Algoma
PUBLIC HEALTH
Santé publique Algoma

November 25, 2020

BOARD OF HEALTH MEETING

Algoma Community Room / Webex Video / Teleconference

www.algomapublichealth.com

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

BOARD MEMBERS	**APH EXECUTIVE**
Lee Mason - BOH Chair	Dr. Marlene Spruyt - Medical Officer of Health/CEO
Ed Pearce - F&AC Chair	Dr. Jennifer Loo - AMOH & Director of Health Protection
Deborah Graystone - Gov. Chair	Antoniette Tomie - Director of Corporate Services
Dr. Patricia Avery	Laurie Zeppa - Director of Health Promotion & Prevention
Louise Caicco Tett	Tania Caputo - Board Secretary
Sally Hagman	
Micheline Hatfield	
Dr. Heather O'Brien	
Brent Rankin	
Matthew Scott	

* ***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 November 25, 2020** be approved as presented.

3.0 Delegations / Presentations

4.0 Adoption of Minutes of Previous Meeting *L. Mason*
RESOLUTION
THAT the **October 28, 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, November 2020
ii. Impact of a Basic Income Resolution
iii. APH Organizational Chart
iv. Acting MOH Resolution

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

b. Finance and Audit

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

RESOLUTION

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

ii. Financial Statements *E. Pearce*

RESOLUTION

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

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

RESOLUTION

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

c. Governance Committee *D. Graystone*

i. Governance Committee Chair Report

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

iii. 02-04-030 Procurement Policy

RESOLUTION

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

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

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

7.0 New Business/General Business *L. Mason*

8.0 Correspondence *L. Mason*

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

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

9.0 Items for Information *L. Mason*

a. 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*

Board of Health Meeting
Wednesday, January 27, 2021 @ 5:00 pm
Webex Audio / Video Conference |SSM Algoma Community Room

Finance & Audit Committee Meeting
February 10, 2021 @ 5:00 pm
Webex Audio / Video Conference |SSM Algoma Community Room

Governance Committee Meeting
Wednesday, March 10, 2021 @ 5:00 pm
Webex Audio / Video Conference |SSM Algoma Community Room

14.0 Evaluation *L. Mason*

15.0 Adjournment *L. Mason*

RESOLUTION

THAT the Board of Health meeting adjourns.

Board of Health Meeting
MINUTES
October 28, 2020 at 5:00 pm
Video/Teleconference | Algoma Community Room
**** Meeting held during the provincially declared emergency***

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

* ***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 2020-82
Moved: D. Graystone
Seconded: B. Rankin

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

CARRIED

3.0 Delegations / Presentations

a. When Public Health Crises Collide

b. Briefing Note - The Other Public Health Crisis

Alison McFarlane, PHN, Public Health Programs presented to the Board of Health on the current rates of addiction and projected death rate from addiction in Algoma. She provided an overview of the local opioid response and outlined the request to seek provincial re-commitment to the opioid crisis through 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 Board advised that M. Spruyt share this resolution with the Algoma Ontario Health Team.

RESOLUTION 2020-83
Moved: D. Graystone
Seconded: L. Caicco Tett

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 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

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION 2020-84	**Moved:**	P. Avery
	Seconded:	S. Hagman

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

CARRIED

5.0 Business Arising from Minutes

Not applicable.

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report, October 2020

M. Spruyt advised the board that J. Pino, the Chief Financial Officer (CFO), will be departing for a new employment opportunity and thanked him for his contributions to APH.

ii. OHT MOU Partnership Agreement

M. Spruyt advised on the status of COVID-19 cases in Ontario and in Algoma. She spoke about the complex and challenging role of communicating during a crisis. M. Spruyt shared the OHT MOU Partnership Agreement to keep all apprised of the committment. She requested and received approval and direction from the Board that APH continue with this work.

RESOLUTION 2020-85	**Moved:**	D. Graystone
	Seconded:	B. Rankin

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

CARRIED

iii. Signing Authority

RESOLUTION 2020-86	**Moved:**	S. Hagman
	Seconded:	M. Hatfield

Be it resolved that with the departure of the Chief Financial Officer, that signing authority be assigned to the Director of Corporate Services, Antoniette Tomie, until such time that the Governance Committee reviews the bylaw.

CARRIED

L.Mason thanked CFO, J. Pino, on behalf of the Board of Health for his contributions during his years at APH, wishing him all the best in his new position at HSCDSB.

b. Finance and Audit

i. Financial Statements

J. Pino provided an overview of the financial statements. He noted that the Finance and Audit Committee met in October to preview the draft budget.

RESOLUTION 2020-87	**Moved:**	P. Avery
	Seconded:	L. Caicco Tett

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

CARRIED

7.0 New Business/General Business

Not applicable.

8.0 Correspondence

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

a. alPHA Information Break October 2020

b. Public Health Champion Awards 2020 - Submissions are due at the end of November, T.Caputo will send a request for Board member volunteers.

c. L. Mason spoke about communications coming to Board members and APH staff regarding waits for flu shots, COVID-19 related issues.

10.0 Addendum

Not applicable.

11.0 In-Camera - 6:04 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 2020-88	**Moved:**	D. Graystone
	Seconded:	P. Avery

THAT the Board of Health go in-camera.

12.0 Open Meeting - 6:24 pm

Resolutions resulting from in-camera meeting.

RESOLUTION 2020-91	**Moved:**	D. Graystone
	Seconded:	S. Hagman

THAT the Board of Health for the District of Algoma Health Unit appoint Dr. Jennifer Loo as the Medical Officer of Health and Chief Executive Officer of Algoma Public Health, effective January 1, 2021, pending approval of the appointment by the Minister of Health.

CARRIED

13.0 Announcements / Next Committee Meetings:

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

Board members to complete meeting evaluation.

15.0 Adjournment - 6:27 pm

RESOLUTION 2020-92	**Moved:**	P. Avery
	Seconded:	D. Graystone

THAT the Board of Health meeting adjourns.

CARRIED

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

Algoma
PUBLIC HEALTH
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November 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 8 months into the COVID-19 Pandemic

Rates of positive cases of COVID-19 continue to increase across the province. Despite the implementation of some additional restrictions in the form of a modified Stage 2 in some areas of the province the rates have continued to climb. Consequently at the beginning of November, the province implemented further stepped measures as outlined in COVID-19 Response Framework: Keeping Ontario Safe and Open. Concerns were expressed widely that the thresholds for implementing various restrictions were set too high and within a week, the thresholds were lowered. Still to be determined are the restrictions that would be applied if the numbers in the Red/Control zone do not have the desired effect and a further "lockdown" is required. The intent of this Framework is somewhat different than the initial shutdown that occurred at the onset of the Pandemic. More effort is being focused on attempting to keep children in schools and businesses open to minimize negative impacts on social and emotional development and to mitigate negative economic effects.

Algoma and Northern Ontario continue to see a steady trickle of positive COVID-19 cases and almost every Northern health unit has experienced a surge of some type. Public Health Sudbury and District has experienced a higher number of cases, sufficient to place them into the Yellow/Protect zone and Thunder Bay is also approaching that level.

With the recent resignation of our CFO, we have undergone some internal reorganization and the most recent iteration of our Organizational chart is attached. All of our corporate and support services will be overseen by a single Director of Corporate Services, hopefully improving co-ordination between the various functional centres. Antoinette Tomie will take on this role. Joel Merrylees will take on oversight of the financial functions in his new role of Controller. Other functions that were previously supervised by the CFO including facilities, operations, privacy and IT have been re-assigned to other managers. We recently recruited additional HR support and are currently recruiting a Financial Analyst to ensure adequate backup is in place.

PARTNERSHIPS

Work with our multiple partners continue although is limited due to fluctuating demands of the COVID response.

PROGRAM HIGHLIGHTS

Topic: Impact of a Basic Income

From: Laurie Zeppa, Director, Prevention and Promotion

Health Equity Public Health Goal

Public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

Key Messages

- Working to reduce health inequities is a core function of local public health, particularly in the form of supporting and advancing evidence-informed public policy
- The provision of a basic income- combined with other health and social measures- can contribute to a reduction in health inequities (i.e. poverty)
- Health impacts from previous basic income experiments include reduced stigmatization and general improvements in mental and physical health
- COVID-19 has exacerbated health inequities and opened a policy window for creating a more resilient, equitable society; The Canadian Emergency Response Benefit (CERB) has potential to evolve into a basic income for all Canadians

The promise and challenge of a basic income, and public health's role

The impacts of a basic income have been documented as far reaching and diverse; affecting many domains of the social determinants of health (SDOH) by improving the physical and mental health of individuals, families and communities, as well as the socio-economic environment (e.g. reduction in poverty and increase in economic activity).[1-5] Working to reduce inequities in the SDOH is a core function of local public health, particularly in the form of supporting and advancing evidence-informed public policy.[6]

Recall that a basic or guaranteed income is a regular, reliable distribution of money to individuals or families to help ensure everyone has an income sufficient to meet their basic needs.[7] Described as a *safety net* that prevents people from falling below the poverty line- regardless of employment status- income security is one element of an evidence-based approach to alleviating poverty.[8] When implemented alongside *foundational supports* (e.g.

access to housing, education and training, childcare and/or early child development, transportation, and health services and benefits) *and a strategy* to address systemic disadvantages experienced by marginalized populations, the evidence suggests that a basic income can facilitate improvements across many health and social domains.[8]

While the literature is clear on the promise of basic income, it is also clear on the requirement for any basic income program to have methodology that is comprehensive, rigorous, and attuned to the social and political context.[9,10] Basic income is not a magic bullet, but rather one important element in a constellation of health and social measures, all aimed at improving the health of the population; a goal that is shared by the public health sector.

Manitoba's Mincome and Ontario's Basic Income Pilot: Health impacts reported by recipients of a basic income

The provision of a basic or guaranteed annual income has occurred twice in Canadian history.[1,2] The Manitoba Basic Annual Income Experiment (Mincome; 1974) was originally designed to assess the impact of basic or guaranteed income on labour market participation,[1] while Ontario's Basic Income Pilot (OBIP; 2018) sought to reduce poverty and measure a variety of health indicators, some of which included food security, stress and anxiety, healthcare usage, and housing stability.[11] The programs differed structurally, but similarities regarding impacts are presented here.

Mincome lasted 4 years and it has been noted that the impact on long-term labour market participation is unknown due to the short timeframe of the program (i.e. behaviour change over the course of 4 years is difficult to project into future, long-term outcomes, especially when recipients are aware of the temporary nature of the program).[9] Important from a health perspective, however, are findings that suggest the potential for positive life changes as a result of basic income.[1,3] These include reduced stigmatization (i.e. Mincome was perceived by recipients as less-stigmatizing than social support),[3] and a statistically significant 8.5% decrease in hospitalizations observed in the Mincome saturation site (Dauphin, Manitoba), particularly for visits related to 'accidents and injuries' and 'mental health;' two categories consistently related to socioeconomic status.[1] While Mincome was not designed to support an analysis of basic income on health, it has helped researchers draw links between the two and inform policy agendas, such as the creation of the OBIP in 2017.[10]

The OBIP was functional for over 1 year, with one report released in March, 2020 about Southern Ontario's experience with the program.[2] Many recipients reported improvements in their physical and mental health, labour market participation, food security, housing stability, financial status, and social relationships.[2] In addition, many recipients reported less-frequent visits to health practitioners and hospital emergency rooms, representing a decrease in health system usage; a metric that benefits both individuals and societies.[2]

Income is a driver of population health- Algoma health snapshot

Residents in Northern Ontario experience poorer health outcomes and greater health disparities, compared to southern Ontario.[12] Negative outcomes such as a low life expectancy, poor mental health, addictions, diabetes, and poor parental and child health are influenced by limitations to social and economic opportunities- income being a central driver, along with other SDOH's such as housing, access to health services, and education.[12] For instance, 25.6% of mothers in Algoma have a mental health challenge during pregnancy or postpartum, compared to 15.8% in Ontario.[13] Furthermore, a greater proportion of children and adults in Algoma live in

low income, compared to the North East Local Health Integration Network (NE LHIN) and Ontario (see Table 1).[13]

Table 1. Higher proportions of Algoma residents live in low income and experience food insecurity, compared to the NE LHIN and Ontario (2016)

	Algoma (%)	NE LHIN (%)	Ontario (%)
Adults (18-64 years) in low income*	**16.1**	14.3	13.7
Children (<18 years) in low income*	**22.0**	18.9	18.4
Children (<5 years) in low income*	**25.5**	22.3	19.8
People aged 12+ years experiencing food insecurity§	**12.4**	9.1	8.4

*note: Measured as living in a low income household after taxes which is approximately 50% of the median income when taking household needs into account.
§note: Measured as a compromise in either food quality or food quantity or both (most likely due to low income).

