Algoma
PUBLIC HEALTH
Santé publique Algoma

# October 28, 2020

## BOARD OF HEALTH MEETING

Algoma Community Room - Webex video & teleconference

www.algomapublichealth.com

# Meeting Book - October 28, 2020 - Board of Health Meeting

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Algoma PUBLIC HEALTH
Santé publique Algoma

# Board of Health Meeting
# AGENDA
## October 28, 2020 at 5:00 pm
## Video/Teleconference | Algoma Community Room

**** Meeting held during the provincially declared emergency***

**BOARD MEMBERS**
Lee Mason - BOH Chair
Ed Pearce - F&AC Chair
Deborah Graystone - Gov. Chair
Dr. Patricia Avery
Louise Caicco Tett
Sally Hagman
Micheline Hatfield
Dr. Heather O'Brien
Brent Rankin
Matthew Scott

**APH EXECUTIVE**
Dr. Marlene Spruyt - Medical Officer of Health/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Justin Pino - CFO /Director of Operations
Antoniette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

**GUEST**
Alison McFarlane, PHN, Public Health Programs

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

**1.0 Meeting Called to Order** *L. Mason*

a. Declaration of Conflict of Interest

**2.0 Adoption of Agenda** *L. Mason*

**RESOLUTION**

THAT the **Board of Health agenda dated October 28, 2020** be approved as presented.

**3.0 Delegations / Presentations**

a. **When Public Health Crises Collide** *A. McFarlane*

b. **Briefing Note - The Other Public Health Crisis**

**4.0 Adoption of Minutes of Previous Meeting** *L. Mason*

**RESOLUTION**

THAT the **September 23, 2020 Meeting Minutes** be approved as presented.

**5.0 Business Arising from Minutes** *L. Mason*

**6.0 Reports to the Board**

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

**i.** MOH Report, October 2020

**ii.** OHT MOU Partnership Agreement

**RESOLUTION**

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

**iii. Signing Authority** *M. Spruyt*

**RESOLUTION**

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

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

SO BE IT RESOLVED that signing authority is provided to ______________________as the ______________________, designated by Resolution until the next election of Officers.

**b. Finance and Audit**

**i. Financial Statements** *J. Pino*

**RESOLUTION**

THAT the **unaudited Financial Statements for the period ending August 31, 2020** be approved as presented.

**7.0 New Business/General Business** *L. Mason*

**8.0 Correspondence** *L. Mason*

**a.** Letter to the Minister of Health, the Minister of Long-Term Care and Ontario's Long-Term Care COVID-19 Commission from Simcoe Muskoka District Health Unit regarding **COVID-19 and Long-Term Care Reform,** dated September 18, 2020.

**b.** Letter to the Prime Minister of Canada and the Deputy Prime Minister and Minister of Finance from Public Health Sudbury & Districts regarding Basic Income for **Income Security during the COVID-19 Pandemic and Beyond** dated October 13, 2020.

**9.0 Items for Information** *L. Mason*

**a. alPHA Information Break October 2020**

**b.** ***Public Health Champion Awards 2020***

**10.0 Addendum** *L. Mason*

**11.0 In-Camera** *L. Mason*

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.

**12.0 Open Meeting** *L. Mason*

Resolutions resulting from in-camera meeting.

**13.0 Announcements / Next Committee Meetings:** *L. Mason*

**Finance & Audit Committee Meeting**
Thursday, November 12, 2020 @ 5:00 pm
Webex Audio / Video Conference |SSM Algoma Community Room

**Governance Committee Meeting**
Wednesday, November 18, 2020 @ 5:00 pm
Webex Audio / Video Conference |SSM Algoma Community Room

**Board of Health Meeting**
Wednesday, November 25, 2020 @ 5:00 pm
Webex Audio / Video Conference |SSM Algoma Community Room

**14.0 Evaluation** *L. Mason*

**15.0 Adjournment** *L. Mason*

**RESOLUTION**

THAT the Board of Health meeting adjourns.

Algoma PUBLIC HEALTH Santé publique Algoma

**Board of Health Meeting**
**MINUTES**
**September 23, 2020 at 5:00 pm**
**Video/Teleconference | Algoma Community Room**
**** Meeting held during the provincially declared emergency***

| | **BOARD MEMBERS** | **APH EXECUTIVE** |
|---|---|---|
| **PRESENT :** | Lee Mason - BOH Chair | Tania Caputo - Board Secretary |
| | Deborah Graystone - Gov. Chair | |
| | Dr. Patricia Avery | |
| | Sally Hagman | |
| **GUEST :** | Deborah Antonello - Presentation | |
| **VC/TC :** | Ed Pearce - F&AC Chair | Dr. Marlene Spruyt - Medical Officer of Health/CEO |
| | Louise Caicco Tett | Dr. Jennifer Loo - AMOH & Director of Health Protection |
| | Micheline Hatfield | Justin Pino - CFO /Director of Operations |
| | Dr. Heather O'Brien | Antoniette Tomie - Director of Human Resources |
| | Brent Rankin | Laurie Zeppa - Director of Health Promotion & Prevention |
| | Matthew Scott | |
| **GUEST :** | Lisa O'Brien - Presentation | |

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

## 1.0 Meeting Called to Order

### a. Declaration of Conflict of Interest

No conflicts declared.

## 2.0 Adoption of Agenda

| **RESOLUTION 2020-70** | **Moved:** | B. Rankin |
|---|---|---|
| | **Seconded:** | P. Avery |

THAT the **Board of Health agenda dated September 23, 2020** be approved as presented.

**CARRIED**

## 3.0 Delegations / Presentations

### a. Health Equity - Basic Income Guarantee

Deborah Antonello and Lisa O'Brien delivered the Basic Income presentation explaining the relationship between low income and poor health outcomes. Basic Income is a policy opportunity for improving population health. There was an interest in seeing data from the Basic Income pilots and staff will bring that forward at a future Board of Health Meeting.

### b. Basic Income resolution

| **RESOLUTION 2020-71** | **Moved:** | H. O'Brien |
|---|---|---|
| | **Seconded:** | S. Hagman |

Whereas addressing the determinants of health and reducing health inequities are fundamental to the work of public health; and

Whereas effective public health programs and services consider the impact of the determinants of health on health outcomes; and

Whereas income is the single largest determinant of health and low income has a well-established link to adverse health outcomes and is associated with shorter life expectancy; and

Whereas income or lack thereof determines the quality of other social determinants of health, such as food insecurity, housing and basic necessities of life; and

Whereas currently, 14.2% of Canadians, 13.7 % of Ontarians and 16.1% of Algoma residents live in low income circumstances; and

Whereas income inequality continues to increase in Ontario and Canada while current income security programs by provincial and federal governments are not sufficient to ensure adequate, secure income for all; and

Whereas the current economic disruption of COVID-19 has exacerbated income inequality to unprecedented levels, with certain priority populations (e.g. immigrants, refugees, low-income workers, having been disproportionately impacted: and

Whereas the Canadian Emergency Response Benefit (CERB) was created as a temporary measure to respond to the immediate economic crisis associated with COVID-19; and

Whereas this is an opportunity to build healthy public policy by restructuring CERB into a basic income program for all Canadians; and

Whereas a basic income program will reduce persistent poverty and improve Canadians' health, and their ability to manage future and existing income challenges; and

Whereas the concept of a basic income has been endorsed by many, including, Association of Local Public Health Agencies (Ontario), Canadian Medical Association, Canadian Public Health Association, Ontario Public Health Association, and the Ontario Dietitians in Public Health, as part of multipronged approach to reducing poverty; and

Whereas there is growing public and political sector support for a national basic income.

Now Therefore Be It Resolved That the Board of Health of Algoma Public Health write to the Prime Minister of Canada recommending the revision of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.

And furthermore That the Premier of Ontario, Algoma District MPs and MPPs and municipal councils, the Sault Ste. Marie Poverty Round Table, the North Shore Poverty Network, the Association of Local Public Health Agencies, the Ontario Public Health Association, and the Boards of Health in Ontario receive a copy of the Board's letter to the Prime Minister.

**CARRIED**

## 4.0 Adoption of Minutes of Previous Meeting

| RESOLUTION 2020-72 | Moved: | H. O'Brien |
|---|---|---|
| | Seconded: | D. Graystone |

THAT the **June 24, 2020 Board of Health Minutes, August 18, 2020 Special Meeting Minutes and September 2, 2020 Special Meeting Minutes** be approved as presented.

**CARRIED**

## 5.0 Business Arising from Minutes

## 6.0 Reports to the Board

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

- **i.** MOH Report, September 2020
- **ii.** Public Health System Evaluation - *for information only*
- **iii.** There is an opportunity for interested Board members to attend the virtual Advance Program Leadership Sessions for collaborative governance.

| RESOLUTION 2020-73 | Moved: | B. Rankin |
|---|---|---|
| | Seconded: | E. Pearce |

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

**CARRIED**

### b. Finance and Audit

**i. Financial Statements**

**ii. COVID Costs**

J.Pino provided an overview of the Financial Statements, highlighting the funding approved and where it is allocated.

| RESOLUTION 2020-74 | Moved: | E. Pearce |
|---|---|---|
| | Seconded: | P. Avery |

THAT the **unaudited Financial Statements for the period ending July 31, 2020** be approved as presented.

**CARRIED**

**ii. Infant Development Annual Reconciliation**

| RESOLUTION 2020-75 | Moved: | E. Pearce |
|---|---|---|
| | Seconded: | M. Hatfield |

THAT the Board of Health receives and approves the **Transfer Payment Annual Reconciliation for the Infant Development program** as presented.

**CARRIED**

**iii Levy Reimbursement Briefing Note**

| RESOLUTION 2020-76 | Moved: | E. Pearce |
|---|---|---|
| | Seconded: | P. Avery |

THAT, as a result of the 2020 levy increase being a direct result of the previously announced cost-sharing changes, the Board of Health for the District of Algoma reimburse contributing municipalities a total $229,265 to be apportioned based on 2016 Census data.

**CARRIED**

**c. Governance**

**i. Governance Committee Chair Report**

ii. **02-05-015 Conflict of Interest - Policy**

**iv. 02-05-035 Continuing Education for Board Members**

**iii. 02-05-080 Performance Evaluation for MOH CEO - Policy**

**v. 02-05-086 Sponsorship of Charitable Organizations**

| RESOLUTION 2020-77 | Moved: | S. Hagman |
|---|---|---|
| | Seconded: | H. O'Brien |

THAT the **Governance Committee Chair report** for September 2020 be accepted as presented.

THAT the Board of Health has reviewed and approves **Policy 02-05-015 Conflict of Interest** as presented, and;

THAT the Board of Health has reviewed and approves **Policy 02-05-035 Continuing Education for Board Members** as presented, and;

THAT the Board of Health has reviewed and approves **Policy 02-05-080 Performance Evaluation for MOH CEO** as presented, and;

THAT the Board of Health has reviewed and approves **Policy 02-05-086 Sponsorship of Charitable Organizations** as presented.

**CARRIED**

## 7.0 New Business/General Business

## 8.0 Correspondence

**a.** Emails addressed to the Board of Health regarding the direction to mask in indoor public places.
Lee advised that there have been many communications received from community members strongly opposed to or in favour of mask wearing.

**b.** Letter to the Prime Minister of Canada, The Deputy Prime Minister and the Minister of Finance from Peterborough Public Health regarding **Basic Income for Income Security during Covid-19 Pandemic and Beyond** dated June 25, 2020.

**c.** Letter to the Prime Minister of Canada, The Deputy Prime Minister and the Minister of Finance from Porcupine Health Unit regarding **Basic Income for Income Security during Covid-19 Pandemic and Beyond** dated June 29, 2020.

**d.** Letter to the Prime Minister of Canada, The Deputy Prime Minister and the Minister of Finance from Renfrew County and District Health Unit regarding **Basic Income for Income Security during Covid-19 Pandemic and Beyond** dated July 16, 2020.

**e.** Letter to the Prime Minister of Canada, The Deputy Prime Minister and the Minister of Finance from Chatham-Kent Public Health regarding **Basic Income for Income Security during Covid-19 Pandemic and Beyond** dated July 27, 2020.

**f.** Letter to the Minister of Health and Minister of Justice and Attorney General of Canada from Chatham-Kent Public Health regarding **The Decriminalization of Personal Possession of Illicit Drugs** dated July 30, 2020.

**g.** Letter to the Deputy Premier, Minister of Health and Long-Term Care from Simcoe Muskoka District Health Unit regarding **Health Unit Funding During COVID-19,** dated August 19, 2020.

