



Algoma
PUBLIC HEALTH
Santé publique Algoma

October 27, 2021

BOARD OF HEALTH MEETING

Algoma Community Room

www.algomapublichealth.com

Meeting Book - October 27, 2021, Board of Health Meeting

1. Call to Order

- a. Declaration of Conflict of Interest

2. Adoption of Agenda

- a. October 27, 2021 Board of Health Meeting Agenda 3

3. Delegation/Presentations

- a. COVID-19 and the Opioid Crisis in Algoma 6

4. Adoption of Minutes

- a. September 22, 2021, Board of Health Meeting Minutes 32

5. Business Arising

6. Reports to Board

- a. Medical Officer of Health and Chief Executive Officer Report
 - i. Report of MOH CEO - October 2021 37
 - ii. Request for Increase in Provincial Base Funding for Local Public Health 46
- b. Finance and Audit
 - i. Finance and Audit Committee Chair's Report for October 13, 2021 48
 - ii. APH Unaudited Financial Statements ending August 31, 2021 49
 - iii. IPAC Hub Funding Letters 57

7. New Business

- a. AOHT Board to Board Information Session and Discussion 86
- b. alPHa Fall Symposium 87

8. Correspondence

- a. Letter to the Ministry of Health, from Simcoe Muskoka District Health Unit regarding COVID-19 Funding dated October 21, 2021. 91
- b. Letter to the Ministry of Health, from Grey Bruce Health Unit regarding Support for a Local Board of 93

Health dated October 13, 2021.

9. Items for Information

10. Addendum

11. In-Camera

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

a. Next Meeting Dates

15. Adjournment



Board of Health Meeting
AGENDA

October 27, 2021 at 5:00 pm

Video/Teleconference | Algoma Community Room

BOARD MEMBERS

Sally Hagman - Board Chair
Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Lee Mason
Micheline Hatfield
Musa Onyuna
Brent Rankin
Matthew Scott
Louise Caicco Tett

APH EXECUTIVE

Dr. Jennifer Loo - Acting Medical Officer of Health & CEO
Dr. John Tuinema - Acting Associate Medical Officer of Health
Antionette Tomie - Director of Corporate Services
Laurie Zeppa - Director of Health Promotion & Prevention
Leslie Dunseath - Financial Analyst
Tania Caputo - Board Secretary
Tanya Storozuk - Executive Assistant

GUESTS: Kristy Harper - Manager of Community Wellness & School Health, Amanda Perri - Epidemiologist, Allison McFarlane - Public Health Nurse, Liliana Bressan - Research Policy Advisor

* *Proceedings are being recorded and will be available upon request*

1.0 Meeting Called to Order

S. Hagman

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

2.0 Adoption of Agenda

S. Hagman

RESOLUTION

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

3.0 Delegations / Presentations

COVID-19 and the Opioid Crisis in Algoma presentation

*K. Harper, A. Perri,
A. McFarlane*

4.0 Adoption of Minutes of Previous Meeting

S. Hagman

RESOLUTION

THAT the Board of Health meeting minutes dated September 22, 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 - October 27, 2021

RESOLUTION

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

ii. Request for Increase in Provincial Base Funding for Local Public Health

J. Loo

RESOLUTION

Whereas Algoma Public Health (APH), since the start of the COVID-19 pandemic in 2019, has provided a robust pandemic response to prevent and mitigate the spread of COVID-19; and

Whereas APH has coordinated, implemented, and supported COVID-19 vaccination clinics across the district to deliver 176,794 doses of COVID-19 vaccine to eligible persons in Algoma; and

Whereas to resource urgent pandemic response and immunization programming needs, APH has diverted resources from pre-existing public health services to ensure timely response to COVID-19 and maintenance of highest risk programming; and

Whereas the diversion of resources has resulted in the scale down or suspension of moderate to low risk public health programs and services, similar to other areas of the health sector; and

Whereas the scale down or suspension of public health programming has resulted in significant service backlogs and new public health priorities that, unless addressed in the short-term and resourced appropriately, will continue to grow and result in negative community health impacts; and

Whereas to date, for 2022, the Ontario Ministry of Health has committed to continue both one-time reimbursement to local public health units for extraordinary COVID-19 expenses, as well as one-time mitigation funding to offset the impacts of the cost-sharing formula change to municipalities; and

Whereas local public health agencies have received only one increase to provincial base funding in the past five years, despite the introduction of several new programs within the Ontario Public Health Standards and inflation resulting in wage, benefit, and operating cost increases; and

Whereas the recruitment and retention of skilled public health professionals in northern Ontario has faced significant and longstanding challenges, similar to the health human resource challenges of the health care sector in the north; and

Whereas one-time funding is inadequate to sustainably recruit, hire, and retain skilled public health professionals to provide a robust pandemic response, and simultaneously fulfil a provincial mandate of providing core public health programs and services; and

Whereas communities in Algoma now require enhanced program and service delivery to respond the threat of newly emerging infectious diseases and public health issues, and to recover from the collateral harms that have resulted from prioritization of the pandemic response (e.g., opioid overdose death increases, mental health complications, etc.).

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

b. Finance and Audit

i. Finance & Audit Committee Chair Report - October 13, 2021

E. Pearce

RESOLUTION

THAT the Board of Health approves the Finance & Audit Committee Chair Report for the period ending October 13, 2021, as presented.

ii. Unaudited Financial Statements for the period ending August 31, 2021.

E. Pearce

RESOLUTION

L. Dunseath

THAT the Board of Health approves the Unaudited Financial Statements for the period ending August 31, 2021, as presented.

iii. IPAC Hub Funding Letters

J. Loo

7.0 New Business/General Business

a. Chair of Boards of Health Meeting

S. Hagman

b. Algoma Vaccination Council Update

L. Caicco Tett

c. AOHT Board-to-Board Information Session and Discussion

S. Hagman

d. aPHa Fall Symposium

S. Hagman

- 8.0 Correspondence** *S. Hagman*
- a. Letter to the Ministry of Health, from Simcoe Muskoka District Health Unit regarding **COVID-19 Funding** dated October 21, 2021.
 - b. Letter to the Ministry of Health, from Grey Bruce Health Unit regarding **Support for a Local Board of Health** dated October 13, 2021.

9.0 Items for Information *S. Hagman*

10.0 Addendum *S. Hagman*

11.0 In-Camera *S. Hagman*

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.

12.0 Open Meeting *S. Hagman*

Resolutions resulting from in camera meeting.

13.0 Announcements / Next Committee Meetings: *S. Hagman*

Finance & Audit Committee

Wednesday, November 10, 2021 @ 5:00 pm
Video Conference | SSM Algoma Community Room

Governance Committee Meeting

Tuesday, November 16, 2021 @ 5:00 pm Video
Conference | SSM Algoma Community Room

Board of Health Meeting

Wednesday, November 24, 2021 @ 5:00 pm
Video Conference | SSM Algoma Community Room

14.0 Evaluation *S. Hagman*

15.0 Adjournment *S. Hagman*

RESOLUTION

THAT the Board of Health meeting adjourns.

The Perfect Storm: COVID-19 and the Opioid Crisis

Allison McFarlane, *Public Health Nurse*

Amanda Perri, *Epidemiologist*

Kristy Harper, *Manager of Community Wellness and Chief Nursing Officer*

October 27, 2021

Overview

- Core Functions of Public Health
- Ontario Public Health Standards
- Situation in Algoma: A Look at Regional and Local Data
- Connections between Substance Use and the COVID-19 Pandemic
- Public Health in Action
- Next Steps

“You have to have a sense of humility in this field – we are all pretty privileged and you have to be able to look beyond that and see what others do not have.”

- Outreach Worker

Core Functions of Public Health

- Health Protection
- Health Surveillance
- Disease and Injury Prevention
- Population Health Assessment
- Health Promotion
- Emergency Preparedness

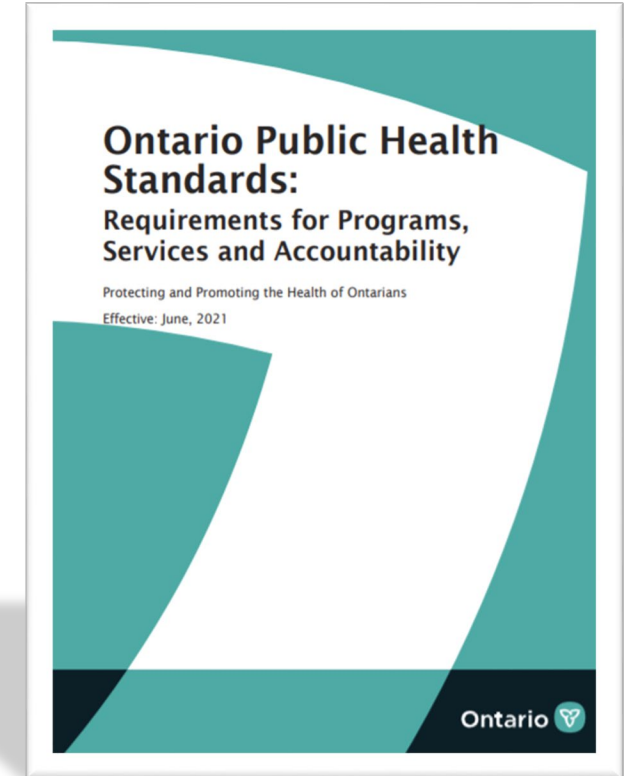


Ontario Public Health Standards

Program Standard: Substance Use and Injury Prevention

Goal: Reduce the burden of preventable injuries and substance use.

- Increase public awareness of the benefits of and access to harm reduction programs and services.
- Increase public awareness of the impact of risk and protective factors associated with substance use.
- Meaningfully engage with community partners (including priority populations) to plan, implement, develop, and evaluate programs and services.

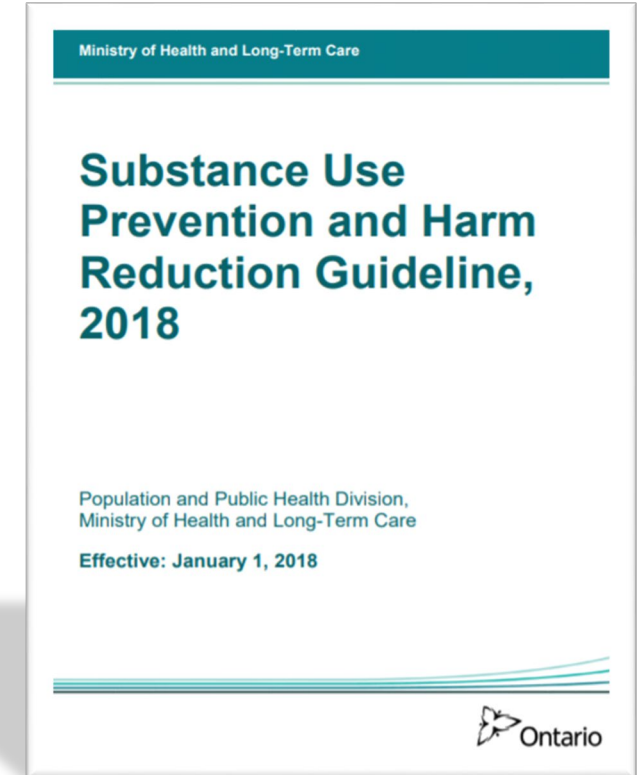


Ontario Public Health Standards

Substance Use Prevention and Harm Reduction Guideline

The board of health shall collaborate with local partners in health and other sectors to develop programs and services that address varying substance use patterns in order to reduce the burdens associated with substance use, including:

- Preventing or delaying substance use;
- Preventing problematic substance use;
- Reducing harms associated with substance use;
- Re-orienting health services to meet population needs; and/or
- Contributing to the planning of and referral to treatment and other services to meet population needs.



Understanding Epidemiology

Public Health Epidemiology

- Distribution and determinants.
- Disease outbreaks - patterns of disease in populations.
- Risks and people most affected.
- Communicating findings with the public.



Opioid Portfolio

- **Data:** Collection, analysis, and interpretation of opioid-related harms for Algoma and northern Ontario.
- **Ongoing surveillance:** Weekly reports and monthly stakeholder bulletins.
- **Collaboration:** Northern Public Health Epi's and the Coroners Office Epi.
- **Knowledge translation:** Communicating trends with the public and increasing rates of opioid-related harms.

