sur l'adversité n'est pas

inscrite dans le code génétique d'une personne, elle se forge durant une crise. Alors que la COVID-19 continue sa course dans les communautés et les quartiers, nos chefs de file deviennent « réels » quand elles et ils ont des comportements qui inspirent les gens pendant les moments difficiles. À l'EMNO, les valeurs du leadership sont centrées sur le respect, l'inclusivité et la responsabilité sociale. Un chef de file est un port d'attache sûr, a une orientation claire, des tactiques agiles et défend ardemment les intérêts de notre école de médecine.

Regardez des chefs de file extraordinaires de la santé publique comme les D^{res} Teresa Tam, Bonnie Henry et Penny Sutcliffe. Elles essaient infatigablement de répondre aux questions difficiles d'ordre éthique et moral concernant l'allocation des vaccins; des questions comme « Qui les aura en premier? Pourquoi les gens à Toronto affichent des autoportraits alors que des médecins ou des aînés ailleurs ne reçoivent pas le vaccin? Qu'en est-il de l'accès à des respirateurs? À qui faudrait-il donner le droit de vivre? Pourquoi l'âge n'entre-t-il pas en ligne de compte? ». La disponibilité et la distribution des vaccins est une question complexe et d'éthique. L'établissement des priorités, la distribution des vaccins et la prise de décision exigent de la cohérence, une bonne gestion, d'être responsable et d'avoir la confiance du public. C'est un sujet très lourd et difficile qui demande beaucoup d'énergie et de concentration.

L'EMNO a elle aussi dû naviguer dans les préoccupations émergentes concernant la déclaration d'insolvabilité de l'Université Laurentienne. Beaucoup d'entre vous posent des questions sur les risques ou les conséquences pour l'EMNO. Je peux vous assurer que nous surveillons la situation de près, et qu'en tant qu'entité légale distincte sans but lucratif avec son propre conseil d'administration, l'EMNO est très peu touchée.

Et l'hiver est arrivé. Un hiver profond! Respirons un instant. Songez aux cadeaux du monde naturel extérieur. La neige offre un spectacle magnifique en couvrant tout comme une couverture blanche moelleuse. La prochaine fois que vous sortirez, respirez profondément. Il n'y a peu près pas de pollution dans l'air cet hiver. Respirer cet air pur et vivifiant est comme gagner à la loterie. C'est une magnifique sensation.

Pour moi qui ai une maladie pulmonaire chronique, l'air pur du Nord de l'Ontario a fait une grande différence, en combinaison avec l'absence de voyage, les nuits dans mon propre lit, une bonne nutrition. Et comme en plus je peux voir ma famille sur Zoom, j'arrive à « survivre » à la pandémie.

Alors que nous entamons le mois de février et la partie la plus rude de l'hiver, pensez à ce que vous faites pour demeurer en santé. Indiquez-nous votre routine quotidienne ou vos conseils. Que faites-vous pour vous sentir bien? Comment survivez-vous à la pandémie?

Si vous avez des commentaires, n'hésitez pas à écrire à dean@nosm.ca et à me suivre sur Twitter @ddsv3.

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Hommage aux chefs de file noirs de l'EMNO pendant le Mois de l'histoire des Noirs

Février est le Mois de l'histoire des Noirs, une période pour célébrer la culture de la population noire et les nombreuses contributions de la population étudiante, des médecins, des universitaires et du personnel noirs de l'EMNO. Les événements de l'année écoulée amplifient l'importance du mouvement de lutte contre le racisme à l'EMNO et notre engagement envers le mouvement #RespecteLaDifférence. [Lisez ma déclaration sur le Mois de l'Histoire des Noirs.](#)

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Joignez-vous à nous pour les Présentations cliniques pan-nordiques

Le premier et le troisième mercredi de chaque mois, les Présentations cliniques pan-nordiques apportent une éducation clinique pertinente au corps professoral, à la population étudiante, au personnel et aux professionnelles et professionnels de la santé du Nord de l'Ontario. Encouragez vos collègues et étudiantes et étudiants à assister à ces présentations où nous nous instruisons ensemble et mutuellement. Inscrivez-vous maintenant.