**9.0 Items for Information**

**a.** Letter to the Minister of Health from the Association of Local Public Health Agencies regarding **Protecting Children and Youth from Dangers of Vaping** dated July 9 2020.

**10.0 Addendum**

**11.0 In-Camera 6:27 pm**

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

| **RESOLUTION 2020-78** | **Moved:** | P. Avery |
|---|---|---|
| | **Seconded:** | D. Graystone |

THAT the Board of Health go in-camera.

**CARRIED**

**12.0 Open Meeting - 6:56 pm**

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

**13.0 Announcements / Next Committee Meetings:**

**Finance & Audit Committee Meeting**
October 14, 2020 @ 5:00 pm
Webex Audio / Video Conference |SSM Algoma Community Room

**Board of Health Meeting**
October 28, 2020 @ 5:00 pm
WebEx Audio / Video Conference |SSM Algoma Community Room

**Governance Committee Meeting**
November 18, 2020 @ 5:00 pm
WebEx Audio / Video Conference |SSM Algoma Community Room

**14.0 Evaluation**

Reminder to Board members to complete the meeting evaluation.

## 15.0 Adjournment

| RESOLUTION 2020-81 | Moved: | S. Hagman |
|---|---|---|
| | Seconded: | M. Hatfield |

THAT the Board of Health meeting adjourns.

**CARRIED**

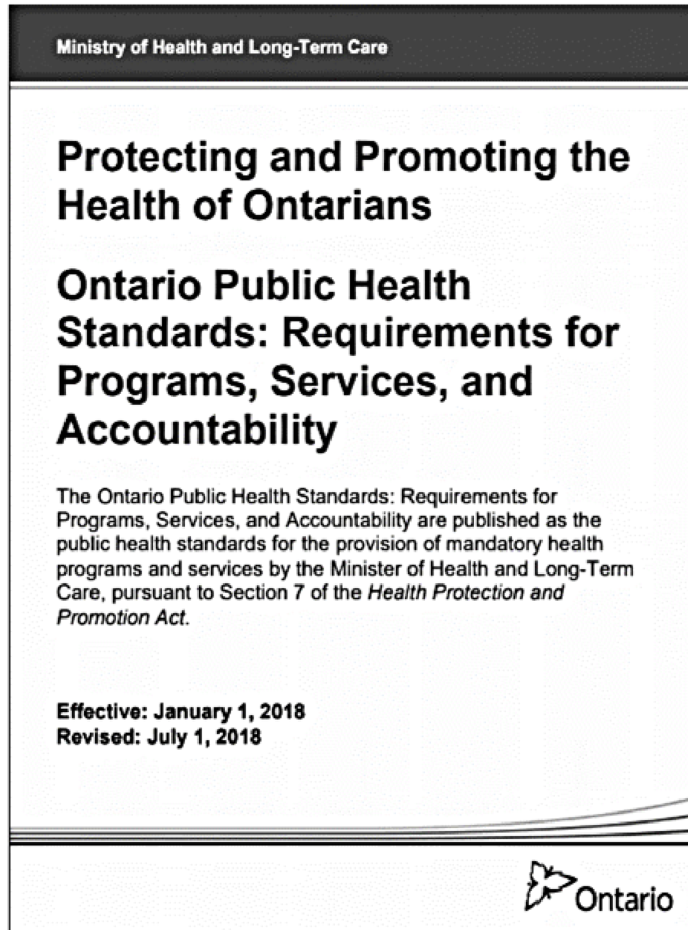
| **Lee Mason, Chair** | **Tania Caputo, Secretary** |
|---|---|
| **Date** | **Date** |

# When Public Health Crises Collide

## A Call for Provincial Re-Commitment to the Opioid Crisis

Presenter: Allison McFarlane
Date: October 28, 2020

# Mandate to Reduce the Burden of Substance Use



Ministry of Health and Long-Term Care

Protecting and Promoting the Health of Ontarians

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability are published as the public health standards for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the *Health Protection and Promotion Act*.

**Effective: January 1, 2018**
**Revised: July 1, 2018**

Ontario

The Ontario Public Health Standards, 2018 (OPHS) identify a broad mandate for Boards of Health to improve health and health equity for local populations.

Under the **Substance Use and Injury Prevention Program Standard** there is a specific mandate to work towards reducing the health burden of substance use in the local setting.

# The Burden of Addiction in Algoma

- Algoma experiences a significantly higher opioid-related death rate compared to Ontario
- Algoma has higher rates of hospitalizations related to drug toxicity than Ontario, with opioids being a major cause
- In 2017, the City of Sault Ste. Marie had the **8th highest ED visit rate for opioid-poisoning**, compared to other cities in Canada with a population of 50,000-99,999


Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2020). 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
Algoma Public Health. (2018). Community Health Profile. Sault Ste. Marie, ON. Retrieved from http://www.algomapublichealth.com/media/2799/2018-community-health-profile-full-releasedigital-v2.pdf
Canadian Institute for Health Information (December 2018). Opioid-Related Harms in Canada. Ottawa, ON: CIHI; 2018. Retrieved from https://www.cihi.ca/sites/default/files/document/opioidrelated-harms-report-2018-en-web.pdf

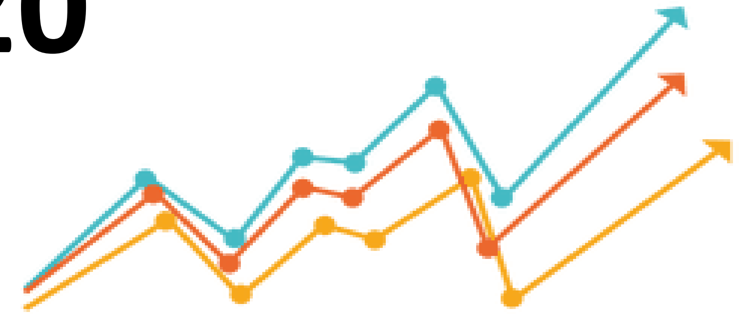
# The Burden of Addiction in Algoma

In 2019:

- Males experienced higher rates of opioid-related emergency room visits and deaths
- Females had higher rates of opioid-related hospitalizations
- Men, aged 25 – 64 years of age experience the highest rates of opioid-related deaths
- Nearly all opioid-related deaths are accidental (unintentional)
- Fentanyl was found in 15 out of 17 (88%) opioid-related deaths (ON 76%)
- Carfentanil was found in 41% of opioid-related deaths (11% the previous year)

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2020). 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

# A Snapshot of 2020



By the end of December 2020 it is projected:

- Ontario is on pace to experience approximately 1848 opioid-related deaths;
- NE LHIN is on pace to experience approximately 166 opioid-related deaths; and
- Algoma is on pace to experience approximately **29 opioid-related deaths**
    - From January to May, there were **20** *probable** opioid-related deaths in Algoma (12 confirmed)

**2020 data is considered preliminary and subject to change*

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2020). 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

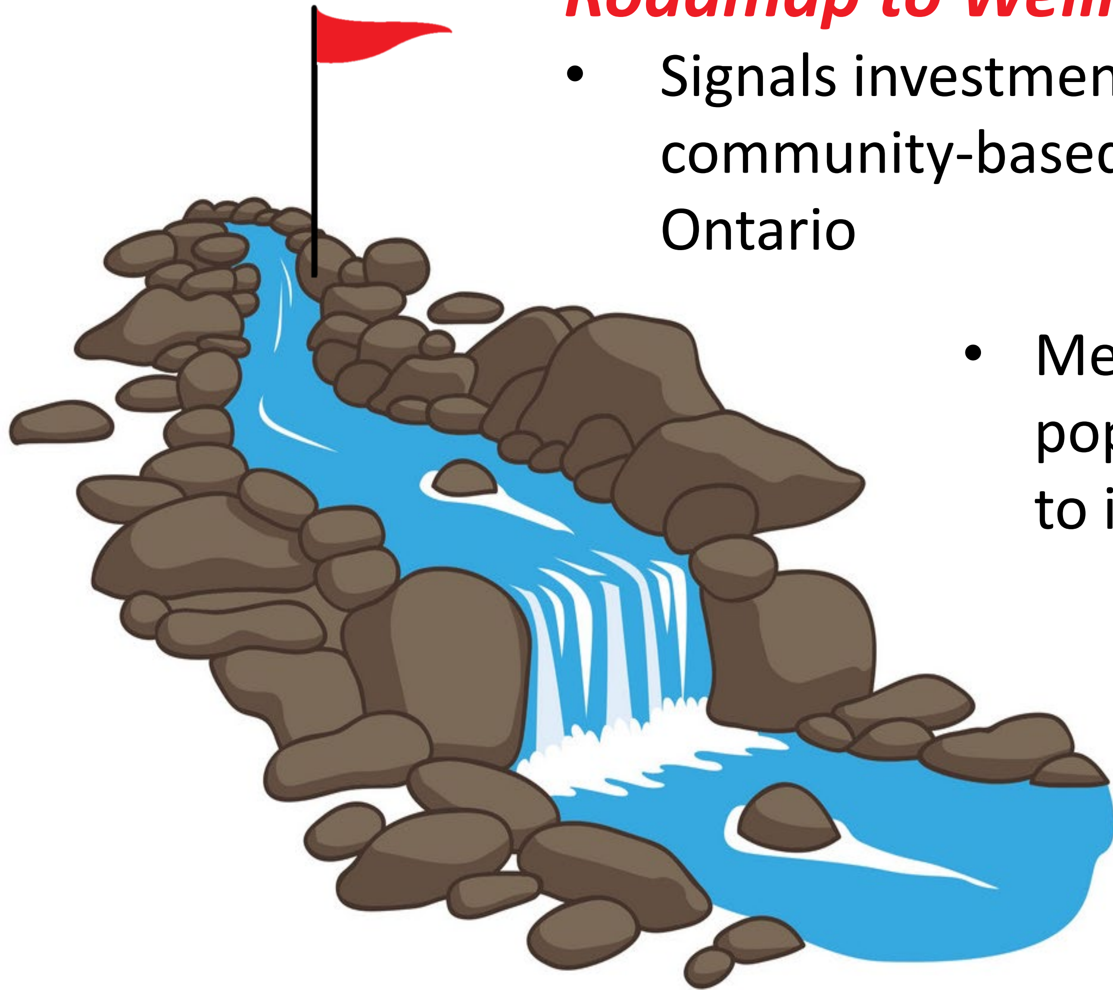
# COVID-19: New Complexities

A Canadian study found that people who use substances reported a loss of social connection and supports, as well as increased fear, anxiety, and isolation as a result of COVID-19.

COVID-19 has stretched already scarce human and financial resources across Algoma. Upstream health promotion, harm reduction, and medically-appropriate treatment interventions are needed in order to reduce the burden of opioids in Algoma communities.

https://www.health.harvard.edu/blog/a-tale-of-two-epidemics-when-covid-19-and-opioid-addiction-collide-2020042019569
https://thewalrus.ca/the-pandemic-is-intensifying-the-opioid-crisis/

# Upstream Health Promotion



***Roadmap to Wellness, 2020***

- Signals investments in upstream health promotion interventions and community-based mental health and addictions services across Ontario
- Mental health and addiction needs of the general population are the highest in volume, yet least-costly to implement
- Upstream, evidence-based prevention and health equity measures have been identified for local communities, many of which local public health and its health and social service partners are not currently resourced to implement

https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system

# Harm Reduction Program Enhancement

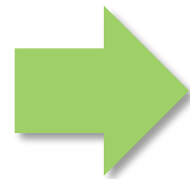
In 2017, APH received funding through the Harm Reduction Program Enhancement, a provincial funding stream highlighting **3 key areas** of work:

1. Local opioid response
2. Naloxone distribution and training
3. Opioid overdose early warning and surveillance

# Local Opioid Response

- The Board of Health supported Sault Area Hospital's proposal for a regional level III residential withdrawal management facility in February of 2019.
- APH was part of the Health Canada Grant application committee, and is now part of the planning committee for the Community Health and Recovery Hub.
- APH is a member organization of the Sault Ste. Marie & Area Drug Strategy.
- APH continues to provide Needle Exchange Services and Naloxone distribution across the district.
- APH is working towards reducing stigma and discrimination faced by those with substance use disorders and mental illness.

**Closed March 2020 after 6 years of providing resources and service navigation**



**'Harm Reduction Hub' in the works for mental health/addictions patients**

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2020). 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

# Naloxone Distribution & Training

- Naloxone Training
- Harm Reduction Training
- Client Relationship Training
- Policy Support

# Opioid Overdose Early Warning & Surveillance

- APH distributes opioid surveillance bulletins to community partners
- Provides media releases as needed when numbers are above threshold
- Provides additional harm reduction messaging to community partners/clients when there are increasing numbers of opioid-related ED visits, hospitalizations or overdoses.