COVID-19 has exacerbated health disparities- We have a rare opportunity to create a more equitable society

Canadian research has shown that low income workers and/or people who are precariously employed experience a higher exposure risk to COVID-19, due to an inability to physically distance because of the nature of their work.[14] These workers are also less likely to have paid sick leave.[14]

The Canada Emergency Response Benefit (CERB) was created to provide urgent financial relief for workers who stopped working because of COVID-19.[15] Various eligibility criteria for CERB has been cited as problematic for rolling CERB directly into a basic income, but a pathway for federal action to eventually evolve CERB into a basic income- with support from the provinces- has also been documented.[10]

Achieving a resilient society requires a full understanding of what aspects of society need strengthening; this can be done by identifying disparities that were persistent before COVID-19.[16] The case for a basic income in order to improve the health of the population has long been advocated for by health experts. Both primary care (e.g. The Canadian Medical Association) and public health (e.g. Association of Local Public Health Agencies) have called on the Government of Canada to support a basic income for all Canadians.[17,18] COVID-19 has created a policy window; one in which policymakers are presented with a rare opportunity to create a more equitable society by proactively restructuring health and social policies, rather than reverting back to the status quo.[16]

The return on investment- Basic income for a healthier Algoma

The provision of a robustly-designed basic income program, in combination with foundational supports and a comprehensive strategy for tacking systemic discrimination, holds promise for decreasing health inequities in the population; particularly in Algoma where health outcomes are worse than in southern Ontario.

Public health's role in advocating for healthy public policy, such as basic income, can be extended to understanding the methodological challenges associated with designing a basic

income program (e.g. administration, data collection and analysis, roles of various governments), and advocating for effective solutions to challenges identified.[9,10]
The attached resolution asks the Board of Health to write to the federal Minister of Finance, Ministers of Employment and Social Development, Labour, and Health, as well as the Ontario Ministers Responsible for the Poverty Reduction Strategy, Seniors, Labour, Children and Youth Services, and Health and Long-Term Care, to request the evolution of CERB into a basic income as an effective long-term response to the issues of income security, poverty, food insecurity, and overall community health and well-being.

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Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health

RESOLUTION

Date: November 25, 2020	**Resolution No:**
Moved:	**Seconded:**

Subject: Healthy public policy for a more equitable society: A call for provincial-federal partnership to evolve the Canada Emergency Response Benefit into a basic income for all

WHEREAS under the Ontario Public Health Standards, the Board of Health for Algoma Public Health (APH) has a specific mandate to reduce health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances; and

WHEREAS supporting and advancing evidence-informed healthy public policy is a requirement of effective public health practice; and

WHEREAS income is a central driver of population health; a greater proportion of children and adults in Algoma live in low income and experience poor health, compared to Ontario (e.g. 25.5% of children <5 years live in low income in Algoma, compared to 19.8% in Ontario); and

WHEREAS the provision of a basic income- a cash transfer from government to citizens not tied to labour market participation- is a healthy public policy that holds potential to increase population health and decrease health inequities when combined with a suite of other health and social measures; and

WHEREAS recipients of the Manitoba Basic Annual Income Experiment (Mincome; 1974) and the Ontario Basic Income Pilot (OBIP; 2018) reported positive health impacts as a result of basic income, including: reduced stigmatization and general improvements in mental and physical health; and

WHEREAS COVID-19 has exacerbated health disparities, particularly for low income earners and those who are precariously employed; and

WHEREAS COVID-19 has also created a policy window; one in which policymakers are presented with a rare opportunity to create a more equitable society by proactively restructuring health and social policies, rather than reverting back to the status quo; and

WHEREAS the Canada Emergency Response Benefit (CERB) was created to provide urgent financial relief for workers who stopped working because of COVID-19; and

WHEREAS the CERB holds potential to evolve into a basic income program for Canadians; and

WHEREAS there is widespread support for a federal basic income program; agencies such as the Canadian Medical Association and the Association of Local Public Health Agencies have called on the Government of Canada to support a basic income for all Canadians;

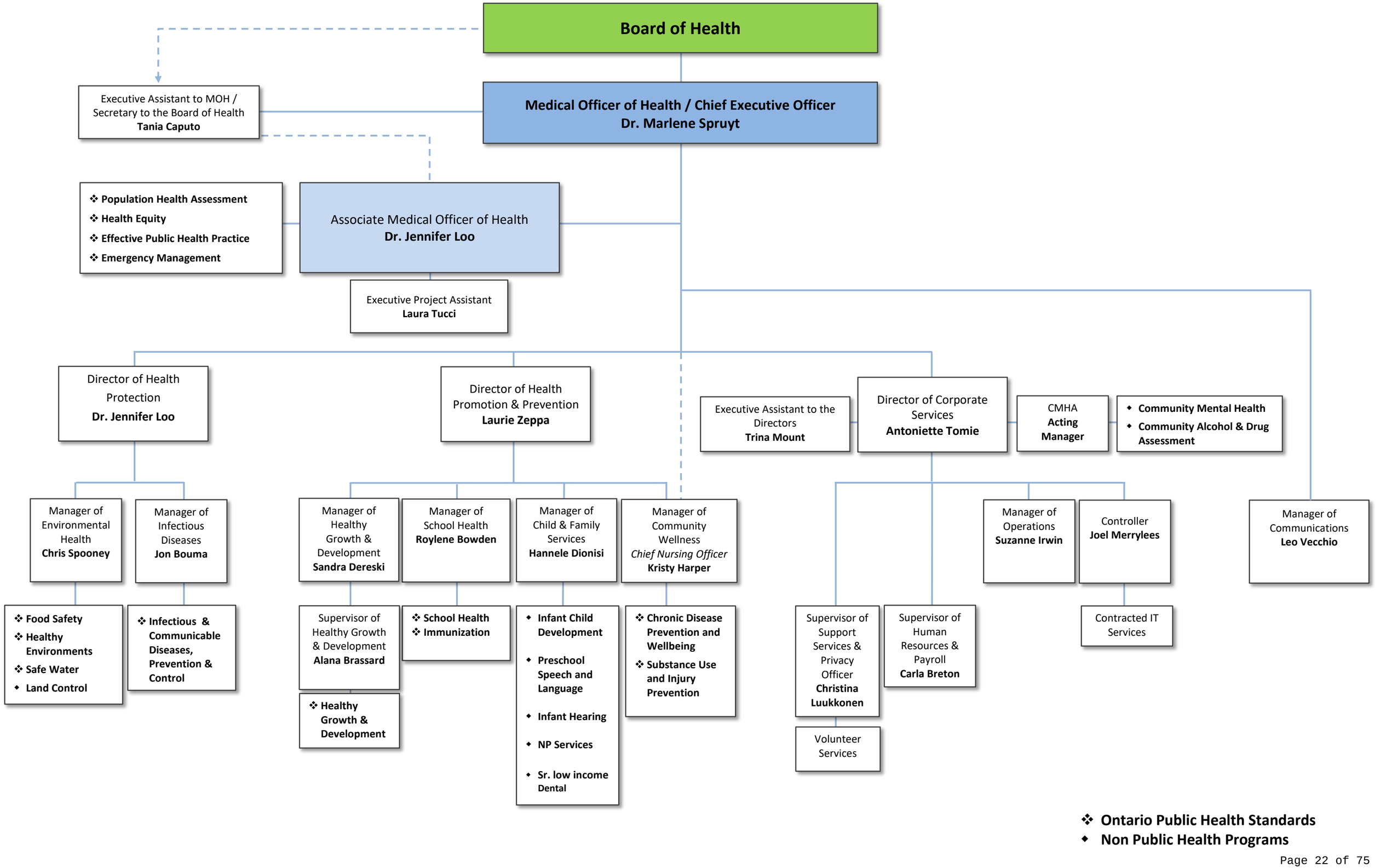
NOW THEREFORE BE IT RESOLVED THAT the Board of Health for APH support the evolution of the CERB into a basic income during the COVID-19 pandemic and beyond, as one important element in an evidence-based approach to alleviating poverty, reducing food insecurity, and improving the general health of Canadians; and

BE IT FURTHER RESOLVED THAT the Board of Health for APH to write to the federal Minister of Finance, Ministers of Employment and Social Development, Labour, and Health, as well as the Ontario Ministers Responsible for the Poverty Reduction Strategy, Seniors, Labour, Children and Youth Services, and Health and Long-Term Care, to request provincial-federal partnership regarding the evolution of CERB into a basic income as an effective long-term response to the issues of income security, poverty, food insecurity, and overall community health and well-being;

BE IT FURTHER RESOLVED THAT correspondence of this resolution be copied to the 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 Sault Ste. Marie Poverty Reduction Round Table, and the North Channel Poverty Network.

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**		


Board of Health
Executive Assistant to MOH / Secretary to the Board of Health
Tania Caputo
Medical Officer of Health / Chief Executive Officer
Dr. Marlene Spruyt
❖ Population Health Assessment
❖ Health Equity
❖ Effective Public Health Practice
❖ Emergency Management
Associate Medical Officer of Health
Dr. Jennifer Loo
Executive Project Assistant
Laura Tucci
Director of Health Protection
Dr. Jennifer Loo
Director of Health Promotion & Prevention
Laurie Zeppa
Executive Assistant to the Directors
Trina Mount
Director of Corporate Services
Antoniette Tomie
CMHA
Acting Manager
◆ Community Mental Health
◆ Community Alcohol & Drug Assessment
Manager of Environmental Health
Chris Spooney
Manager of Infectious Diseases
Jon Bouma
Manager of Healthy Growth & Development
Sandra Dereski
Manager of School Health
Roylene Bowden
Manager of Child & Family Services
Hannele Dionisi
Manager of Community Wellness
Chief Nursing Officer
Kristy Harper
Manager of Operations
Suzanne Irwin
Controller
Joel Merrylees
Manager of Communications
Leo Vecchio
❖ Food Safety
❖ Healthy Environments
❖ Safe Water
◆ Land Control
❖ Infectious & Communicable Diseases, Prevention & Control
Supervisor of Healthy Growth & Development
Alana Brassard
❖ Healthy Growth & Development
❖ School Health
❖ Immunization
◆ Infant Child Development
◆ Preschool Speech and Language
◆ Infant Hearing
◆ NP Services
◆ Sr. low income Dental
❖ Chronic Disease Prevention and Wellbeing
❖ Substance Use and Injury Prevention
Supervisor of Support Services & Privacy Officer
Christina Luukkonen
Supervisor of Human Resources & Payroll
Carla Breton
Contracted IT Services
Volunteer Services
❖ Ontario Public Health Standards
◆ Non Public Health Programs

Algoma PUBLIC HEALTH
Santé publique Algoma

Board of Health
RESOLUTION

Date: November 25, 2020	**Resolution No:**
Moved:	**Seconded:**
Subject: Acting Medical Officer of Health	

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

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

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

CARRIED: 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**		

Report from the Chair of the Finance and Audit Committee

At the November 12, 2020, meeting of the Finance and Audit Committee, the Committee reviewed the unaudited Financial Statements for the period ending September 30, 2020 and passed a resolution to forward them to the Board for approval.