Opioid-Related Harms

Highlighting Northern Inequities

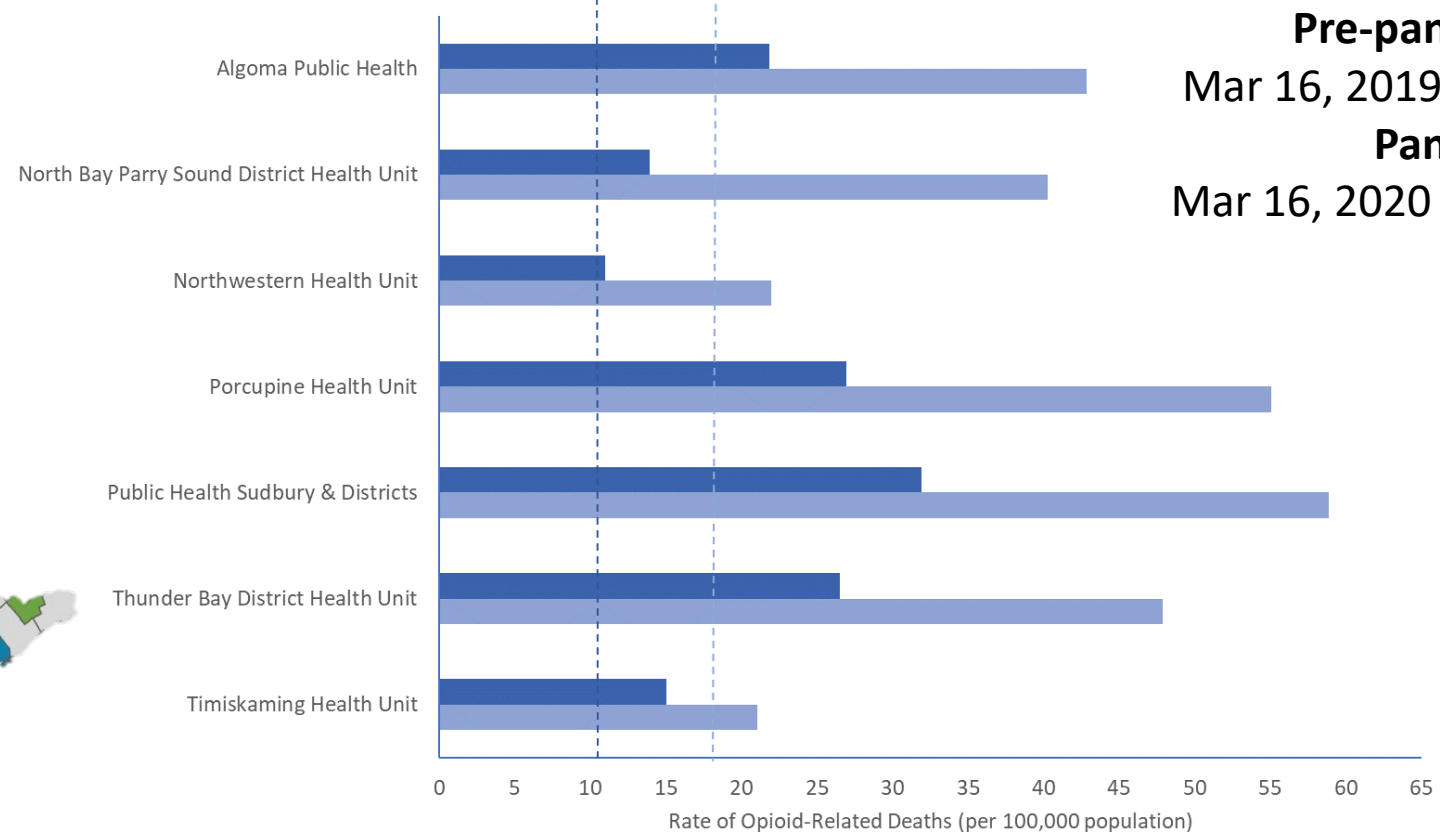
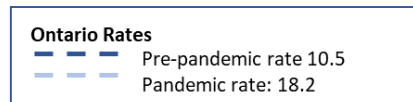
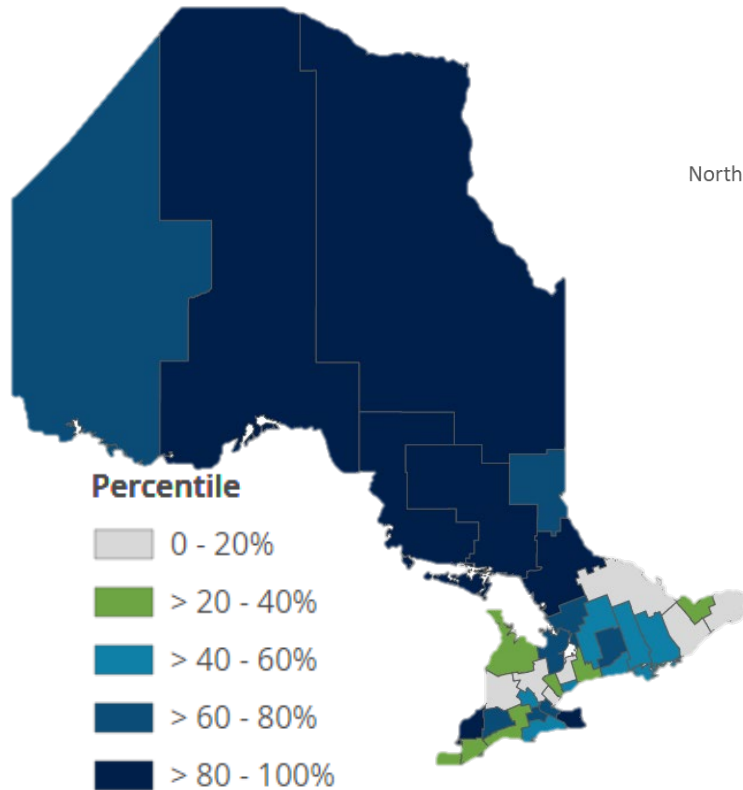
**Rates of opioid-related emergency department visits, hospitalizations, and deaths, 2019-2020:
Regional comparison**

	ED Visits		Hospitalizations		Deaths	
	2019	2020	2019	2020	2019	2020
Algoma	112.8	172.8	21.0	35.1	14.9	44.7
NE LHIN	135.3	206.7	25.4	32.3	21.1	45.2
Northern PHU's	114.1	179.0	22.5	27.8	19.1	38.2
Ontario	71.6	84.5	13.6	13.7	10.3	16.3

**Crude rates are per 100,000 people.*

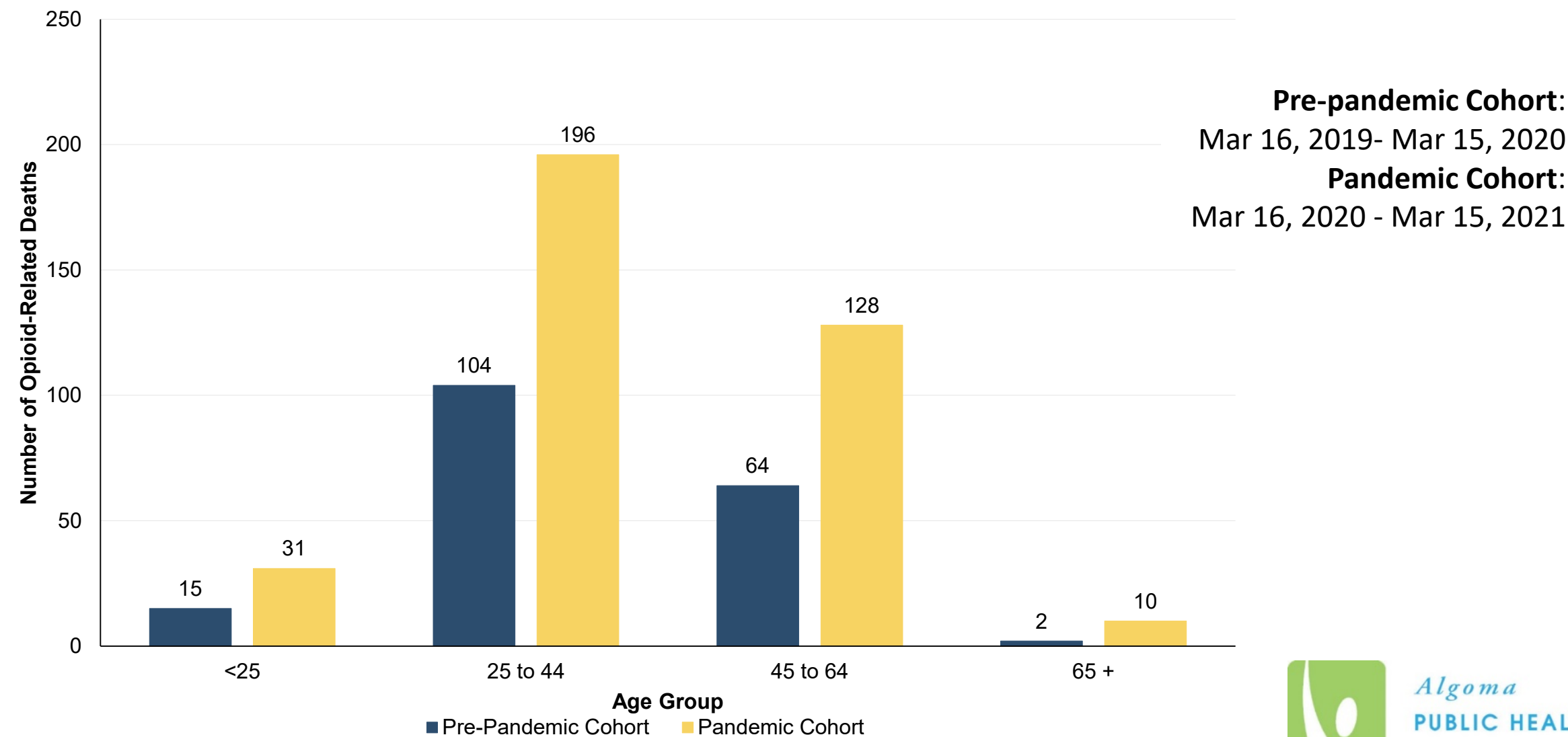
Rates of Opioid-Related Deaths

A Comparison of the Northern Health Units

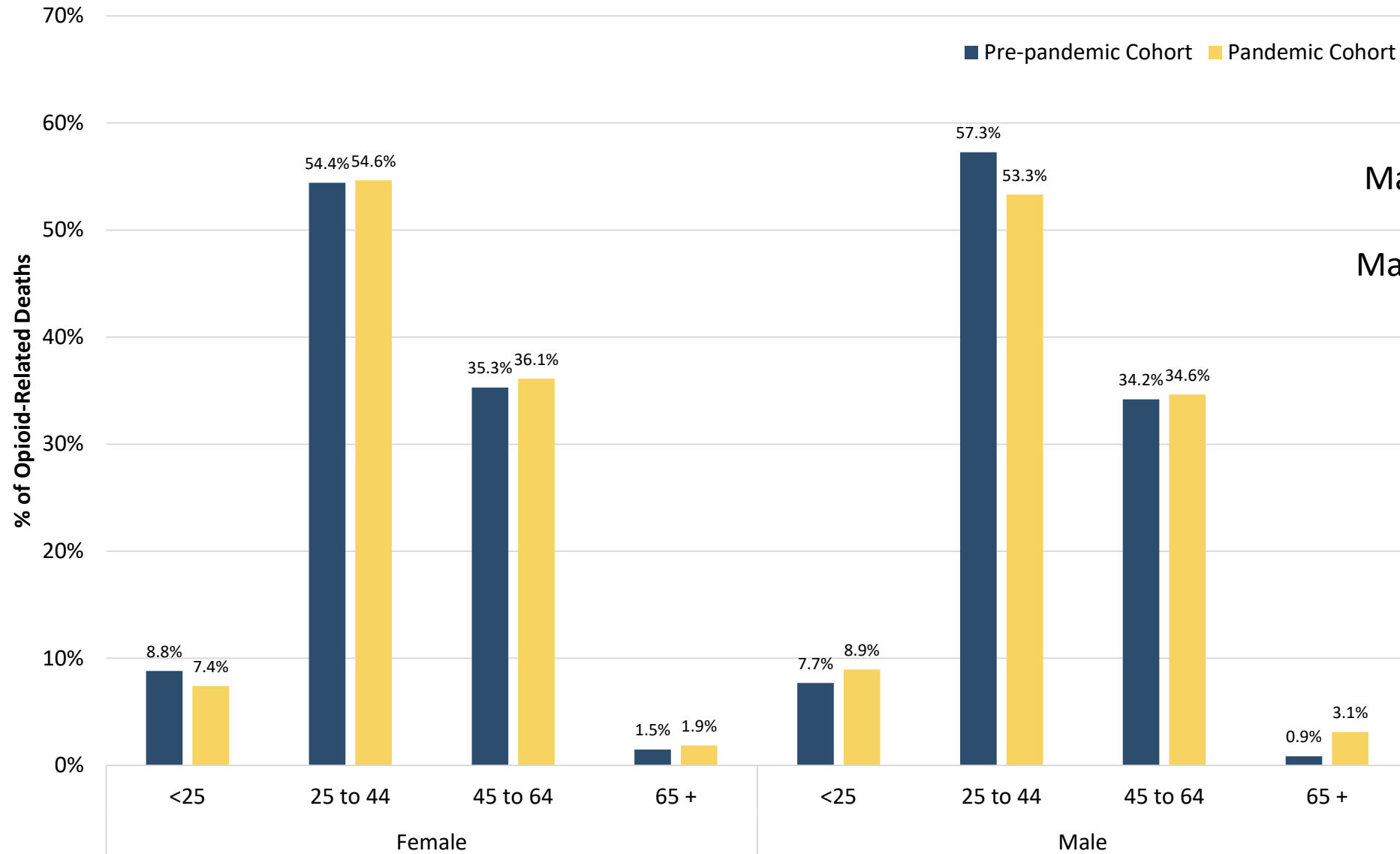


Pre-pandemic Cohort:
Mar 16, 2019- Mar 15, 2020
Pandemic Cohort:
Mar 16, 2020 - Mar 15, 2021