Série de webinaires sur la santé des francophones dans les soins primaires

En l'honneur de la Journée internationale de la francophonie le 20 mars, le Bureau des affaires francophones organisera une série de webinaires en français. Tout au long du mois de mars, ces webinaires se concentreront sur des sujets touchant la santé des francophones dans les soins primaires. Suivez les médias sociaux de l'EMNO [@thenosm](#) ou visitez le site [nosm.ca](#) pour obtenir des renseignements détaillés sur chaque séance.

Le conseil d'administration de l'EMNO est à la recherche de trois membres

[Si vous partagez l'engagement de l'EMNO à améliorer l'accès aux soins de santé pour les gens et les communautés du Nord de l'Ontario, voici une occasion idéale d'apporter une contribution.](#) La vision de l'EMNO, Formation et recherche novatrices pour améliorer la santé dans le Nord, signifie qu'elle demeure fidèle à son engagement d'offrir une formation de haute qualité aux médecins et aux professionnels de la santé, et reste un chef de file de la formation et de la recherche régionalisées axées sur l'apprentissage faisant appel aux communautés. L'échéance pour [présenter les candidatures](#) est le 1er mars 2021.

Projet Connect

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Les étudiantes en médecine Rebecca Bourdon et Alexandra Dozzi recueillent des téléphones cellulaires légèrement usagés qui seront remis en état et donnés à des survivantes de violence conjugale. Elles travaillent avec des organismes et refuges locaux pour aider les survivantes à accéder à des services, des soins, du logement, un emploi et l'indépendance. Si vous possédez un téléphone cellulaire légèrement

usagé que vous êtes prête ou prêt à donner à cette cause honorable, écrivez à Rebecca à remailoux@nosm.ca ou à Alexandra à adozzi@nosm.ca pour organiser un ramassage ou un dépôt sans contact. Merci d'avance de passer le mot

[<image010.jpg>](#)

Justina Marianayagam représente l'EMNO à l'OMS

Plus tôt cette année, l'Organisation mondiale de la santé (OMS) a sélectionné Justina Marianayagam pour représenter le Canada. Justina a travaillé pendant des mois avec le groupe chargé d'élaborer des lignes directrices internationales pour le compte du Département de santé de la mère, du nouveau-né, de l'enfant et de l'adolescent. Les [lignes directrices internationales sur la gestion de la douleur chronique chez les enfants](#) (en anglais) ont été publiées récemment. Elle faisait partie des trois Canadiens sélectionnés pour leur travail dans la promotion des intérêts et la recherche en santé et a apporté la perspective tant d'une étudiante en médecine que d'une patiente. Elle a en effet passé la majeure partie de son adolescence au SickKids Hospital où elle a navigué dans les services d'hospitalisation. Justina remercie l'EMNO pour son soutien continu et est fière d'avoir représenté son école sur la scène internationale. [Lancement officiel des lignes directrices de l'OMS](#) (en anglais).

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[Add us to your address book](#)

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Algoma Public Health –Policy and Procedure Manual - Board

APPROVED BY: Board of Health

REFERENCE #: 02-05-030

DATE: Original: June 20, 2007
Reviewed: June 17, 2014
Revised: October 28, 2015
Revised: March 28, 2018
Revised: May 27, 2020

SECTION: Board

SUBJECT: Board Member Code of Conduct

The Algoma Public Health Board believes that its members must adhere to a high standard of ethical behavior in all aspects of their conduct at all times and that all members shall fulfill their duties in a manner that maintains and enhances public confidence in the APH Board.

POLICY:

Each member of the Board of Health shall comply with the Code of Conduct for the District of Algoma Health Unit (operating as Algoma Public Health). The Code of Conduct will be added to the agenda of the first Board of Health meeting each year for a review of expectations.

CODE OF CONDUCT:

Board Members shall:

- 1) Adhere to all Board of Health bylaws, policies, and rules of procedure and perform their duties with integrity, transparency and accountability.
- 2) Represent the best interests of public and community health and the respective programs and services of Algoma Public Health.
- 3) Comply with conflict of interest policy and declare conflicts either perceived or actual on agenda matters as appropriate.
- 4) Keep in confidence any confidential information acquired by virtue of their position as a board member.
- 5) Attend both board and committee meetings as scheduled as it is an important accountability for all members. The expectation is that all members attend a minimum of 2/3 of all meetings within the year unless approved by the chair of the board or affected committee.
- 6) Preserve a state of neutrality by supporting and endorsing board and committee decisions regardless of the level of prior personal disagreement. Public inquiries regarding APH services shall be directed to the board chair or MOH/CEO or delegate
- 7) Review board package materials in advance of the meeting and participate productively in meetings.
- 8) Recognize that only the Board of Health Chair speaks for the board on public disclosures unless the chair delegates that responsibility on a specific topic.