Key Points

- Public Health programs are reporting a $321m positive variance
    - Public Health revenues are reporting a $79m positive variance
    - Public Health Mitigation funding has yet to flow to health units but is being offset with a additional funding from the Provincial Cost Shared funding
- Funding Revenues are within budget

- Expenses
    - Salaries $64m positive variance
    - Travel $60m positive variance
    - Program expenses $69m positive variance
    - Office expenses $19m positive variance
    - Computer services and telecommunications $75m negative variance.
    - Program Promotion and Professional Development $137m positive variance
    - Facilities $20m negative variance
    - Fees and Insurance $25m negative variance

- Financial Position
- APH’s liquidity position remains stable and the bank has been reconciled.

Also at the November 12th meeting the Finance and Audit Committee reviewed the draft 2021 Operating and Capital budgets and approved a motion to recommend the budgets to the Board for approval. (Please see attached copy).

- Budget of $15,668,394 or 1.8% increase from 2020
- 7% increase in municipal levies or $249,146

Algoma Public Health
(Unaudited) Financial Statements September 30, 2020

Algoma Public Health
Statement of Operations
September 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Act. to Bgt. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ YTD Budget 2020
Public Health Programs						
Revenue						
Municipal Levy - Public Health	$ **2,841,373**	$ 2,841,373	$ 0	$ 3,788,497	0%	100%
Provincial Grants - Cost Shared Funding	**7,453,047**	6,645,018	808,029	8,851,681	12%	112%
Provincial Grants - Public Health 100% Prov. Funded	**1,100,510**	1,147,839	(47,329)	1,595,786	-4%	96%
Provincial Grants - Mitigation Funding	**0**	606,401	(606,401)	1,037,800	-100%	0%
Fees, other grants and recovery of expenditures	**357,091**	432,486	(75,395)	620,814	-17%	83%
Total Public Health Revenue	$ **11,752,021**	$ 11,673,117	$ 78,904	$ 15,894,578	1%	101%
Expenditures						
Public Health Cost Shared	$ **10,306,139**	$ 10,485,161	$ 179,022	$ 14,298,793	-2%	98%
Public Health 100% Prov. Funded Programs	**1,042,684**	1,105,329	62,645	1,595,786	-6%	94%
Total Public Health Programs Expenditures	$ **11,348,823**	$ 11,590,490	$ 241,667	$ 15,894,578	-2%	98%
Total Rev. over Exp. Public Health	$ **403,198**	$ 82,628	$ 320,570	$ 0		
Healthy Babies Healthy Children						
Provincial Grants and Recoveries	$ **534,011**	534,006	(5)	1,068,011	0%	100%
Expenditures	**563,473**	535,005	28,468	1,068,011	5%	105%
Excess of Rev. over Exp.	**(29,462)**	(1,000)	(28,462)	-		
Public Health Programs - Fiscal 19/20						
Provincial Grants and Recoveries	$ **66,000**	-	(66,000)	469,000		
Expenditures	**6,439**	9,001	(2,562)	469,000		
Excess of Rev. over Fiscal Funded	**59,561**	(9,001)	68,562	-		
Community Health Programs (Non Public Health)						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	$ **-**	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	**221,582**	233,950	(12,368)	311,933	-5%	95%
Total Community Health Revenue	$ **221,582**	$ 233,950	$ (12,368)	$ 311,933	-5%	95%
Expenditures						
Child Benefits Ontario Works	**6,064**	18,375	12,312	24,500	-67%	33%
Algoma CADAP programs	**201,661**	215,992	14,331	287,433	-7%	93%
Total Calendar Community Health Programs	$ **207,724**	$ 234,367	$ 26,642	$ 311,933	-11%	89%
Total Rev. over Exp. Calendar Community Health	$ **13,857**	$ (417)	$ 14,274	$ (1)		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	$ **2,757,989**	$ 2,927,971	$ (169,981)	$ 5,813,257	-6%	94%
Municipal, Federal, and Other Funding	**90,635**	90,635	-	119,247	0%	100%
Other Bill for Service Programs	**7,563**		7,563			
Total Community Health Revenue	$ **2,856,188**	$ 3,018,606	$ (162,418)	$ 5,932,504	-5%	95%
Expenditures						
Brighter Futures for Children	**63,231**	57,224	(6,008)	114,447	10%	110%
Infant Development	**246,726**	323,159	76,432	644,317	-24%	76%
Preschool Speech and Languages	**279,843**	308,228	28,385	614,256	-9%	91%
Nurse Practitioner	**81,234**	82,077	843	162,153	-1%	99%
Community Mental Health	**1,697,640**	1,753,196	55,556	3,551,560	-3%	97%
Community Alcohol and Drug Assessment	**329,059**	355,393	26,334	710,786	-7%	93%
Stay on Your Feet	**41,177**	50,000	8,823	100,000	-18%	82%
Bill for Service Programs	**14,539**	-	(14,539)	-		
Misc Fiscal	**3,289**	3,600	311	34,984	-9%	91%
Total Fiscal Community Health Programs	$ **2,756,739**	$ 2,932,876	$ 176,136	$ 5,932,504	-6%	94%
Total Rev. over Exp. Fiscal Community Health	$ **99,448**	$ 85,730	$ 13,718	$ 0		

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

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

Algoma Public Health
Revenue Statement
For Nine Months Ending September 30, 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Bgt. to Act. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ Annual Budget 2020	*Comparison Prior Year:* YTD Actual 2019	YTD BGT 2019	Variance 2019
Levies Sault Ste Marie	2,002,033	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%	815,946	766,619	49,327
Total Levies	**2,841,373**	**2,841,373**	**0**	**3,788,497**	**0%**	**75%**	**2,689,095**	**2,639,768**	**49,327**
MOH Public Health Funding	5,597,829	4,700,671	897,158	6,985,802	19%	80%	5,508,681	5,508,675	6
MOH Funding Needle Exchange	48,527	48,525	2	45,290	0%	107%	48,527	48,525	2
MOH Funding Haines Food Safety	18,450	18,450	0	17,220	0%	107%	18,450	18,450	0
MOH Funding Healthy Smiles	577,423	577,425	(2)	538,930	0%	107%	577,423	577,425	(2)
MOH Funding - Social Determinants of Health	241,181	135,360	105,821	126,350	78%	191%	135,377	135,375	2
MOH Funding Chief Nursing Officer	30,375	91,134	(60,759)	85,050	-67%	36%	91,131	91,125	6
MOH Enhanced Funding Safe Water	11,627	11,625	2	10,850	0%	107%	11,627	11,625	2
MOH Funding Infection Control	189,256	234,306	(45,050)	218,680	-19%	87%	234,304	234,300	4
MOH Funding Diabetes	112,500	112,500	0	105,000	0%	107%	112,500	112,500	0
Funding Ontario Tobacco Strategy	325,204	325,200	4	303,520	0%	107%	325,204	325,200	4
MOH Funding Harm Reduction	112,500	112,500	0	105,000	0%	107%	112,500	112,500	0
MOH Funding Vector Borne Disease	27,175	81,522	(54,347)	101,448	-67%	27%	81,523	81,525	(2)
MOH Funding Small Drinking Water Systems	17,400	52,200	(34,800)	64,960	-67%	27%	52,200	52,200	0
Total Public Health Cost Shared Funding	**7,309,447**	**6,501,418**	**808,029**	**8,708,100**	**12%**	**84%**	**7,309,447**	**7,309,425**	**22**
MOH Funding - MOH / AMOH Top Up	117,613	114,064	3,549	152,086	3%	77%	94,408	94,838	(430)
MOH Funding Northern Ontario Fruits & Veg.	88,054	88,050	4	117,400	0%	75%	88,054	88,050	4
MOH Funding Unorganized	397,800	397,800	0	530,400	0%	75%	397,800	397,800	0
MOH Senior Dental	497,043	523,425	(26,382)	697,900	-5%	71%	90,795	90,795	0
MOH Funding Indigenous Communities	0	24,500	(24,500)	98,000	0%	0%	0	0	0
One Time Funding (Pandemic Pay)	143,600	143,600	0	143,600	0%	100%	0	0	0
Total Public Health 100% Prov. Funded	**1,244,110**	**1,291,439**	**(47,329)**	**1,739,386**	**-4%**	**72%**	**671,057**	**671,483**	**(426)**
Total Public Health Mitigation Funding	**0**	**606,401**	**(606,401)**	**1,037,800**	**-100%**	**0%**	**0**	**0**	**0**
Recoveries from Programs	25,543	20,648	4,896	27,511	24%	93%	25,580	25,106	474
Program Fees	139,906	150,963	(11,057)	201,284	-7%	70%	155,136	178,945	(23,809)
Land Control Fees	141,422	115,000	26,422	160,000	23%	88%	121,510	132,500	(10,990)
Program Fees Immunization	30,142	86,250	(56,108)	115,000	-65%	26%	90,070	116,250	(26,180)
HPV Vaccine Program	0	3,000	(3,000)	12,500	0%	0%	6,460	4,000	2,460
Influenza Program	0	1,500	(1,500)	25,000	0%	0%	985	0	985
Meningococcal C Program	0	625	(625)	7,500	0%	0%	944	0	944
Interest Revenue	16,937	30,000	(13,063)	40,000	-44%	42%	34,337	24,000	10,337
Other Revenues	3,141	24,500	(21,359)	32,000	-87%	10%	37,978	27,750	10,228
Total Fees, Other Grants and Recoveries	**357,091**	**432,486**	**(75,395)**	**620,795**	**-17%**	**58%**	**472,999**	**508,551**	**(35,551)**
Total Public Health Revenue Annual	**$ 11,752,021**	**$ 11,673,117**	**$ 78,904**	**$ 15,894,578**	**1%**	**74%**	**$ 11,142,598**	**$ 11,129,227**	**$ 13,371**

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 Nine Months Ending September 30, 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Act. to Bgt. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ Budget 2020	*Comparison Prior Year:* *YTD Actual 2019*	*YTD BGT 2019*	*Variance 2019*
Salaries & Wages	$ 7,052,993	$ 7,116,885	$ 63,892	$ 9,926,603	-1%	71%	$ 6,551,475	$ 6,815,487	$ 264,012
Benefits	1,696,802	1,707,880	11,078	2,264,828	-1%	75%	1,653,699	1,644,680	(9,019)
Travel	83,734	143,250	59,516	191,000	-42%	44%	165,132	143,302	(21,830)
Program	430,844	500,210	69,366	681,660	-14%	63%	424,011	473,575	49,564
Office	33,202	52,175	18,973	71,200	-36%	47%	62,408	77,658	15,250
Computer Services	676,065	624,232	(51,832)	853,146	8%	79%	593,881	627,191	33,310
Telecommunications	229,482	197,712	(31,770)	267,615	16%	86%	196,439	214,306	17,867
Program Promotion	26,975	71,380	44,404	96,173	-62%	28%	18,696	47,197	28,501
Professional Development	8,770	101,625	92,854	135,500	-91%	6%	68,832	72,527	3,695
Facilities Expenses	600,853	580,813	(20,040)	774,417	3%	78%	574,537	584,728	10,191
Fees & Insurance	235,873	210,410	(25,463)	253,880	12%	93%	194,448	201,560	7,112
Debt Management	345,674	345,675	1	460,900	0%	75%	345,674	345,675	1
Recoveries	(72,445)	(61,757)	10,688	(82,343)	17%	88%	(72,812)	(63,547)	9,265
	$ 11,348,823	$ 11,590,490	$ 241,667	$ 15,894,578	-2%	71%	$ 10,776,418	$ 11,184,338	$ 407,919

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 September 2020 financial reports include nine-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 six-month result from operations year ending March 31 2021.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of September 30th, 2020, Public Health programs are reporting a $321k positive variance.

Total Public Health Revenues are indicating a $79k 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 $606k variance associated with mitigation funding is being offset with the positive $808k variance associated with Provincial Cost-Shared Funding.

100% Provincially Funded programs are showing a negative $47k 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 $241k related to Total Public Health expenses being less than budgeted of which $179k is attributed to cost shared budgets.