Northern Ontario: Distribution of Opioid-Related Deaths by Age

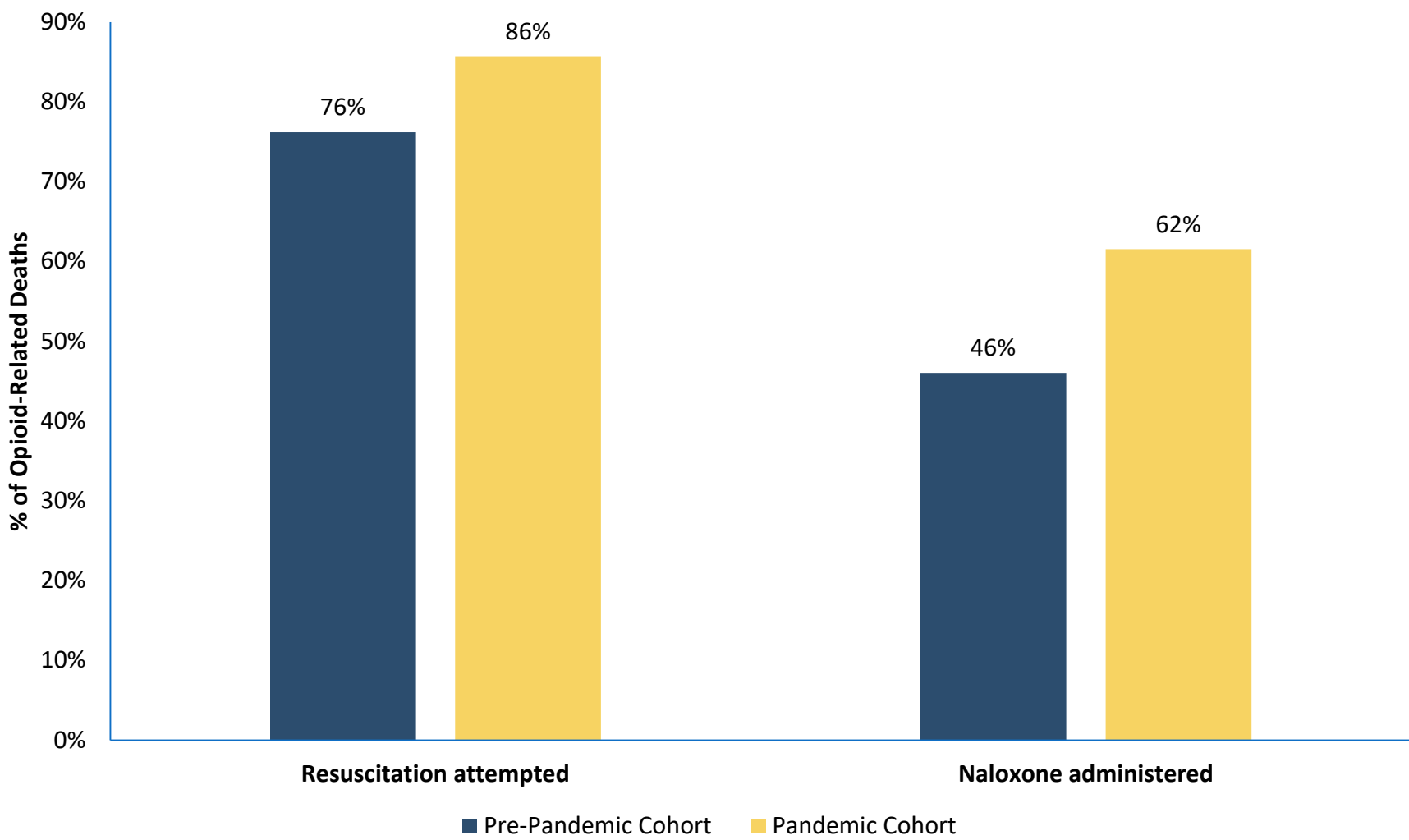


Northern Ontario: Opioid-Related Deaths by Sex and Age



Pre-pandemic Cohort:
Mar 16, 2019- Mar 15, 2020
Pandemic Cohort:
Mar 16, 2020 - Mar 15, 2021

Northern Ontario: Patterns of Resuscitation Attempts and Naloxone Administration



Pre-pandemic Cohort:
Mar 16, 2019- Mar 15, 2020
Pandemic Cohort:
Mar 16, 2020 - Mar 15, 2021

** When someone was present at the scene who could intervene.*

Local Snapshot: Algoma

- From April 2020 to March 2021, there was a **96% increase in opioid-related deaths** compared to the previous year.
- From January 2021 to August 2021, a total of **56 suspected drug-related deaths** were reported (compared to 53 from January 2020 to August 2020).
- In Algoma, Fentanyl was found in 87% opioid-related deaths in 2020 (ON 86%).
- From January to August 2021, the number of naloxone kits dispensed from pharmacies, APH, and community agencies increased and **surpassed** the total amount distributed in 2020.

Connections Between the COVID-19 Pandemic and the Opioid Crisis

- The effects of the COVID-19 pandemic, and the measures taken to contain it, have impacted every aspect of society, **magnifying existing inequalities** among marginalized populations.
- The COVID-19 pandemic has **overshadowed and simultaneously exacerbated** the opioid crisis.
- The associated disruptions in services were compounded by **pre-existing barriers** already experienced by marginalized populations.



Exploring Some of the Connections...

Physical Distancing and Isolation

- Stay at home orders increased stress, anxiety, and depression.
- Literature shows increased drug and alcohol use related to social isolation and stay at home orders.

Border and Travel Restrictions

- Border closures disrupted drug supply chains.
- Disruptions in supply resulted in turning to unknown sources, increasing the risk for opioid-related harms, including death.

Changes to Employment and/or Income

- Disrupted routine and schedules increased stress and anxiety.
- Poor coping skills led to increased substance use or re-use for some in recovery.

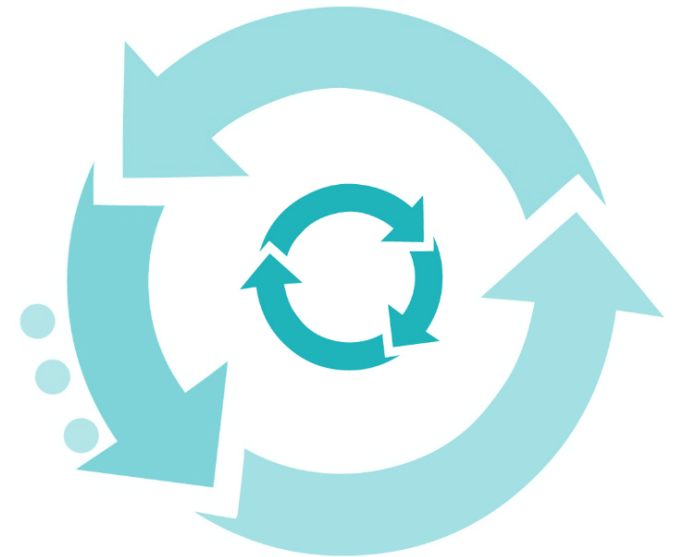
Resources:

- Picchio, C. A. et al. (2020). [The impact of the COVID-19 pandemic on harm reduction services in Spain](#). *Harm Reduction Journal*, 17(87), 1-11.
- Friesen, E. L. et al. (2021). [The impact of the COVID-19 pandemic on opioid-related harm in Ontario](#). *Science Briefs of the Ontario COVID-19 Science Advisory Table*, 2(42).
- Concept map adapted from Zolopa, C. et al. (2021). [A rapid review of the impacts of "big events" on risks, harms, and service delivery among people who use drugs: Implications for responding to covid-19](#). *International Journal of Drug Policy*, 92.



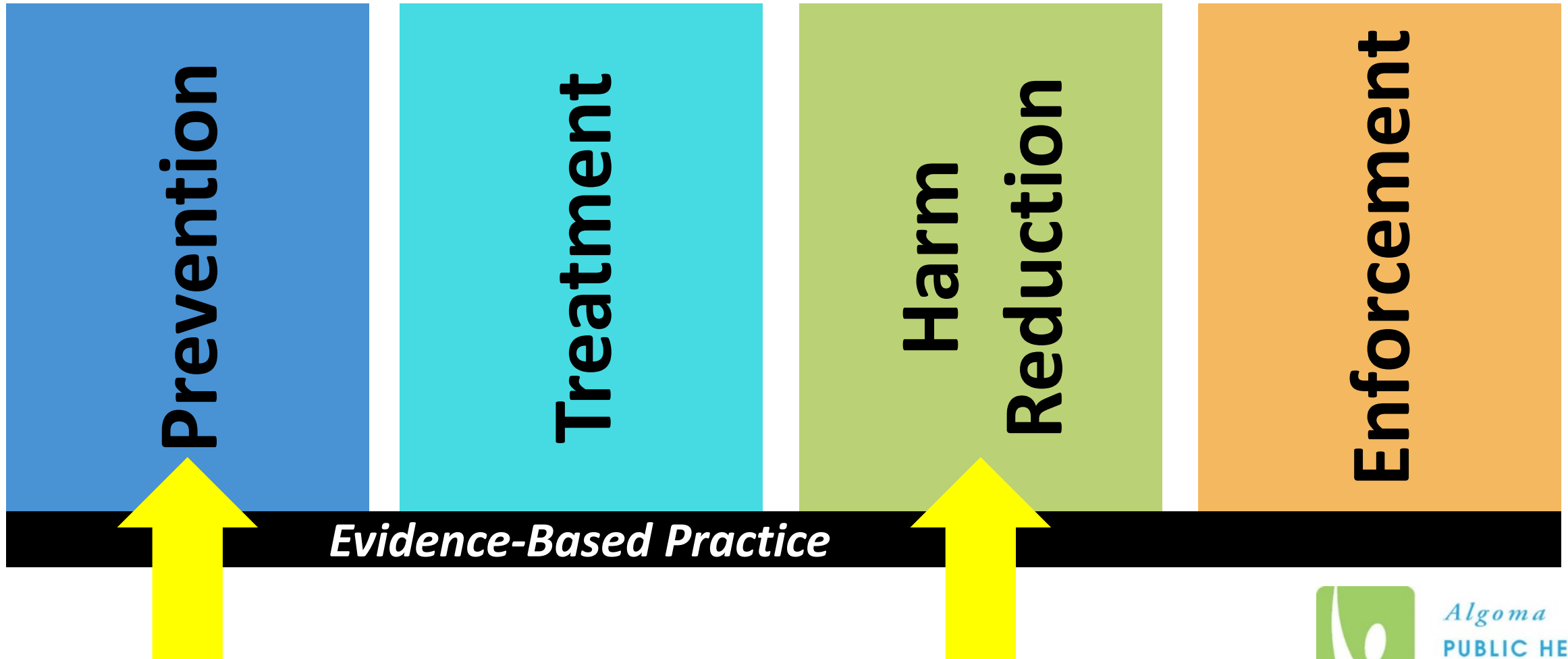
Commitment to Maintaining Service Delivery During the COVID-19 Pandemic

- Continuity of operations (COOP) plan gave high priority to the programs that work to **decrease health inequities** for those who have been most affected by COVID-19.
- APH remained focused on maintaining programming that worked to **prevent death and other harms related to substance use.**
- Program delivery has been maintained, although modified, to accommodate COVID-19 pandemic measures.



Public Health in Action

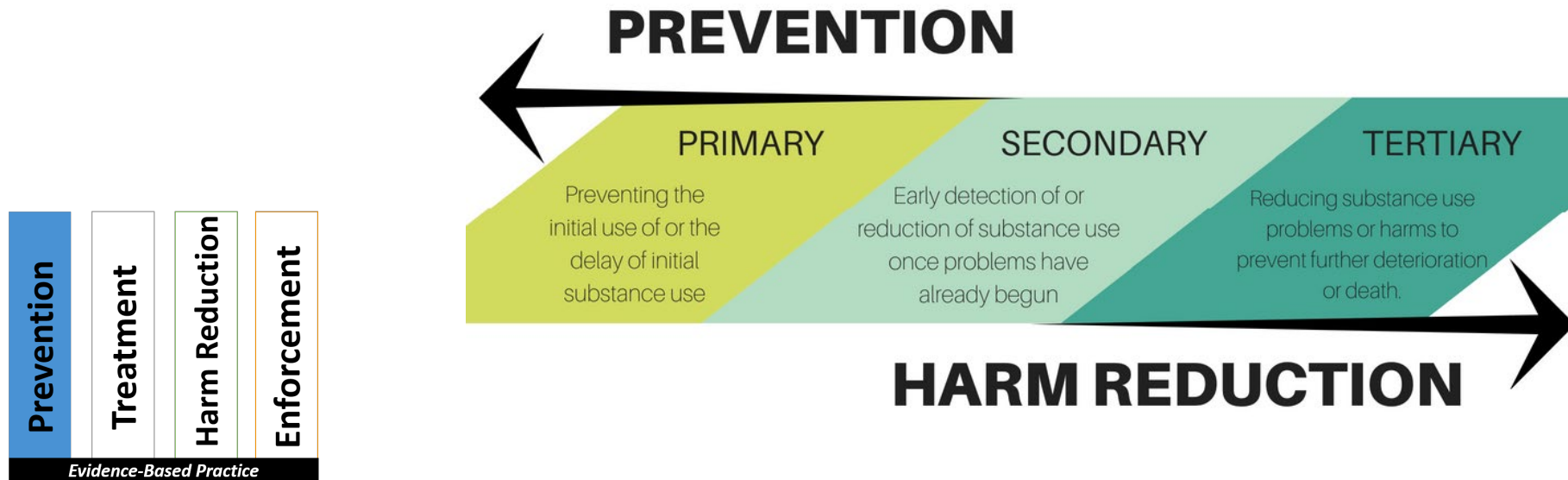
Canadian Drugs and Substance Use Strategy: 4 Pillars



Public Health in Action: Prevention

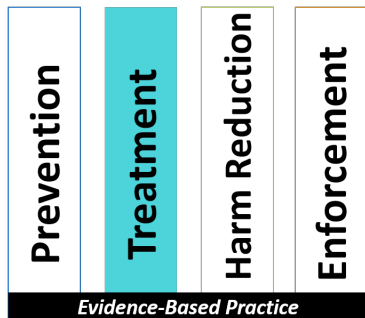
Goal: Prevent initiation of substance use or prevent problematic substance use.