# Opportunity to Build Back Better

APH and its health and social service partners are currently under-resourced to respond to two public health crises.

The provincial government has an opportunity to **build back better**, by re-committing to the opioid crisis via targeted investments in local public health and northern initiatives.

# Opportunity to Build Back Better

We are asking the Board of Health to write to the Ontario Minister of Health and to local Members of Provincial Parliament to request a **provincial re-commitment** to the opioid crisis, via **investments in local public health** and **community-based services**, including the approval of funding for a regional level III residential withdrawal management services facility, to be located in Sault Ste. Marie.

Algoma PUBLIC HEALTH Santé publique Algoma

# Briefing Note

**To:** Algoma Public Health Board of Health

**From:** Dr. Marlene Spruyt, MOH/CEO

**Date:** October 28, 2020

**Re:** The Other Public Health Crisis: A Call for Provincial Re-Commitment to the Opioid Crisis

☒ For Information ☐ For Discussion ☒ For a Decision

## PURPOSE:

The opioid crisis continues to have devastating effects across Algoma; *killing more people than COVID-19*.[1,2] The provincial government's March 2020 report- *Roadmap to Wellness: a plan to build Ontario's mental health and addictions system*- outlines a policy agenda that signals investments in upstream health promotion interventions and community-based mental health and addictions services across Ontario.[3]
The health system in Algoma continues to operate on limited resources while effectively trying to manage the escalation of two public health crises; opioids and COVID-19. Algoma Public Health (APH) is calling on the provincial government to re-commit to the opioid crisis via funding earmarked specifically for upstream local public health interventions and community treatment and support services. These critical investments are needed in order to effectively respond to, and reduce, the substantial health and societal burden of opioid-related illness and death in Algoma.

## KEY MESSAGES

- The health burden of substance use in Algoma is substantial; opioid-related deaths, hospitalizations, and emergency department visits are much higher in Algoma than in Ontario.
- APH and community-based agencies require additional resources to provide sustainable upstream, population-based health promotion and prevention interventions, as well as support to help sustain a new Community Hub that will centralize harm reduction and wrap-around service delivery for people who suffer from substance use disorder in Algoma.
- The Sault Area Hospital's proposal for a regional level III residential withdrawal management services facility is awaiting approval from the provincial government.

This facility would better address the needs of people who live with substance use disorder in northern Ontario than the current level I facility in Sault Ste. Marie.

- The attached resolution asks the Board of Health to write to the Ontario Minister of Health and to local Members of Provincial Parliament to request a provincial re-commitment to the opioid crisis, via investments in local public health and community-based services, including the approval of funding for a regional level III residential withdrawal management services facility, to be located in Sault Ste. Marie.

The Ontario Public Health Standards, 2018 (OPHS) identify a broad mandate for Boards of Health to improve health and health equity for local populations. Under the Substance Use and Injury Prevention Program Standard there is a specific mandate to work towards reducing the health burden of substance use in the local setting.

***The burden of illness of addiction in Sault Ste. Marie and Algoma***

Substance use disorder, also known as drug addiction, is a significant public health issue in Algoma. The burden of this problem extends beyond health harms to citizens (i.e. opioid poisonings and deaths) to include system-wide strains such as emergency department (ED) visits, hospitalizations, and financial and mental health strain experienced by caregivers when caring for family members and friends living with substance use disorder.

Algoma experiences a significantly higher opioid-related death rate compared to Ontario (see Table 1 below).[4] Additionally, Algoma has higher rates of hospitalizations due to drug toxicity than Ontario, with opioids being a major cause.[5] In 2017, the City of Sault Ste. Marie had the 8th highest ED visit rate for opioid-poisoning, compared to other cities in Canada with a population of 50,000-99,999.[6] Table 1 shows the rate of opioid-related ED visits, hospitalizations, and deaths during 2019 for Algoma, the North East Local Health Integration Network (NE LHIN), and Ontario.[4]

*Table 1. Rates of opioid-related ED visits, hospitalizations, and deaths, 2019: a regional comparison*

| | ED visits | Hospitalizations | Deaths |
|---|---|---|---|
| **Algoma** | 112.8 | 21.0 | 14.9 |
| **NE LHIN** | 135.3 | 25.4 | 21.1 |
| **Ontario** | 71.6 | 13.6 | 10.3 |

Note: crude rates are per 100,000 people

***Local, population-level health promotion interventions require a greater investment***

In the fall of 2017 APH received $150,000 through the Harm Reduction Program Enhancement funding, a provincial funding stream that provides annual, ongoing funding that specifies three areas of mandatory work for local public health units: local opioid response, naloxone distribution and training, and opioid overdose early warning and surveillance. The funding primarily resourced downstream interventions, including the coordination and provision of community harm reduction services (e.g. naloxone); representing only a portion of the 4 pillared approach to addressing substance use.[7] Additional upstream, evidence-based prevention and health equity measures have been identified for local communities;[8] many of which local public health and its health and

social service partners are not currently resourced to implement. Some of these measures include destigmatizing drug use via sharing guidelines to reduce stigma in media reports, and mass media campaigns to challenge stereotypes and prejudice.[8]
*Roadmap to Wellness* identifies population-level health promotion and prevention interventions as being within the purview of public health, and notes that while they are the highest in need across the general population, they are indeed lowest in cost.[3] Local public health units have a clear understanding of local need in their communities; using community-based decision-making to help drive better health outcomes.[9] As community leaders in health promotion, harm reduction, and treatment services, local public health and its community partners require a greater provincial investment in the local opioid response, in order to effectively lead and collaborate on a multitude of community-based interventions aimed at reducing the burden of substance use in Algoma, particularly amidst the backdrop of the ongoing COVID-19 pandemic.

***The Algoma community needs better wrap-around services and treatment for people who use substances***

A prominent hub for connecting people who use substances to services and supports in Sault Ste. Marie, the Neighbourhood Resource Centre closed in March, with plans to re-open a new location with a new model of care for the community.[10] Given that the month of May, 2020, saw the highest provincial opioid death toll since November 2018,[4] and the ongoing concerns about the substantial health burden caused by opioids in Algoma,[1] the absence of a centralized Community Hub is greatly felt in Sault Ste. Marie, a community hit particularly hard by opioids.[4] With a client-centred approach, the new Community Hub will provide wrap-around care across various domains (e.g. needle exchange, counselling, testing); working across sectors to address the root causes of substance use issues.[11] While the Hub is operating on a three year grant from Health Canada,[12] COVID-19 has affected the implementation and sustainability of the Hub, further stretching already scarce community resources.

While part of the Community Hub model seeks to address problematic substance use at its root causes, medical care for many struggling with opioid-use disorder in Algoma remains inadequate. The Sault Area Hospital (SAH) continues to await a decision from the provincial government for a regional level III residential withdrawal management facility, to be located in Sault Ste. Marie. There is a substantial gap in adequate services and care for people experiencing substance use disorder in Algoma and in northern Ontario, which contributes to individual and system-level burdens in the community. For the past 40 years the SAH has been operating a level I withdrawal management facility in Sault Ste. Marie, which has been identified as no longer adequate for servicing the needs of the community.[13] Despite the announcement in *Roadmap to Wellness* to invest in additional withdrawal management facilities across Ontario,[3] SAH's 2016 proposal (and May 2020 re-application) for a level III residential withdrawal management facility remains unanswered.[13,14]

***COVID-19 has exacerbated an opioid crisis that is disproportionately worse in Northern Ontario: A call for action***

The burden of substance use in Algoma is substantial, and it continues to be exacerbated by the COVID-19 pandemic. A Canadian study found that people who use substances reported a loss of social connection and supports, as well as increased fear, anxiety, and isolation as a result of COVID-19; making them more vulnerable to the health impacts of the virus and the hardships of physical distancing.[15] Furthermore, systemic health inequities in northern Ontario (e.g. access to culturally appropriate services) have been in place long before COVID-19, worsening the health status of many who suffer from substance use disorder.[11]

APH and its health and social service partners are currently under-resourced to respond to two emerging crises. The provincial government has an opportunity to "build back better," by developing health and social policy that will reduce inequities in society[16] (e.g. access to appropriate treatment for northerners). A provincial re-commitment to the opioid crisis via targeted investments in local public health and northern initiatives, such as the Algoma Community Hub and the regional level III residential withdrawal management facility, is directly aligned with the policy agenda of *Roadmap to Wellness* and also the report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine, *Hallway Health Care: A System Under Strain (2019)*.[17]

The attached resolution asks the Board of Health to write to the Ontario Minister of Health and to local Members of Provincial Parliament to request a provincial re-commitment to the opioid crisis, via investments in local public health and community-based services, including the approval of funding for a level III residential withdrawal management services facility, to be located in Sault Ste. Marie.

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Algoma PUBLIC HEALTH Santé publique Algoma

# Board of Health

| Date: October 28, 2020 | Resolution No: |
|---|---|
| Moved: | Seconded: |
| **Subject: The Other Public Health Crisis: A Call for Provincial Re-Commitment to the Opioid Crisis** | |

WHEREAS under the Ontario Public Health Standards, the Board of Health for Algoma Public Health (APH) has a specific mandate to reduce the burden of substance use as well as a general mandate to work with community partners to improve overall health and health equity for the population of Algoma; and

WHEREAS substance use disorder, commonly known as drug addiction, is a significant public health issue in communities across Canada, including the City of Sault Ste. Marie and other Algoma and northern Ontario communities; and

WHEREAS in 2019 the health burden of substance use in Algoma was substantial; opioid-related deaths, hospitalizations, and emergency department visits were much higher in Algoma than in Ontario; and

WHEREAS The provincial government's March 2020 report- *Roadmap to Wellness: a plan to build Ontario's mental health and addictions system (Roadmap to Wellness)*- outlines a policy agenda that signals investments in upstream health promotion interventions and community-based mental health and addictions services across Ontario; and

WHEREAS *Roadmap to Wellness* acknowledges that the mental health and addiction needs of the general population are the highest in volume, yet least-costly to implement; and

WHEREAS *Roadmap to Wellness* also acknowledges the need to invest in community-based mental health and addiction services; and

WHEREAS the Harm Reduction Program Enhancement funding received by APH in the fall of 2017 helped strengthen community interventions that are primarily downstream in nature (i.e. provision of naloxone), yet additional upstream, evidence-based prevention measures have been identified for local public health action; many of which APH and its community partners are not currently resourced to implement; and

WHEREAS the Neighbourhood Resource Centre, a prominent community hub for connecting people who use substances to services and supports in Sault Ste. Marie, closed in March of 2020; and

WHEREAS community agencies in Sault Ste. Marie are working to open a new hub that will provide wrap-around care for people who use substances in Sault Ste. Marie and Algoma; and

WHEREAS the new community hub is operating on a three year grant from Health Canada, yet the sustainability of the project is threatened, particularly in light of COVID-19 challenges regarding human and financial resources; and

WHEREAS there is currently no access to treatment for people with substance use disorder requiring level III withdrawal management services in northern Ontario; and

WHEREAS despite the announcement in *Roadmap to Wellness* to invest in additional withdrawal management facilities across Ontario, Sault Area Hospital's 2016 proposal (and May 2020 re-application) for a level III residential withdrawal management facility remains unanswered; and

WHEREAS provision of a level III regional withdrawal management facility would be consistent with the Premier's commitment to ending hallway medicine by matching local needs to an appropriate mix of services and potentially alleviating the burden on hospitals; and

WHEREAS APH and its partnering agencies require additional resources to effectively respond to, and reduce, the substantial health and societal burden of opioid-related illness and death in Algoma; and

WHEREAS the provincial government has an opportunity to "build back better," by developing health and social policy that will reduce inequities in society; and

WHEREAS a provincial re-commitment to the opioid crisis via targeted investments in local public health and northern initiatives, such as the Algoma Community Hub and the regional level III residential withdrawal management facility, is directly aligned with the policy agenda of *Roadmap to Wellness* and also the report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine, *Hallway Health Care: A System Under Strain (2019)*;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health write to the Ontario Minister of Health, the Associate Minister for Mental Health and Addictions, and to local Members of Provincial Parliament in Algoma to request a provincial re-commitment to the opioid crisis, via investments in local public health and community-based services, including the approval of funding for a level III residential withdrawal management services facility, to be located in Sault Ste. Marie; and

BE IT FURTHER RESOLVED THAT correspondence of this resolution be copied to the Federal Minister of Health, Members of Parliament of northeastern Ontario, the Chief Medical Officer of Health of Ontario, the Boards of Health of Ontario, the councils of Algoma municipalities, the Canadian Mental Health Association Sault Ste. Marie Branch, the Sault Area Hospital CEO, and the North East LHIN CEO.