The Healthy Babies Healthy Children Program is indicating a negative $28k 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 six-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 $606k variance associated with mitigation funding is being offset with the positive $808k variance associated with Provincial Cost-Shared Funding.

Fees, Other Grants & Recoveries are showing a negative variance of $75k. 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 $64k 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 $60k 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.

Program

Program expense is indicating a $69k positive variance. This is due to fewer immunizations and vaccines being administered and the corresponding costs of the vaccines. This rate is expected to continue for 2021 and has will be reflected in the 2021 operating budget.

Notes Continued…

Office

Office expense is indicating a positive $19k variance. This is a result of a new contract for photo copier service.

Computer Services

There is a $52 negative variance for Computer Services. $17k is for COVID related unbudgeted costs and an additional $31k as a result of timing of Computer Software purchases.

Telecommunications

Telecommunications is indicating a negative $31k 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 $44k 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 $93k 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 Expense

Facilities expense is reflecting a negative $20k 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 $25k variance. Insurance expense is $21k over budget due to unanticipated increases in insurance premiums not budgeted.

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 September 30 2020. Cash includes $1.15M in short-term investments.

Notes Continued…

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 September 2020	**September 2020**	December 2019
Assets		
Current		
Cash & Investments	**$ 4,016,593**	$ 3,456,984
Accounts Receivable	**377,763**	433,414
Receivable from Municipalities	**82,099**	74,976
Receivable from Province of Ontario		
Subtotal Current Assets	**4,476,455**	3,965,374
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	**1,515,999**	1,579,444
Payable to Gov't of Ont/Municipalities	**396,014**	514,362
Deferred Revenue	**295,533**	281,252
Employee Future Benefit Obligations	**2,910,195**	2,910,195
Term Loan	**4,836,784**	4,836,784
Subtotal Current Liabilities	**9,954,525**	10,122,037
Net Debt	**(5,478,071)**	(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	**13,823,021**	13,144,428

Algoma Public Health

2021 Public Health Operating & Capital Budget

2021 Operating & Capital Budget

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2021 Operating & Capital Budget

EXECUTIVE SUMMARY:

Issue:

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS) requires boards of health to ensure administration develops a budget forecast for the fiscal year that does not project a deficit. To support municipal budget planning, Algoma Public Health (APH) attempts to advise contributing municipalities of their respective levies as early as possible.

Recommended Action:

"That the Board of Health for the District of Algoma Health Unit approves the 2021 Public Health Operating and Capital budget as presented".

Budget Summary:

The 2021 APH Operating & Capital Budget (the Budget) is designed to position the Board of Health for the District of Algoma Health Unit in fulfilling its mandate as per the requirements set out in the Health Protection and Promotion Act (HPPA), the OPHS, the Public Health Accountability Agreement, and APH's strategic plan.

The work of local public health, in particular, Algoma Public Health (APH) has been highlighted during the COVID-19 pandemic. Specifically, case, contact and outbreak management activities have been critical in the fight to keep our communities safe. Additionally, APH teams district-wide have been highly active in inspections, risk assessment and risk communication, working with community partners to take proactive, preventive measures, in settings ranging from municipal offices, to industrial workplaces, to long term care homes, to schools and daycares. APH's response to the COVID-19 pandemic has resulted in significant program and service interruptions and delays with respect to regular public health program and service offerings. APH implemented its Continuity of Operations Plan (COOP) to prioritize program and service offerings to the community in light of finite human resources to deal with the response. This resulted in redeploying resources in order to both manage the pandemic while maintaining critical public health work. The 2021 Operating and Capital budget continues to reflect this reality.

Adding to the budgetary pressures is the impact of divesting some of the non-public health programs and services to other community partners. APH's budget reflects the reduced overhead contributions these programs typically provide with respect to recoveries.

2021 Operating & Capital Budget

The proposed 2021 Budget for mandatory programs and services is $15,668,394 and as compared to the 2020 Board of Health approved budget, represents a 1.8% overall increase.

The 2020 Operating Budget included $808,535 in expected provincial one-time mitigation funding to help with the transition of adjusting the cost-sharing formula to 70% provincially funded and 30% municipal funded.

On August 21st, 2020, APH received its 2020-2021 Public Health funding approval letters from the Ministry of Health and Long-Term Care. The letter indicated that APH would receive one-time mitigation funding in the amount $1,037,800 for both the 2020 and 2021 funding years essentially hitting pause on adjusting the cost-sharing formula. This mitigation funding was designed to ensure that municipalities do not experience any increase as a result of the previously announced cost-sharing changes. APH's 2020 levy increase to contributing municipalities was primarily a result of the previously announced cost-sharing changes the Ministry announced in 2019. As a result, the Board of Health reimbursed Algoma municipalities the incremental increase in the levy that was a direct result of transitioning to a new cost-sharing funding formula. This essentially equated to a 1.1% increase in the Municipal levy for 2020 which was less than the rate of inflation and collectively bargained salary increases.

For 2021, APH will be receiving $1,037,800 in mitigation funding which has been included in the 2021 Operating budget.

Management, in consultation with the Finance and Audit Committee of the Board of Health, is recommending a 7% or $249,146 increase in the municipal levy.

2021 Financial Assumptions:

- No change in funding for current services. As the needs of the COVID-19 pandemic evolves, there will be an ongoing expectation from the province that PHUs will prioritize OPHS work based on continuity of operation plans
- $98,000 in additional 100% provincial base funding for Unorganized Territories/Indigenous Communities
- A full year of 100% provincial base funding for the Ontario Sr. Dental program resulting in an additional $174,475 in funding
- An overall 0% increase in Provincial funding
- 1.8% increase on APH's overall operating budget compared to 2020
- 7.0% or $249,146 overall increase in the 2021 municipal levy (operational and capital portion)
- $1,037,800 in one-time 100% provincial mitigation funding

- Salary increases from collective bargaining agreements are planned to reflect collective bargaining agreements of other public health units within the Province
- Salary increases for non-union employees and Management are planned to reflect other public health units within the province
- Public Health Full Time Equivalent (FTE) compliment has increased by 2.35 FTE from 2020 budget levels
- Non-salary budgeted costs are based on historical data and where possible, efficiencies introduced; adjustments for inflation have been incorporated where appropriate
- Recoveries reflect the impact of winding-down non-public health programs
- Debt repayment plans will be managed within approved (existing) resources
- Incremental costs associated with APH's response to the COVID-19 pandemic are not included in the 2021 operating budget as it is assumed the province will continue reimbursement for these expenses.

PUBLIC HEALTH BUDGET BACKGROUND:

Provincial Government Context

In April 2019 the provincial government announced fundamental changes in the way local public health will be funded, structured and delivered within Ontario. Specifically, for 2020, the provincial funding share was to be reduced from 75% to 70% while municipalities would contribute 30% from 25%. Additionally, the majority of programs that were previously 100% provincially funded would be cost-shared at the new ratios noted above.

To help provide additional stability as municipalities began to adapt to shifting funding models, the government indicated that they would provide one-time mitigation funding in 2020 to assist all public health units and municipalities to manage this increase. Municipalities would be protected from any cost increases resulting from the new cost-sharing formula by capping the increase at no more than 10% of existing municipal costs (based on 2018 expenditures). As a result, APH budgeted approximately $808,535 in provincial one-time mitigation funding for 2020.

On August 21st, 2020, APH was notified that APH would be receiving $1,037,800 in one-time mitigation funding (instead of the budgeted $808,535) for 2020 and 2021 funding years. This funding is designed to ensure municipalities do not experience any increase as a result of the previously announced cost-sharing changes. As a result, the Board of Health approved a resolution to return any levy increase associated with changes in the cost-shared formula. Essentially, the province has temporarily paused the implementation of its previous decision to change the cost-shared formula.

Algoma Public Health Context

APH Strategic Planning Process

The Public Health Accountability Framework section of the OPHS specify that "the board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients and community partners, and is reviewed at least every other year".

In 2020, the Board of Health approved APH's new strategic plan. While the rollout of the plan was paused as a result of COVID-19, APH has pursued its strategic directions of:

1. Advancing the priority public health needs of Algoma's diverse communities.
2. Improve the impact and effectiveness of APH programs.
3. Grow and celebrate and organizational culture of learning, innovation, and continuous improvement.

The 2021 Operating and Capital budget continues to be aligned with APH's strategic directions.

APH 2020 Grant Approval:

In August of 2020, APH was notified by the MOHLTC that it would receive $98,000 in additional base funding related to provision of public health programs and services to Indigenous Communities, including the development and implementation of an Indigenous organizational strategy to build relationships and enhance engagement with Indigenous communities and organizations. This initiative has been budgeted for 2021.

For budgeting purposes, management is assuming 0% growth in provincial funding.

A summary of the 100% provincially funded programs for 2021 is provided below for context:

- Unorganized Territories / Indigenous Communities $98,00
- Unorganized Territories / Northern Fruits and Vegetables $117,400
- Unorganized Territories / Mandatory Programs $530,400
- Ontario Senior Dental Care Program $697,900
- **One-time mitigation funding (shifting funding model) $1,037,800**
- MOH / AMOH Compensation Initiative - Funding will be based on the actual status of current MOH and AMOH positions

2021 PUBLIC HEALTH BUDGET ANALYSIS:

As a result of the province's transition to the cost-sharing funding model of 70% provincially funded and 30% municipal funded for all programs except the ones identified above, APH's budget is built on a recommended 7.0% increase in the municipal levy.

Revenues

APH's revenues are funded by the province, and 21 municipalities along with other sources of revenue, such as interest revenue, and user fees (Appendix 2). Additionally, the province contributes funding for services to Unorganized Territories (a geographic region that is not part of a municipality or First Nation reserve).

Provincial

Pursuant to section 76 of the Health Protection & Promotion Act, the Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate.

Municipal

Pursuant to section 72 of the Health Protection & Promotion Act, obligated municipalities in a health unit shall pay,

(a) the expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under the HPPA or any other act; and
(b) the expenses incurred by or on behalf of the MOH of the board of health in the performance of his or her functions and duties under the HPPPA or any other Act.

Over the past number of years, the municipalities within the District of Algoma have contributed more than the required minimum 25% with respect to cost-shared programs.

APH's funding ratio for 2020 was 70% provincial funding and 30% municipal funding. These municipal dollars, through the form of the levy, have allowed the Board of Health to make contribution decisions with respect to the Board's Reserve Fund. This is within the context of the Board's risk management strategy.

2016 census data is used in the 2020 Budget to apportion a per capita levy amongst the 21 Municipalities within the District of Algoma.

Cost-sharing revenues are projected to remain flat-lined compared to 2020. The 2021 budget has incorporated additional 100% provincially funded dollars. This is a result of new funding associated with the Indigenous Communities initiative and a full year of the Ontario Sr. Dental Program.

Revenue pressures are budgeted for Other Recoveries and Fees. APH Management has factored in the loss of recoveries associated with the divestment of some of APH's non-public health programs. Additionally, COVID-19 has impacted fees APH typically generates with some immunization programs such as travel vaccines.

Action Plan to Mitigate Funding Pressures Changes

- Development of the 2021 Budget to ensure it is aligned with community health needs, APH's strategic directions and MOHLTC Accountability Agreement and the OPHS.
- Continue to submit one-time funding requests to the MOHLTC through the Annual Service Plan process.
- Identification of process improvements and improved efficiency opportunities.
- Utilization of additional funding opportunities (e.g. through the Northern Ontario Heritage Fund and Health Canada Federal Climate Change funding).
- Continued exploration of cost-sharing opportunities with Northeast health units (Northeastern Public Health Collaboration Project).
- Anticipate there will be an opportunity to request funding to alleviate fiscal pressures as a result of the COVID 19 pandemic

Management is recommending a 7% overall increase in the levy (operating and capital portion) from obligated municipalities. The proposed 7% increase reflects inherent inflationary pressures in addition to incremental costs associated with the COVID-19 pandemic. This equates to a $249,146 increase in revenues apportioned among the 21 Municipalities within the Algoma District (Appendix 3). For perspective, a 1.0% overall increase in the levy would result in an additional $35,592of revenue compared to 2020.