- Work with community partners to highlight the importance of prevention, especially among children, youth, and young adults.
- Promote healthy coping strategies, increase resiliency, and increase awareness of the harms associated with substance use.



Public Health in Action: Treatment

- Participate in ongoing work with community partners to identify needs and gaps in services, and advocate for related policies, programs, and services.
- Inform and support the re-orienting of health services to meet population needs.
- Contribute to the planning of and referral to treatment and other services to meet population needs.
- Advocate for increased treatment services in Algoma.

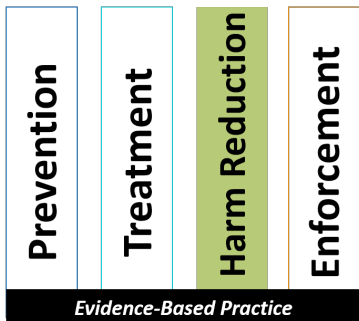


In 2019, the Board of Health supported Sault Area Hospital's proposal for an enhanced withdrawal management facility.

Public Health in Action: Harm Reduction

Harm reduction is a vital part of a **comprehensive, compassionate** and **collaborative** public health approach to substance use. Harm reduction is proven to reduce risks, improve health, and connect people with other key health and social services.

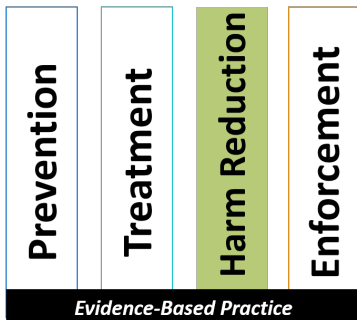
- The Ontario Naloxone Program (ONP)
- Needle Exchange Program (NEP)
- Increased Collaboration with Community Partners
- Surveillance
- Stigma Reduction



Public Health in Action: Harm Reduction

The Ontario Naloxone Program (ONP)

- Work with 16 agencies/programs to improve access to naloxone across Algoma.
 - Signed agreements with 3 additional community partners over the last year.
- Offer consultations for agencies/organizations who do not meet eligibility requirements to dispense naloxone through the ONP.
- Over the last year, there has been an increase in naloxone kits distributed by pharmacies, APH, and community partners.



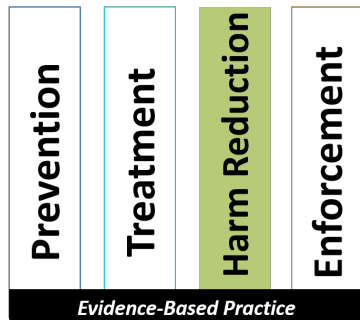
ONP Partners:

Hospitals, Outreach Programs, Treatment Programs, Community Health Centers, Aboriginal Health Access Centers, and Local and District Emergency Services

Public Health in Action: Harm Reduction

Needle Exchange Program (NEP)

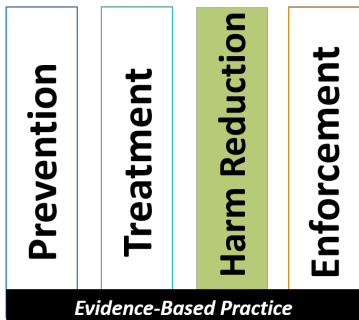
- Offer NEP services in multiple locations throughout Algoma.
- Have 6 sharps disposal kiosks in SSM, 1 in Blind River, and 1 in Elliot Lake.
- During the pandemic cohort (March 16, 2020 – March 15, 2021), there was an increase in clients accessing NEP services and increase the number of supplies distributed.



Public Health in Action: Harm Reduction

Community Collaboration

- Collaborate with our community partners (particularly with those who provide outreach services).
- Provide harm reduction supplies to 6 agencies/programs to increase access to safer drug use supplies and naloxone.
- Work with several community partners to ensure that services and programs for people who use drugs remain a priority, both during and post-pandemic.



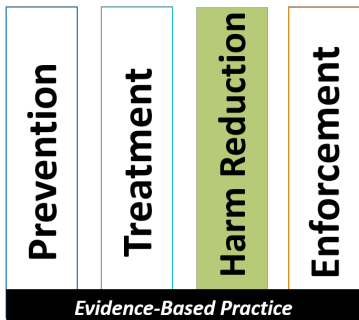
Harm Reduction Partners:

Outreach Programs, Treatment Programs, Community Mental Health Providers,
and Community Health Centers

Public Health in Action: Harm Reduction

Surveillance

- Monitor health data and trends to describe the local situation and help inform development of policies, programs, and services.
- Collect, analyze, and interpret data relating to opioid-related harms.
- Provide a monthly Opioid Surveillance Bulletin to community partners.
- Provide media releases to notify the community of alarming drug trends and/or increasing rates of opioid-related harms (often in collaboration with community partners).



Drug Warning: white fentanyl found circulating in Sault Ste. Marie

Tue, Mar 30, 2021

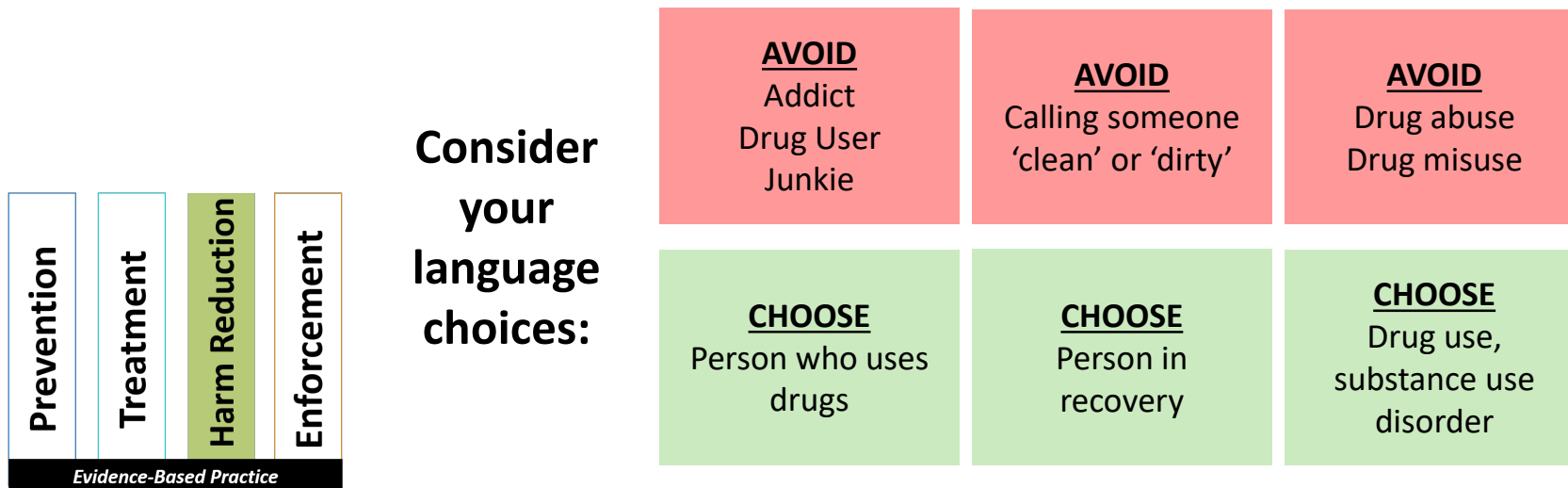
Increase in opioid-related harms in the Algoma region

Mon, Jul 19, 2021

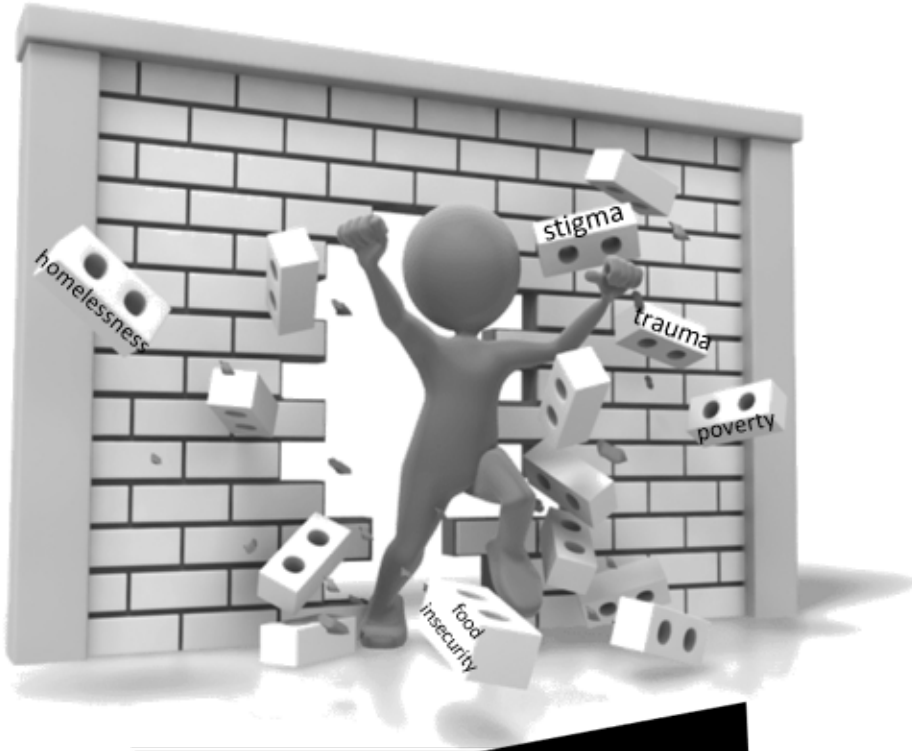
Public Health in Action: Harm Reduction

Reducing Stigma

- Stigma is a significant barrier to wellness and good health.
- **Goal:** To shift language to more accurately reflect that substance use disorder is a health condition and not a moral failing.
- Continue promotion of anti-stigma messaging on all social media platforms.



Moving Forward



It means a lot to someone
when you care about them
with no strings attached.

- Counsellor

- **Restore** and **rebuild** authentic community relationships.
- Conduct ongoing population health assessment and surveillance, and facilitate information sharing.
- Leverage opportunities with community partners to assess inequities and system-level challenges, and provide recommendations for positive change.
- Continue to collaborate with the Northern Health Units to explore innovative approaches and share collective knowledge to address opioid-related harms in northern Ontario.

Thank You. Questions?

Contact: communications@algomapublichealth.com

"If we had community consensus that addiction is a health problem – it would go along way to help clients access the help they need."

– Service Provider

"Seeing the same people over and over again... I try to find optimism in this. What can I change this time around to better help them?"

You have another chance to make a difference."

– Health Care Provider

"The burnout doesn't come from the people [the clients]. It comes from the system."

- Service Provider



Algoma
PUBLIC HEALTH
Santé publique Algoma



Algoma
PUBLIC HEALTH
Santé publique Algoma

October 27, 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

TABLE OF CONTENTS	
APH At-a-Glance	Page 2
Program Highlights	Pages 3 - 8

APH AT-A-GLANCE

COVID-19 Pandemic Response in Algoma

During the fall of 2021, widespread immunization against COVID-19 and the maintenance of strong preventive measures have kept COVID-19 activity relatively low and stable in Algoma. Notably, the introduction of province-wide proof of immunization requirements in a number of sectors has enabled settings such as restaurants, theatres, and sporting facilities to remain open safely.

To further increase protection for users of indoor sporting facilities, and establish a consistent approach to vaccine requirements in organized sport in northern Ontario, the northern medical officers of health have also [issued letters of instruction](#) requiring those aged 12 or older who coach, officiate, or volunteer in organized sports to show proof of immunization.