**CARRIED: Chair's Signature** ______________________________

☐ **Patricia Avery** ☐ **Sally Hagman** ☐ **Heather O'Brien** ☐ **Brent Rankin**

☐ **Louise Caicco Tett** ☐ **Micheline Hatfield** ☐ **Ed Pearce** ☐ **Matthew Scott**

☐ **Deborah Graystone** ☐ **Lee Mason**

Algoma PUBLIC HEALTH
Santé publique Algoma

October 2020

Report of the

# Medical Officer of Health / CEO

Prepared by:
Dr. Marlene Spruyt and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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# APH AT-A-GLANCE

## APH 7 months into the COVID-19 Pandemic

Ontario appears to be well into the 2nd wave of the COVID pandemic, with rates increasing exponentially during the past few weeks. To date, high rates have been occurring predominately in the southern and more urban areas of the province. In these so-called hot zones, the province has instituted additional restrictions in businesses and facilities that appear to be the origin of many of the positive cases and outbreaks.

Algoma and Northern Ontario continue to see a steady trickle of positive COVID-19 cases but are not yet seeing rates comparable to our southern neighbours. We continue to monitor the source of the virus in our identified cases, most of which can only be attributed to unknown community transmission; some acquired locally, a few connected to travel to other areas of the province. Additional cases have been identified on surveillance testing of LTCH staff, which because of the other measures in place in those facilities, have not extended to any significant outbreaks.

Communicating in a crisis is a complex and continuing challenge. Change has been a constant occurrence during the past several months. Every few weeks, new directives, guidance documents, or regulations are announced, and more recently, the regulations vary depending on what region of the province your reside in. Our communications team has done an amazing job at revising our website, messaging on social media, sending e-mail blasts to various sector groups.

Risk communication, when the situation continues to evolve, adds another layer of complexity. In a typical emergency, like a hurricane or a flood, one communicates the impending event and alerts the public about the risk, provides advice on how to stay safe, continues that the same messaging for a week or so until the event happens and then begins to provide recovery messaging. Most other disasters have evacuation as an option. This Pandemic is completely different as we continue to learn new things about the science of how the virus spreads and how our behaviour should change based on our current community status.

It is not surprising that the public becomes confused; We will be criticized as public health professionals for changing our advice over time. We have been doing so because the science is evolving. Our advice will appear inconsistent as we are responding to the unique needs of those in different parts of the province/country/world, and those realities vary. Our residents have access to multiple media channels from many locations where situations on the ground are different, and they hear news reports and experts who have different opinions.

It is challenging for people to assess the large volume of information available to them; how to determine what is credible; what is fake news. Media sources thrive on creating controversy and outrage as it increases readership.

This was particularly notable recently in trying to publically communicate what was legally allowable and what public health advised to minimize risk.

Tobacco is a legal substance: To minimize health risks we advise people to abstain from using tobacco products. Alcohol is a legal substance; we advise on low risk drinking guidelines. We advise people to wear a bicycle helmet even though it is not required by law.

Consequently when we saw the increasing positive cases resulting from uncontrolled and unmonitored social gatherings/parties we advised people to restrict their gatherings and minimize their travel. This is public health guidance along with our other usual advice to maintain physical distancing of 2 meteres and wash your hands often.

However, currently in Ontario some forms of events are legally allowed under Stage 3 in the Framework for Re-Opening. Regulation 364/20 outlines the various restrictions for many different venues and can be found here.

This apparent contradiction upset many residents and resulted in much social media controversy and several direct complaints.

Algoma Public Health cannot prevent a premise or event from operating if they are in compliance with regulations set by the province. We provide advice for them to follow to meet the requirements of the current legislation.It does not mean we support or endorse specific gatherings or events or that these gatherings are without risk.

The province’s intention for ‘monitoring’ is to prevent organized public events and social gatherings from proceeding with more than 10 people indoors/ 25 people outdoors unless there is a business or organization responsible for the venue to ensure compliance with the COVID-19 restrictions during the event.

## PARTNERSHIPS

Enclosed separately in the Board package is the MOU, which outlines our relationship with the Algoma Ontario Health Team (OHT). The move to integrated care by way of OHTs represents some of the most rapidly evolving health-system reforms that Ontario has experienced in many years. Moving this forward while COVID-19 continues to place pressure on the health-care

system is challenging. However, lessons learned from the Pandemic influence the ongoing development of OHTs and innovative ideas may be implemented faster.

Currently, the Algoma OHT has addressed the need to expand influenza immunization clinics in the SSM area. Health care providers continue to offer the vaccine in their independent locations, and in addition to that, providers are all contributing resources to larger clinics that are open to all individuals in the community regardless of whether they are connected to a specific health care provider. This also provides an opportunity to assess how we might collaborate to deliver a COVID vaccine when one becomes available.

**MEMORANDUM OF UNDERSTANDING**
**Partnership Agreement ("Agreement")**

This Agreement is made as of the ______________ day of __________, 2020

**BETWEEN:**

**Algoma Ontario Health Team**

(hereinafter referred to as "Algoma OHT")

-and-

**Algoma Public Health**

(hereinafter referred to as "Member Organization")

WITNESSETH that:

WHEREAS Algoma OHT is an integrated team that jointly plans and delivers health, social and health promotion services;

AND WHEREAS Algoma OHT was designated by the Minister of Health under the *Connecting Care Act, 2019;*

AND WHEREAS Member Organization would like to participate as a partner or an advisor as part of the Algoma OHT;

NOW, THEREFORE, in consideration of mutual covenants and agreements between the parties hereto, it is agreed as follows:

1. **Term of Agreement**

The term of this Agreement will be effective on the date set above and will expire on Oct. 31, 2022 (the "Term") or if during the Term, such time as the Ministry of Health requests a review, revision or termination of the Agreement.

2. **Withdraw/ Termination**

This Agreement may be terminated by the Algoma OHT by providing thirty (30) days written notice to the Member Organization.

A Member Organization may withdraw from the Algoma OHT or terminate its membership at any time by providing a minimum of thirty (30) days written notice to the Algoma OHT's Leadership Council. Such withdraw and/or termination shall not be unreasonably withheld.

## 3. Algoma OHT Background

The Algoma OHT was designated on 23rd day of July, 2020 by the Minister of Health under the *Connecting Care Act, 2019* with the intention to work together to achieve their shared vision of providing a continuum of integrated health, social and health promotion services to the persons to whom they provide care and services for the people of Algoma.

Integrated health care represents a fundamental shift in the way that health, social and health promotion services are provided. It involves putting people and communities; not diseases, providers or organizations, at the center of the health care system and empowering people to take charge of their own health rather than being passive recipients of services. When health, social and health promotion services are integrated, it means they are delivered in a way that people receive the continuum of services as part of a coordinated team, no matter where care is provided.

## 4. Algoma OHT Program

In order for the Algoma OHT to be successful, it will be important to focus on learning together as an integrated local health system to better serve the people of Algoma. This will require embracing ambiguity as we learn to work together across health and social sectors; including home and community care, hospital services, housing, long-term care, mental health and addictions, palliative, primary care services, public health and specialty care among others.

Through this engagement the Algoma OHT is seeking to put in place this partnership agreement to enable partners and advisors to improve care experiences and outcomes. Each Member Partner and Member Advisor who are part of the Algoma OHT will retain its own independence, with an independent board and oversight. Any decisions made by the Algoma OHT are recommendations. Member Organizations are highly encouraged to support greater alignment between the Algoma OHT and their respective organizations in order to improve service delivery within the Algoma district.

The partnership agreement, and the Algoma OHT, should in no way be a barrier or impede decisions to serve people, families and communities and should facilitate the coming together of people at all levels of respective organizations to work towards the mission and vision of the Algoma OHT outlined in Appendix 1.

## 5. Role / Responsibilities of Algoma OHT

The Algoma OHT is working on meeting the Year 1 expectations of the Ontario Health Team (OHT) and eventually at maturity with respect to the 8 OHT building blocks which responsibilities include:

- Defining patient population
- In-scope services
- Patient partnership and community engagement
- Patient care and experience
- Digital health
- Leadership, accountability and governance

- Funding and incentive structure
- Performance measurement, quality improvement and continuous learning

## 6. Role / Responsibilities of Member Organization

Member Organizations will participate as a partner or an advisor with the current focus on being inclusive in contributing to the Algoma OHT objectives. Member organization, whether participating as a Member Partner or a Member Advisor agrees to the Algoma OHT mission and vision outlined in Appendix 1.

Member Partners will:

- Work jointly for the delivery of health, social and health promotion services (i.e. project implementation) which includes a commitment to aligning initiatives and resources towards the work of the Algoma OHT.
- Partners are eligible to be on the Leadership Council as voting members.

Member Advisors will:

- Advisors agree with the mission / vision, and may still be 'exploring' full partnership or contributing towards the OHT in a different capacity other than the delivery of services.
- Advisors are non-voting on the Leadership Council.

All Member Partners and Member Advisors will review the Algoma OHT Terms of Reference outlined in Appendix 2.

In participating in this Agreement Member Organizations agree that their respective Member Organization Board of Directors have been made aware of the partnership agreement. Where required, Member Organizations shall seek their Member Organization Board of Directors approval and/or endorsement, as the case may be, should their respective policies and procedures require such.

## 7. Funding Arrangements

It is recognized that Sault Area Hospital ("SAH") is the designated fund holder, acting on behalf of the Algoma OHT in accordance with the conditions set out in the SAH Fund Holder Agreement. SAH is responsible to ensure that financial reports related to the Algoma OHT funding is reported back to the Algoma OHT Leadership Council on a regular basis.

Beyond utilizing the earmarked Algoma OHT funding, it is further expected and intended that Algoma OHT Member Partners will leverage this funding by aligning their strategies, work and resources in a way that is consistent with the vision and mission of the Algoma OHT where possible.

## 8. Privacy and Confidentiality

Through the Term of this agreement the Parties may transmit and exchange private and confidential information that may include; documents, materials, research and/or personal health information of patients which collectively herein is referred to as ("Confidential

Information"). It is agreed that appropriate administrative, technical and physical safeguards will be established and maintained by all Parties to protect the Confidential Information and to prevent unauthorized access to it. The protection of all Confidential Information under this Agreement shall survive the Term of this Agreement.

## 9. No Conflict of Interest

The Member Organization shall: (a) avoid any Conflict of Interest in the performance of its contractual obligations; (b) disclose to the Algoma OHT Chair without delay any actual or potential Conflict of Interest that arises during the performance of its contractual obligations; and (c) comply with any requirements prescribed by Algoma OHT to resolve any Conflict of Interest. In addition to all other contractual rights or rights available at law or in equity, Algoma OHT may immediately terminate the Agreement upon giving notice to the Member Organization where: (a) the Member Organization fails to disclose an actual or potential Conflict of Interest; (b) the Member Organization fails to comply with any requirements prescribed by the Algoma OHT to resolve a Conflict of Interest; or (c) the Member Organization's Conflict of Interest cannot be resolved. This paragraph shall survive any termination or expiry of the Agreement.

## 10. Intellectual Property

The Member Organization agrees that any intellectual, industrial or other proprietary right of any type in any form protected or protectable under the laws of Canada, any foreign country, or any political subdivision of any country, including, without limitation, any intellectual, industrial or proprietary rights protected or protectable by legislation, by common law or at equity Intellectual Property and every other right, title and interest in and to all concepts, techniques, ideas, information and materials, however recorded, (including images and data) ("Intellectual Property") provided by Member Partner shall remain the sole and exclusive property of the Member Partner. Furthermore, Algoma OHT shall be the sole owner of any Intellectual Property created by the Supplier in the course of performance of its obligations under the Agreement ("Newly Created Intellectual Property").

## 11. Dispute Resolution

Any dispute, controversy, or claim arising out of, or in connection with this Agreement or the failure of the Parties to agree on any matters requiring or contemplating their Agreement hereunder (a "Dispute") shall be dealt with as hereafter set out.

- Meeting to Negotiate Resolution, A meeting shall be held between the parties hereto (the "Parties) promptly after a Dispute has arisen. The meeting will be attended by representatives of the Parties with decision-making authority to settle the Dispute. At the meeting, the Parties will attempt in good faith to negotiate a resolution of the Dispute. The parties will make all attempts reasonable to obtain resolution. In the event a resolution cannot be met, the Dispute will move to arbitration.