Over the past number of years, the Board of Health has approved municipal levy increases below cost-of-living increases. For context, the Board of Health for the District of Algoma Health Unit has experienced the following historical growth with respect to the municipal levy.

Year	District of Algoma Municipal Levy ($)	Levy Increase (%)	Levy Increase ($)	Per Capita Rate ($)
2021	3,808,378	7.00%	249,146	36.57
*2020	3,559,232	1.12%	39,542	34.18
2019	3,519,690	0.50%	17,511	33.80
2018	3,502,179	0.50%	17,393	33.63
2017	3,484,786	2.50%		32.81

Note: **Municipal Levy reflects Board of Health decision to reimburse municipalities to ensure no increase as a result of previously announced cost-sharing changes.*

Health Units within the province either use the most recent Census or MPAC population figures when calculating the per capita rate. Compared to other northern public health units, as of

2019, APH's per capita rate ranks lowest using MPAC figures and in the middle using Census data. The municipalities within the District of Algoma are receiving excellent value for local public health programs and services.

User Fees

APH is very mindful that a strong public health system ensures access to public health programs and services for those groups of people within our population that most need them. As such, when assessing the cost and benefits of increasing user fees, APH has taken a strategic view.

Under Part VIII of the Ontario Building Code, APH is responsible for issuing permits for the construction and use of sewage treatment systems within the District of Algoma. Additionally, APH is required to inspect and approve all sewage system applications within the District of Algoma that have a calculated daily sewage flows under 10,000/day. In June of 2017, the Board of Health approved a nominal price increase related to the Ontario Building Code Fees. This increase applies to the year 2021 and has been built into the 2021 Budget. It should be noted that the Land Control program is funded only through the fees generated. As such APH must ensure that it is at least covering the cost incurred to administer the program.

Recoveries, Fees and Other Revenue

This includes fees received for administering vaccines and immunizations as well as recoveries of building costs from community based programs as they share the facilities that APH own and lease. Compared to 2020 it is expected that recoveries, fees and other revenue will be reduced by $202,484 or 32.6%. This is due to the decreased demand for vaccines as a result of COVID 19 and the divestment of several community based programs currently managed by APH.

Expenses

Expenses are primarily driven through staff salary and benefits, (approximately 77% of all expenses), goods and service contracts, debt financing, and inflation (Appendix 4).

The COVID-19 pandemic has impacted the traditional rate of inflation. The Consumer Price Index percentage change from September 2019 to September 2020 increased as follows:

- Canada: 0.5%
- Ontario: 0.6%

When building an operating budget, the rate of inflation is a factor to consider.

Salary and Wages

Salary and Wages expenses are projected to increase by 2.7% or $254,727 compared to 2020.

Both CUPE and ONA collective agreements expire in 2021. Projected collectively bargained salary increases are reflected within the 2021 Budget, however there is some budgetary risk if collectively bargained wages increases are greater than budgeted. Salary increases for Non-Union and Management staff are approximately equivalent to that of negotiated increases with union employees.

For context, a summary of FTE Public Health staffing is noted below:

Year	FTE	
2021	*125*	*budgeted*
2020	123	
2019	123	
2018	121	
2017	120	
2016	122	

Compared to budgeted 2020 FTE, the Public Health FTE count has increased by 2.35 FTE for the 2021 Budget year.

Benefits

Benefit expenses are projected to increase by 2.5% or $56,194 compared to 2020.

This is a result of increased salary and wages expense as noted above as well as increasing costs associated with non-statutory benefits (e.g. health and life insurance benefits) that the health unit is committed to.

Travel

Travel expenses are projected to decrease by 17.8% or $34,091 from 2020.

Due to the COVID-19 pandemic, it is anticipated that staff will travel less as was evidenced by actual travel related expenses incurred in 2020.

Program

Program expenses are projected to increase by 0.2% or $1,035 compared to 2020.

This is a result of an expected increase in Professional Fees in the Sr. Dental Program (Denturists) offset by the decrease in immunization budgeted expenses to more accurately

reflect actual expenses incurred in 2020 as well as moving security to be budgeted under Building Maintenance.

Equipment

Equipment expenses are projected to decrease by 36.0% or $23,670 compared to 2020.

Computers for staff are normally refreshed on a three-year cycle with $25,000 budgeted annually. This is suspended for 2021 as APH increased the purchase of laptops in 2020 to allow for staff to be more mobile and provide them the ability to work from home due to COVID 19.

Office Expenses

Office expenses are projected to decrease by 15.7% or $57,040 compared to 2020.

APH entered into a new contract with 2020 for copier services and anticipated cost savings have been budgeted for a full year in 2021. APH's centralized procurement processes continue to generate savings and improve operating efficiencies by allowing APH to capitalize on volume discounts and developing staff procurement expertise. APH is also cancelling its contract and removing the mail machine from the Sault Ste. Marie office resulting in an annual $5,000 savings.

Computer Services

Computer Services expenses are projected to increase 4.7% or $36,927 compared to 2020.

APH's Service Level Agreement with MicroAge expires March 31, 2021. For budgeting purposes, APH Management is assuming costs to remain similar to 2020 levels adjusting for inflation. Included in the 2021 budget are staff training software related to identification of phishing emails, upgrades to the audio and visual of various meeting rooms and a contingency for the potential purchase of an accounting system.

Telecommunications

Telecommunications expenses are expected to remain comparable to 2020.

Program Promotion

Program promotion expenses are projected to decrease by 36.5% or $83,900 compared to 2020.

APH has put on hold the media campaign of smoking prevention and cessation to focus on minimizing the spread of COVID 19. Additionally, professional development expenses are

budgeted to decrease slightly as travel to attend conferences and course is not expected to occur during 2021 as a result of COVID 19.

Facility Leases

Facility leases expense is projected remain relatively unchanged compared to 2020. The Wawa lease expires on December 31, 2020.

No increases with current leased facilities in Blind River, and Elliot Lake offices are scheduled for 2021.

Building Maintenance

Building Maintenance expenses are projected to increase by 4.9% or $30,188 compared to 2020.

Security previously budgeted under Programs is now under Building Maintenance.

Fees & Insurance

Fees & Insurance expenses are projected to increase by 14.3% or $36,420 compared to 2020.

It is anticipated that insurance will increase higher than inflation for 2021 and it is also expected there may be a need for legal advice and support for negotiations with both CUPE and ONA.

Expense Recoveries

Expense Recoveries are projected to decrease by 35.7% or $29,384 compared to 2020.

2021 Expense Recoveries are budgeted to decrease compared to 2020 projections as a result of the Board of Health's decision to transition community based programs such and Community Mental Health to other community based organizations. Expense Recoveries are administrative allocations from Community Health programs to Public Health programs.

Debt Management

Debt Management expenses are projected to remain unchanged compared to 2020.

The interest portion of the loan is financed through operating dollars. The loan related to 294 Willow Avenue property and leasehold improvements for office space in Elliot Lakes matures September 1st, 2021 with monthly payments applied according to schedule.

The principal portion of the loan payments is financed through the capital portion of the municipal levy.

Capital Expenses

In accordance with APH's 2018 - 2030 Capital Asset Funding Plan (Appendix 5), the 2021 budget includes the following expenditures:

- Vaccine refrigerators ($7,400)

Recommended Action:

"That the Board of Health for the District of Algoma Health Unit approves the 2021 Public Health Operating and Capital budget as presented".

Governance Committee Meeting

November 18, 2020

Attendees:

Deborah Graystone - Chair

Tania Caputo - Board Secretary

Attended Virtually:

Louise Caicco Tett
Lee Mason
Brent Rankin

APHU Executive Attended Virtually:

Marlene Spruyt - MOH/CEO
Jennifer Loo - AMOH

A table including a list of current board members with dates and terms of membership was provided for review and information. This information will help the committee ensure skills and adequate board membership is maintained.

The following Board Policy and By-Law were discussed, amended and approved by the Governance Committee:

Policy #02-04-015 - Procurement Policy
By-Law #95-2 - To Provide for Banking and Finance

The only changes to both were to replace the term "Chief Financial Officer" to "Director of Corporate Services".

APPROVED BY:	Board of Health	**BY-LAW #:**	95-2
DATE:	Original: Dec 13, 1995 Revised: Jun 17, 2015 Reviewed: Jun 28, 2017 Reviewed: Nov 20, 2019 Revised: Nov 25, 2020	**SECTION:**	Bylaws
		SUBJECT:	To Provide for Banking and Finance

The Board enacts as follows:

1. In this By-law:

a) "Act" means the Health Protection and Promotion Act, S.O. Ontario 1983, Chapter 10 as amended.

b) "Board" means the THE BOARD OF HEALTH FOR THE DISTRICT OF ALGOMA HEALTH UNIT.

2. Signing Authorities:

a) The Board will maintain a formal list of names, titles and signatures of those individuals who have signing authority.

b) Signing authorities for all accounts shall be restricted to:
   i) the Chair of the Board of Health
   ii) one other Board member, designated by Resolution
   iii) the Medical Officer of Health/Chief Executive Officer
   iv) the Director of Corporate Services

c) All cheques issued shall have two signatures from the list above in 2b).

3. Budgets and Accounts:

a) The Medical Officer of Health/Chief Executive Officer shall:

i) ensure that all annual budgets are prepared and presented to the Board in accordance with all Board and Ministries guidelines;

ii) have over-all responsibility for the control of expenditures as authorized by Board and Ministry approvals of the individual annual budgets under the jurisdiction of the Board;

iii) ensure the security of all funds, grants and monies received in the course of provision of service by the programs under the jurisdiction of the Board; and,

iv) ensure that all reports are prepared and distributed to the appropriate bodies, in accordance with established Board and Ministry(ies) guidelines.

b) The Director of Corporate Services shall:

i) prepare, or ensure the preparation of, all annual budgets under the jurisdiction of the Board for submission to the Board;

ii) control, or ensure control of, expenditures as authorized by Board and Ministry approvals of the individual annual budgets under the jurisdiction of the Board;

iii) secure, or ensure the security of, all funds, grants and monies received in the course of provision of service by the programs under the jurisdiction of the Board;

iv) prepare, or ensure the preparation of, financial and operating statements for the Board and for the appropriate Ministries or agencies, in accordance with established Ministry policies, indicating the financial position of the Board with respect to the current operations of all programs under the jurisdiction of the Board;

v) maintain and secure, or ensure the maintenance and security of, the books of account and accounting records of the Board required to be kept by the laws of the Province;

vi) arrange, or ensure the arrangement, for an annual audit of all accounting books and records, in conjunction with the Auditor;

vii) Register the Health Unit as a charitable organization and follow the legal requirements associated therewith,

viii) report to the Board on all financial and banking matters initiated by the Chief Executive Officer;

ix) reconcile all balances with the appropriate Ministries upon receipt of final year end settlements; and

x) enter into an agreement with a recognized chartered bank or trust company which will provide the following services”
1. Current accounts
2. provision of monthly bank statements
3. payment of interested or surplus funds held at the institution
4. payroll services, as needed
5. lending of money to the Board, as required
6. perform other duties as the Board may direct.

Enacted and passed by the Algoma Health Unit Board this 13th day of December 1995.

Original signed by
I. Lawson, Chair
G. Caputo, Vice-chair

Revised and passed by the Algoma Health Unit Board this 18th day of November 1998
Revised and passed by the Board of Health for Algoma Public Health this 17th day of June 2015
Reviewed and passed by the Board of Health for Algoma Public Health this 28th day of June 2017

APPROVED BY:	Board of Health	**REFERENCE #:**	02-04-030
DATE:	O: February 13, 1996 Revised: October 28, 2015 Revised : March 28 2018 Revised : June 26, 2019 Revised : Nov 25, 2020	**SECTION:** **SUBJECT:**	Policies Procurement Policy

1.0 PURPOSE

The purpose of this policy is:

a) To ensure that Algoma Public Health (APH) utilizes fair, reasonable and efficient methods to procure quality goods and services required to execute the Board of Heath for the District of Algoma Health Unit's (the Board's) programs and services.

b) To ensure APH aims to be accountable and transparent when procuring goods and services while safeguarding the assets of the agency.

c) To protect the financial interest of APH while meeting the needs of its programs and services it offers within the District of Algoma.

d) To promote and ensure the integrity of the procurement process and to ensure the necessary controls are present for a public institution.