Throughout the first three weeks of October, weekly incidence of COVID-19 in Algoma has remained below 10 cases per 100,000 people. During the week of Oct 12 to 18, Algoma's weekly incidence was 5.2 cases per 100,000 people, with a percent positivity of 0.5%. Between July 1, 2021 and October 20, 2021, there were 86 COVID-19 cases reported in Algoma, of which 22.1% were in fully immunized individuals and 77.9% were in unimmunized or partially immunized individuals. One additional COVID-19-related death was reported in an Algoma resident in October, with the total number of COVID-19-related deaths at eight since the beginning of the pandemic.

COVID-19 Immunization Update

As of October 20, 2021, 177,758 total doses of COVID-19 vaccine have been administered to Algoma residents. Of all eligible Algoma residents born in 2009 or later, just over 88% have received at least one dose of a COVID-19 vaccine, and over 84% have received two doses. This means that, 75% of the total population in Algoma, or about 85,000 residents, are fully immunized. Just under 24,000 Algoma residents remain unimmunized with any dose of COVID-19 vaccine, of which about 11,000 are currently eligible for immunization based on age.

In late September and October, APH and immunization partners have also begun to provide third dose booster doses to seniors living in congregate settings, in accordance with updated recommendations from the National Advisory Committee on Immunization and as per provincial direction. At the time of writing, all eligible residents of Algoma's long term care homes and elder care lodges have been offered a third dose of vaccine, and immunization efforts are under way for residents of Algoma's retirement homes and other congregate living settings for seniors.

With recent confirmation that Pfizer has submitted their vaccine to Health Canada for regulatory approval for use in children aged 5 to 11, APH is also actively planning with partners across the district to be able to administer vaccine to this age group, and to be able to provide opportunities for children and parents to access clear, up-to-date information on COVID-19 vaccines for children.

Internally, APH has also implemented a workplace vaccine policy, in alignment with provincial direction. At the time of writing, 99% of active APH staff are fully immunized.

PROGRAM HIGHLIGHTS

Topic: School Health COVID-19 Support Team – Supporting Schools during the COVID-19 Pandemic

From: Kristy Harper, Manager of Community Wellness & School Health Program, Chief Nursing Officer

School Health Goal¹: To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

School Health Program Standard Requirements¹ addressed in this report:

- The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school-aged children and youth. The program of public health interventions shall be informed by consultation and collaboration with school boards, principles, educators, parent groups, student leaders, and students.
- The board of health shall offer support to school boards and schools, in accordance with *the School Health Guideline, 2018* (or as current), to assist with the implementation of health-related curricula and health needs in schools, based on need and considering, but not limited to: immunization and infectious disease prevention.
- The board of health shall work with school boards and schools to identify opportunities to improve public knowledge and confidence in immunization for school-aged children.

Key Messages

- Schools provide important protective factors for the well-being of students and families.
- The Ontario *School Focused Nursing Initiative* launched in July 2020 provided one-time funding to local public health units to maintain dedicated public health nurses for COVID-19 response in the schools.
- APH created a *School Health COVID-19 Support* team dedicated to helping schools operate safely, minimize exposure to COVID-19, reduce transmission of COVID-19, and stay open for in-person learning.
- School health nurses have been a key point of contact for school boards, schools and school communities, and integral to supporting the safe re-opening of schools in Algoma.
- Recovery from the COVID-19 pandemic will need to consider the significant impact of the pandemic on school-aged children's health and wellbeing and will require ongoing partnership with school boards, schools, and school communities to address rising public health issues among children.

Importance and Routine Work of Public Health in the Schools

School environments represent one of the most important protective factors for the wellbeing of students and their families.² Schools help promote the healthy growth and development of children, while also helping parents and guardians connect to community resources and supports.³ For children and youth, schools can foster a sense of belonging and provide a safe space where students learn and

grow, develop confidence in their ability to succeed, strengthen their resilience, build healthy relationships, and experience positive social and emotional learning.²⁻⁴

As outlined by the World Health Organization:

“Health is inextricably linked to educational achievements, quality of life, and economic productivity. By acquiring health-related knowledge, values, skills and practices, children can be empowered to pursue a healthy life and to work as agents of change for the health of their communities.”^{5, p.7}

The link between health and education makes schools an ideal setting for children to learn and develop healthy habits, while healthier students are in turn better prepared to learn while at school.⁵

Algoma Public Health’s (APH) School Health Program (SHP) collaborates with four school boards, representing 69 schools and 15, 379 students aged 4 to 17 years in Algoma⁶, to provide resources and supports to achieve optimal health of school-aged children and youth.¹

In addition to the *Ontario Public Health Standards*¹ and *School Health Guideline*⁷ that mandate the work of public health in the schools, there are five **Foundations for a Healthy School**⁸ that the SHP aims to address, including:

- **Curriculum, teaching and learning**, for students to learn, practice, and promote positive and healthy behaviors to lead healthy, active lives.
- **School and classroom leadership**, to create a positive environment by identifying shared goals and priorities that respond to the needs of the school community.
- **Student engagement**, to foster a sense of belonging at school where students feel empowered to participate and lead activities.
- **Social and physical environments**, to create environments supportive of learning and positive cognitive, emotional, social, and physical development.
- **Home, school and community partnerships**, to enhance and promote opportunities for learning and wellbeing within and outside of the classroom.

Prior to the COVID-19 pandemic, the SHP delivered programs in partnership with school boards using a **comprehensive health promotion approach**⁹. Program work included:

- Collaborating with students, parents, educators, and community partners to promote the health and well-being of school-aged children and youth.
- Providing health education support and resources.
- Supporting the implementation of healthy school policies.
- Promoting student leadership and engagement, while empowering students to develop coping skills and healthy habits.

Since the start of the COVID-19 pandemic, the SHP has redeployed school health nurses from routine program work to focus on the delivery COVID-19 response initiatives in partnership with school boards, schools, families, and students.

School-Focused Nursing Initiative: Funding and Algoma Public Health's Approach

School closures in 2020 raised concern for children's mental and physical health and wellbeing, and exacerbated inequities by removing access to important in-school supports (e.g. nutrition programs and sports and clubs unaffordable outside the school), reinforcing the need to prioritize the resumption of safe in-person learning for school-aged children.⁴

In July 2020, the Ontario government announced the **School-Focused Nurses Initiative (SFNI)**, an investment of \$50 million to hire 500 school-focused nurses to join public health units across the province to keep staff and students safe as part of the 2020-2021 Safe Reopening of Schools plan.^{10,11} This funding was subsequently increased by the federal government to facilitate the hiring of an additional 125 nurses, bringing the total to 625.¹¹ Allocation of school-focused PHNs to local public health units was based on the number of schools and enrollment data provided by the Ministry of Education.¹¹

The SFNI was intended to hire or allocate Public Health Nurses (PHNs) for increased COVID-19 rapid-response support to schools. School health nurses would facilitate public health and preventative measures, including screening, testing, case and contact tracing, and risk mitigation strategies, in addition to broader school health support to help re-open and keep schools open safely.¹¹

As of August 2020, APH has received one-time funding to support 7 FTE temporary PHN positions as part of the SFNI¹², allowing the SHP to maintain its nursing capacity to provide direct supports to school boards and individual schools in Algoma, as opposed to deploying all SHP nurses to general COVID-19 response.

To prepare for the 2020/21 school year, APH created a **School Health COVID-19 Support (SHCS)** team, under the SHP, dedicated to helping schools operate safely, minimize exposure to COVID-19, reduce transmission of COVID-19, and stay open for in-person learning.

Role of the School Health COVID-19 Support Team

Throughout the COVID-19 pandemic, the SHCS team has worked closely with Algoma school boards, public schools, private schools, principals, staff, families, and students to maintain and improve COVID-19 prevention and protection measures.

In alignment with SFNI COVID-19 rapid-response priorities, the SHCS team continues to:

- Provide credible information on COVID-19 vaccines and facilitate access to COVID-19 vaccination for school community members on school property or in nearby neighbourhoods.
- Provide school board consultation for daily screening implementation and updating, while working to increase engagement of staff, students, and families to perform daily screening.
- Provide education and resources to schools to improve and maintain infection prevention and control (IPAC) measures (e.g., masking, distancing, hand hygiene, and respiratory etiquette).
- Provide IPAC assessments and risk mitigation strategies for the school environment.
- Support case and contact management, by identifying students and staff who test positive for COVID-19 and their close contacts, which includes assessing exposure and vaccination status of close contacts, to reduce the risk of transmission, limit school absences, and enable staff and

students to remain in school safely.

- Support outbreak management, by identifying potential outbreaks, confirming epidemiological links, and dismissing classrooms, cohorts, or schools, as appropriate, to prevent further spread.

In addition, the SHCS team routinely responds to COVID-19 related inquiries and disseminates updated guidance to schools. The SHCS team acts as a main point of contact for school boards, schools and school communities to access and receive public health support.

Coordination and consultative activities conducted by the SHCS team have included:

- Alignment of a school health nurse to each school in the Algoma district. School staff have the ability to contact their designated school health nurse at any time to discuss matters of health and COVID-19 safety within the school.
- Development of a dedicated school health phone line and email group to provide rapid-response to real-time COVID-19 related inquiries.
- Coordination of bi-weekly meetings with senior officials from all four school boards to support the development and/or implementation of COVID-19 health, safety, and operational guidance.
- Participation in meetings with school staff and community groups (e.g. parent council).
- Collaboration with boards to produce joint communications to address changes in guidance or reminders related to risk mitigation and COVID-19 school safety (e.g. communications related to daily screening, testing, physical distancing, staying home when sick, participating in sports safely, staying safe during holidays or school breaks, the importance of vaccination, etc.).
- Coordination and participation in weekly internal SHP incident management system action planning meetings and semi-weekly school health nurse meetings.
- Attendance at provincial working group meetings for special populations (e.g., children and youth) and provincial and northern school health-focused meetings.

To provide a snapshot of the consultative support provided by the SHCS team from January 1, 2021 to August 31, 2021, the team captured the number of COVID-19 related interactions with school boards and schools. COVID-19 related interactions consisted of, but were not limited to, education and awareness, testing, immunizations, IPAC assessments, and case contact and outbreak management.

Prior to the start of the 2021-2022 school year:

- **87% of all tracked school focused nurses' interactions were COVID-19 related;**
- 152 interactions occurred through the SHCS phone line and e-mail;
- 527 interactions occurred through individual school health nurse phones and e-mail addresses;
- In COVID-19 related interactions, the school health nurses most frequently worked with Principals and Board/School Administrators;
- From the topics outlined in the *School Health Guideline*⁷, **infectious disease prevention was the topic most frequently addressed**, followed by immunizations and mental health promotion.¹³

While continuing to provide COVID-19 response support throughout the fall months, the SHCS team is also preparing to work with the school-aged population and their families to support credible

information sharing and vaccination clinic access upon Health Canada approval of a COVID-19 vaccine for children ages 5-11 years, which is anticipated in late 2021.¹

To date, school support for COVID-19 prevention and protection, through response activities and regular consultation with school boards, has been effective in limiting the number of cases and outbreaks in the school setting in Algoma. In addition, as of October 18th, **73% of eligible youth in Algoma have received two doses of a COVID-19 vaccine** and are fully vaccinated.*

A collaborative approach both internally between public health programs and externally with school boards and schools has truly been the driver of success in mitigating the risk for COVID-19 in the schools and boosting vaccine uptake among eligible youth in Algoma. More specifically, internal collaboration between the SHP and Environmental Health, Infectious Diseases, Immunization, and Communications teams has been instrumental in ensuring public health meets the unique needs of the school setting.

Next Steps: Fall 2021 and beyond

As the SHCS team navigates the 2021-2022 school year with the resumption of in-person learning, the team continues to provide robust COVID-19 response support in school communities. However, with the intensity of the demands related to the COVID-19 response continuing, it has been a challenge for school health nurses to engage in comprehensive school health work to address other highest risk priorities identified by schools (e.g. mental health and well-being, nutrition, physical activity, etc.).¹⁴

In the coming year, the SHP will work to routinize COVID-19 response support for schools and begin pandemic recovery planning with school boards. School pandemic recovery planning will require the re-assessment of priorities among the school-age population and school communities to identify shared goals as part of a renewed comprehensive school health program in Algoma.