## 12. Notice

Any notice or communication required to be given under the terms of this Agreement shall be in writing and shall be served personally, delivered by courier or sent by certified or

registered mail, postage prepaid with return receipt requested, addressed to the other party at the address set forth or at such other address as either party shall hereafter designate to the other in writing. All notices shall be in writing and set by regular postage paid mail, registered mail, or electronic mail, addressed as follows:

To **Algoma OHT:**
750 Great Northern Rd.
Sault Ste. Marie, ON P6B0A8
Name: Erik Landriault
Title: Director, Integrated Care
Email: erik.landriault@algomaoht.ca

To **Member Organization:**
Algoma Public Heath
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Name: Dr. Marlene Spruyet
Title: Medical Officer of Health and CEO
Email: mspruyt@algomapublichealth.com

All notices shall be effective when personally served, one (1) day following the date sent by electronic mail, or five (5) days after deposited in the mail.

**13. Amendment of Agreement**

In the event that any changes to this agreement are deemed necessary, either an amendment shall be prepared an executed by the Parties hereto or a new Agreement will be prepared and executed. An amendment will have no force or effect until compliance with the terms of this section.

**14. Assignment**

This Agreement is not assignable by either Party without the consent of the other Party. Subject to the foregoing, this Agreement continues to the benefit of and is binding upon the Parties, their successors and assigns.

**15. Entire Agreement**

This agreement constitutes the entire agreement between the Parties and except as herein written, there are no oral representations or warranties between the Parties of any kind.

**16. Applicable Law**

This agreement will be interpreted exclusively in accordance with the laws of the Province of Ontario and the federal laws of Canada as applicable therein.

**17. Counterparts**

This Agreement may be executed by the Parties in counterpart, who together shall be

deemed to constitute one agreement, and delivery of the counterparts may be affected by means of a telecopier (followed immediately by delivery of the original copies by an overnight carrier).

IN WITNESS OF WHICH the Parties have signed and delivered this Agreement.

Algoma OHT:

Per:

Name: Erik Landriault

Title: Director, Integrated Care

Algoma Public Health:

Pursuant to Section 6 'Role of Member/ Partner Organization' we hereby sign this MOU acknowledging and committing to the role of:
(Complete one of the following checkboxes in alignment with Section 6 Role/ Responsibilities of Organization)

☐ Member Partner

- Or -

☐ Member Advisor

| | |
|---|---|
| Per: ______________________ | Per: ______________________ |
| Name: ______________________ | Name: ______________________ |
| Title: ______________________ | Title: ______________________ |
| I have authority to bind the company. | I have authority to bind the company. |

**MEMORANDUM OF UNDERSTANDING**
**Partnership Agreement ("Agreement")**

## Appendix 1 – Vision, Mission, Collaboration

### Background on Collaborative Decision Making Arrangements

The CDMA is intended to have an established process to use the implementation funding; that is meant to build the necessary infrastructure for the Algoma OHT.

### Shared Vision, Guiding Principles and Commitments

#### Vision

An integrated health system focused on the unique needs of Algoma residents; where people receive seamless, excellent care where and when they need it.

#### Mission

The Algoma Ontario Health Team will collaborate in a model of care that is person-centered, efficient and simplified for both patient and provider.

**MEMORANDUM OF UNDERSTANDING**
**Partnership Agreement (“Agreement”)**

**Appendix 2 – Algoma Ontario Health Team**
**Terms of Reference (ToR)**

## MANDATE

The Algoma Ontario Health Team (AOHT) has a vision for an integrated health system focused on the unique needs of Algoma residents; where people receive seamless, excellent care where and when they need it. The Leadership Council’s role is to provide a forum for its Members to plan, design, implement and oversee the AOHT.

## ROLES AND RESPONSIBILITIES

### Planning and Project Implementation

- establish an overall strategic plan for the AOHT and develop an annual work plan consistent with the strategic plan;
- identify and measure the priority populations for the AOHT and the impact of decisions on them;
- develop the name and central brand for the AOHT;
- identify, implement, and oversee Projects and Project Agreements; and
- ensure there is a commitment to share information, set joint performance targets, align service delivery and quality improvement for identified projects.

### Quality and Risk

- review, collaborate on, and monitor safety and quality standards and performance and quality improvement for the AOHT;
- identify risk issues and consider risk allocation, mitigation, and corrective actions for AOHT activities;
- develop a complaints and significant event process for issues that impact more than one Member; and
- develop a risk management process for issues that could negatively impact the AOHT.

### Resources and Accountability

- develop guidelines for the allocation and sharing of costs and resources, including funding earmarked for the AOHT as well as human resources, capital, and facilities and costs related to supporting the work of the AOHT;
- review and collaborate on financial performance, resource allocation and use, best practice, and innovation;
- develop clinical and financial accountability standards;
- determine Membership fees to be paid by Members, if any; and
- facilitate and oversee the development of a digital health strategy.

### Engagement and Reporting

- develop and implement a joint communications strategy, including communication to stakeholders and the community;
- engage people, families and communities to ensure meaningful partnership and co-design across all OHT initiatives;
- engage with and seek input from Members and Networks;
- ensure engagement at a board to board level among Members; and
- report from time to time to Members on the work of the Leadership Council and any subcommittees and working groups.

**Governance and Compliance**

- evaluate and identify areas of improvement in the integrated leadership and governance structure of the AOHT on an ongoing basis, including the establishment of a standardized process to identify and admit additional Members to the AOHT;
- as part of efforts to set up a long-term governance structure for the OHT, engage the boards of each respective Partner organization to:
    - understand what it means to have a duty to an integrated local health system that serves the residents of Algoma
    - prioritise steps towards collaborative governance in the first year of operation
    - consider possible long-term options for collaborative governance;
- discuss compliance with, and amendments to, these Terms of Reference, the Framework, or a Project Agreement;
- facilitate dispute resolution; and
- ensure compliance with all reporting requirements.

**Integration**

- act as a forum for the defined geographic area to support any potential voluntary or involuntary integration initiatives ordered by the Ministry of Health and
- develop recommendations vis-à-vis proposed integrations.

**Other**

- Perform the roles assigned to the Leadership Council under the Framework.

## SUBCOMMITTEES AND WORKING GROUPS

The Leadership Council has an Executive Committee that is comprised of the Tri-Chairs.

The Leadership Council may establish one or more subcommittees or working groups / action teams to assist it in fulfilling its role. The Leadership Council shall determine the mandate and composition of any such subcommittee or working group.

## MEMBERSHIP

The Leadership Council shall be a representative group across Algoma, that includes both organizational and independent-level representation. At minimum, the Leadership Council shall be comprised of 7 voting members; however, must include the following representation:

- Organizational: community health and social services, long-term care, primary care and hospital services
- Independent: Patient Partner and Physician Lead

Organizational voting members are referred to as Partners and are identified as organizations that have signed a Memorandum of Understanding (Partnership Agreement) identified a commitment to work jointly for the delivery of health, social and health promotion services as part of the AOHT. Each Partner is eligible to have a senior-level representative on Leadership Council and may identify an alternate in case of absence. Independent voting members are appointed by Leadership Council and typically include patient and clinical representation without any organizational affiliation.

Non-voting members are referred to as Advisors and are identified as organizations that

have signed a Memorandum of Understanding identifying alignment with the mission and vision of the AOHT, however may not be directly involved in the delivery of health and social services related to the identified projects. Advisors may also be exploring full Partner status.

**TRI-CHAIRS**

The Leadership Council shall have a Tri-Chair model, which is elected for a two-year term by the majority vote of the Leadership Council. It should strike a balance representing administrative, clinical and patient leadership for the AOHT. The Tri-Chairs may alternate the meeting chair responsibilities, at their discretion and fully participate in deliberations as well as decision-making.

In addition to chairing responsibilities; the Tri-Chairs are responsible for:

- Acting on behalf of the Leadership Council (as the Executive Committee) in-between regularly scheduled meetings, including bringing those decisions (as information items) to the Leadership Council
- Preparing meeting agendas, including a governance calendar for future items
- Ensuring appropriate engagement of members and the regular evaluation of the governance model for the AOHT
- Providing day-to-day guidance, management and mentorship to the Administrative Director of the AOHT (Director, Integrated Care)

**FUND MANAGER**

The Leadership Council shall, by majority vote, select a Member Organization to be a "Fund Manager" (for a term to be agreed) to, as directed by the Leadership Council receive, manage, distribute and keep accurate accounts of, pooled resources, including funding earmarked for the AOHT. The Administrative Director of the AOHT will be responsible for managing the funds, in accordance with the Fund Manager's policies and procedures, as well as ensuring that any funds are in accordance with the strategic priorities set out by the Leadership Council. The Fund Manager will submit financial reports and retain financial records for at least seven years.

**MEETINGS**

Meetings shall be held at a minimum quarterly, and where possible be scheduled in advanced according to a governance calendar. Ad hoc meetings may be called by the Tri-Chairs or at the request of a minimum of 3 Members. Agendas will be sent in advance and indicate whether items are for information, discussion or approval. In an effort to foster transparency, guests are welcome to participate in all meetings, except for in-camera portions, but may not vote.

**QUORUM**

Quorum will be a majority of Members, who may be present in-person or virtually. If a Member is not able to attend, the Member may send an alternate (who may count for quorum and vote). If quorum is not present, the Members present may meet for discussion purposes only and no decisions shall be made.

**DECISIONS**

Unless otherwise specified approval of the Leadership Council, decisions will be made by consensus. Consensus means that each member is prepared to support the decision or, if applicable, recommend it to their board of directors, organization, or respective Members,

as the case may be, even if they do not agree with the decision/recommendation. In the event of a tie, a majority vote by the Tri-Chairs will constitute the tie breaker. Moreover, all projects and initiatives moving forward require approval via vote of the lead (sponsor) organization. As such, Leadership Council cannot compel an organization to lead or act as the sponsoring organization of an initiative without its approval.

The Leadership Council is responsible for putting a process in place for dispute resolution, as part of a Partnership Agreement applicable to all its Voting Members.

**MINUTES**
Meeting minutes will document deliberations and recommendations. All minutes will be available as part of the AOHT repository that may be accessed by the public, except for any confidential or in-camera discussions. Discussion during meetings shall be open, frank, and free-flowing, and while contents of minutes will be shared, they will not include attribution of individual contributions.

**CONFIDENTIALITY**
The Leadership Council members shall recognize that from time-to-time its Members may have access to confidential information. All Members are to respect the confidentiality of information received by, and discussions of, the Collaboration Council that are identified as confidential or as part of in-camera discussions.

**POLICIES**
The Leadership Council may adopt policies, protocols and procedures to support the work of the Leadership Council and its subcommittees and working groups.

**REVIEW AND AMENDMENT**
These Terms of Reference will be reviewed annually by the Leadership Council and may be amended with written agreement of the Leadership Council.

# Algoma Public Health
# (Unaudited) Financial Statements August 31, 2020


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**Algoma Public Health**
**Statement of Operations**
**August 2020**
**(Unaudited)**

## Public Health Programs

| | Actual YTD 2020 | Budget YTD 2020 | Variance Act. to Bgt. 2020 | Annual Budget 2020 | Variance % Act. to Bgt. 2020 | YTD Actual/ YTD Budget 2020 |
|---|---|---|---|---|---|---|
| **Revenue** | | | | | | |
| Municipal Levy - Public Health | $ 2,841,373 | $ 2,841,373 | $ (0) | $ 3,788,497 | 0% | 100% |
| Provincial Grants - Cost Shared Funding | 6,640,885 | 5,922,639 | 718,246 | 8,851,681 | 12% | 112% |
| Provincial Grants - Public Health 100% Prov. Funded | 975,276 | 998,524 | (23,248) | 1,595,786 | -2% | 98% |
| Provincial Grants - Mitigation Funding | 0 | 539,023 | (539,023) | 1,037,800 | -100% | 0% |
| Fees, other grants and recovery of expenditures | 314,490 | 380,501 | (66,011) | 620,814 | -17% | 83% |
| **Total Public Health Revenue** | $ 10,772,023 | $ 10,682,060 | $ 89,964 | $ 15,894,578 | 1% | 101% |
| **Expenditures** | | | | | | |
| Public Health Cost Shared | $ 9,274,772 | $ 9,290,060 | $ 15,288 | $ 14,298,793 | 0% | 100% |
| Public Health 100% Prov. Funded Programs | 864,632 | 1,011,092 | 146,460 | 1,595,786 | -14% | 86% |
| **Total Public Health Programs Expenditures** | $ 10,139,404 | $ 10,301,152 | $ 161,749 | $ 15,894,578 | -2% | 98% |
| **Total Rev. over Exp. Public Health** | $ 632,619 | $ 380,907 | $ 251,712 | $ 0 | | |