2.0 POLICY ACCOUNTABILITY AND RESPONSIBILITIES

The Board is accountable to ensure that Algoma Public Health uses fair, reasonable and efficient methods to procure quality goods and services required to execute the Board's programs and services. The Board delegates responsibility to Algoma Public Health employees as outlined below:

<u>Medical Officer of Health (MOH)/Chief Executive Officer (MOH/CEO)</u>

a) Ensures the Leadership Team is aware of and follows the Procurement policy

b) Ensures that an adequate system of internal controls is in place related to APH's Procurement policy

c) Ensures changes to the Procurement Policy are implemented

Reports to the Board on any liability incurred as a result of the policy not being followed.

The Leadership Team

a) Ensures all staff know and follow policy directions for procurement of goods and services

b) Considers price, quality and timely delivery of the product or service being procured rather than only the lowest invoice price

c) Considers the total acquisition cost

d) Monitors expenses on a regular basis to ensure that they are within the approved budget

3.0 SCOPE OF APH PROCUREMENT POLICY

This policy applies to the procurement of goods and services for APH. Exemptions of this policy include:

a) Training and Education
   i. Registration for conferences, conventions, courses, workshops and seminars
   ii. Magazines, subscriptions, books and periodicals
   iii. Memberships and association fees
   iv. Guest speakers for employee development

b) Refundable Employee Expenses
   i. Meal allowances
   ii. Travel expenses
   iii. Kilometer and other incidental expense reimbursement

c) Employer's General Expenses
   i. Payroll and honoraria remittances
   ii. Government license fees
   iii. Insurance Premiums
   iv. Employee benefits
   v. Damage and insurance deductible claims
   vi. Petty cash replenishment
   vii. Tax remittances
   viii. Loan payments
   ix. Bank fees and charges
   x. Grants to agencies and partners
   xi. Payments pursuant to agreements approved by the Board

d) Professional and Special Services
   i. Special tax, accounting, actuarial and audit services and advice from the Board-approved auditor
   ii. Legal fees and other professional services related to litigation, potential litigation or legal matters

iii. Clinical Service that are required to meet a community need and for which there are a limited number of professionals willing to provide these services
iv. Confidential items (i.e. investigations, forensic audits)
v. Honoraria
vi. Warranty work resulting from contractual obligations
vii. Group Benefits and Employee Assistance Programs
viii. Agency Insurance

e) Utilities/Communication Infrastructure

f) Advertising services required by APH on or in but not limited to radio, television, online, newspaper and magazines

g) Bailiff or collection agencies

h) Software licensing renewals

i) Ongoing maintenance agreements

j) Vaccine purchases

k) A situation where APH staff are incurring the cost of a service (i.e. exercise class on APH premises)

l) Real Property Interests
i. All real estate transactions

m) A situation where a competitive process could interfere with APH's ability to maintain security or order or to protect human, animal or plant life or health

n) Emergency Goods & Services where an unforeseen situation or urgency exists, and the goods or services cannot be obtained through a competitive process. Purchase of these emergency items must be authorized by the Director Of Corporate Services or the MOH/CEO. The Chair of the Board or designate must be notified. An unforeseen situation of emergency does not occur where APH has failed to allow sufficient time to conduct a competitive process.

o) Goods & services where there is only one supplier available and no alternative or substitute exists.

4.0 FORM OF COMMITTEMENT BY ROLE/SIGNING AUTHORITY

4.1 Signing Authority to Make Purchases

The delegation of signing authority to make purchases on behalf of the agency is based on dollar amount of the expenditure and the role in which the employee occupies within the agency.

Expenditure $ Amount	Required Approval
0-$500	Executive Assistant to MOH/CEO and Board Secretary or Executive Assistants to Executive Team
0- $4,000	Program or Administration Supervisors and Managers
$0 - $15,000	Any Director or Associate MOH or Manager of Accounting & Budgeting
$0 - $55,000	CEO/MOH or Director of Corporate Services
Greater than $55,000	Board of Health

The delegation of signing authority for the Execution of Documents is defined by Algoma Public Health By-Law 95-1 – To Regulate the Proceedings of the Board of Health, Clause 34 and 35, Execution of Documents.

Note: When the Associate MOH is functioning in the capacity of the MOH, signing authority will reflect that of the MOH noted above.

4.2 General Guidelines

When assessing what dollar value the purchase falls within, the following conditions are considered:

a) The spending authorization limits noted above and throughout this policy are before applicable taxes.

b) The goods or services purchased must be taken in their entirety and not broken down into component parts in an attempt to circumvent this policy.

c) The cumulative value of those goods or services over a calendar year.

d) The total value of the contract that will be awarded to the same individual/company over the term of that contract whether for a single or multiple years.

5.0 QUOTATION PROCEDURE

5.1 Requests for Bids/Quotations/Proposals/Tenders and Dollar Thresholds

Requests for bids, quotations and proposals are **mandated** for the purchase of all goods and services according to the following guidelines:

- $1 – $5,000: single quote (Purchase Order) **is required**. Multiple quotes **are recommended.**
- $5,000 – $15,000: Two (2) written bids, quotations, and/or proposals **are required**.
- $15,000 to $55,000: Three (3) written bids, quotations, and/or proposals **are required**.
- For purchases greater than $55,000 a formal Request for Quotation (Tender) must be adhered to. Board approval is required once the successful bidder is chosen.
- The time frames for soliciting this information are generally between ten (10) to fifteen (15) business days depending on the complexity and value of the request.

The submission of split requisitions in an attempt to circumvent the bidding policy is not allowed.

Written bids, quotations and/or proposals must go through APH Administration.

Administration may, at their discretion, secure other competitive bids regardless of the dollar thresholds listed at any time. Furthermore, Administration may, at their discretion, conduct negotiations with more than the apparent low bidder when it is deemed to be in APH's best interest to do so.

5.2 Confidentiality of Bids/Quotations/Proposals

In accordance with fair and best business practice, all information supplied by vendors in their bid, quotation or proposal must be held in strict confidence by the employee(s) evaluating the bid, quotation or proposal and may not be revealed to any other vendor or unauthorized individual. Failure to do so may result in termination.

5.3 Late Bids/Quotations/Proposals

a) All bids, quotations and proposals are to be date and time stamped to assure that they are received prior to the deadline for submission. It is the responsibility of the vendor to ensure that their bids are received by the responsible person no later than the appointed hour of the bid opening date as specified on the request for bid.

b) **Late submissions will not be considered**.

5.4 Errors in Bids/Quotations/Proposals

a) Vendors are responsible for the accuracy of their quoted prices. In the event of an error between a unit price and its extension, the unit price will govern. Quotations may be amended or withdrawn by the bidder up to the bid opening date and time, after which, in the event of an error, bids may not be amended but may be withdrawn prior to the acceptance of the bid.

b) After an order has been issued, no bid may be withdrawn or amended unless the Administration considers the change to be in APH's best interests.

5.5 Sole Source Procurement and Justification

The Director, in consultation with the applicable Manager, shall initiate sole source purchases provided that any of the following conditions apply:

a) where there is only one known source

b) where the compatibility of a purchase with existing equipment, facilities, or services is a paramount consideration.

c) when competition is precluded because of the existence of patent rights, copyrights, trade secrets.

d) where the procurement is for electric power or energy, gas, water or other utility services.

e) where it would not be practical to allow a contractor other than the utility company itself to work upon the system.

f) where a good is purchased for testing or trial use.

g) where it is most cost effective or beneficial to APH.

h) when the procurement is for technical services in connection with the assembly, installation or servicing of equipment of a highly technical or specialized nature.

i) when the procurement is for parts or components to be used as replacements in support of equipment specifically designed by the manufacturer.

j) the extension or reinstatement of an existing contract would be more cost-effective or beneficial to APH.

6.0 VENDOR SELECTION

As APH strives to provide the best quality of program offerings and services, the lowest price received in the bid and RFQ process may not always be accepted. In such cases, justification for choosing an alternative bid or RFQ must accompany the package of bids or RFQs. In some cases, the required number of formal bids may not be possible (i.e. potential vendors decide not to bid). In such cases, evidence of solicitation of the required number of bids as outlined in this policy must be maintained. Administration reserves the right to exclude an RFQ/RFP if there is evidence to support the vendor is not in good standing with APH.

Purchasing decisions are based on price, quality, availability and suitability.

6.1 Vendor of Record

The use of a Vendor of Record (VOR) from the Ministry of Government Services website precludes the need to go to a public bid solicitation process since this process was already done by that Ministry. Examination of the pricing should be done against local/current suppliers of the same product or service to ensure that the Health Unit is obtaining the best price, quality, availability and suitability before engaging a VOR.

6.2 Co-operative Purchasing

The Health Unit shall participate with other government agencies or public authorities in Cooperative Purchasing where it is in the best interests of the Health Unit to do so.

The Director Of Corporate Services, in conjunction with the MOH/CEO, has the authority to participate in arrangements with on a co-operative or joint basis for purchases of goods and/or

services where there are economic advantages to do so, purchases comply with the principles of this Policy, and the annual expenditures are expected to be less than $55,000.

If the annual expenditure is expected to be greater than $55,000, Board of Health approval for the purchase will be required.

The policies of the government agencies or public authorities calling the cooperative tender are to be the accepted policy for that particular tender.

7.0 SPECIAL PROCUREMENT POLICIES

7.1 CONTRACTS/LEASES

Signing authority to enter into a contract/lease will follow the limits as set out in section 4.1 of this policy. In addition;

The Board must approve contracts where:

a) Irregularities preclude the award of a contract to the lowest bidder in the Tending and Request for Quotation process **and** the 'total acquisition cost' exceeds $55,000.

b) A bid solicitation has been restricted to a single source supply and the 'total acquisition cost' of such goods or services exceeds $55,000.

c) The contract/lease is for multiple years and $55 exceeds,000 per year.

7.2 Consulting Services

Consulting Services are provided by an individual or company with expertise or strategic advice. The individual is working under a contract relationship rather than an employee relationship.

The acquisition of consulting services **must** be sought through a competitive process when the total expenditure for the service is greater than $10,000. The limits for the competitive process for consulting services are as follows:

- $0 - $10,000: negotiation with the prospective consultant to acquire consulting services
- $10,000 – $55,000: Three (3) written bids, quotations, and/or proposals **are required**.
- For purchases greater than $55,000 a formal Request for Proposal must be adhered.

All contractual agreements with consultants up to $55,000 must be approved by the MOH/CEO **and** Director Of Corporate Services. Consulting Contracts for more than $55,000 requires the approval of the MOH/CEO **and** the Board of Health.

Consulting Services do not include services in which the physical component of an activity would be prevailing. For example, services for the operation and maintenance of a facility or plant;

7.3 Approvals for Construction and Alterations to Physical Space

a) All requisitions for construction, renovation, or alteration to physical space at Algoma Public Health under $55,000 require the review and prior written approval of the Director Of Corporate Services**and** the Medical Officer of Health/CEO**.** All requisitions for construction, renovation, or alteration to physical space at Algoma Public Health over $55,000, require authorization of the Board of Health.

b) Detailed specifications, drawings, and/or blue prints, if appropriate, should accompany the Purchase Requisition. Requisitions submitted to Accounts Payable without the prior written approval will not be processed.

7.4 Equipment and Equipment Screening

a) Algoma Public Health has established a policy governing the acquisition, control, and disposition of Algoma Public Health equipment.

b) It is the policy of Algoma Public Health to ensure that every effort is made to avoid the purchase of unnecessary or duplicate equipment.

c) The purchasing authorization levels by role defined in the policy will govern equipment purchases.

8.0 PROHIBITIONS

8.1 Conflicts of Interest

a) Employee shall not place themselves into positions where they could be tempted to prefer their own interests or the interest of another, over the interest of the public that they are employed to serve. Whenever employees, during the discharge of their duties, become exposed to or involved in actual/or potential Conflicts of Interest, they must disclose the situation to their Manager/Director/MOH/CEO/Board of Health (as may be appropriate) and shall abide by the advice given.

8.2 Gifts, Gratuities, and Kickbacks

Algoma Public Health policy prohibits all employees from accepting gifts, gratuities or kickbacks of any value from vendors or service providers. Items of a very minimal value which are of an advertising nature only, and available to other customers may be accepted (e.g. pens, hats, coffee cups, etc.). Any questions an APH employee may have as the appropriateness of the value of the item must be communicated to the employee's Manager/ Director/ MOH/CEO/Board of Health (as may be appropriate).

8.3 Personal Purchases

The purchase of any goods or services for personal use by or on behalf of any APH employee, for purposes other than the bona fide requirements of APH is strictly prohibited.

8.4 Division of Contracts

The division of a contract to avoid the requirements of this policy is prohibited.

8.5 Local Preference

No local preference shall be shown or taken into account in acquiring goods and services on behalf of APH. Consideration will be given to local/regional products and services which are considered equal in quality and price and have a level of performance acceptable to the Board of Health.

8.6 Prohibited Classes of Vendor

APH shall not acquire goods and/or services from any of the following:

a) Board of Health Members;

b) Employees of the Health Unit at or above the level of Supervisor;

c) Businesses in which the individuals in (a) or (b) above hold a controlling interest.

9.0 General Information

9.1 The Accessibility for Ontarians with Disabilities Act (AODA)

In deciding to purchase goods or services through the procurement process for the use of itself, its employees or the public, APH, to the extent possible, shall have regard to the accessibility for persons with disabilities to the goods or services.

9.2 Environmental Considerations

Consideration will be given to recycled and other environmentally responsible products which are considered equal in quality and price and have a level of performance acceptable to the Board of Health.

The Board of Health will endeavor, whenever possible, to purchase and utilize products that support environmentally sound practices from the manufacturing process through to final delivery and disposal. Priority consideration will be given to products that espouse environmentally friendly sound practices.

9.3 Disposal of Surplus Goods

The Disposal of surplus and obsolete equipment shall be evaluated on a case by case basis.

The Director Of Corporate Servicesin conjunction with the MOH/CEO shall have the authority to sell, exchange, or otherwise dispose of Goods declared as surplus needs of APH, and

where it is cost effective and in the best interest of APH to do so. Items or groups of items may:

a) Be offered for sale to other Health Units, affiliates or other government agencies or public authorities; or
b) Be sold by external advertisement, formal request, auction or public sale (where it is deemed appropriate, a reserve price may be established); or
c) Be donated to a not-for-profit agency; or
d) Be recycled; or
e) In the event all efforts to dispose of Goods by sale are unsuccessful, these items may be scrapped or destroyed if recycling is unavailable.

No disposition of such Good(s) shall be made to employees, elected officials, or their family members with the exception of of electronic assets that have been fully depreciated. **The disposition of electronic assets would be at the discretion of the** Director Of Corporate Services **in conjunction with the MOH/CEO and the Manager of IT.**

9.4 Purchase of Surplus Goods

As appropriate, the Manager of Accounting and Budgeting and/or the Director Of Corporate Services shall record the disposition of Tangible Capital Assets.

9.5 Consulting Services Requirements

All consultants working on behalf of APH who will have direct access to APH financial records, bank accounts, or employee records as per the terms of their contract are required to provide a current police information check (PIC). This includes but is not limited to any consultant or licensed professional who will serve in the capacity of APH's Chief Financial Officer/Business Administrator, Manager of Accounting and Budgeting, Director of Human Resources, Manager of Human Resources, Supervisor of Payroll Administrator, or Information Technology support.

All consultants or service providers working on behalf of APH who will interact with children, youth or vulnerable persons as per the terms of their contract are required to provide a current police vulnerable sector check (PV5C). If the service provider is required to provide a criminal reference check to their Regulatory College as part of the annual licensure process, an attestation from the service provider along with the copy of their current licensure will be accepted.

Provision of the required criminal record search is required prior to commencement of any consulting work with APH. All offers for consulting services are conditional on receipt of satisfactory criminal reference checks.

All consultants are required to provide the names and contact information of at least two (2) references for which similar services were recently provided. This includes, but is not limited to any consultant or licensed service provider who is a nurse.

Positive references are required prior to commencement of any consulting work with APH. All offers for consulting services are conditional on receipt of satisfactory reference checks.

10.0 Review and Evaluation

The effectiveness of this policy will be evaluated and reviewed every two (2) years by the Board of Health, or more frequently as required. This review will include both legislative requirements and best practices.

11.0 PROCUREMENT PROCEDURES

The purchasing cycle includes the following steps:

a) Authority to purchase goods and services through budget approval and delegation of duties by the Board to the MOH/CEO.

b) The MOH/CEO delegates authority to purchase goods and services to other employees based on roles defined within the agency.

c) Quotation procedure and vendor selection.

d) A purchase requisition/purchase order approval or executed service contract.

e) Receipt of goods/services (Bill of Lading) and invoice.

f) Payment made to vendor.

All goods and services necessary to support APH programs and services must be authorized and follow the appropriate purchasing procedures. Note: any purchase that is noted as an exception in this policy does not require a purchase order (i.e. utility expense).

11.1 Purchase Requisition/Purchase Order.

For the purposes of this Policy, an APH Purchase Order will serve as the request to purchase a good or service (purchase requisition) by staff. Requisitions may be initiated at any level, but only the above named positions can bind a Purchase Order through the authorization levels as defined by the dollar amounts noted above. A Purchase Order serves as the legal offer to buy products or services from a vendor. Once a vendor accepts a Purchase Order from APH, a contract now exists to purchase the goods or services.

a) The Purchase Requisition/Purchase Order is used to request a vendor or administration to acquire materials, parts, supplies, equipment, or services.

b) The Purchase Requisition/Purchase Order is a three (3) part form with a pre-printed number. The white copy is to be forwarded to the vendor via mail or electronic means, the yellow copy is to be forwarded to APH Accounts Payable. APH Accounts Payable will use the Purchase Order number to match with the vendor invoice in addition to the receipt documentation such as a packing slip in order to execute payment. Once payment is completed, documentation is filed by APH Accounts Payable department.

The pink copy along with copies of all documentation should be retained by the requisitioning department for future inquiry.

c) The requisitioning program is responsible for providing the complete account number, and appropriate signature(s) as indicated by Signing Authority established in this policy.

d) All quotations and correspondence from the vendor and supporting documentation (e.g., written bids, letters of justification and/or Sole Source Justification) must be attached by the requisitioning department to the Purchase Order when submitted to APH Accounts Payable.

e) Administration reserves the right to seek additional bids from other qualified sources as it deems appropriate.

f) Departments should anticipate their requirements to allow adequate lead time for order processing and product delivery. Item descriptions should be complete and accurate to allow buyers to bid the requirements expeditiously.

g) Petty Cash purchases are not required to provide a Purchase Order.

11.2 Change Order – Cancellation or Modification of a Purchase Order

Only Administration is authorized to change a Purchase Order. Changes in a previously issued purchase order can be made only by a new Purchase Order marked “Change Order”. The changes may refer to price, quantities ordered, terms and conditions, delivery point, etc. Please contact Administration for assistance with Change Orders.

11.3 Blanket Purchase Orders

A Blanket Purchase Order is a is any contract for the purchase of goods or services which will be required frequently or repetitively but where the exact quantity of goods or services required may not be precisely known or the time period during which the goods or serves are to be delivered may not be precisely determined. A Blanket Purchase Order is often negotiated to take advantage of predetermined pricing. It is normally used when there is a recurring need for expendable goods (i.e. birth control pills, vaccines, etc.). Blanket Purchase Orders are often used when APH buys large quantities of a particular good and has obtained special discounts as a result of bulk purchasing.

Request to enter into a blanket Purchase Order must be approved by the Director Of Corporate Services or Manager of Accounting and Budgeting. A Blanket Purchase Order generally should not exceed 1 year. The associated Program Manager and their reporting Director must approve the Blanket Purchase Order.

11.4 Cheque Requisition

For miscellaneous or non-competitive purchases, payment for goods and services may be initiated by completing a Cheque Requisition. A Cheque Requisition is completed by the

department making the request and is authorized and signed by the employee's Manager. Cheque Requisitions require the approval of the appropriate signing authority.

11.5 Petty Cash

Petty cash **may be used for immediate needs such as** stationery, or miscellaneous program material supply purchases of $200 and under. Petty cash **may not be used** for travel expenses, business meetings, personal loans, consultant fees or any other type of personal service payments, salary advances or the cashing of personal cheques.

Disbursements from the Petty Cash Fund must be properly documented with original itemized receipts approved by the employees Manager or a Director and include the appropriate cost center as to where the charges should be expensed to. Receipts should include a description of the business purpose of the transaction, goods, or services purchased and the date. (See petty cash policy).

11.6 Use of Corporate Credit Card

The Board of Health has authorized the use of corporate credit cards to carry out approved business transactions. The MOH/CEO or designate will approve employees who require a corporate credit card to execute needs of the Health Unit. Purchases made via a corporate credit card must follow the guidelines as set out in this policy and the Health Unit's Corporate Credit Card Policy. Specifically, the delegation of signing authority noted above will govern individual credit card purchases. In situations where a credit card has been issued to an employee who has not been designated signing authority, an approved purchase order signed by the appropriate signing authority is required for each purchase. In situations where an employee has been issued a corporate credit card and where the specific expenditure exceeds their signing authority, an approved purchase order signed by the appropriate signing authority is required for each purchase.

11.7 Custody of Documents

The Director Of Corporate Services, or designate shall be responsible for the safeguarding of original purchasing and contract documentation for the contracting of goods, services or construction and will retain documentation in accordance to the records retention policy.

Glossary of Roles Noted within Algoma Public Health Procurement Policy

Administration – consists of any position within APH including and above the role of Supervisor in the following Departments: Finance & Accounting, Human Resource, Payroll, Corporate Services, Communications, and Operations.

Board of Health for the District of Algoma Health Unit - is the governing body of Algoma Public Health and is established by the provincial public health legislation, the Health Protection and Promotion Act, RSO 1990, (HPPA) and regulations.

Chair of the Board – is the highest officer of Algoma Public Health. The individual holding this position is elected by members of the Board of Health for the District of Algoma Health Unit.

Consultant – is an individual or company that provides expertise or strategic advice to Algoma Public Health. The individual is working under a contract relationship rather than an employee relationship and is paid through submission of invoices.

Executive Team – consists of the Medical Officer of Health/CEO, the Associate Medical Officer of Health, the Chief Financial Officer, Director of Human Resources, Program Directors.

Leadership Team – consists of any position within APH including and above the role of Supervisor.

Staff/Employee – a person who is hired to provide services to a company on a regular basis in exchange for compensation and who does not provide these services as part of an independent business.

Vendor – the party in the supply chain that makes the goods or services available or sells something to Algoma Public Health.

October 30, 2020

The Honourable Patty Hajdu
Federal Minister of Health
House of Commons
Ottawa ON K1A 0A6
Via e-mail patty.hajdu@parl.gc.ca

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

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

Dear Ministers:

Re: COVID-19 and Long-Term Care Reform

On September 25, 2020 at a regular meeting of the Board of Health for the Grey Bruce Health Unit, the Board considered the attached letter from Simcoe Muskoka District Health Unit regarding the Long-Term Care system in Canada and the need for reform and redesign. The following motion was passed:

GBHU BOH Motion 2020-66

Moved by: Brian O'Leary Seconded by: Sue Paterson

"THAT, the Board of Health support the recommendations from the Royal Society of Canada Working Group on Long-Term Care regarding critical issues that must be addressed moving forward with Long-Term Care reform and redesign."