Recognizing that school-age children were deeply impacted by community-based public health measures (e.g. school disruptions, absence of extra-curricular activities and sports, reduced contact with peers, etc.), **collaboration between public health and school boards will remain instrumental** to developing programs that support students, families, and communities in addressing the impacts of the COVID-19 pandemic in the years to come.¹⁵

References

1. Ministry of Health and Long-Term Care. (2021). *Ontario public health standards: Requirements for programs, services, and accountability*. Retrieved from https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf
2. Ottawa Child & Youth Initiative: Growing up great. (n.d.). Schools are a protective factor for our children and families. Retrieved from <https://www.growingupgreat.ca/english/covid-19-resources/schools-are-a-protective-factor-for-our-children-and-families/>
3. Children's Bureau. (2020, March). Protective factors: Approaches in child welfare. Retrieved from

*Includes youth eligible for COVID-19 vaccination in Algoma (12-17 years). Also includes 11 year olds born in 2009. Coverage is based on the 2020 projected population of 7,034.

https://www.childwelfare.gov/pubPDFs/protective_factors.pdf

4. Ottawa Public Health. (2021, September). *Board of Health: Update on Ottawa Public Health work to support schools through COVID-19 and beyond*. Retrieved from <http://ottwatch.ca/meetings/OBOH/8193>
 5. World Health Organization. (1997). *WHO technical report series: Promoting health through schools*. Retrieved from <http://www.jcsh-cces.ca/images/WHO%201997%20Promoting%20health%20through%20schools%20WHO%20Technical%20Report%20Series%20870%20GenevaCH.pdf>
 6. Ontario Ministry of Health and Long-Term Care. (2021). Population projections. *IntelliHEALTH Ontario* [Accessed: August 13, 2021].
 7. Ministry of Health and Long-Term Care. (2018). *School health guideline, 2018*. Retrieved from https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/School Health Guideline 2018.pdf
 8. Ministry of Education. (2014). *Foundations for a healthy school: Promoting well-being is part of Ontario's achieving excellence vision*. Retrieved from <http://www.edu.gov.on.ca/eng/healthyschools/resourcef4hs.pdf>
 9. Pan-Canadian Joint Consortium for School Health. (n.d.). Comprehensive school health program. Retrieved from <http://www.jcsh-cces.ca/about-us/comprehensive-school-health-framework/>
 10. Ontario Government. (2020, July). Ontario releases plan for safe reopening of schools in September. *Ontario Newsroom*. Retrieved from <https://news.ontario.ca/en/release/57838/ontario-releases-plan-for-safe-reopening-of-schools-in-september>
 11. Registered Nurses Association of Ontario. (2020). COVID-19 blog: Public health nurses in schools. Retrieved from <https://doris-blog.rnao.ca/post/public-health-nurses-schools>
 12. Algoma Public Health. (2021). *New schedules to the public health funding and accountability agreement between the province and board of health for the District of Algoma Health Unit*. Internal document.
 13. Algoma Public Health. (2021, September 15). Internal program indicator data. Internal document.
 14. Algoma Public Health. (2020, November). *School situational assessment – COVID-19: Executive summary*. Internal document.
- Public Health Ontario. (2021). *Negative impacts of community-based public health measures on children, adolescents and families during the COVID-19 pandemic: Update*. Retrieved from <https://www.publichealthontario.ca/-/media/documents/ncov/he/2021/01/rapid-review-neg-impacts-children-youth-families.pdf?la=en>

Board of Health Resolution

To: The Board of Health
From: Dr. Jennifer Loo, Medical Officer of Health / CEO
Date: October 27, 2021
Re: Resolution: Request for Increase in Provincial Base Funding for Local Public Health

☐ For Information

☐ For Discussion

☒ For a Decision

Whereas Algoma Public Health (APH), since the start of the COVID-19 pandemic in 2019, has provided a robust pandemic response to prevent and mitigate the spread of COVID-19; and

Whereas APH has coordinated, implemented, and supported COVID-19 vaccination clinics across the district to deliver 176,794 doses of COVID-19 vaccine to eligible persons in Algoma; and

Whereas to resource urgent pandemic response and immunization programming needs, APH has diverted resources from pre-existing public health services to ensure timely response to COVID-19 and maintenance of highest risk programming; and

Whereas the diversion of resources has resulted in the scale down or suspension of moderate to low risk public health programs and services, similar to other areas of the health sector; and

Whereas the scale down or suspension of public health programming has resulted in significant service backlogs and new public health priorities that, unless addressed in the short-term and resourced appropriately, will continue to grow and result in negative community health impacts; and

Whereas to date, for 2022, the Ontario Ministry of Health has committed to continue both one-time reimbursement to local public health units for extraordinary COVID-19 expenses, as well as one-time mitigation funding to offset the impacts of the cost-sharing formula change to municipalities; and

Whereas local public health agencies have received only one increase to provincial base funding in the past five years, despite the introduction of several new programs within the Ontario Public Health Standards and inflation resulting in wage, benefit, and operating cost increases; and

Whereas the recruitment and retention of skilled public health professionals in northern Ontario has faced significant and longstanding challenges, similar to the health human resource challenges of the health care sector in the north; and

Whereas one-time funding is inadequate to sustainably recruit, hire, and retain skilled public health professionals to provide a robust pandemic response, and simultaneously fulfil a provincial mandate of providing core public health programs and services; and

Whereas communities in Algoma now require enhanced program and service delivery to respond the threat of newly emerging infectious diseases and public health issues, and to recover from the collateral harms that have resulted from prioritization of the pandemic response (e.g., opioid overdose death increases, mental health complications, etc.).

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

Finance and Audit Committee

Chair's Report

1. At the October 13, 2021 Finance and Audit Committee meeting the committee reviewed the unaudited Financial Statements for August ending August 31 and recommends their approval to the Board.
 - a. Key points from the statements are;
 - i. APH received the 2021 Amending Agreement from the province identifying the approved funding from the province for 2021.
 - ii. The ministry has approved one-time funding to support 50% of estimated Covid extraordinary costs.
 - iii. Public Health Calendar Budget is \$2.1 million.
 - iv. As of August 31, calendar programs are reporting a negative balance of \$199 thousand.
 - v. Total Revenues indicate a \$90 thousand positive variance.
 - vi. Ontario Seniors' Dental Program is \$107 over budget due to higher than anticipated demand.

It is recommended that the Board approve the unaudited financial statements as of August 31 and I so move.

2. The Committee also reviewed a draft of the proposed 2022 Operating Budget and gave direction to staff for specific changes which will be reviewed at the next committee meeting in November before presenting to the board.

**Algoma Public Health
(Unaudited) Financial Statements August 31, 2021**

<u><i>Index</i></u>	<u><i>Page</i></u>
Statement of Operations	1-2
Statement of Revenues - Public Health	3
Statement of Expenses - Public Health	4
Notes to the Financial Statements	5-6
Statement of Financial Position	7

Algoma Public Health
Statement of Operations
August 2021
(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Act. to Bgt. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ YTD Budget 2021
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	\$ 2,856,284	\$ 2,856,284	\$ 0	\$ 3,808,378	0%	100%
Provincial Grants - Cost Shared Funding	5,805,408	5,805,408	(0)	8,708,100	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	3,157,824	3,118,251	39,573	3,650,186	1%	101%
Provincial Grants - Mitigation Funding	691,870	691,872	(2)	1,037,800	0%	100%
Fees, other grants and recovery of expenditures	310,637	260,316	50,321	418,330	19%	119%
Total Public Health Revenue	\$ 12,822,023	\$ 12,732,131	\$ 89,892	\$ 17,622,794	1%	101%
Expenditures						
Public Health Cost Shared	\$ 10,772,343	\$ 10,606,869	\$ (165,473)	\$ 16,027,008	2%	102%
Public Health 100% Prov. Funded Programs	1,098,122	1,064,381	(33,740)	1,595,786	3%	103%
Total Public Health Programs Expenditures	\$ 11,870,464	\$ 11,671,251	\$ (199,214)	\$ 17,622,794	2%	102%
Total Rev. over Exp. Public Health	\$ 951,559	\$ 1,060,881	\$ (109,322)	\$ 1		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 445,011	445,011	-	1,068,011	0%	100%
Expenditures	401,540	444,088	(42,548)	1,068,011	-10%	90%
Excess of Rev. over Exp.	43,471	923	42,548	-		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ 401,161	401,160	(1)	693,000		
Expenditures	298,159	344,861	(46,702)	693,000		
Excess of Rev. over Fiscal Funded	103,002	56,299	46,703	-		

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

Community Health Programs (Non Public Health)

Calendar Programs

Revenue

Provincial Grants - Community Health	\$	-	\$	-	\$	-	\$	-		
Municipal, Federal, and Other Funding		71,858		71,858		-		71,858	0%	100%
Total Community Health Revenue	\$	71,858	\$	71,858	\$	-	\$	71,858	0%	100%

Expenditures

Child Benefits Ontario Works		0		-		-		-	#DIV/0!	#DIV/0!
Algoma CADAP programs		71,858		71,858		-		71,858	0%	100%
Total Calendar Community Health Programs	\$	71,858	\$	71,858	\$	-	\$	71,858	0%	100%
Total Rev. over Exp. Calendar Community Health	\$	-	\$	-	\$	-	\$	-		

Fiscal Programs

Revenue

Provincial Grants - Community Health	\$	874,660	\$	841,562	\$	33,098	\$	2,059,744	4%	104%
Municipal, Federal, and Other Funding		47,687		47,686		1		114,447	0%	100%
Other Bill for Service Programs		0		0		-		-		
Total Community Health Revenue	\$	922,347	\$	889,248	\$	33,099	\$	2,174,191	4%	104%

Expenditures

Brighter Futures for Children		49,618		47,686		(1,932)		114,447	4%	104%
Infant Development		263,557		267,591		4,034		644,317	-2%	98%
Preschool Speech and Languages		243,759		271,847		28,088		733,971	-10%	90%
Nurse Practitioner		66,634		66,730		96		162,153	0%	100%
Stay on Your Feet		38,250		41,667		3,417		100,000	-8%	92%
Rent Supplements CMH		140,500		174,709		34,209		419,303	-20%	80%
Bill for Service Programs		8,473		0		(8,473)		(0)		
Misc Fiscal		-		-		-		-	#DIV/0!	#DIV/0!
Total Fiscal Community Health Programs	\$	810,791	\$	870,230	\$	59,439	\$	2,174,191	-7%	93%
Total Rev. over Exp. Fiscal Community Health	\$	111,556	\$	19,018	\$	92,538	\$	-		

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 Eight Months Ending August 31, 2021

(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Bgt. to Act. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ Annual Budget 2021	Comparison Prior Year:		
							YTD Actual 2020	YTD BGT 2020	Variance 2020
Leves Sault Ste Marie	2,012,541	2,012,541	0	2,683,388	0%	75%	2,002,033	2,002,033	0
Leves District	843,744	843,744	0	1,124,992	0%	75%	839,340	839,340	0
Total Levies	2,856,285	2,856,285	0	3,808,380	0%	75%	2,841,373	2,841,373	0
MOH Public Health Funding	5,805,408	5,805,408	0	8,708,100	0%	67%	4,970,895	4,178,375	792,520
MOH Funding Needle Exchange	0	0	0	0	0%	0%	43,135	43,133	2
MOH Funding Haines Food Safety	0	0	0	0	0%	0%	16,400	16,400	0
MOH Funding Healthy Smiles	0	0	0	0	0%	0%	513,265	513,267	(2)
MOH Funding - Social Determinants of Health	0	0	0	0	0%	0%	208,505	120,320	88,185
MOH Funding Chief Nursing Officer	0	0	0	0	0%	0%	30,375	81,008	(50,633)
MOH Enhanced Funding Safe Water	0	0	0	0	0%	0%	10,335	10,333	2
MOH Funding Infection Control	0	0	0	0	0%	0%	170,730	208,272	(37,542)
MOH Funding Diabetes	0	0	0	0	0%	0%	100,000	100,000	0
Funding Ontario Tobacco Strategy	0	0	0	0	0%	0%	289,070	289,067	3
MOH Funding Harm Reduction	0	0	0	0	0%	0%	100,000	100,000	0
MOH Funding Vector Borne Disease	0	0	0	0	0%	0%	27,175	72,464	(45,289)
MOH Funding Small Drinking Water Systems	0	0	0	0	0%	0%	17,400	46,400	(29,000)
Total Public Health Cost Shared Funding	5,805,408	5,805,408	0	8,708,100	0%	67%	6,497,285	5,779,039	718,246
MOH Funding - MOH / AMOH Top Up	147,913	101,390	46,523	152,086	46%	97%	104,521	101,391	3,131
MOH Funding Northern Ontario Fruits & Veg.	78,270	78,267	3	117,400	0%	67%	78,270	78,267	3
MOH Funding Unorganized	353,600	353,600	0	530,400	0%	67%	353,600	353,600	0
MOH Senior Dental	465,265	465,267	(2)	697,900	0%	67%	438,885	465,267	0
MOH Funding Indigenous Communities	65,330	65,328	2	98,000	0%	67%	0	0	0
One Time Funding (Pandemic Pay)							143,600	143,600	
OTF COVID-19 extraordinary costs mass imm	2,054,400	2,054,400	0	2,054,400	0%	100%	0	0	
Total Public Health 100% Prov. Funded	3,164,778	3,118,251	46,527	3,650,186	1%	87%	1,118,876	1,142,124	3,134
Total Public Health Mitigation Funding	691,870	691,872	(2)	1,037,800	0%	67%	0	539,023	0
Recoveries from Programs	24,539	24,170	369	28,010	2%	88%	24,663	18,353	6,310
Program Fees	79,640	84,618	(4,978)	105,320	-6%	76%	124,863	134,189	(9,327)
Land Control Fees	187,565	95,000	92,565	160,000	97%	117%	116,622	95,000	21,622
Program Fees Immunization	3,167	33,328	(30,161)	45,000	-90%	7%	30,012	76,667	(46,655)
HPV Vaccine Program	0	0	0	12,500	0%	0%	0	3,000	(3,000)
Influenza Program	0	0	0	25,000	0%	0%	0	1,500	(1,500)
Meningococcal C Program	0	0	0	7,500	0%	0%	0	625	(625)
Interest Revenue	8,770	13,200	(4,430)	20,000	-34%	44%	15,939	26,667	(10,727)
Other Revenues	0	10,000	(10,000)	15,000	0%	0%	2,391	24,500	(22,109)
Total Fees and Recoveries	303,681	260,316	43,365	418,330	17%	73%	314,490	380,501	(66,011)
Total Public Health Revenue Annual	12,822,022	12,732,133	89,890	17,622,796	1%	73%	10,772,024	10,682,059	655,369
Public Health Fiscal April 2021 - March 2022									
Vaccine Refrigerators	3,086	3,086	0	7,400	0%	42%			
Infection Prevention and Control Hub	97,000	97,000	0	320,000	0%	30%			
Practicum	8,333	8,333	0	20,000	0%	42%			
School Nurses Initiative	289,626	289,625	1	700,000	0%	41%			
Sr Dental Capital Upgrades	3,116	3,116	0	95,841	0%	3%			
Total Provincial Grants Fiscal	401,161	401,160	1	1,143,241	0%	35%	0	0	0