## Healthy Babies Healthy Children

| | Actual YTD 2020 | Budget YTD 2020 | Variance Act. to Bgt. 2020 | Annual Budget 2020 | Variance % Act. to Bgt. 2020 | YTD Actual/ YTD Budget 2020 |
|---|---|---|---|---|---|---|
| Provincial Grants and Recoveries | $ 445,011 | 445,005 | (6) | 1,068,011 | 0% | 100% |
| Expenditures | 508,181 | 444,171 | 64,010 | 1,068,011 | 14% | 114% |
| **Excess of Rev. over Exp.** | (63,170) | 834 | (64,003) | - | | |

## Public Health Programs - Fiscal 19/20

| | Actual YTD 2020 | Budget YTD 2020 | Variance Act. to Bgt. 2020 | Annual Budget 2020 | Variance % Act. to Bgt. 2020 | YTD Actual/ YTD Budget 2020 |
|---|---|---|---|---|---|---|
| Provincial Grants and Recoveries | $ 66,000 | - | (66,000) | - | | |
| Expenditures | 1,799 | - | 1,799 | - | | |
| **Excess of Rev. over Fiscal Funded** | 64,201 | - | 64,201 | - | | |

## Community Health Programs (Non Public Health)

### Calendar Programs

| | Actual YTD 2020 | Budget YTD 2020 | Variance Act. to Bgt. 2020 | Annual Budget 2020 | Variance % Act. to Bgt. 2020 | YTD Actual/ YTD Budget 2020 |
|---|---|---|---|---|---|---|
| **Revenue** | | | | | | |
| Provincial Grants - Community Health | $ - | $ - | $ - | $ - | | |
| Municipal, Federal, and Other Funding | 197,629 | 203,872 | (6,243) | 311,933 | -3% | 97% |
| **Total Community Health Revenue** | $ 197,629 | $ 203,872 | $ (6,243) | $ 311,933 | -3% | 97% |
| **Expenditures** | | | | | | |
| Child Benefits Ontario Works | 5,941 | 16,333 | 10,393 | 24,500 | -64% | 36% |
| Algoma CADAP programs | 182,590 | 192,243 | 9,653 | 287,433 | -5% | 95% |
| **Total Calendar Community Health Programs** | $ 188,531 | $ 208,576 | $ 20,045 | $ 311,933 | -10% | 90% |
| **Total Rev. over Exp. Calendar Community Health** | $ 9,098 | $ (4,704) | $ 13,802 | $ (1) | | |

### Fiscal Programs

| | Actual YTD 2020 | Budget YTD 2020 | Variance Act. to Bgt. 2020 | Annual Budget 2020 | Variance % Act. to Bgt. 2020 | YTD Actual/ YTD Budget 2020 |
|---|---|---|---|---|---|---|
| **Revenue** | | | | | | |
| Provincial Grants - Community Health | $ 2,306,520 | $ 2,430,423 | $ (123,902) | $ 5,813,257 | -5% | 95% |
| Municipal, Federal, and Other Funding | 52,484 | 52,484 | - | 119,247 | 0% | 100% |
| Other Bill for Service Programs | 5,423 | | 5,423 | | | |
| **Total Community Health Revenue** | $ 2,364,427 | $ 2,482,907 | $ (118,480) | $ 5,932,504 | -5% | 95% |
| **Expenditures** | | | | | | |
| Brighter Futures for Children | 44,224 | 47,686 | 3,462 | 114,447 | -7% | 93% |
| Infant Development | 196,061 | 267,632 | 71,571 | 644,317 | -27% | 73% |
| Preschool Speech and Languages | 223,793 | 255,023 | 31,230 | 614,256 | -12% | 88% |
| Nurse Practitioner | 66,123 | 66,730 | 607 | 162,153 | -1% | 99% |
| Community Mental Health | 1,369,979 | 1,454,230 | 84,252 | 3,551,560 | -6% | 94% |
| Community Alcohol and Drug Assessment | 258,726 | 296,161 | 37,435 | 710,786 | -13% | 87% |
| Stay on Your Feet | 34,162 | 41,667 | 7,505 | 100,000 | -18% | 82% |
| Bill for Service Programs | 3,874 | - | (3,874) | - | | |
| Misc Fiscal | 3,159 | 3,000 | (159) | 4,800 | 5% | 105% |
| **Total Fiscal Community Health Programs** | $ 2,200,100 | $ 2,432,130 | $ 232,030 | $ 5,902,320 | -10% | 90% |
| **Total Rev. over Exp. Fiscal Community Health** | $ 164,327 | $ 50,777 | $ 113,550 | $ 30,184 | | |

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, 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 | 2,002,033 | 2,002,033 | 0 | 2,669,377 | 0% | 75% | 1,828,575 | 1,828,575 | 0 |
| Levies Vector Bourne Disease and Safe Water | | | | | | | 44,574 | 44,574 | 0 |
| Levies District | 839,340 | 839,340 | 0 | 1,119,120 | 0% | 75% | 805,078 | 766,617 | 38,461 |
| **Total Levies** | **2,841,373** | **2,841,373** | **0** | **3,788,497** | **0%** | **75%** | **2,678,227** | **2,639,766** | **38,461** |
| MOH Public Health Funding | 4,970,895 | 4,178,375 | 792,520 | 6,985,802 | 19% | 71% | 4,896,605 | 4,896,600 | 5 |
| MOH Funding Needle Exchange | 43,135 | 43,133 | 2 | 45,290 | 0% | 95% | 43,135 | 43,133 | 2 |
| MOH Funding Haines Food Safety | 16,400 | 16,400 | 0 | 17,220 | 0% | 95% | 16,400 | 16,400 | 0 |
| MOH Funding Healthy Smiles | 513,265 | 513,267 | (2) | 538,930 | 0% | 95% | 513,265 | 513,267 | (2) |
| MOH Funding - Social Determinants of Health | 208,505 | 120,320 | 88,185 | 126,350 | 73% | 165% | 120,335 | 120,333 | 2 |
| MOH Funding Chief Nursing Officer | 30,375 | 81,008 | (50,633) | 85,050 | -63% | 36% | 81,005 | 81,000 | 5 |
| MOH Enhanced Funding Safe Water | 10,335 | 10,333 | 2 | 10,850 | 0% | 95% | 10,335 | 10,333 | 2 |
| MOH Funding Infection Control | 170,730 | 208,272 | (37,542) | 218,680 | -18% | 78% | 208,270 | 208,267 | 3 |
| MOH Funding Diabetes | 100,000 | 100,000 | 0 | 105,000 | 0% | 95% | 100,000 | 100,000 | 0 |
| Funding Ontario Tobacco Strategy | 289,070 | 289,067 | 3 | 303,520 | 0% | 95% | 289,070 | 289,067 | 3 |
| MOH Funding Harm Reduction | 100,000 | 100,000 | 0 | 105,000 | 0% | 95% | 100,000 | 100,000 | 0 |
| MOH Funding Vector Borne Disease | 27,175 | 72,464 | (45,289) | 101,448 | -62% | 27% | 72,465 | 72,467 | (2) |
| MOH Funding Small Drinking Water Systems | 17,400 | 46,400 | (29,000) | 64,960 | -63% | 27% | 46,400 | 46,400 | 0 |
| **Total Public Health Cost Shared Funding** | **6,497,285** | **5,779,039** | **718,246** | **8,708,100** | **12%** | **75%** | **6,497,285** | **6,497,267** | **18** |
| MOH Funding - MOH / AMOH Top Up | 104,521 | 101,391 | 3,131 | 152,086 | 3% | 69% | 83,870 | 84,301 | (431) |
| 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 | 438,885 | 465,267 | (26,382) | 697,900 | -6% | 63% | 0 | 0 | 0 |
| MOH Funding Indigenous Communities | 0 | 0 | 0 | 98,000 | 0% | 0% | 0 | 0 | 0 |
| One Time Funding (Pandemic Pay) | 143,600 | 143,600 | 0 | 143,600 | 0% | 100% | 60,530 | 60,530 | 0 |
| **Total Public Health 100% Prov. Funded** | **1,118,876** | **1,142,124** | **(23,248)** | **1,739,386** | **-2%** | **64%** | **576,270** | **576,697** | **(427)** |
| **Total Public Health Mitigation Funding** | **0** | **539,023** | **(539,023)** | **1,037,800** | **-100%** | **0%** | **0** | **0** | **0** |
| Recoveries from Programs | 24,663 | 18,353 | 6,310 | 27,511 | 34% | 90% | 23,905 | 24,267 | (362) |
| Program Fees | 124,863 | 134,189 | (9,327) | 201,284 | -7% | 62% | 138,580 | 159,062 | (20,483) |
| Land Control Fees | 116,622 | 95,000 | 21,622 | 160,000 | 23% | 73% | 107,460 | 115,000 | (7,540) |
| Program Fees Immunization | 30,012 | 76,667 | (46,655) | 115,000 | -61% | 26% | 79,467 | 103,333 | (23,866) |
| HPV Vaccine Program | 0 | 3,000 | (3,000) | 12,500 | 0% | 0% | 442 | 4,000 | (3,558) |
| Influenza Program | 0 | 1,500 | (1,500) | 25,000 | 0% | 0% | 885 | 0 | 885 |
| Meningococcal C Program | 0 | 625 | (625) | 7,500 | 0% | 0% | 349 | 0 | 349 |
| Interest Revenue | 15,939 | 26,667 | (10,727) | 40,000 | -40% | 40% | 30,539 | 21,333 | 9,206 |
| Other Revenues | 2,391 | 24,500 | (22,109) | 32,000 | -90% | 7% | 38,066 | 24,667 | 13,400 |
| **Total Fees, Other Grants and Recoveries** | **314,490** | **380,501** | **(66,011)** | **620,795** | **-17%** | **51%** | **419,693** | **451,663** | **(31,970)** |
| **Total Public Health Revenue Annual** | **$ 10,772,024** | **$ 10,682,059** | **$ 89,965** | **$ 15,894,578** | **1%** | **68%** | **$ 10,171,475** | **$ 10,165,393** | **$ 6,082** |

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

***Algoma Public Health***
***Expense Statement- Public Health***
For Eight Months Ending August 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 | $ 6,225,242 | $ 6,316,107 | $ 90,865 | $ 9,926,603 | -1% | 63% | $ 5,820,575 | $ 6,048,895 | $ 228,320 |
| Benefits | 1,527,408 | 1,522,231 | ( 5,177 ) | 2,264,828 | 0% | 67% | 1,498,841 | 1,460,634 | (38,207) |
| Travel | 78,383 | 127,333 | 48,950 | 191,000 | -38% | 41% | 140,974 | 127,379 | (13,595) |
| Program | 430,110 | 450,042 | 19,932 | 681,660 | -4% | 63% | 310,241 | 420,955 | 110,714 |
| Office | 33,688 | 45,833 | 12,145 | 71,200 | -26% | 47% | 59,579 | 69,029 | 9,450 |
| Computer Services | 555,453 | 543,177 | ( 12,276 ) | 853,146 | 2% | 65% | 541,136 | 560,782 | 19,647 |
| Telecommunications | 207,987 | 174,411 | ( 33,576 ) | 267,615 | 19% | 78% | 174,474 | 194,151 | 19,677 |
| Program Promotion | 26,975 | 62,115 | 35,140 | 96,173 | -57% | 28% | 16,820 | 41,953 | 25,133 |
| Professional Development | 8,571 | 90,333 | 81,763 | 135,500 | -91% | 6% | 56,462 | 64,468 | 8,006 |
| Facilities Expenses | 575,762 | 516,278 | ( 59,484 ) | 774,417 | 12% | 74% | 511,408 | 516,486 | 5,078 |
| Fees & Insurance | 228,674 | 200,920 | ( 27,754 ) | 253,880 | 14% | 90% | 189,302 | 192,220 | 2,918 |
| Debt Management | 307,266 | 307,267 | 1 | 460,900 | 0% | 67% | 307,266 | 307,267 | 1 |
| Recoveries | (66,115) | (54,895) | 11,220 | (82,343) | 20% | 80% | (64,167) | (59,820) | 4,347 |
| | $ 10,139,404 | $ 10,301,152 | $ 161,748 | $ 15,894,578 | **-2%** | **64%** | $ 9,562,910 | $ 9,944,401 | $ 381,491 |

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

## Notes to Financial Statements – August 2020

## Reporting Period

The August 2020 financial reports include eight-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 four-month result from operations year ended March 31 2020.

## Statement of Operations (see page 1)

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

As of August 31st, 2020, Public Health programs are reporting a $252k positive variance.