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health for the Grey Bruce Health Unit

Encl.

Cc: Local MP's and MPP's, RSC Working Group on LTC, Ontario Health Units, alPHa

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

October 29, 2020

The Honourable Patty Hajdu
Federal Minister of Health
House of Commons
Ottawa ON K1A 0A6
Via e-mail patty.hajdu@parl.gc.ca

The Honourable Christine Elliott
Provioncial Minister of Health
5th Floor
777 Bay Street
Toronto ON M7A 2J3
Via e-mail christine.elliott@pc.ola.org

Dear Ministers Hajdu and Elliott:

Re: Municipal Drug Strategy Coordinators Network of Ontario, Safe Supply

On September 25, 2020 at a regular meeting of the Board of Health for the Grey Bruce Health Unit, the Board considered the attached letters from the Municipal Drug Strategy Coordinators Network of Ontario regarding safer supply initiatives. The following motion was passed:

GBHU BOH Motion 2020-65

Moved by: Anne Eadie Seconded by: Brian O'Leary

"THAT, the Board of Health endorse the Municipal Drug Strategy Coordinators Network of Ontario call on the provincial government to fund implementation of safer supply initiatives in a coordinated approach with the federal government; and support the implementation of safer supply initiatives by adding the required formulations to the Ontario Drug Benefit Formulary to enable injectable safer supply initiatives to operate."

Carried

Sincerely,

Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Municipal Drug Strategy Coordinators Network of Ontario, Adrienne Crowder, Alex Ruff, MP Bruce-Grey-Owen Sound, Terry Dowdall, MP Simcoe-Grey, Ben Lobb, MP Huron-Bruce
Association of Local Public Health Agencies, Ontario Health Units

Municipal Drug Strategy Coordinators Network of Ontario
c/o Adrienne Crowder
Manager, Wellington Guelph Drug Strategy
176 Wyndham St. N.
Guelph ON, N1H 898

August 21, 2020

Honourable Patty Hajdu
Minister of Health
Government of Canada
House of Commons
Ottawa ON, K1A 0A6

Dear Honourable Minister of Health Hajdu,

We would like to commend your government for addressing the drug poisoning crisis by funding and facilitating access to safer supply initiatives, and other health interventions. As you know, safer supply initiatives provide pharmaceutical-grade drugs, such as hydromorphone or diacetylmorphine, to people who use substances within a health care context. However, additional safer supply initiatives are needed in Ontario and across Canada. Therefore, on behalf of the Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO), we urge the Government of Canada to immediately increase funding to safer supply initiatives to save lives, and improve the health, safety and well-being of people who use drugs in our province.

Safer supply initiatives significantly improve individual health by transitioning people from the toxic, unregulated market to pharmaceutical-grade substances within a health care context. Substance use is addressed as a health issue rather than a criminal justice issue. Safer supply initiatives can also offer participants case management and other supports to address a spectrum of health and social concerns. These health initiatives have demonstrated exceptionally high client retention rates and significant reductions in overdose fatalities while simultaneously creating a pathway to health care services for their clients.[1] Beyond the health sector, safer supply initiatives provide significant benefits, including improved community safety and well-being, and reduced

[1] Canadian Centre on Substance Use and Addiction. "*Exploring Expanded Response Options to Opioid Harms: Case Studies from Four Canadian Clinics*", June 2020. Available at: https://www.ccsa.ca/sites/default/files/2020-06/CCSA-Expanded-Response-Options-Opioid-Harms-Case-Studies-2020-en.pdf.

enforcement- and criminal justice-related costs.[2] For these reasons, they have strong support in many Ontario communities.

In 2019, Ontario recorded the highest number of opioid-related overdose deaths in Canada, with 1,535 people dying from opioid-related poisoning, surpassing the province of British Columbia for the first time.[3,4] Since the year 2000, when 111 opioid-related fatalities were recorded, the number of preventable deaths has increased every year, resulting in declining life expectancy in Ontario.[5] While several factors contribute to the drug poisoning crisis, exposure to toxic drugs from an unregulated market is the primary driver of deaths in Ontario and the rest of Canada.

The drug poisoning crisis has been intensified by the COVID-19 pandemic, resulting in two concurrent public health crises. Services have temporarily closed or reduced their hours and capacity. In addition, the unregulated drug market has become increasingly toxic. Stress, isolation, and other pandemic-related factors have increased the risks associated with substance use. Preliminary data from the Office of the Chief Coroner for Ontario shows a 35% increase in suspected drug-related deaths in Ontario in March, April and May 2020 compared to the monthly average in 2019, with approximately 60 suspected-drug related deaths occurring each week.[6] It is now more evident than ever that urgent action is needed to address the opioid poisoning crisis that is co-occurring with the COVID-19 pandemic.

In late 2019 and early 2020, most community proposals submitted to the Substance Use and Addictions Program (SUAP) for safer supply initiatives were denied simply because of inadequate funding. The MDSCNO calls on the federal government to urgently increase SUAP funding available for existing proposals, and to issue a second call for new SUAP safer supply proposals to support a full spectrum of safer supply initiatives across Canada.

The MDSCNO's members are among Ontario's leading experts in drug policy and program development. We represent comprehensive drug strategies in many municipalities throughout Ontario who share a collective interest in making our province safer and healthier for present and future generations.

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[2] Ontario Agency for Health Protection and Promotion (Public Health Ontario), Leece P, Tenenbaum M. *Evidence Brief: Effectiveness of supervised injectable opioid agonist treatment (siOAT) for opioid use disorder*. Toronto, ON; 2017.

[3] Public Health Ontario. Personal Communication, May 2020.

[4] Preliminary data from the Office of the Chief Coroner for Ontario shows that there were 1,535 probable and confirmed opioid overdose deaths in Ontario in 2019. This number may increase as coroner's complete investigations.

[5] Statistics Canada. (2020). *The Daily: Life Tables*. Retrieved from https://www150.statcan.gc.ca/n1/daily-quotidien/200128/dq200128a-eng.htm

[6] Office of the Chief Coroner for Ontario. Personal Communication, August 2020

Sincerely,

Adrienne Crowder
Manager, Guelph Wellington Drug Strategy
On behalf of the Municipal Drug Strategy
Coordinators Network of Ontario

Susan Shepherd
Manager, Toronto Drug Strategy Secretariat
On behalf of the Municipal Drug Strategy
Coordinators Network of Ontario

CC:
Prime Minister Trudeau
Alliance for Healthier Communities
Association of Municipalities of Ontario
Canadian Alliance to End Homelessness
Canadian Drug Policy Coalition
Canadian Mental Health Association
Canadian Nurses Association
Canadian Public Health Association
Chiefs of Ontario
College of Nurses of Ontario
College of Physicians and Surgeons of Ontario
Council of Medical Officers of Health
Federation of Canadian Municipalities
Ontario Association of Chiefs of Police
Ontario College of Pharmacists
Ontario Pharmacists Association
Ontario Public Health Association
Public Health Ontario

About the Municipal Drug Strategy Coordinators Network of Ontario
Our 65+ members work in diverse health settings across the province, including public health units, community health centres and not-for-profit organizations. Members coordinate multi-sectoral initiatives that aim to prevent and/or reduce the harms of substance use through regionally tailored strategies incorporating prevention, harm reduction, treatment and enforcement-justice initiatives. Learn more at: www.drugstrategy.ca.

Municipal Drug Strategy Coordinators Network of Ontario
c/o Adrienne Crowder
Manager, Wellington Guelph Drug Strategy
176 Wyndham St. N.
Guelph ON, N1H 898

August 21, 2020

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

Dear Minister Elliott,

On behalf of the Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO), we urge the Province of Ontario to immediately fund and scale up implementation of safer supply initiatives to save lives, and improve the health, safety and well-being of people who use drugs in our province.

Safer supply initiatives significantly improve individual health by transitioning people from the toxic, unregulated market to pharmaceutical-grade substances within a health care context. Substance use is addressed as a health issue rather than a criminal justice issue. Safer supply initiatives can also offer participants case management and other supports to address a spectrum of health and social concerns. These health initiatives have demonstrated exceptionally high client retention rates, and significant reductions in overdose fatalities while simultaneously creating a pathway to health care services for their clients.[1]

In 2019, Ontario recorded the highest number of opioid-related overdose deaths in Canada, with 1,535 people dying from opioid-related poisoning, surpassing the province of British Columbia for the first time.[2,3] Since the year 2000, when 111 opioid-related fatalities were recorded, the number of preventable deaths has increased every year,

[1] Canadian Centre on Substance Use and Addiction. "*Exploring Expanded Response Options to Opioid Harms: Case Studies from Four Canadian Clinics*", June 2020. Available at: https://www.ccsa.ca/sites/default/files/2020-06/CCSA-Expanded-Response-Options-Opioid-Harms-Case-Studies-2020-en.pdf.
[2] Public Health Ontario. Personal Communication, May 2020.
[3] Preliminary data from the Office of the Chief Coroner for Ontario shows that there were 1,535 probable and confirmed opioid overdose deaths in Ontario in 2019. This number may increase as coroner's complete investigations.

resulting in declining life expectancy in Ontario.[4] While several factors are contributing to the opioid poisoning crisis, exposure to increasingly toxic drugs from an unregulated market is the primary driver of deaths in Ontario and the rest of Canada.

The drug poisoning crisis has been intensified by the COVID-19 pandemic, resulting in two concurrent public health crises. Services have temporarily closed or reduced their hours and capacity. In addition, the unregulated drug market has become increasingly toxic. Stress, isolation, and other pandemic-related factors have increased the risks associated with substance use. Preliminary data from the Office of the Chief Coroner for Ontario shows a 35% increase in suspected drug-related deaths in Ontario in March, April and May 2020 compared to the monthly average in 2019, with approximately 60 suspected-drug related deaths occurring each week.[5] It is now more evident than ever that urgent action is needed to address the opioid poisoning crisis that is co-occurring with the COVID-19 pandemic.

The patient- and system-level benefits of safer supply initiatives directly support the government's commitment to end hallway health care, reduce wait times, and improve patient interactions within the health care system. Beyond the health sector, safer supply initiatives provide significant benefits, including improved community safety and well-being, and reduced enforcement- and criminal justice-related costs.[6] For these reasons, they have strong support in many Ontario communities.

Therefore, the MDSCNO calls on the provincial government to:

- fund implementation of safer supply initiatives in a coordinated approach with the federal government; and
- support the implementation of safer supply initiatives by adding the required formulations, such as hydromorphone (i.e., 50 milligrams/millilitres and 100 milligrams/millilitres hydromorphone) and diacetylmorphine, to the Ontario Drug Benefit Formulary to enable injectable safer supply initiatives to operate.

The MDSCNO's members are among Ontario's leading experts in drug policy and program development. We represent comprehensive drug strategies in many municipalities throughout Ontario who share a collective interest in making our province safer and healthier for present and future generations.

[4] Statistics Canada. (2020). *The Daily: Life Tables*. Retrieved from https://www150.statcan.gc.ca/n1/daily-quotidien/200128/dq200128a-eng.htm

[5] Office of the Chief Coroner for Ontario. Personal Communication, August 2020

[6] Ontario Agency for Health Protection and Promotion (Public Health Ontario), Leece P, Tenenbaum M. *Evidence Brief: Effectiveness of supervised injectable opioid agonist treatment (siOAT) for opioid use disorder.* Toronto, ON; 2017.

Sincerely,

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Manager, Guelph Wellington Drug Strategy
On behalf of the Municipal Drug Strategy
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Susan Shepherd
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CC:
Premier Doug Ford
Michael A. Tibollo, Associate Minister of Mental Health and Addictions
Alliance for Healthier Communities
Association of Municipalities of Ontario
Canadian Alliance to End Homelessness
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