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

For Eight Months Ending August 31, 2021

(Unaudited)

	Actual YTD 2021	Budget YTD 2021	Variance Act. to Bgt. 2021	Annual Budget 2021	Variance % Act. to Bgt. 2021	YTD Actual/ Budget 2021	Comparison Prior Year:		
							YTD Actual 2020	YTD BGT 2020	Variance 2020
Salaries & Wages	\$ 6,847,770	\$ 6,960,663	\$ 112,893	\$ 10,756,870	-2%	64%	\$ 6,225,242	\$ 6,316,107	\$ 90,865
Benefits	1,678,282	1,590,246	(88,036)	2,366,268	6%	71%	1,527,408	1,522,231	(5,177)
Travel	95,094	115,273	20,178	172,909	-18%	55%	78,383	127,333	48,950
Program	970,331	798,039	(172,292)	1,112,190	22%	87%	430,110	450,042	19,932
Office	39,288	38,027	(1,261)	57,040	3%	69%	33,688	45,833	12,145
Computer Services	559,702	632,284	72,582	929,676	-11%	60%	555,453	543,177	(12,276)
Telecommunications	254,829	247,467	(7,362)	371,200	3%	69%	207,987	174,411	(33,576)
Program Promotion	48,348	55,182	6,834	83,035	-12%	58%	26,975	62,115	35,140
Professional Development	16,493	50,333	33,840	75,500	-67%	22%	8,571	90,333	81,763
Facilities Expenses	857,803	697,577	(160,226)	1,046,365	23%	82%	575,762	516,278	(59,484)
Fees & Insurance	267,047	245,200	(21,847)	290,300	9%	92%	228,674	200,920	(27,754)
Debt Management	308,091	307,267	(824)	460,900	0%	67%	307,266	307,267	1
Recoveries	(72,613)	(66,306)	6,307	(99,459)	10%	73%	(66,115)	(54,895)	11,220
	\$ 11,870,464	\$ 11,671,251	\$ (199,213)	\$ 17,622,794	2%	67%	\$ 10,139,404	\$ 10,301,152	\$ 161,748

Notes to Financial Statements – August 2021

Reporting Period

The August 2021 financial reports include eight-months of financial results for Public Health. All other non-funded public health programs are reporting five-month results from operations year ending March 31, 2022.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

APH received the 2021 Amending Agreement from the province identifying the approved funding from the province for 2021 for public health. The Ministry of Health has approved one-time funding to support approximately 50% of estimated eligible COVID-19 extraordinary costs at this time, and will work with APH to monitor and track more detailed and accurate requirements and spending for COVID-19 through in-year financial reports and make any adjustments to funding, as required, throughout the 2021 funding year. Management took the conservative approach and adjusted the 2021 budget to reflect the change in approved funding. This has resulted in a reduction to the 2021 public health calendar budget of \$2.1M.

As of August 31, 2021, Public Health calendar program expenditures are reporting a \$199k negative variance.

Total Public Health Revenues are indicating a \$90k positive variance.

Public Health Revenue (see page 3)

Overall, Public Health calendar funding revenues are reporting a \$90k positive variance budget. Land Control Fees are reporting a \$93k surplus.

Mitigation funding from the province will continue for 2021 and 2022.

The COVID-19: School-Focused Nurses Initiative has been extended to July 2022.

Public Health Expenses (see page 4)

Salary & Wages

There is a \$113k positive variance associated with Salary & Wages.

Benefits

There is a \$88k negative variance associated with Benefits. This is due to higher than budgeted non-statutory benefits.

Travel

There is a \$20k positive variance associated with Travel expenses. This is a result of APH employees working virtually as opposed to travelling throughout the district or attending meetings outside of the district.

Notes Continued...

Programs

There is a \$172k negative variance associated with Programs. This is due to the high demand for professional services through the Ontario Sr. Dental Program, \$107k over budget and COVID 19 Mass Immunization Supplies and third party professional services, \$139k over budget. This is offset by the reduction in vaccine purchases, \$37k under budget, for chargeable vaccines.

Professional Development

There is a \$34k positive variance for Professional Development. At this time there has been limited spending for professional development, as staff availability is extremely tight and limited opportunities for professional development due to COVID-19.

Facilities Expenses

There is a \$160k negative variance for Facilities Expenses. This is primarily due to the more than expected costs related to COVID 19 Response and Mass Immunization for janitorial services and security.

COVID-19 Expenses

COVID-19 Response

This program includes case and contact management as well as supporting the information phone lines. August YTD expenses were \$3.2M. The majority of this consists of salaries and benefits costs of APH staff that under normal circumstances would be working in their assigned public health programs.

COVID-19 Mass Immunization

This program includes the planning, support, documentation, and actual needles in arms of the various COVID-19 vaccines. August YTD expenses were \$2.7M.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of August 31 2021. Cash includes \$1.40M in short-term investments. APH received a lump sum payment of \$2,054,400 from the province for COVID extraordinary costs. Further funding for extraordinary costs will be determined based on Q2 and Q3 forecasted submissions to the province.

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)

	August 2021	December 2020
Date: As of August 2021		
Assets		
Current		
Cash & Investments	\$ 5,146,012	\$ 3,906,995
Accounts Receivable	456,478	935,870
Receivable from Municipalities	587,400	69,618
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	6,189,890	4,912,483
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,940,011	1,660,232
Payable to Gov't of Ont/Municipalities	9,622	1,673,441
Deferred Revenue	573,207	286,418
Employee Future Benefit Obligations	3,117,450	3,117,450
Term Loan	4,466,918	4,466,918
<i>Subtotal Current Liabilities</i>	10,107,207	11,204,458
Net Debt	(3,917,317)	(6,291,975)
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	(11,199,609)	(11,199,609)
<i>Subtotal Non-Financial Assets</i>	18,530,764	18,530,764
Accumulated Surplus	14,613,447	12,238,789

Ministry of Health

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

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

Ministère de la Santé

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

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

October 19th, 2021

eApprove-72-2021-272

Dr. Jennifer Loo
Medical Officer of Health (A)
District of Algoma Health Unit
294 Willow Avenue
Sault Ste. Marie ON P6B 0A9

Dear Dr. Loo:

Re: Ministry of Health Public Health Funding and Accountability Agreement with the Board of Health for the District of Algoma Health Unit (the “Board of Health”) dated January 1, 2014, as amended (the “Agreement”)

This letter is further to the recent letter from the Honourable Christine Elliott, Deputy Premier and Minister of Health, in which she informed your organization that the Ministry of Health will provide the Board of Health with up to \$740,000 in one-time funding for the 2021-22 funding year to support continued implementation and operations of the Infection Prevention and Control (IPAC) Hub Program.

This will bring the total maximum funding available under the Agreement for the 2021-22 funding year to up to \$14,927,700 (\$10,341,100 in base funding and \$4,586,600 in one-time funding). Please find attached to this letter a new Schedule A (Grants and Budget), Schedule B (Related Program Policies and Guidelines), Schedule C (Reporting Requirements), and Schedule D (Board of Health Financial Controls) that, pursuant to section 3.4 of the Agreement, shall replace the existing schedules. All terms and conditions contained in the Agreement remain in full force and effect.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted to match actual services provided.

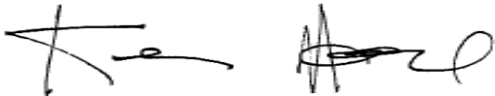
It is also essential that you manage costs within your approved budget.

.../2

Dr. Jennifer Loo

Please review the new Schedules carefully. Should you require any further information and/or clarification, please contact Elizabeth Walker, Director, Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Public Health, at 416-212-6359 or by email at Elizabeth.Walker@ontario.ca.

Yours truly,

A handwritten signature in black ink, appearing to read 'Kieran Michael Moore', with a stylized flourish at the end.

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

Attachments

c: Sally Hagman, Chair, Board of Health, District of Algoma Health Unit
Joel Merrylees, Controller, District of Algoma Health Unit
Antionette Tomie, Director of Corporate Services, District of Algoma Health Unit
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery, MOH
Jim Yuill, Director, Financial Management Branch, MOH
Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, MOH
Justine Hartley, Director, Health System Emergency Management Branch, MOH
Elizabeth Walker, Director, Accountability and Liaison Branch, MOH
Brent Feeney, Manager, Accountability and Liaison Branch, MOH

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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

Ministère de la Santé

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

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



eApprove-72-2021-272

October 19, 2021

Ms. Sally Hagman
Chair, Board of Health
District of Algoma Health Unit
294 Willow Avenue
Sault Ste. Marie ON P6B 0A9

Dear Ms. Hagman:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the District of Algoma Health Unit up to \$740,000 in one-time funding for the 2021-22 funding year to support continued implementation and operations of the Infection Prevention and Control Hub Program.

Dr. Kieran Moore, Chief Medical Officer of Health, will write to the District of Algoma Health Unit shortly concerning the terms and conditions governing the funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

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

Christine Elliott
Deputy Premier and Minister of Health

c: Dr. Jennifer Loo, Medical Officer of Health (A), District of Algoma Health Unit
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery
Dr. Kieran Moore, Chief Medical Officer of Health

From: OHT - Cassandra Lepore <cassandra.lepore@algomaoht.ca> **On Behalf Of** OHT - AlgomaOHT Info
Sent: Wednesday, October 20, 2021 11:27 AM
To: OHT - AlgomaOHT Info <algomaohtinfo@sah.on.ca>
Subject: *Action Required* You're Invited: AOHT Board-to-Board Information Session and Discussion

This email originated outside of Algoma Public Health. Do not open attachments or click links unless you recognize the sender and know the content is safe.

Dear Leadership Council,

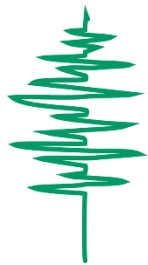
As discussed, please find attached a formal invitation to our 1st virtual **AOHT Board-to-Board Information Session and Discussion** on **Tuesday, December 7th, 2021 from 5:00 – 7:00 pm.**

As members of Leadership Council, you have just received a calendar invitation to the session. Attached you find the calendar invitation that was sent to you. **Please feel free to forward this formal invitation and the calendar invite to your respective boards.** We have invited Brian Kytor (Chief Regional Officer, Ontario Health North) and Dr. Sacha Bhatia (Population Health and Value Based Care Executive, Ontario Health) to provide some remarks and will be working with Paula Blackstein Hirsch to develop the session

If you have any questions, please send them to info@algomaoht.ca.

Sincerely,

Algoma OHT



Algoma OHT
Équipe Santé Algoma Ontario Health Team

info@algomaoht.ca
www.algomaoht.ca

Clean your hands - Stay apart – Stay safe – Strong together

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** Loretta Ryan
Sent: Thursday, October 21, 2021 9:32 AM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] alPHA Information Break - October 2021 - Featuring alPHA Fall Symposium & Section Meetings

This email originated outside of Algoma Public Health. Do not open attachments or click links unless you recognize the sender and know the content is safe.



October 21, 2021

This update is a tool to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA activities, correspondence, and events. Visit us at alphaweb.org.

Fall Symposium and Section Meetings
Ontario's Public Health System: Response & Recovery - Friday, November 19th, 2021
Registration & Draft Program

alPHA is pleased to announce that registration is now open for the alPHA 2021 Fall Symposium: **Ontario's Public Health System: Response & Recovery** and the Section Meetings that are taking place on Friday, November 19th, 2021!

We have an exciting line-up of speakers including the **Hon. Christine Elliott** (Deputy Premier and Minister of Health), **Graydon Smith** (President, AMO), **Allan O'Dette** (CEO, OMA), **Steini Brown** (Dean, DLSPH), **Dr. Kieran Moore** (Chief Medical Officer of Health), **Colleen Geiger** (President and CEO (acting), Public Health Ontario), **Dr. Jessica Hopkins** (Chief Health Protection and Emergency Preparedness Officer, Public Health Ontario), **Dr. Samir Patel** (Chief, Microbiology and Laboratory Science (acting), Public Health Ontario), **Dr. Brian Schwartz** (Vice President, Public Health Ontario), **Matthew Anderson** (President and CEO, Ontario Health), **Dr. Christopher Simpson** (Executive Vice-President, Medical, Ontario Health), **Dr. Kwame McKenzie** (Chief Executive Officer, Wellesley Institute), and the **Hon. Steven Lecce** (Minister of Education).