Total Public Health Revenues are indicating a $90k positive variance. This is primarily a result of the Ministry continuing to flow funds similar to 2019 cost-sharing ratios in spite of their announcement to change the cost-sharing funding formula from 75% provincial funding to 70% provincial funding for 2020. Management budgeted according to the Ministry's 2019 announcement. In August 2020, the Province indicating they were pausing the adjustment to the cost-sharing ratio for 2020 and 2021.

Technically, Public Health Mitigation funding has yet-to-flow to health units, however the negative $539k variance associated with mitigation funding is being offset with the positive $718k variance associated with Provincial Cost-Shared Funding.

100% Provincially Funded programs are showing a negative $23k variance. This negative variance is associated with timing of receipts related to the Ontario Seniors Dental program.

The negative variance associated with Fees, Other Grants and Recoveries is a result of less fees received than budgeted as a result of the COVID-19 pandemic.

There is a positive variance of $162k related to Total Public Health expenses being less than budgeted however this positive variance is being driven by the 100% Provincially Funded Senior Dental program. A vacant position within the program was contributing to this variance. This position has since been filled. Cost-shared programs are aligned with budget.

The Healthy Babies Healthy Children Program is indicating a negative $64k variance. This is a result of APH management reflecting the actual cost to administer the program without Public Health funding support.

APH's Community Health (Non-Public Health) Fiscal Programs are five-months into the fiscal year.

Infant Development, Preschool Speech and Language and Community Alcohol and Drug Assessment Programs are all indicating positive variances associated with expenses as a result of inherent staff gapping.

Notes Continued…

## Public Health Revenue (see page 2)

Overall, Public Health funding revenues are within budget.

The municipal levies are within budget. At the September 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.

Provincial Cost-Shared funding is reflecting a $718k positive variance. As a result of the Ministry announcement in 2019 to change the cost-sharing funding formula from 75% provincial funding to 70% provincial funding, management budgeted accordingly. Management is anticipating that the difference between actual and budgeted cost-shared dollars can be interpreted as mitigation funding.

Offsetting the positive variance noted with Cost-Shared Funding is the negative variances associated with 100% Provincially Funded programs, Public Health Provincial mitigation funding, and Fees Other Grants and Recoveries.

100% Provincially Funded programs are showing a negative $23k variance. This variance is associated with the timing of receipts associated with the Ontario Seniors Dental program.

Management has adjusted the budgeted Public Health Mitigation funding to reflect the most recent funding announcement. Technically, mitigation funding has yet-to-flow with regards changes to the cost-sharing formula however the negative $539k variance associated with mitigation funding is being offset with the positive $718k variance associated with Provincial Cost-Shared Funding.

Fees, Other Grants & Recoveries are showing a negative variance of $66k. This is primarily a result of the impact the COVID-19 pandemic is having on revenue generating services such as travel vaccine fees and 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 $91k positive variance associated with Salary and Wages. This is primarily associated with the Ontario Seniors Dental program. The 2020 Operating Budget included a Data Analyst position to support this program and other agency needs. This position was vacant for part of the year however it has now been filled. Overall, Salary and Wages is operating within 1% of budget.

***Travel***

There is a $49k positive variance associated with Travel expenses. This is a result of APH employees working virtually as opposed to travelling within the District of Algoma. Management is anticipating Travel expenses to be less than budgeted for 2020 as a result of the impact of COVID-19 pandemic.

***Office***

Office expense is indicating a negative $12k variance. This is a result of timing of expenses not-yet-incurred.

Notes Continued…

***Telecommunications***
Telecommunications is indicating a negative $34k variance. This is a result of APH processing its annual phone support payment in the month of June. Also contributing to this negative variance is the incremental costs associated with providing employees with the telecommunication tools needed to function in a virtual work environment.

***Program Promotion***
Program Promotion expense is indicating a positive $35k 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 an $82k positive variance associated with Professional Development. This is a result of APH employees participating in less Professional Development opportunities to-date as a result of the COVID-19 pandemic. Specially, the Ontario Public Health Convention (TOPHC), one of the major provincial Public Health conferences, which some APH staff typically attend, was cancelled in March.

***Facilities Expenses***
Facilities expense is reflecting a negative $59k variance. This is a result of the cost incurred with improving the sound quality of the Algoma room in addition to needed safety improvements made throughout APH facilities as a result of managing COVID-19.

***Fees and Insurance***
Fees and Insurance is showing a negative $28k variance. Insurance expense is $21k over budget due to unanticipated increases in insurance premiums not budgeted. Additionally legal fees are currently $7k over budget.

Note: Management is tracking COVID-19 associated costs. Costs will be reported in the time-period in which they are incurred.

The Ministry has established a process for Boards of Health to submit for one-time COVID-19 Extraordinary expenses. APH has requested $310k for actual and projected costs associated with COVID-19 for the 2020 budget year.

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

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

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

# Algoma Public Health

**Statement of Financial Position**

**(Unaudited)**

| **Date: As of August 2020** | | **August 2020** | | December 2019 |
|---|---|---|---|---|
| **Assets** | | | | |
| **Current** | | | | |
| Cash & Investments | **$** | **4,091,601** | $ | 3,456,984 |
| Accounts Receivable | | **334,447** | | 433,414 |
| Receivable from Municipalities | | **174,322** | | 74,976 |
| Receivable from Province of Ontario | | | | |
| *Subtotal Current Assets* | | **4,600,370** | | 3,965,374 |
| Financial Liabilities: | | | | |
| Accounts Payable & Accrued Liabilities | | **1,380,223** | | 1,579,444 |
| Payable to Gov't of Ont/Municipalities | | **396,014** | | 514,362 |
| Deferred Revenue | | **295,574** | | 281,252 |
| Employee Future Benefit Obligations | | **2,910,195** | | 2,910,195 |
| Term Loan | | **4,836,784** | | 4,836,784 |
| *Subtotal Current Liabilities* | | **9,818,790** | | 10,122,037 |
| **Net Debt** | | **(5,218,420)** | | (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) |
| *Subtotal Non-Financial Assets* | | **19,301,092** | | 19,301,092 |
| **Accumulated Surplus** | | **14,082,672** | | 13,144,428 |

simcoe muskoka
DISTRICT HEALTH UNIT

September 18, 2020

The Honourable Patty Hajdu
Minister of Health
House of Commons
Ottawa, Ontario, K1A 0A6
Email: Patty.Hajdu@parl.gc.ca

The Honourable Marilee Fullerton
Minister of Long-Term Care
Ministry of Health and Long-Term Care
400 University Ave., 6th Floor
Toronto, ON M7A 1T7
Email: merrilee.fullerton@pc.ola.org

Ontario's Long-Term Care COVID-19 Commission
700 Bay Street, 24th Floor
Toronto, ON M5G 1Z6
Email: Info@LTCcommission-CommissionSLD.ca

Dear Ministers:

**RE: COVID-19 and Long-Term Care Reform**

COVID-19 has shone a glaring light on what many knew to be a crisis with the Long-Term Care (LTC) system in Canada in need of reform and redesign, with 81% of COVID-19 related deaths in Canada occurring in LTC Homes (LTCHs) which is far higher than other comparable countries.[i] Urgent reform and redesign of Canada's LTC system is critical in order to address infection prevention and control (IPAC) issues (including COVID-19) and to improve all standards, quality of care and quality of life. Those who require services within a LTCH setting deserve those assurances.

A report released following deployment of the Canadian Armed Forces (CAF) to five LTCHs in Quebec and Ontario struggling in their response to COVID-19 indicates highly concerning living conditions and serious lapses in standards and quality of medical and personal care. The list of deficiencies identified by the CAF as requiring immediate attention is lengthy and includes inadequate infection and control practices, inadequate supplies and lack of training, knowledge, oversight and accountability of LTCH staff and management. [ii]

The Royal Society of Canada (RSC) Working Group on LTC has since released a policy briefing highlighting the pre-pandemic issues with LTCHs that contributed to the heightened crisis in the face of COVID-19, a global pandemic. Namely, addressing the changing demographics and complexities of older adults entering homes, the inadequate workforce and staffing mix to meet their needs, and the inadequate physical environments to accommodate the complex needs of residents, are critical issues that must be addressed moving forward with LTC reform and redesign.

The Working Group policy briefing outlines nine steps requiring strong federal/provincial/territorial and municipal leadership to address necessary improvements in IPAC and provision of quality care for LTC residents with increasingly complex needs:

1. Implement best practice national standards for the necessary staffing and staffing mix to deliver quality care in LTCHs and attach federal funding to the standards;
2. Implement national standards for training and resources for infectious disease control and for outbreak management;
3. Provide appropriate pay and benefits including sick leave for the large unregulated segment of the LTC workforce (i.e. care aides and personal support workers);
4. Provide full time employment and benefits for regulated and unregulated nursing staff and assess impact of “one workplace” policies implemented during COVID-19;
5. Establish minimum education standards for unregulated direct care staff, ongoing education for both regulated and unregulated direct care staff, and proper training and orientation for all external agency staff assigned to a LTCH;
6. Support educational reforms for specialization in LTC for all providers of direct care (i.e. care aides, health and social service providers, managers and directors);
7. Provide mental health supports for LTCH staff;
8. Implement reporting requirements and data collection needed to effectively manage and ensure resident quality of care and quality of life, resident and family experiences and quality of work life for staff; and
9. Take an evidence based approach to mandatory accreditation as well as to regulation and inspection of Long-Term Care Facilities (LTCFs). [iii]

The Simcoe Muskoka District Health Unit’s (SMDHU) Board of Health at its September 16, 2020 meeting endorsed these recommendations and is writing to advocate for their adoption through your collective efforts to create necessary system reform and redesign for Ontarians living in LTCHs.

As of September 8, 2020, of the 21 outbreaks within institutional, workplace and congregate settings in Simcoe Muskoka, LTCHs and Retirement Homes accounted for 76% (16) of the outbreaks. As of August 25, 2020, there have been 24 resident deaths attributed to these LTC and Retirement outbreaks and an additional 2 Simcoe Muskoka resident deaths in facilities outside of the region for a total of 26. The median age of all cases who have recovered is 46 years compared to the median age of 85 years among all deceased cases. [iv]

SMDHU’s mandate under the Ontario Public Health Standards (OPHS, 2018) [v] regarding LTC and Retirement Homes is substantial. As a vulnerable population, SMDHU supports these facilities with food safety, and infectious and communicable disease prevention and control (including outbreak management). There are currently 29 LTC and 53 Retirement Homes within SMDHU. Since March 1, 2020, the Infectious Disease team has supported over 1700 IPAC consults or COVID-19 questions for LTC and Retirement Homes.

In addition to the mandate in LTCF’s, SMDHU is required to develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and

substance use in the health unit population. [iv] SMDHU supports community dwelling seniors and promotes healthy aging at home for those that are able, and for as long as they are able. The SMDHU supports these seniors through;

- active participation on the Ontario Fall Prevention Collaborative, the Simcoe County and other community based Age-Friendly Community Coalitions, The Muskoka Seniors Planning Table, Age-Friendly and the Central LHIN Fall Strategy;
- best practice healthy aging policy advocacy; and
- a wide variety of community awareness and engagement strategies to promote healthy aging key messages.

SMDHU remains committed to supporting local LTC and Retirement Homes to improve IPAC practices and to advocate for improvement to standards and quality of care and quality of life for residents, their families and staff, and implore municipal, provincial and federal leaders to make the necessary investments to create safe supportive care to ensure the health and safety for residents of LTCHs.

Sincerely,

**ORIGINAL Signed By:**

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:JC:cm

cc: Ontario Boards of Health
Matthew Anderson, President and CEO, Ontario Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka

**References:**


[i] Canadian Institute for Health Information. "New analysis paints international picture of COVID-19's long-term care impacts": CIHI; June 25, 2020. Available from: https://www.cihi.ca/en/new-analysis-paints-international-picture-of-covid-19s-long-term-care-impacts

[ii] Headquarters 4th Canadian Division Joint Task Force (Central). (2020). OP LASER - JTFC Observations in Long Term Care Facilities in Ontario

[iii] Estabrooks CA, Straus S, Flood, CM, Keefe J, Armstrong P, Donner G, Boscart V, Ducharme F, Silvius J, Wolfson M. *Restoring trust: COVID-19 and the future of long-term care.* Royal Society of Canada. 2020 retrieved on Aug. 28 at https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES_EN.pdf

[iv] Retrieved on Aug. 25, 2020 https://www.simcoemuskokahealthstats.org/topics/infectious-diseases/a-h/covid-19

[v] Ministry of Health and Long-Term Care. (2018).OPHS

**Public Health**
**Santé publique**
SUDBURY & DISTRICTS

October 13, 2020

VIA ELECTRONIC MAIL

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

The Honourable Chrystia Freeland, P.C., MP
Deputy Prime Minister and
Minister of Finance
Privy Council Office
Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3

Dear Prime Minister Trudeau and Deputy Minister and Minister of Finance:

**Re: Basic Income for Income Security during the COVID-19 Pandemic and Beyond**

At its meeting on September 17, 2020, the Board of Health carried the following resolution #20-20:

*THAT the Board of Health for Public Health Sudbury & Districts endorse correspondence from Ontario boards of health recommending the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians during the COVID-19 pandemic and beyond.*

*AND FURTHER THAT relevant individuals and organizations be apprised of this motion and supporting materials.*


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f: 705.864.0820

**Toll-free / Sans frais**
1.866.522.9200

**phsd.ca**

Income alone is the single strongest predictor of health, and health improves at every step up the income ladder.[i ii] Populations living in low income are disproportionately affected by virtually all physical and mental health problems and challenges. The COVID-19 pandemic has amplified income inequities that already exist and has increased the level and depth of poverty across the country.

Public Health Sudbury & Districts has a long-standing commitment to health equity and poverty reduction efforts including previous advocacy in support of a basic income guarantee. Given the devastating financial impacts of COVID-19 on priority populations, Public Health Sudbury & Districts is reconfirming its support for basic income as a long-term policy option for poverty reduction for all Canadians, during the pandemic and beyond. Therefore, we urge your government explore the implementation of a basic income as the Canadian Emergency Response Benefit comes to an end as a viable option for reducing poverty and improving health.

Sincerely,

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

cc: Honourable Doug Ford, Premier of Ontario
Honourable C. Elliott, Deputy Premier and Minister of Health
Dr. D. Williams, Chief Medical Officer of Health, Ministry of Health
All Ontario Boards of Health

[i] Public Health Sudbury & Districts. (2019, July 16). *Health equity*. Retrieved from https://www.phsd.ca/health-topics-programs/health-equity
[ii] Mikkonen, J., Raphael, D. (2010). *Social determinants of health: The Canadian facts*. Toronto. York University School of Health Policy and Management. Retrieved from https://thecanadianfacts.org/The_Canadian_Facts.pdf

| | |
|---|---|
| **From:** | Gordon Fleming |
| **To:** | All Health Units |
| **Subject:** | alPHa Information Break - October 22, 2020 |
| **Date:** | Thursday, October 22, 2020 12:27:13 PM |
| **Attachments:** | image005.png<br>image006.png |

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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.

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**ATTENTION**

**CHAIRS, BOARDS OF HEALTH**

**MEDICAL OFFICERS OF HEALTH AND CEOs**

**SENIOR MANAGERS, ALL PROGRAMS**

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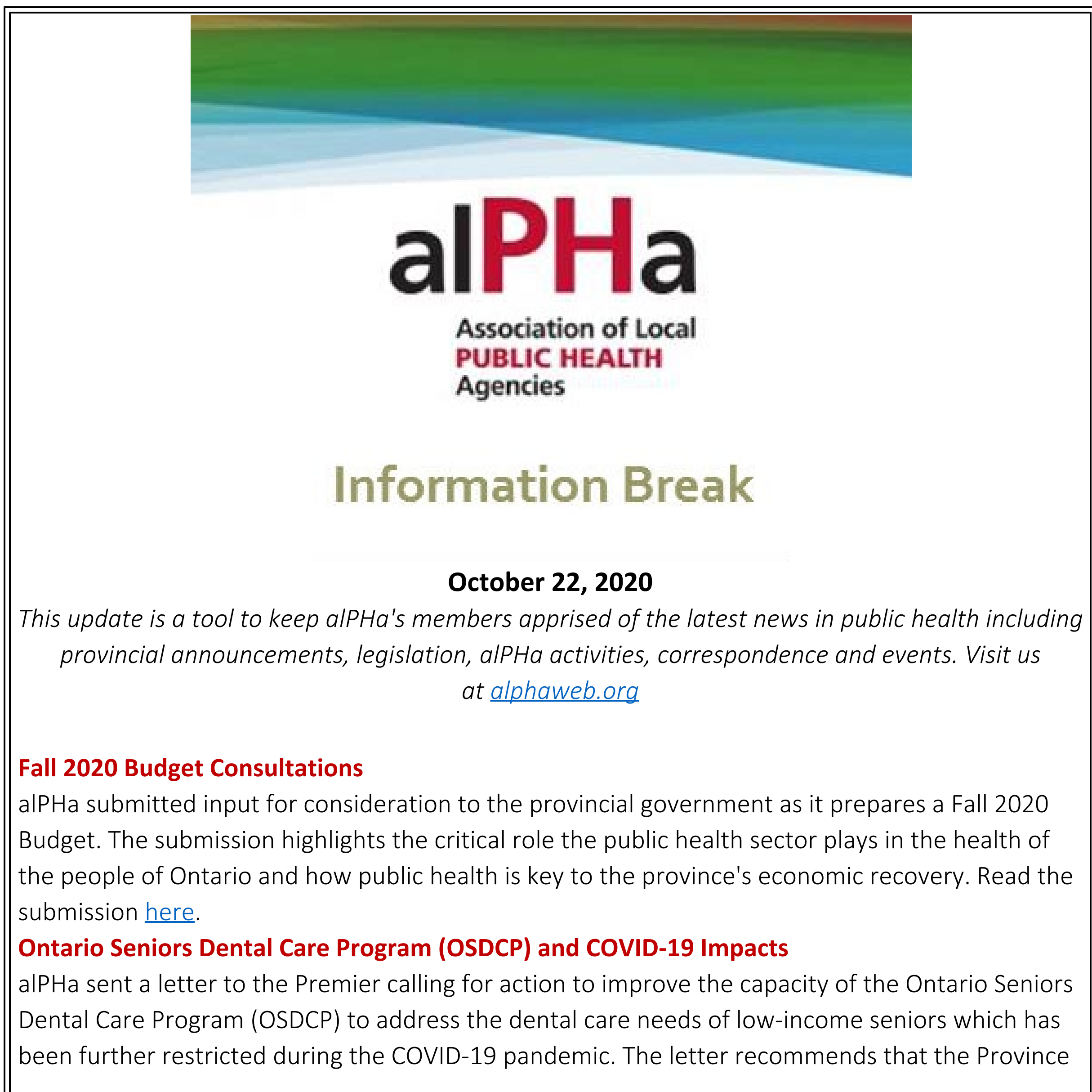


**October 22, 2020**

*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 2020 Budget Consultations**

alPHa submitted input for consideration to the provincial government as it prepares a Fall 2020 Budget. The submission highlights the critical role the public health sector plays in the health of the people of Ontario and how public health is key to the province's economic recovery. Read the submission here.

**Ontario Seniors Dental Care Program (OSDCP) and COVID-19 Impacts**

alPHa sent a letter to the Premier calling for action to improve the capacity of the Ontario Seniors Dental Care Program (OSDCP) to address the dental care needs of low-income seniors which has been further restricted during the COVID-19 pandemic. The letter recommends that the Province

implement changes to the OSDCP to meet the demand, clear the backlog and alleviate the burden on Ontario's Emergency Rooms. Read the submission here.

**COVID-19**

alPHa representatives continue to participate in key stakeholder briefings and the sharing Ministry of Health Situation Reports as well as COVID-19-related news with the membership. 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

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**Update on alPHa's Annual General Meeting**

As a result of the COVID-19 pandemic and the extraordinary challenges placed upon the public health system, the alPHa Board of Directors, in the best interests of the organization, made the decision in April to postpone alPHa's Conference and with it the Annual General Meeting, Resolutions Session, and changeover of the alPHa Board which includes Boards of Health Section Executive Elections and confirmation of a new COMOH Executive.

While we didn't meet in June, alPHa announced the recipients of its 2020 Distinguished Service Award (DSA), which recognizes outstanding contributions to public health in Ontario. Read more about the DSA recipients here. alPHa also made available the 2019-2020 Annual Report to highlight activities and achievements of the past year, a time of unprecedented challenges to the public health system in Ontario and around the world. Read the 2019-2020 alPHa Annual Report here.

As part of our commitment to respond and adapt to the situation, the alPHa Board and Executive continue to discuss and deliberate upon next steps. These discussions, which also involve meetings and ongoing consultation with legal counsel, are aimed at determining the best option for our unique membership within the rules of our Constitution and our available resources.

The alPHa Board is meeting on November 27th and will continue to consider all options to determine the best path forward. We will be back in touch shortly afterwards with an update. In the meantime, alPHa will continue to support members in their response to COVID-19.

The Association extends its thanks to the Board of Directors and the membership for their strong and ongoing support of alPHa during the COVID-19 pandemic.

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**Get Local COVID19 RRFSS Data Fast!**

**New RRFSS COVID-19 data!**

RRFSS has developed over 100 new COVID-19 related questions to collect local in-depth health information related to COVID-19 behaviours and attitudes. These new modules are available for RRFSS members in the 2021 survey. The 12 new COVID-19 related modules include:

- Precautions (Distancing and Face coverings)
- Financial Impacts
- Handwashing
- Health Impacts
- Symptoms and Testing
- Vaccine Readiness

For further information about the new RRFSS modules or about joining RRFSS please visit our website: https://www.rrfss.ca/questionnaires
or contact Lynne Russell, RRFSS Coordinator: lynnerussell@rrfss.ca

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**13th Annual DLSPH Student-Led Conference**

13th Annual Student-Led Conference, presented by the Dalla Lana School of Public Health at the University of Toronto, will be held virtually on November 12-14, 2020. "Moving Beyond Repair: Upstream Approaches to Public Health Emergencies" will bring together students, academics, practitioners, community stakeholders, and policy-makers to discuss how deep-rooted systemic health inequalities are illuminated in the midst of public health crises, such as the current COVID-19 pandemic. For more information about the event, please visit the conference Facebook (https://www.facebook.com/DLSPHStudentLed/) or Instagram (https://www.instagram.com/dlsphstudentled/) pages.

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**Public Health News Roundup**

Ontario Expanding Mental Health Services for Children and Youth - October 21, 2020

Ontario Protects Workers, Volunteers and Organizations Who Make Honest Efforts to Follow COVID-19 Public Health Guidelines and Laws - October 20, 2020

Ontario Extends COVID-19 Orders to Protect the Public - October 20, 2020

Ontario Making Government Services More Convenient, Reliable, and Accessible - October 19, 2020

Stay Safe and Follow Public Health Advice This Halloween - October 19, 2020

York Region Added to List of Areas of Higher Community Spread - October 17, 2020

Ontario Moving Additional Region to Modified Stage 2 - October 16, 2020

Ontario Supports the Production of Critical Supplies to Fight the Spread of COVID-19 - October 16, 2020

Millions Across Canada Now Using Made-in-Ontario COVID Alert App - October 15, 2020

Ontario Adding Over 200 More Transitional Care Beds Across the Province - October 15, 2020

Outings on Hold for Long-Term Care Homes in Areas of Higher Community Spread - October 14, 2020

Ontario Hiring Hundreds More Contact Tracers and Case Managers - October 14, 2020

Ontario Increases Production of COVID-19 Testing Supplies - October 13, 2020

Ontario Continues to Support Restaurants During COVID-19 Pandemic - October 13, 2020

Governments Investing $26.6 Million to Further Protect Ontario Agri-Food Workers During COVID-

19 - October 13, 2020

Increased COVID-19 Precautions for Congregate Care Settings - October 9, 2020

Ontario Implementing Additional Public Health Measures in Toronto, Ottawa and Peel Region - October 9, 2020

Ontario Hires Health System Leader as Education Health Advisor - October 8, 2020

Ontario Supporting Local Festivals and Events - October 8, 2020

Ontario Supporting Scientists Developing the Next Generation of Antibiotics - October 7, 2020

Ontario Building a Modern, Connected and Comprehensive Mental Health and Addictions System - October 7, 2020

Ontario Increases Mental Health Funding for Postsecondary Students - October 6, 2020

Ontario Surpasses Four Million COVID-19 Tests - October 6, 2020

New COVID-19 Precautions at Long-Term Care Homes -October 5, 2020

Ontario Releases $35 Million to Hire More Staff, Improve Remote Learning in Targeted Communities - October 5, 2020

Ontario Supports Training for Personal Support Workers in Niagara - October 5, 2020

Ontario Implementing Additional Public Health and Testing Measures to Keep People Safe - October 2, 2020

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**Don't Forget to Update Our Contact Information!**
Our Canada Post mail forwarding is ending soon! We moved almost a year ago but are still receiving mail at our old address. Please ensure that all staff have alPHa's current location. Thank you!

**Association of Local Public Health Agencies**
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