- 9) Not publish or post on social media, a statement that could impair the public's confidence in the Algoma Public Health Unit and its ability to make transparent, objective, impartial and fair decisions that are in the public interest.
- 10) Interact with each other, staff and members of the public with respect, diplomacy and dignity. Respect the boundaries between the roles of staff and the roles of board and committee members.
- 11) Support one another and the MOH/CEO.

PROCEDURE

If a board member has a performance concern that violates the Code of Conduct, and is unable to resolve with informal communication with the member or regarding the MOH/CEO, the concern shall be brought to the Chair of the board or Vice Chair (*if issue is with Chair*).

The Board Chair in collaboration with the two Vice-Chairs (*if issue is with a Vice-Chair the remaining Vice Chair and Board Chair will be involved*) will mediate any disputes between Board members and/or the MOH/CEO in situations where the parties were unable to resolve the issue.

Where a Board or Committee member believes that another board or committee member has violated the Code of Conduct with respect to confidentiality or a conflict of interest that has not been declared despite any appropriate informal communications, the board or committee member shall advise an appropriate person such as the Chair of the Board or Chair of the affected committee. The Board Chair will in collaboration with the two Vice-Chairs investigate and try to resolve the issue informally.

Where there has been a failure on the part of a Chair and Vice-Chairs to resolve informally, the issue will be brought back to the entire Board for review. The Board may request that the Chair:

- i) Issue a verbal reprimand; or
- ii) Issue a written reprimand; or
- iii) Request that the Board member resign or
- iv) Seek dismissal of the Board member based on regulations relevant as to how the board member \ was appointed.

February 18, 2021

Hon. Doug Ford
Premier of Ontario
Legislative Building Rm 281,
Queen's Park
Toronto ON M7A 1A1
Sent via email: premier@ontario.ca

Dear Premier Ford,

RE: Mandatory paid sick leave for Ontario workers

At the Algoma Public Health (APH) Board of Health meeting held on January 27, 2021, the Board agreed to endorse in principle, Bill 239, the *Stay Home If You Are Sick Act*.

As the COVID-19 pandemic continues, workplaces are now the second most common site for COVID-19 outbreaks, after Long-Term Care Homes and Retirement Homes. Currently, many workers in Ontario must make the difficult decision between staying home when they feel ill in order to protect others, and going in to work to remain employed and/or financially secure.

Current provincial and federal provisions for sick leave during COVID-19 do not allow for workers to receive full and uninterrupted income replacement, which is critical for workers in low-wage and precarious employment situations. Indeed, low-wage and precarious workers may experience greater risk of contracting COVID-19, simply due to the nature of their work (i.e. interacting with and/or exposure to the public on a regular basis, in close proximities).

Policies that prioritize *equity* can boost the economy and help everyone lead healthier lives. Providing paid sick days to all Ontarians, as outlined in Bill 239 via amendments to the *Employment Standards Act, 2000*, will not only help citizens abide by public health measures (i.e. stay home when feeling ill), but it will significantly reduce the risk of spreading COVID-19 throughout workplaces and communities across the province.

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The APH Board of Health is calling on the provincial government to address the gap in paid sick days for workers across the province as a matter of health equity, and as a strategic tactic to curb the spread of COVID-19 in our communities.

Sincerely,



Sally Hagman

Chair, Board of Health

Cc: Hon., Monte McNaughton, Minister of Labour, Training and Skills Development

Hon., Christine Elliott, Minister of Health and Long-Term Care and Deputy Premier

Hon., Merrilee Fullerton, Minister of Long-Term Care Homes

Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery

Hon., Ross Romano, MPP, Sault Ste. Marie

Hon., Michael Mantha, MPP, Algoma-Manitoulin

Peggy Sattler, MPP London West

Loretta Ryan, Association of Local Public Health Agencies

Ontario Boards of Health