The draft program can be accessed by clicking on the [Symposium Banner](#) on the homepage or directly via this [webpage](#) on the alPHA website. Members of the Boards of Health Section can find the draft program for their meeting [here](#). (Members of COMOH will receive their meeting package at a later date.)

Registration is \$149 plus HST and information on how to register can be found [here](#). The closing date to register is Wednesday, November 17th. Please note that you must be an alPHA member to participate in the Symposium or Section meetings.

alPHA would like to thank the University of Toronto's Dalla Lana School of Public Health for their generous support and the People Corporation for their sponsorship.

We hope to see you online on Friday, November 19th!

COVID-19 Update

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

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

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

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

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

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

alPHA Correspondence

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

COMOH Response - Input on Mandatory HCW Vaccines	2021-10-19
Premier Request - Input on Mandatory HCW Vaccines	2021-10-19
MLTSD Response - Paid Sick Leave	2021-09-22

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

Boards of Health: Shared Resources

A resource [page](#) is available on alPHA's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library. Resources available on the alPHA website include:

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

RFFSS Update

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

- ✓ **RRFSS provides local COVID-19 data** – RRFSS has over 100 COVID-19 related questions such as *Precautions (Distancing and Face coverings), Employment, Financial Impacts, Food Security* and *Vaccine Readiness*. Read an example of how one Health Unit has been able to utilize COVID-19 RRFSS data [here](#).
- ✓ **RRFSS provides timely data** – data is available to HUs approximately 8 weeks after data collection – giving current local data which is essential for HUs particularly given the delay of the CCHS data. Letters of Intent to join RRFSS in 2022 are due in November and cost options are now available. So now is the perfect time to plan on joining RRFSS.
- ✓ **RRFSS provides data for post pandemic planning** - HUs will be undertaking pandemic recovery planning and will need to have data for this purpose including data on the success of the vaccination roll-out, concerns about the vaccine and improving uptake. In addition, data will be necessary on other health conditions that were de-prioritised during the pandemic as the direct and indirect effects of COVID-19 on the population's longer-term health become apparent.

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

PHO Resources

PHO has released [At a Glance: Summary of Infection Prevention and Control Key Principles and Best Practices for Clinical Office Practice](#). This document provides important infection prevention and control (IPAC) best practices and resources for clinical office settings as they increase/resume in-person care, which may include vaccination as well as assessments and testing for acute respiratory illnesses such as influenza and COVID-19.

The information in this document is complementary to:

- Provincial Infectious Diseases Advisory Committee's [Infection Prevention and Control for Clinical Office Practice](#)
- [IPAC Checklist for Clinical Office Practice Core Elements](#)
- [Checklist for Infection Prevention and Control Assessment for Primary Care, Specialty and Walk-in Clinics during COVID-19](#)
-

Directives and relevant guidance from the Government of Ontario for providers in primary care and other community settings should continue to be followed. For more information visit Ministry of Health's website: [COVID-19: Guidance for the Health Sector](#).

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

Upcoming PHO Events

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

- [Webinar: Path to Success: Becoming an Infection Prevention and Control Rock Star with Your Program Review](#) 22 Oct 2021 Webinar
- [PHO Rounds: Novel Disease Surveillance Tools for the Next Pandemic](#)
- 26 Oct 2021 Webinar

- [Learning Exchange: Supports for workers responding to overdoses in Ontario](#)
 - 29 Oct 2021 Webinar
-

Upcoming DLSPH Events, Courses and Webinars

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

Upcoming events include:

- [Virtual Hereditary Cancer Series](#) (Jan. 15 - Nov. 19)
 - [CSPHP Rounds | Dr. Steini Brown: Science Advice During a Time of Crisis](#) (Oct. 22)
 - [Introduction to GitHub \(Health Data Working Group @ DLSPH\)](#) (Oct. 25)
 - [Department of Family and Community Medicine: Graduate Studies Admissions Open House](#) (Oct. 26)
 - [One Health, One World: From Antibiotics to Zoonoses](#) (Oct. 27)
 - [3rd CQ Critical Pedagogies Symposium on Teaching & Learning Critical Qualitative Health Methods](#) (Nov. 5)
-

News Releases

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

Association of Local Public Health Agencies

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



Loretta Ryan, CAE, RPP
Executive Director

Association of Local Public Health Agencies (alPHA)

480 University Avenue, Suite 300
Toronto, ON M5G 1V2
Tel: 416-595-0006 ext. 222
Cell: 647-325-9594

loretta@alphaweb.org
www.alphaweb.org



October 21, 2021

Honourable Christine Elliott
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU), I commend the strong progress being made in bringing COVID-19 under control through the public health measures and the vaccination campaign directed by the provincial government of Ontario. We continue to work collectively to complete the “final mile” of vaccination of the population while simultaneously continuing all activities of COVID-19 surveillance and case management/contact tracing.

The COVID-19 work has required an unprecedented quantity of resources, particularly human resources. Accordingly, boards of health have had to significantly augment their staffing specifically for the Mass Immunization Clinics. Salaries and related expenses of this greatly enhanced workforce (including transportation, supplies and equipment) have only been partially managed by the funding received from the province on July 22, 2021. SMDHU only received 42% of its COVID-19 funding request and costs to date have far exceeded that funding. To add to 2021 cash flow pressures, SMDHU would require the hiring of nursing and administrative staff to implement the provincially mandated vaccine clinics for 5–11-year-olds in Simcoe County and the District of Muskoka as well as implement the “booster” clinics for specific populations. With no immediate COVID-19 funding, these pressures for the end of 2021 compound finance issues for SMDHU and will potentially impede our ability to finance the human resources required.

The SMDHU Board of Health via management staff have been in active communication with Ministry of Health staff specifically related to the one-time funding COVID-19 requests. Unfortunately, the Board of Health experienced cash flow issues in July due to the lack of COVID-19 funding from the Ministry of Health to the point, that the Board was forced to seek approval from its four obligated municipalities to borrow from a bank up to \$5M to cover salaries and expenses for COVID-19 activities. SMDHU also sought and received from the Ministry of Health an advance in funding for the Ministry portion of the cost-shared budget to ensure that payroll commitments and the payment of vaccination expenses could be met. On October 20, 2021, the Board of Health approved a motion requesting that boards of health immediately receive the *COVID-19 Extraordinary Costs* and COVID-19 Vaccine Extraordinary Costs funding as articulated in SMDHU’s Q2 financial statement and that the Ministry of Health commit in writing to:

- (1) extend COVID-19 funding in 2022;
- (2) establish funding in 2022 for public health recovery activities; and,

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

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

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

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

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

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

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

- (3) increase provincial funding for public health base budgets proportional to the municipal levy increase needed in 2022 to maintain capacity for public health program delivery.

The financial pressure from not having access to the required amount of COVID-19 funding from the province, with the simultaneous requirement to respond to the pandemic through surveillance, case and contact management, outbreak response, education and enforcement of the changing requirements of the *Reopening Ontario (A Flexible Response to COVID-19) Act*, and the vaccination of the population has placed the Board in a precarious financial situation. If there is not sufficient funding from the province, there is also a sizeable risk that SMDHU will have a large year-end deficit moving into 2022 based on 2021 COVID-19 expenses that may require a large municipal levy increase to eliminate the deficit and to address the response needs in 2022.

For these reasons the SMDHU Board of Health urges the provincial government to approve and immediately flow the amount required by each health unit of one-time *COVID-19 Extraordinary Costs* and *COVID-19 Vaccine Program Extraordinary Costs*.

Thank you for considering this urgent matter.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CG:cm

cc: Ontario Boards of Health
MPPs of Simcoe Muskoka
City of Barrie Mayor and Council
City of Orillia Mayor and Council
The District Municipality of Muskoka District Chair and Council
County of Simcoe Warden and Council
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Graydon Smith, President, Association of Municipalities of Ontario

October 13, 2021



The Honourable Christine Elliott , Deputy Premier
Ministry of Health and Long-Term Care
10th Floor, 80 Grosvenor St
Toronto, ON M7A 2C4
Christine.Elliott@pc.ola.org

Dear Minister Elliott:

Re: Support for a Local Board of Health

On September 24, 2021 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Haliburton, Kawartha, Pine Ridge District Health Unit regarding support for a local Board of Health. The following motion was passed:

Motion No: 2021-80

Moved by: Mitch Twolan

Seconded by: Brian Milne

“That the Board of Health endorse the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit Re: requesting ongoing provincial government financial support for local public health.”

Carried.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sue Paterson".

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Dr. Charles Gardner, Chair, Council of Medical Officers of Health
Association of Municipalities of Ontario
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies

Encl.
/mh

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca

519-376-9420

1-800-263-3456

Fax 519-376-0605



September 16, 2021

Honourable Christine Elliott, Deputy Premier
Minister of Health, Ontario
Hepburn Block 10th Floor 80 Grosvenor Street Toronto,
ON M7A 1E9
Sent via email: christine.elliott@pc.ola.org

Dear Minister Elliot,

I want to begin by thanking you and your government for your leadership and financial support during the COVID-19 pandemic. On behalf of the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), I have appreciated the province's announcements to date which have included a commitment to fund 100% of the costs related to the COVID-19 response as well as the continuation of mitigation funding for the year 2022.

I am writing today to specifically request ongoing government financial support for the following items that have not been captured by previous funding announcements:

1. Allocations to support program "restarts", "catchup", and broader recovery
2. Increased base funding to reflect the following demands on health unit resources:
 - a. Endemicity of COVID-19 response activities
 - b. Increased wage, benefit, and operational costs due to inflation
 - c. Increased demand for health unit services to support population recovery from COVID-19 (e.g. mental wellness, harm reduction)

Since the start of the COVID-19 pandemic, HKPRDHU has responded to greater than 2,300 confirmed cases of COVID-19, 71 COVID-19 related outbreaks, responded to greater than 700 community complaints regarding infection prevention and control and enforcement for COVID-19 public health measures, and 6,930 COVID-19 related inquiries through our COVID-19 call centre. In addition, HKPRDHU has coordinated the implementation of COVID-19 vaccination across our jurisdiction with greater than 270,000 doses of vaccine administered.

Throughout the pandemic, resources at HKPRDHU have been diverted from pre-existing services to ensure a timely response to COVID-19 and prevent further spread of the virus throughout Ontario. Similar to other areas of the health sector, difficult decisions have been made about which programs to scale down (or stop) and which to continue. This has resulted in a backlog of services that includes the following:

- 2400 students that missed the school-based immunization program and an additional 1200 that have not been offered second doses to complete their full immunization series through the school program
- Greater than 70 small drinking water systems that require inspection in addition to the routine annual cohort for 2022
- 5300 children needing Oral health screening

.../2

:

PROTECTION · PROMOTION · PREVENTION

HEAD OFFICE
200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · 1-866-888-4577
Fax · 905-885-9551

HALIBURTON OFFICE
Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336

LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

We are reaching a point locally that if we don't start to catch up on these services the backlog will become too large of a hurdle to overcome. As such, we intend to build in capacity to begin addressing this issue but will require assurance from the Ministry that extraordinary costs associated with this will be covered.

It is now clear that COVID-19 will require dedicated attention for many years to come. Case and contact management, outbreak management, infection prevention and control, immunization, surveillance, communication, and enforcement activities will all see a baseline of increased work for the foreseeable future. To do this work well, we need to expand our public health workforce and provide opportunities for permanent positions.

Prior to COVID-19, local public health agencies had received only one increase to base funding in the past five years. Despite this, several new programs were introduced to the Ontario Public Health Standards, including Vision Screening and requirements to respond to Infection Prevention and Control Complaints and inspection of private swimming pools. Furthermore, due to inflation, wage, benefit, and operating costs continued to increase. This means that we were already under-resourced to respond to an infectious disease emergency as well as implement routine public health priorities prior to the pandemic.

Now, more than ever, our communities need a robust public health system to not only respond to the threat of newly emerging infectious diseases, but also help the population recover from the many collateral harms that have resulted throughout the pandemic response. Harms such as increased opioid overdose deaths and deterioration of children's mental health have been well documented over the last year. These are two key areas that local public health agencies have a clear mandate to address but will require the resources to do so.

For the above reasons, the Board of Health urges the provincial government to commit dedicated funding to support both catch-up and recovery of public health activities as well as the ongoing increased demands for health unit response to COVID-19. The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. As we look to the future, it is imperative that we support the recovery of public health in a comprehensive and sustainable way.

In writing this letter, we also call upon the Association of Local Public Health Agencies of Ontario to endorse/support this request.

Respectfully,

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT
Original signed by Mr. Elmslie

Doug Elmslie, Chair, Board of Health

DE/nb

Cc (via email): The Hon. Doug Ford, Premier
The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Dr. Charles Gardner, Chair, Council of Medical Officers of Health
Association of Municipalities of Ontario
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies